Public Health England

NICE National Institute for Health and Care Excellence

A Guide to Delivering and Commissioning Tier 2 Adult Weight Management Services

Local Government Association

Royal College of Physicians

Association of Directors of Public Health

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Executive summary

This guide brings together the evidence to support the local commissioning and delivery of effective tier 2 weight management services for adults.

Obesity is a chronic condition which requires multi-level action across all sectors, and part of this action should include local authorities and clinical commissioning groups co-commissioning weight management services across the obesity pathway. This guide follows the journey of an adult weight management service user in a tier 2 service and will provide you with the recommendations, considerations and resources you will need to deliver this in practice.

Tier 2 weight management services for adults should be evidence-based, and the evidence is summarised in this guide. Services should be tailored to your local populations needs, and while the evidence base can support this you should also consider consulting with your target population as part of the process to understand their needs. Tools such as the Joint Strategic Needs Assessment can support you in making the case along with connecting with your local strategies such as the Sustainability Transformation Plans. Health professionals play an important role in referring to weight management services, and their referral can increase the effectiveness of outcomes in individuals accessing a service. The ‘Lets talk about weight: A step-by-step guide to brief interventions in adults for health and care professionals’ tool provided as part of this guide can support you in having conversations with patients about their weight and their appropriate referral to a weight management service.

Services should be multi-component and include diet, physical activity and behaviour change components. Physical activity services alone are not considered to be weight management services. The ‘Changing behaviour: Techniques for adult weight management services’ tool provided as part of this guide will support you to implement evidence-based behaviour change techniques. It is important that appropriate professionals are used to develop the service such as a registered nutritionist or dietician, physical activity and behaviour change expert. Facilitators should have good interpersonal skills and they should be appropriately trained to deliver the service. The evaluation of tier 2 services is essential. The ‘Capturing data: A tool to collect and record adult weight management service data’ provided as part of this guide can support you in the consistent collection and reporting of data.

Recommendations are provided where there is strong evidence to support them, such as guidance from the National Institute for Health and Care Excellence (NICE).

Considerations are provided where the evidence suggests this will increase the effectiveness of your service.

Insights are provided to highlight the commissioner and user perspectives of the journey through a weight management service.

Life before the service



1. Understanding population need

Recommendation

- tier 2 adult weight management services should be based on the best available evidence described throughout this guide. However, you should also consult with your target population to understand their service needs. This will provide insight into what the population considers are their needs and will support you to: 1) make the case for investment into services and 2) design a service that meets the needs of your population [See supporting resources 1 – 7, 16]

Considerations

- undertake an equality assessment of the diverse needs of your populations. This will enable you to account for cultural diversity and populations at greater risk, such as certain black and minority ethnic groups, individuals with low socioeconomic status, individuals with learning and physical disabilities and mental health disorders [See supporting resources 8 – 11]. Tools such as Public Health England (PHE) Fingertips, used alongside your Joint Strategic Needs Assessment (JSNA) will help you to determine your population need of tier 2 weight management services. The Fingertips Profiles are a source of indicators across a range of health and wellbeing themes designed to support your JSNA and commissioning, to improve health and wellbeing and reduce inequalities [See supporting resources 12 – 15]



Supporting resources

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13. NHS Digital (2016) Quality and Outcomes Framework (QOF): An annual reward and incentive programme detailing GP practice achievement results. Available at: http://content.digital.nhs.uk/qof [accessed 12 may 2017]

14. NHS Health Checks: A national risk assessment, awareness and management programme targeting causes of preventable deaths. Available at: http://www.healthcheck.nhs.uk/ [accessed 12 May 2017]

15. Public Health England, Fingertips: a web platform that provides easy access to in-depth analysis of a wide range of health and health related data in thematic profiles. Available at: https://fingertips.phe.org.uk/ [accessed 12 May 2017]

16. National Institute for Health and Care Excellence (2012) Public Health Guideline: Obesity: working with local communities. Available at: https://www.nice.org.uk/guidance/ph42 [accessed 24 May 2017]

