Family Healthy Weight Care Pathway Toolkit

0-4 and 5-19

September 2015
**FAMILY HEALTHY WEIGHT CARE PATHWAY** (0-4 years) September 2015

**UNIVERSAL PREVENTION SERVICES**
Maternity Services, Health Visiting, Early Years Settings, Healthy Early Years Programme, Sport, Leisure and Parks Services, Play Services, Children’s Centres, Mytime Active.

- **Antenatal BMI >30**
  Offer referral to Dietitian and signpost to services to get physically active and post-natal weight loss programmes e.g MEND Mums.

- **Postnatal Support**
  Health Visitor support on breastfeeding, infant feeding and weaning. Signpost to opportunities to get physically active and lose weight.

- **Publicity and Promotion/Whole Community**
  All families with children aged 0–4 encouraged to attend Mytime Active programmes. Publicity and Promotion to encourage self-referral.

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**MEND Mums**
Group sessions delivered by Dietitian for postnatal women with baby aged 0–2 years.

**MEND Mini**
Group sessions delivered by Dietitian for Parents/Carers and children aged 2–4.

**One to Ones**
Sessions delivered by Dietitian for parents and children aged 0–4 where group programme not suitable.

**Exit Programme**
Encourage long-term use of sports, leisure, play services etc.

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**Follow up**
Did not attend, dropped out of programme, negative changes to BMI.
- Primary assessment by GP or Health Visitor, consider safeguarding.

**Child Weight Concern Identified**
Underweight or Overweight: Use brief intervention/motivational interviewing skills to raise the issue and refer to Mytime Active. If considered required refer on to GP/Health Visitor.

**Primary Care Assessment by Health Visitor or GP**
- If suitable refer to Mytime Active.
- If not suitable referral to Clinical Assessment.

**Clinical assessment by GP for co-morbidity/underlying cause**
Referral letter.

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**Paediatric Dietitian**
**Overweight**
BMI > 98th plus Co-morbidity or complex needs such as learning or educational difficulties.

**Paediatrician**
Significant Co-morbidity or complex needs such as learning or educational difficulties.

**Paediatric Dietitian/ Paediatrician Underweight**
See toolkit guidelines

**Good Progress**
Assess need for continued additional support and signpost to appropriate services e.g Mytime Active. Reinforce healthy eating and physical activity.

**Follow up**
Did not attend, dropped out of programme, negative changes to BMI.
- Return to clinical assessment by GP, consider safeguarding.

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**KEY**
- Toolbox containing further information
- Prevention Services
- Identification of Issue
- Issue in process of being resolved
- Issues resolved

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For more information please contact:

**Mytime Active**
020 3795 9346
Email: Sajida.Yasin@mytimeactive.co.uk or info@mytimeactive.co.uk
Website: http://www.mytimeactive.co.uk/

**Elizabeth Dunsford**
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**FAMILY HEALTHY WEIGHT CARE PATHWAY (5-19 years)**

**UNIVERSAL PREVENTION SERVICES**
Sport, Leisure and Parks Services, Play Services, Healthy Schools Programme, Mytime Active, Schools, Youth Clubs.

**Whole Community**
All families with children aged 5-19 encouraged to participate in universal prevention programmes.

**Publicity and Promotion**
Self-referral to Mytime Active.

**Child Weight Concern Identified**
- Overweight or Underweight: Use brief intervention/motivational interviewing skills to raise the issue.
- Overweight: Refer to Mytime Active
- Underweight: Refer to GP/School Nurse.

Evaluate if suitable for programmes and book on to appropriate Mind, Exercise, Nutrition... Do it! (MEND) programme. If unsuitable for MEND Programmes refer to GP/School Nurse.

**MEND 5-7**
Group sessions delivered by Dietitian or registered nutritionist for children aged 5-7 with BMI >91st centile and their parents/carers.

**MEND 7-13**
Group sessions delivered by Dietitian or registered nutritionist for children aged 7-13 with BMI >91st centile and their parents/carers.