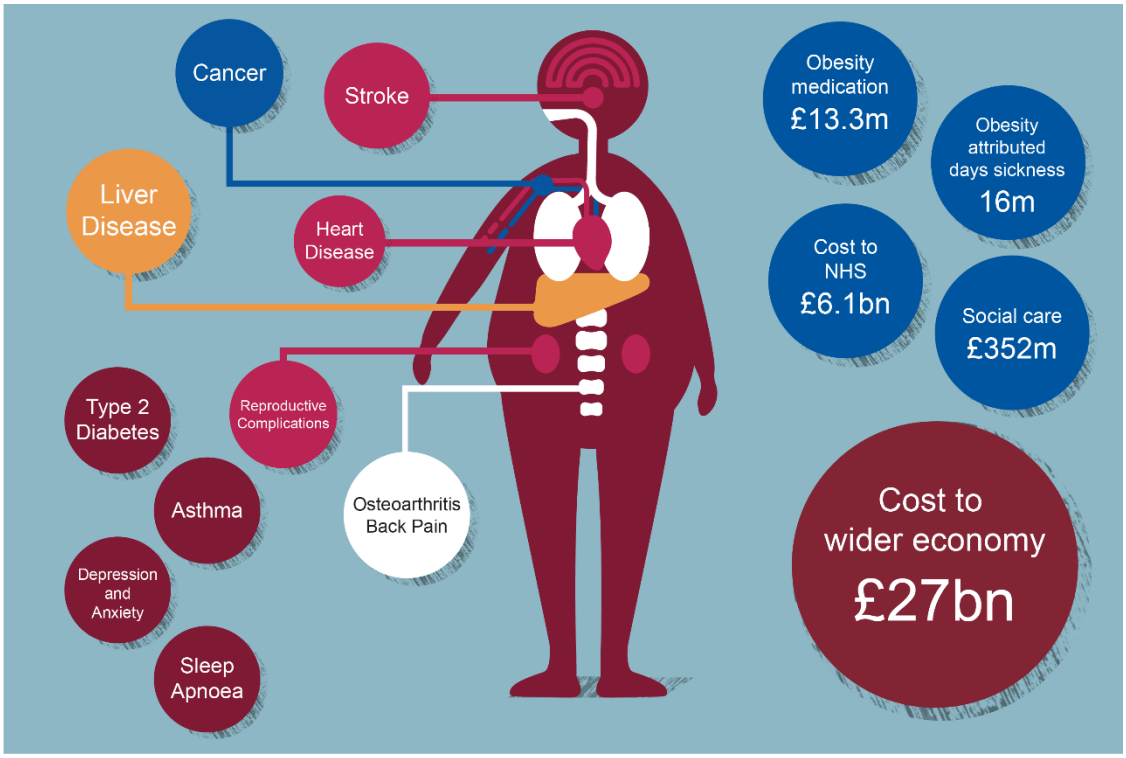
2. Making the case

Recommendations

- identifying and communicating your population needs is important when making the case for tier 2 weight management services. Use existing tools and resources including the PHE Making the Case slide set, PHE Weight Management Economic Assessment Tool which is designed to help public health professionals make an economic assessment of existing or planned weight management services and the NICE Quality Standard 111, alongside your consultation (see Understanding Population Needs) to do this [See supporting resources: 1 – 9]

- use tools such as PHE Fingertips to inform your JSNA and make the case for your local population need for tier 2 weight management services
[See supporting resources 10 – 13]

- tier 2 adult weight management services should support individuals who are overweight or obese to reduce the risk of poor health outcomes
[See supporting resource 14 – 15]



- making the case for disadvantaged communities and populations at increased risk is particularly important, such as certain black and minority ethnic groups, individuals with low socioeconomic status, individuals with learning and physical disabilities and mental health disorders [See supporting resources 16 – 18]

Considerations

- connect with your local strategies, for example, health and wellbeing strategy; Sustainability Transformation Plan and devolution, health and wellbeing plans to raise the profile of weight management services for your communities and enable population needs to be reflected

- include social care costs when making the case for investment into weight management services; obesity is associated with a number of long-term health conditions and taking care of people with these conditions accounts for a significant proportion of the total health and social care spend
  [See supporting resource 19]

- create joined up health and wellbeing approaches for your local community. For example, the Healthier You: NHS Diabetes Prevention Programme is a nationwide type 2 diabetes prevention programme designed for individuals at risk. Some of your overweight and obese population will be eligible to access this programme. The 'NHS Diabetes Prevention Programme and Weight Management Services: Eligibility Criteria' paper provides clarity to local health economies between the two services in terms of person eligibility, referral options and delivery [See supporting resource 20]

Supporting resources

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20. NHS Diabetes Prevention Programme and Weight Management Services: Eligibility Criteria. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/07/dpp-wm-service.pdf [accessed 15 May 2017]

3. Marketing

Recommendations

- actively engage and promote awareness of tier 2 weight management services locally with all health and social care professionals. This should involve clearly communicating the service details such as:

  – what the service offers

  – who the service is for

  – where the service is run, and what time

  – any associated costs to attend the service

  – how it integrates with the obesity pathway and other health and social care pathways

  – the training qualifications of staff delivering the service (particularly if this is for individuals with co-morbidities)

  – how to refer to the service

  [See supporting resources 1 – 5]

- raise awareness of tier 2 weight management services among the local target population, to do this. You will need to consider tailoring your marketing strategy to your target audience. Consult your population to guide this process and to understand the most appropriate communication strategy, including the acceptability and resonance of messages. Make sure your marketing material is easy to read, in the most appropriate language and disseminated through media that your target audience engage with (this may include social media, websites, flyers and posters, postal communications, local media such as print and radio) [See supporting resources 6 – 10]



Considerations

- you may find it beneficial to explore community and target population motivations around weight loss and attitudes towards overweight and obesity, including cultural views to support your marketing strategy and communication materials [See supporting resource 11]

- use appropriate images in your marketing and communications [See supporting resource 6]

Insight

- there are many reasons why individuals access weight management services. For example, individual's motivations may be related to a specific health condition, general wellbeing, confidence or body image-related. It is important to consider your local populations motivations to attend weight management services and tailor the marketing of your service accordingly

Supporting resources

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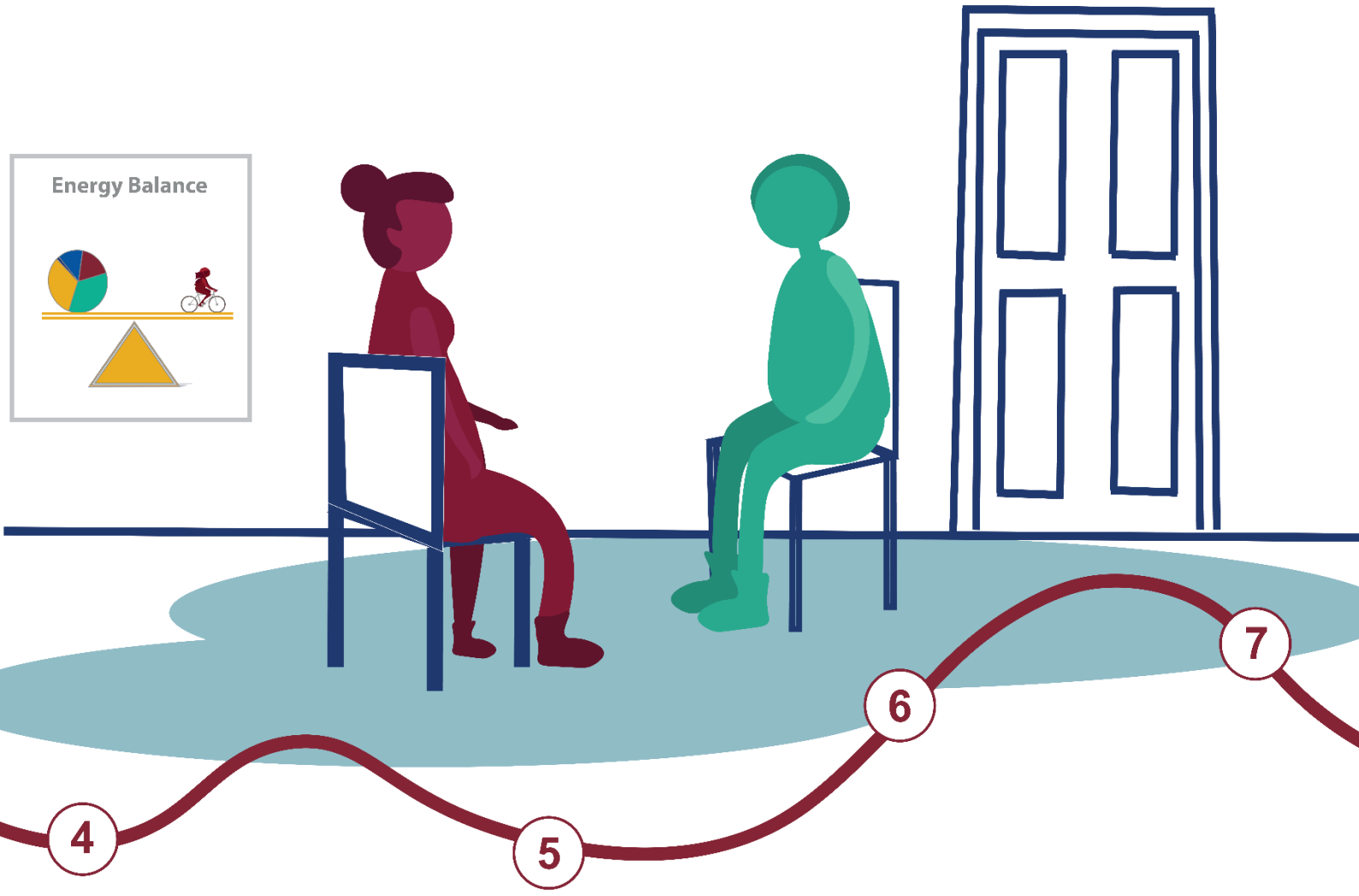
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Life during the service



4. Recruitment

Recommendations

- ensure identification causes no harm by following appropriate guidance from the NICE Clinical Guideline 189 [See supporting resource 1]

- use best practice guidance on measuring overweight and obesity. Measure Body Mass Index (BMI), and in addition consider measuring waist circumference in individuals with a BMI less than 35 kg/m^2.[1] BMI is calculated by weight in kg divided by height in metres squared (weight (kg)/height^2 (m) [See supporting resources 1 – 2]

- recommended referral criteria: Adults with a BMI ≥30 kg/m^2. Where there is capacity, adults with a BMI ≥25 should be able to access the service. There should be no upper BMI or upper age limit for individuals accessing the service

- consider lower eligibility criteria for black African, African-Caribbean and Asian groups. Individuals from these groups are at an increased risk of conditions such as type 2 diabetes at a lower BMI. BMI ≥23 kg/m^2 indicates increased risk and BMI ≥27.5 kg/m^2 indicates high risk [See supporting resource 2]

- where there is capacity, consider lower eligibility criteria for individuals with other health conditions, such as comorbidities, including type 2 diabetes
[See supporting resource 1]

- patients with severe or complex obesity should be referred to a tier 3 service. Further information on tier 3 services can be found in the British Obesity & Metabolic Surgery Society (2014) Commissioning guide: weight assessment and management clinics (tier 3)[See supporting resource 1 – 3]