**MEND teens**
Group sessions delivered by Dietitian or registered nutritionist for young people ages 13-19 with BMI >91st centile. Parental involvement not mandatory at every session.

**Exit Programme**
Encourage long-term use of sports, leisure, play services etc.

**Follow up**
Did not attend, dropped out of programme, increasing BMI.
- Primary assessment by GP or Health Visitor, or direct referral to Paediatric Dietitian if considered appropriate. Consider safeguarding.

**Paediatric Dietitian**
**Overweight**
BMI > 98th plus Co-morbidity or complex needs such as learning or educational difficulties.

**Paediatrician**
Significant Co-morbidity or complex needs such as learning or educational difficulties.

**Paediatric Dietitian/ Paediatrician**
BMI <0.4th
See toolkit guidelines.

**Good Progress**
Assess need for continued additional support and signpost to appropriate services. Reinforce healthy eating and physical activity.

**Did not attend, dropped out of programme, negative changes to BMI**
- Return to clinical assessment by GP, consider safeguarding.

**For more information please contact:**
Mytime Active
020 3795 9346
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### 4. Training

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<td>Sources of Training</td>
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The level of childhood obesity is of local, national, and international concern. The population shift towards obesity and overweight presents major risks for the health and wellbeing of the current and future populations, as well as the economy. England has one of the highest rates in Europe, with 33.5% of year 6 children overweight or obese. The prevalence of overweight and obese children across the boroughs of Hammersmith and Fulham, Kensington & Chelsea, and Westminster is significantly higher than for England, averaging at 38% in year 6 children (see table 1). The Greater London Authority (GLA) estimates a cost of £111 million to the capital in healthcare costs and productivity losses if today’s generation of obese children enter the workforce as obese adults².

Prevalence of excess weight by school year, National Child Measurement Programme (NCMP), 2013/14

<table>
<thead>
<tr>
<th></th>
<th>At reception</th>
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<th>At year 6</th>
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<tr>
<td></td>
<td>Hammersmith &amp; Fulham</td>
<td>Kensington &amp; Chelsea</td>
<td>Westminster</td>
<td>Hammersmith &amp; Fulham</td>
<td>Kensington &amp; Chelsea</td>
<td>Westminster</td>
</tr>
<tr>
<td>% of children overweight</td>
<td>11.4</td>
<td>13.4</td>
<td>12.5</td>
<td>15.2</td>
<td>14.8</td>
<td>14.4</td>
</tr>
<tr>
<td>% of children obese</td>
<td>8.9</td>
<td>9.6</td>
<td>10.7</td>
<td>22.4</td>
<td>21.3</td>
<td>25.6</td>
</tr>
<tr>
<td>Total</td>
<td>20.3</td>
<td>23.0</td>
<td>23.2</td>
<td>37.6</td>
<td>36.1</td>
<td>40.0</td>
</tr>
</tbody>
</table>

The need to halt and reverse the rising trend in childhood obesity has become a priority for all three local councils. The 0-4 and 5-19 Family Healthy Weight Care Pathways have been developed as part of a comprehensive child obesity prevention programme. A range of stakeholders, from Public Health, Children’s Services, Clinical Commissioning Groups (CCGs), Acute Healthcare, Community Health Services, Obesity Prevention and Weight Management Services, and Healthwatch, have worked together to produce a holistic, evidence based, and system wide care pathway. The outcomes from this collaboration are:

- A standardised and systematic method of preventing and managing childhood obesity across the three boroughs.
- A consistent set of messages for young people, children, and families from all relevant services and agencies.
- Increased visibility of available services to prevent obesity as well as healthy weight management services for those already overweight or obese.
- Reinforcement of the opportunities to intervene at key life-stages, from before birth until early-adulthood, and again during pregnancy.
- An increased level of collaboration and understanding of roles amongst a range of services, agencies, and health professionals.
- Increased visibility of referral services, and appropriate referral guidance.