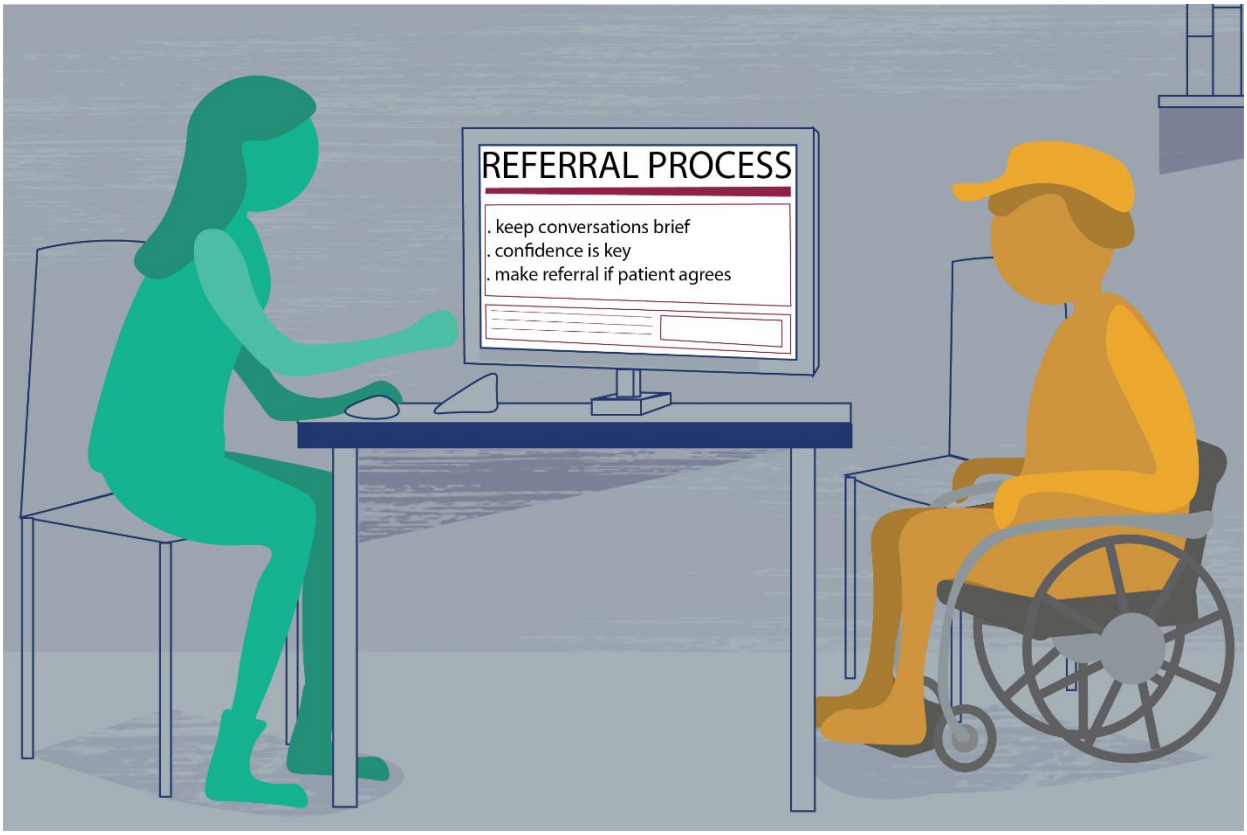
- services should not exclude, and should make reasonable adjustments for, individuals with physical or learning disabilities and for individuals with mental ill health [See supporting resources 4 – 7]

[1] BMI should be interpreted with caution because it is not a direct measure of adiposity.

- make every contact count by strengthening links through related services and encouraging referrals from a range of professionals, for example: GPs and practice nurses, NHS health checks, Healthier You NHS Diabetes Prevention Programme, health visitor services, social care services, mental health services, maternity services, smoking cessation, drug and alcohol, leisure services
  [See supporting resources 8 – 12]

- make referral forms widely available and actively market self-referral to services (where applicable) through channels that are identified through working through the ‘Marketing’ section

- when referring into a service, inform the individual about what the service offers, who the service is for, where the service is run and what time and follow this up by actively referring to the weight management service



Considerations

- try and make contact with the referred individual in a timely manner. For example, ensure there is not great a time lapse between referral and starting the programme, and where a time lag is unavoidable consider putting in place a plan to maintain engagement until the service can be accessed. This could include

signposting individuals to other lifestyle activities and services in their local area such as leisure services and walking groups [See supporting resource 9 – 10]

- you may want to consider assessing an individual's readiness to change when referring into a tier 2 weight management service

Insights

- being referred to a weight management service by a trusted health care professional may have a positive impact on an individual's motivation. Whereas being told to lose weight, without being referred to a weight management service, may be disempowering for individuals

- long delays between referral and accessing a weight management service can be a real barrier for weight loss and an individual's motivation to change. Individuals value receiving information about a service so that they can manage their expectations

Supporting resources

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5. Design

Recommendations

- it is important that individuals can access the right level of care for their needs. Consider the whole weight management pathway and build referral across the obesity pathway into the design of your service [See supporting resource 1 – 2]

- ensure that the service causes no harm and include appropriate expertise when designing a weight management service. These may include some of the following experts; a registered nutritionist, dietician, behaviour change expert, and physical activity specialist [See supporting resources 3 – 6]

- services should last for at least 12 weeks and provide additional follow-up support for those users who require it

- ensure services are designed so that adaptations can be made to enable individuals with learning disabilities to engage with the service [See supporting resource 7]

- services should be multicomponent and include diet, physical activity and behaviour change techniques [See supporting resource 8]. Physical activity-only services are not considered to be appropriate weight management support