The Family Healthy Weight Care Pathways allow all families and children to receive the necessary support to maintain a healthy weight and active lifestyle. This accompanying toolkit provides additional information and resources for health professionals and people who work with children to successfully implement the pathway. The establishment of this pathway will facilitate children and families to get the support they need to develop healthy eating and physical activity habits for life.
Classification of Weight

The following information is informed by the National Obesity Observatory³.

Body Mass Index (BMI)

Why do we use BMI?

BMI is a good indicator for levels of body fat, which when too high or too low is associated with increased risk of co-morbidities. It is relatively cheap and easy to obtain and calculate, so is the measure most used for assessing how healthy an adult’s or child’s weight is.

BMI classification for children

Classification of BMI for children is more complicated than for adults as BMI changes as a child matures. Whereas it is possible to use the same thresholds for defining underweight, overweight, or obesity regardless of the age or sex of an adult, growth patterns in children differ between boys and girls and the relationship between a child’s BMI and level of body fat changes over time. The fixed thresholds used for adults would provide misleading findings if they were applied to children because they do not consider age or sex when calculating weight classification. Children’s BMI is categorised using variable thresholds which take into account these factors.

Weight Classifications

<table>
<thead>
<tr>
<th>Thresholds used to classify weight for babies and children aged 0-23 months⁴:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptor</strong></td>
</tr>
<tr>
<td>Underweight</td>
</tr>
<tr>
<td>Overweight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thresholds used to classify weight for children and young people aged 2-18:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptor</strong></td>
</tr>
<tr>
<td>Very thin⁵</td>
</tr>
<tr>
<td>Underweight</td>
</tr>
<tr>
<td>Overweight</td>
</tr>
<tr>
<td>Obese</td>
</tr>
</tbody>
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Our thanks go to The London Borough of Hammersmith and Fulham, The Royal Borough of Kensington and Chelsea, and Westminster City Council for funding and supporting this work and to The London Borough of Hammersmith and Fulham for leading on the development of these pathways. Thank you also to the wider Task and Finish Group for their commitment, time and contributions.
1. Pathway Resources

Weighing and Measuring Procedure

The following information details how to correctly measure and record a child's weight and height, and is taken from the Central London Community Healthcare (CLCH) guidelines.

Equipment

Equipment used for weighing and measuring must be fit for purpose. In line with UK- WHO recommendations the following equipment is recommended:

- Class III Weighing scales, e.g. SECA CLASS baby and floor scales
- A Rollameter measuring mat to measure infants supinely e.g. SECA 210 / or STARTERS. A tape measure should not be used.
- Leicester Height Measure to measure height

Arrangements should be in place to ensure equipment is maintained in good working order with yearly routine servicing and calibration for scales where appropriate. The responsibility for ensuring servicing is carried out should be nominated locally.

All staff are responsible for ensuring that they only use equipment they are trained and competent to use, and that they know has been serviced and is fit for purpose.

All equipment must be decontaminated between each use/child. NOTE: where children are weighed and measured fully dressed and there is no skin contact, for example as part of the NCMP, equipment does not need to be decontaminated between each child.

Facilities must be available in the room to combat spillage/leakage when weighing babies without nappies, including clinical hand wash basin, liquid soap and paper towels. Within the healthcare premises there should also be a body fluid spillage kit.

Baby scales and changing mat

- Line scales and cover changing mat with disposable paper roll and change this between each baby or clean scales/mat with detergent wipe between each baby.
- Clean scales/mat with hot water and detergent at the end of each clinic session.
- If contaminated with body fluid, mop up excess with paper towels, clean with hot water and detergent, and then wipe with 70% Isopropyl Alcohol wipes.

Procedure for weighing and measuring children

The aim of the following section is to give guidance on the correct procedure for the weighing and measuring of infants and children and the documentation of these measurements.

Ensure the scales and measuring equipment are in working order [all weighing scales should be calibrated annually] and appropriate for the age of child.

Check that the scales are weighing in kilograms and set to zero, record infant weight to three decimal places [i.e. 3.350kg] and floor scale weight to one decimal place [i.e. 13.4kg].