- embed good practice behaviour change techniques. Behaviour change components are important for both active weight loss and healthy weight maintenance. Use the Changing Behaviour: Techniques for Tier 2 Adult Weight Management Services tool to support you to identify appropriate techniques and how to implement this in practice
  [See supporting resources 9 – 10]

- dietary approaches within a tier 2 weight management service should follow government guidelines on healthy eating as shown in the Eatwell Guide [See supporting resource 11]. The guide shows the proportions of the main food groups that form a healthy, balanced diet:

  – eat at least 5 portions of a variety of fruit and vegetables every day

  – base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible

- have some dairy or dairy alternatives (such as soya drinks); choosing lower-fat and lower-sugar options
- eat some beans, pulses, fish, eggs, meat and other proteins (including two portions of fish every week, one of which should be oily)
- choose unsaturated oils and spreads and eat in small amounts
- drink 6-8 cups/glasses of fluid a day
- if consuming foods and drinks high fat, salt, or sugar have these less often and in small amounts

- services should be designed to enable individuals to lose weight. To achieve this, individuals need to reduce their calorie intake. For most men a calorie limit of no more than 1,900kcal, and 1,400kcal for women will support weight loss at a safe rate of 0.5kg-1kg each week. The NHS Weight Loss Plan provides further details and supporting resources [See supporting resource 12]

- the service should aim to reduce sedentary behaviour and increase physical activity, supporting individuals to meet physical activity guidelines. Physical activity is important for maintaining a healthy weight as well as helping to prevent and manage a number conditions. NICE guidance highlights the benefits of increasing physical activity irrespective of weight loss. It is important for weight management services to integrate physical activity; this can either be through practical sessions embedded and delivered within the service or through supporting and encouraging individuals to increase physical activity within their own lifestyles [See supporting resources 13 – 16]



Considerations

- aim to tailor the delivery format of your service to your population requirements. For example delivering group-based programmes to develop the peer-to-peer support elements and tailoring services to appeal to target population groups, such as men. Your target population consultation work should help inform you of the most suitable delivery format [See supporting resources 1, 15]

- designing and delivering a patient-centred service is essential and can be developed by working with your target population to understand their needs. This could include, for example balancing the social and peer-to-peer support aspects of group-based delivery, with ensuring there is enough individualised care, for example setting personalised goals to achieve [See supporting resource 8]

- use the evidence base and importantly consult with your target population to better understand logistical requirements such as the most appropriate delivery setting and venue, time, length and frequency of contact. For example, if your target population is working adults, look to organise sessions outside of normal working hours and if your target population is geographically dispersed, consider whether there is suitable travel options to your venue

- within the service, setting individual daily energy intake and activity goals may be useful [See supporting resources 8, 12 – 14]

- consider whether the dietary component of your service is appropriate to your population needs, for example, taking into account of cultural differences [See supporting resources 8, 11]

- encourage a whole family approach, supporting all individuals with weight management support where appropriate and they meet the eligibility criteria

- services should consider offering a graduated exit; where users find 12-week services too short to support them to make sustained lifestyle changes, a progressive end, including light touch follow-ups, peer support and appropriate signposting may improve individual outcomes [See supporting resources 17]

- it is important to have an exit strategy from the service so that the individuals feel supported to continue making changes to their lifestyle. This could include empowering individuals to continue meeting as a group outside of the service, signposting to lifestyle activities that they are interested in or offering a maintenance programme such as drop-in sessions [See supporting resource 3]

Insights

- some individuals feel that they would benefit from psychological support within a tier 2 weight management service, in particular to support individuals to understand, and take action on the influences on their behaviour. Ensure individuals are supported if specific needs are identified, including referring to other appropriate services [See supporting resource 3]

- some individuals value a flexible approach to weight management services; this could be in relation to different durations, group or individual sessions, content and activities. It may also be beneficial to invite the individuals wider network within adult weight management services, such as family members or partners, so that the individual feels supported in their journey outside of the service

Supporting resources

1. National Institute for Health and Care Excellence, Obesity Overview Pathway. Available at: https://pathways.nice.org.uk/pathways/obesity [accessed 12 May 2017]

2. National Institute for Health and Care Excellence, Obesity Prevention Pathway. Available at: https://pathways.nice.org.uk/pathways/obesity#path=view%3A/pathways/obesity/obesity-prevention-interventions.xml&content=view-index [accessed 12 May 2017]

3. National Institute for Health and Care Excellence (2014) Public Health Guideline 53: Weight management: lifestyle services for overweight or obese adults. Available at: https://www.nice.org.uk/guidance/ph53 [accessed 15 May 2017]

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6. Delivery

Recommendations

- facilitators should be appropriately trained to deliver the service. This may include specific service training. If using nutrition professionals, it is important to ensure that they are appropriately trained and can select and apply appropriate communication methods to explain reliable evidence-based healthy eating guidelines. The British Dietitic Association and the Association for Nutrition hold the UK Register of Dietitians and Voluntary Register of Nutritionists respectively which can help when deciding which professionals deliver this component of the service. The Association for Nutrition additionally provides a competence framework for the wider workforce [See supporting resources 1 – 2]

- if your service delivers physical activity, ensure that the facilitators are appropriately trained and tailor the type, duration, intensity and format of activity to the population needs. This may include, for example, an individual's level of fitness, any form of disability, any pre-existing medical conditions or co-morbidities [See supporting resource 3 – 4]