Length should be recorded to the nearest completed ½ centimetre [i.e. 53.5cm] and height to the nearest completed millimetre [i.e. 103.7cm].

Measurements should be recorded in SystmOne.

Dots should be used [not crosses] for recording measurements, using a pencil first to ensure accuracy and then plotted in black pen.

Healthcare workers hands must be decontaminated before and after every patient contact, after handling of patient equipment or body fluids. NOTE: where children are weighed and measured fully dressed and there is minimal skin contact, for example as part of the NCMP, hands do not need to be decontaminated between each child. If skin is broken, red, infected etc. it is appropriate to wash hands as per infection control guidelines.
Measuring Weight

Infants under the age of 2 years should be weighed nude on infant scales.

Children over the age of 2 years should be weighed with light clothing, without shoes on sitting or floor scales. In exceptional circumstances where nappies are left on for an infant or clothes for an older child, this should be documented.

For any child who refuses to stand on a scale to be weighed, please follow this technique:

- Ask carer if they consent to be weighed. If carer consents;
  - Ask carer to stand on scale and make a note of their weight
- Ask carer to step off scale
- Ask carer to hold child and stand back on scale and make a note of their combined weight
- Subtract ‘carer’s weight’ from ‘combined weight’ to get the child’s weight
- Document the child’s weight
- Document that the child was weighed with the carer.

Measurement Techniques – Weight

- Use Class III electronic scales
- The child should stand on the scales with their shoes off and in light clothing (e.g. T-Shirt and shorts).
- Ensure that their pockets are empty of mobile phones, toys etc.
- Ensure that they are not holding on to anything and have both feet flat on the scales
- Record weight in Kilograms to the nearest 10g for infants and 100g for older children, for example 8.12kg and 52.1kg.
- Write it down before weighing the next child as it is easy to forget.
Measuring length and height

Infants up to the age of 2 years should have their supine length measured [i.e. lying down] rather than their height and they should not be wearing a nappy.

From age 2 their height [i.e. standing up] is measured. Children should not be wearing shoes or thick socks when their length or height is measured. Where a child is under 2 yrs and has height rather than length measured this should be documented clearly.

Length

Two people are required to measure an infant’s length. One should hold the head steady with the top of the head against the headboard and the other, straighten the child’s legs by placing a hand on both knees and sliding the footplate of the measuring tool to the soles of the feet. Ideally both legs should be straight; however with wriggling infants, it is acceptable to measure one straight leg. Consider measuring twice if possible. The length measurement should be read to the nearest complete half centimetre.

Measurement Techniques – Length

- Two people are required to measure a child in the supine position
- Place the measuring board on a firm surface
- One person should ensure the head is held in contact with the headboard.
- One person should position the child with their:
  - feet together
  - heels touching the back plate of the measuring instrument
  - legs straight & in alignment with the body
  - buttocks against the backboard, make sure child is completely aligned and flat
  - scapula, wherever possible, against the backboard
  - hold ankles to ensure this position is maintained
- Write down the measurement to the last complete millimetre

Height

The child should remove their shoes and stand with feet/heels together and shoulders back. They should be positioned with their back against the measuring device. With the child looking straight ahead the headboard should be placed gently on top of the head. The height measurement can then be read to the nearest complete millimetre.

Measurement Techniques – Height

- The child should remove the following items; shoes, hair clips, braids i.e. undo hair (please document if any of these items can’t be removed).
- The child should be positioned with feet together and flat on the ground, heels touching the back plate of the measuring instrument, legs straight, bottom against the backboard, scapula where possible against the backboard, arms loosely at their side.
- The child’s head must be positioned with the corner of the eyes horizontal to the middle of the ear (see image 1)
- When measuring a child ensure they are in the correct position and hold their mastoid processes (the bony bits behind their ears). Ask the child to breathe in and record the measurement as they exhale. Height should be recorded in centimetres to the nearest 1 decimal place e.g. 142.3cm. Record the time of day the measurement was taken.