- provide a sensitive approach so that individuals accessing the service feel that they are in a safe space and facilitators offer a non-judgemental, empathetic and non-threatening environment [See supporting resource 4]

- commissioners should engage with providers to ensure programmes are delivered consistently; this may include providers measuring the reliability of the service. This can include standardised training materials, measuring process and impact outcomes, conducting session observations and recording individual's views of the service. For further information on measuring process and impact outcomes, refer to the Standard Evaluation Framework and the Capturing Data: A tool to collect and record adult weight management service data [See supporting resources 5 – 7]

Considerations

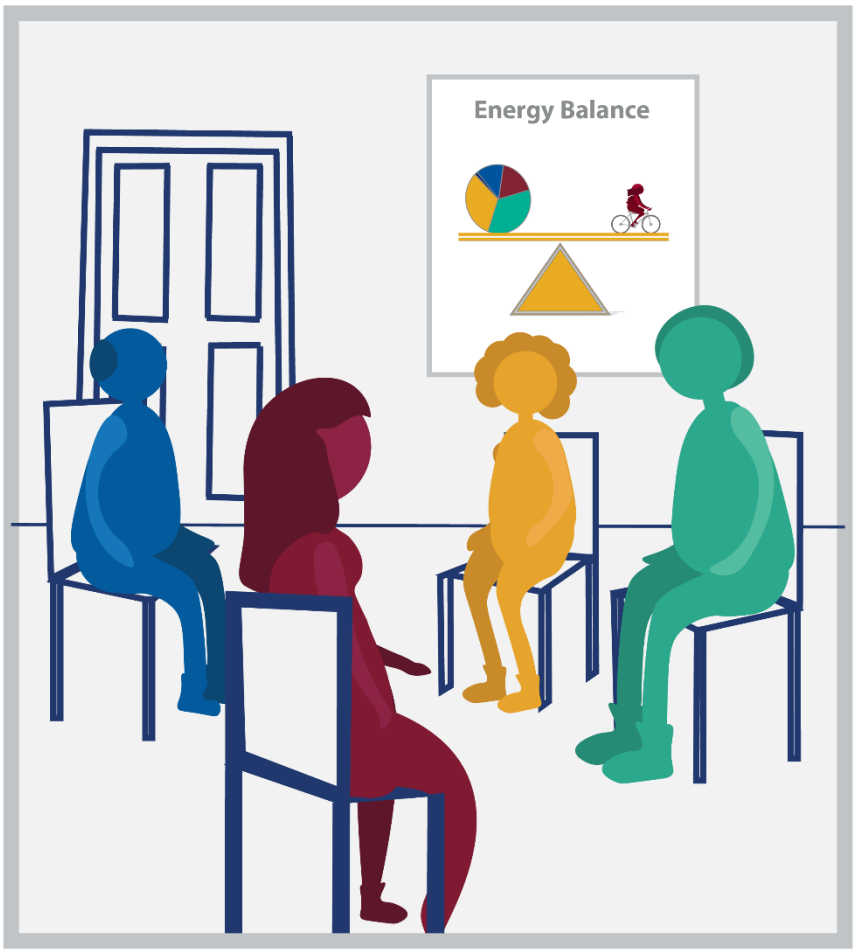
- a key aspect of weight management appears to be the ability of facilitators delivering the service to foster good relationships with users. Good interpersonal skills are essential and training in group facilitation skills and motivational interviewing can support your facilitators in this [See supporting resource 10]

- commissioners, providers and facilitators should be adequately trained in safeguarding vulnerable adults

- it is important to manage an individual's expectation in terms of the aims and outcomes of the service. You can support individuals to manage their expectations by providing clear, consistent and timely information about the service once they have been referred, and through setting realistic goals once they are on the service [See supporting resource 4, 9 – 10]

- make every contact count. Commissioners and providers should be clear on the local wider referral pathways to appropriate service. Ensure that signposting procedures are in place for individuals in need of additional support, including social care services, GPs, housing support, money and debt advice services, smoking cessation, drug and alcohol services, mental health services [See supporting resource 11]

- all information provided to individuals should be accessible, clear, concise and easy to read, understand and adapt to their lifestyle. Practical ways to help improve participant information may include the use of visuals such as example portion sizes and practical demonstrations [See supporting resources 8, 12 – 19]



Insights

- many individuals feel that the social aspects of weight management services are important, particularly for motivation and engagement. It is beneficial for group sessions to focus on facilitating positive group dynamics rather than simply sharing information

- supporting individuals to translate the information received into practice is well received, helping them to embed positive routines into their lifestyle. It is important to make sure this is individualised enough to the person's lifestyle

Supporting resources

1. Association for Nutrition: Nutritionist Register. Available at: http://www.associationfornutrition.org/Default.aspx?tabid=92 [accessed 12 May 2017]

2. British Dietetic Association: Dietitian Register. Available at: https://www.bda.uk.com/improvinghealth/yourhealth/finddietitian [accessed 12 May 2017]

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17. ONEYOU: Campaign to encourage adults to take control of their health to enjoy significant benefits now, and in later life. Available at: https://www.nhs.uk/oneyou [accessed 16 May 2017]

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19. The Eatwell Guide (2016) A guide to show how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. Available at: http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx [accessed 15 May 2017]

7. Evaluation

Recommendations

- evaluation needs to be flexible, and adapted to the needs of the service, but it is important that an evidence-based framework is applied so that quality data is collected and used to influence the continued development of the service [See supporting resources 1 – 4]

- it is important to use accepted practice guidance on measuring overweight and obesity. This includes measuring BMI, and in addition considering measuring waist circumference in individuals with a BMI less than 35 kg/m^2.[2] [See supporting resource 5]. Ensure appropriate guidance is followed when measuring individuals with physical disabilities



[2] BMI should be interpreted with caution because it is not a direct measure of adiposity

- use validated tools when collecting data on lifestyle behaviours such as diet and physical activity on individuals and the service [See supporting resource 6]. Make sure the selected tool measure your outcome of interest. To achieve this think carefully about the following:

  - what are the objectives of your service and will these be measured by your evaluation?

  - is the tool you are using validated to measure your outcome of interest in your target population?

  - if you are measuring change over time, has your chosen measurement tool been validated to measure change over time?

- sometimes there is not a validated tool available, where this is the case ensure you state this when writing up your evaluation to ensure the results are correctly interpreted. The Capturing data: A tool to collect and record adult weight management service data resource has some examples of validated tools to measure physical activity and dietary habits

- undertake a process evaluation to help improve the service in the future and to help anyone who wants to replicate the service in another area or setting. For more information on robust evaluation of services, see the Standard Evaluation Framework for Weight Management Services [See supporting resource 3]

- share and disseminate your evaluation of services. This can be through peer-reviewed journals, conferences, learning days but also through PHE Centre Obesity leads, and to your colleagues in other localities. This will help to strengthen the evidence base and importantly improve our understanding of what may work and what may not work within practice

- collect data on individual's pre- and post- six months and twelve months after the service [See supporting resources 1 – 4]

- the minimum dataset in table 1 describes the data that you should be collecting as a minimum at baseline, immediately post, six months and twelve months after the service. This minimum dataset should be followed. Additional recommended measures and time points are described in Capturing data: A tool to collect and record adult weight management service data

Table 1: Minimum Dataset

Data item	Timepoint					
	Referral	Pre-programme	Each session	Post - programme	6 months	12 months
Client number	X					
Surname	X					
Forename	X					
Address	X					
Post code	X					
Telephone	X					
E-mail	X					
Date of Birth	X					
Gender	X					
Learning Disability Status	X					
Is individual on the Severe Mental Illness (SMI) register	X					
Disability Status	X					
Known co-morbidities	X					
Ethnicity	X					
Religion	X					
Employment Status	X					
Sexual Orientation	X					
Referral Source	X					
Date of referral receipt	X					
Repeat referrals	X					
Has client been referred into tier 3	X					
Record of attendance			X			
Location of Session (Postcode)			X			
Time of session			X			
Length of session			X			
Type of session (individual / F2F)			X			
Date of outcome measurements	X	Collect here if not collected at referral stage		X	X	X
Height	X	Collect here if not collected at referral stage		X		

Weight	**X**	Collect here if not collected at referral stage		**X**	**X**	**X**
Body Mass Index (BMI)	**X**	Collect here if not collected at referral stage		**X**	**X**	**X**
Wellbeing Scale	**X**	Collect here if not collected at referral stage		**X**	**X**	**X**
Date of completion of programme				**X**		
Provision of support following completion of programme				**X**	**X**	**X**

Consideration

- to support you in the collection and reporting of data for tier 2 adult services, consider using the Capturing data: A tool to collect and record adult weight management service data resource. This tool sets out primary minimum dataset to be recorded by the provider and the time-points which the data should be collected:

  - organisational data and personal/demographic data: this should be used to create a profile for those referred to the service

  - referral data: to document previous or repeat referrals

  - primary and additional outcome measures: to monitor the user's progress through the service

- you may wish to consider ways of maintaining engagement with individuals after they have completed the service to ensure that their progress continues to be monitored

- data to support the long-term impact of weight management services (ie greater than one year) is limited. Therefore where feasible collect data after one year

Supporting resources

1. Public Health England (2012) Standard Evaluation Framework for dietary interventions (published by the former National Obesity Observatory, now in PHE). Available at: http://webarchive.nationalarchives.gov.uk/20170110165405/http:/www.noo.org.uk/core/frameworks/SEF_Diet [accessed 12 May 2017]

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Life after the service



8. Maintenance

Recommendations

- encourage peer support after the service has finished to help aid motivation, encourage continue goal setting and implementation of the strategies gained throughout the service [See supporting resources 1 – 10]

- consider the whole obesity pathway when planning the provision of maintenance support for individuals post service completion. This includes referring to tier 3 services where appropriate and to any existing tier 1 population wide services [See supporting resources 11 – 12]

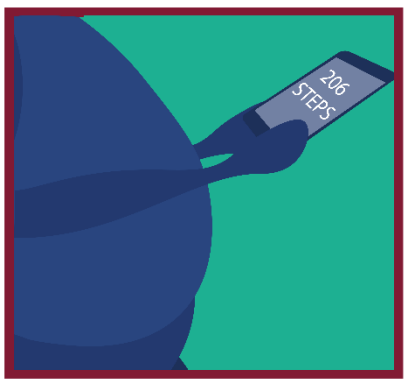
Considerations

- the service should manage individual's expectations, particularly in relation to weight loss, weight maintenance and weight fluctuation, by ensuring appropriate strategies are integrated into the service. Refer to the Changing Behaviour: Techniques for tier 2 adult weight management services tool for examples [See supporting resource 13]

- you may want to consider maintaining low-level support as an exit strategy of the service, such as a phased exit, so that individuals continue to feel supported in adopting healthier lifestyles. This will also support with following individuals up for data collection post programme



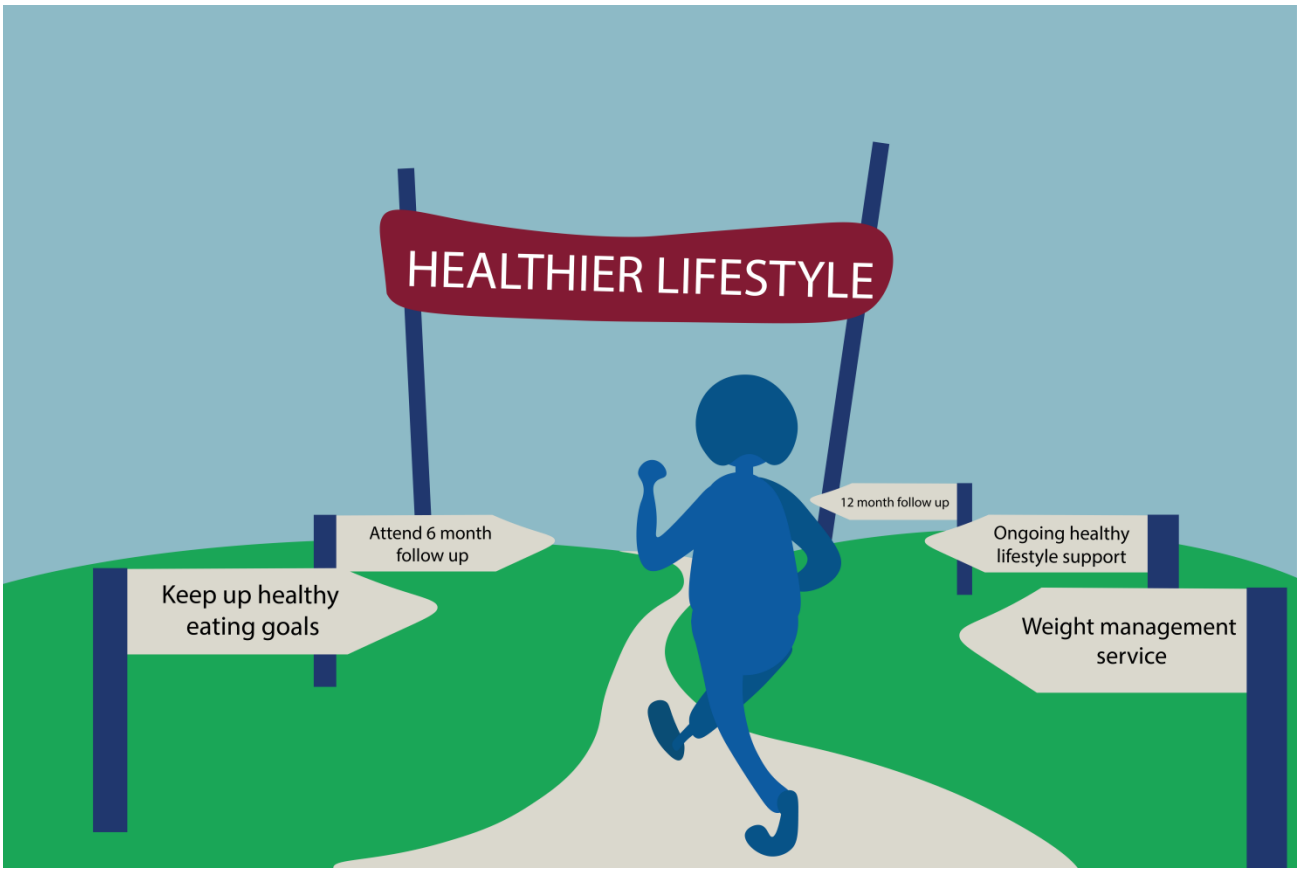




- you may want to consider the use of technology such as pedometers as a means to sustain motivation and appropriate apps such as the Change4Life Sugar Smart app, the Change4Life Be Food Smart app and OneYou Easy Meals [See supporting resources 14 – 16]

Insights

- some individuals find the external accountability and validity that attending a weight management service can provide, is a significant factor for their motivation. Therefore weighing and presenting an individual's weight status information to them could be important



Supporting resources

1. Chief Medical Officer (2011) UK Physical Activity Guidelines. Available at: https://www.gov.uk/government/publications/uk-physical-activity-guidelines [accessed 16 May 2017]

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15. Change4Life, Sugar Smart: app to show quickly and easily how much sugar is in food and drink. Available at: https://www.nhs.uk/change4life-beta/sugar#ToIEdu2yAi7MyrkI.97 [accessed 16 May 2017]

16. ONEYOU Easy meals app: app for delicious, easy meal ideas and great tips and advice for cooking healthy and tasty meals. Available: http://www.nhs.uk/Tools/Pages/easy-meals.aspx [accessed 16 May 2017]

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