Calculating BMI on SystmOne (for healthcare professionals)

For staff to calculate BMI on SystmOne they must:

- Go to the patient’s clinical tree
- Click in CLCH Growth Charts
- In Journal View click on the far left icon
- Enter values, which will calculate the child’s BMI

Please note that this will not calculate the child’s BMI centile.

Alternatively, the NHS choices website can be used to calculate BMI and find out the child’s BMI centile.

http://www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx#women
How to Raise the Issue of a Child’s Weight (Overweight)

The following information details how to raise the issue of weight in children and young people, and is taken from a Department of Health publication.

1. When to Initiate a Discussion about Weight
   - If the family expresses concern about the child’s weight.
   - If the child has weight-related co-morbidities.
   - If the child is visibly overweight.

2. Raise the Issue of Overweight

Discuss the child’s weight in a sensitive manner because parents may be unaware that their child is overweight. Use the term, ‘overweight’, rather than ‘obese’. Let the maturity of the child and the child’s and parents’ wishes determine the level of child involvement.

If a parent is concerned about the child’s weight: ‘We have [child’s] measurements so we can see if he/she is overweight for his/her age.’

If the child is visibly overweight: ‘I see more children nowadays who are a little overweight. Could we check [child’s] weight?’

If the child presents with co-morbidities: ‘Sometimes [co-morbidity] is related to weight. I think that we should check [child’s] weight.’

3. Assess the Child’s Weight Status

Refer to UK Child Growth Charts and plot BMI centile. Explain BMI to parent: eg ‘We use a measure called BMI to look at children’s weight. Looking at [child’s] measurements, his/her BMI does seem to be somewhat higher than we would like it to be.’

If the child’s weight status is in dispute, consider plotting their BMI on the centile chart in front of them. In some cases this approach may be inappropriate and upsetting for the family.

<table>
<thead>
<tr>
<th>Overweight</th>
<th>Severely Overweight</th>
</tr>
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<tbody>
<tr>
<td>BMI &gt;85th centile</td>
<td>BMI &gt;95th centile</td>
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</table>

4. Assess Seriousness of Overweight Problem and Discuss with Parents

If child is severely overweight with co-morbidities, consider raising the possibility that their weight may affect their health now or in the future. This could be left for follow-up discussions or raised without the child present as some parents may feel it is distressing for their child to hear.

‘If their overweight continues into adult life, it could affect their health. Have either you [or child] been concerned about his/her weight?’

Consider discussing these points with the parent at follow-up:

Age and pubertal stage: the older the child and the further advanced into puberty, the more likely overweight will persist into adulthood.

Parental weight status: if parents are obese, child’s overweight is more likely to persist into adulthood.

Co-morbidities: increase the seriousness of the weight problem.
5. Reassure the Parent/Child

If this is the first time that weight has been raised with the family, it is important to make the interaction as supportive as possible: ‘Together, if you would like to, we can do something about your child’s weight. By taking action now, we have the chance to improve [child’s] health in the future.’

6. Agree Next Steps

Provide patient information literature, discuss as appropriate and:

If overweight and no immediate action necessary: arrange follow-up appointment to monitor weight in three to six months: ‘It might be useful for us to keep an eye on [child’s] weight for the next year.’

If overweight and family want to take action: offer appointment for discussion with GP, nurse or other health professional; arrange three-to-six-month follow-up to monitor weight.

If overweight and family do not wish to take action now: monitor child’s weight and raise again in six months to a year.

If overweight with co-morbidities: consider referral to secondary care: ‘It might be useful for you and [child] to talk to someone about it.’

NOTE: Mytime Active provides free training for frontline staff on raising the issue of a child’s weight. See details on page 32.

### Primary Care Assessment

<table>
<thead>
<tr>
<th>Who</th>
<th>Action</th>
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<tbody>
<tr>
<td>Antenatal Women</td>
<td>BMI &gt;30 – offer referral to dietitian</td>
</tr>
<tr>
<td>Babies 0-23 months</td>
<td>Use the UK-WHO growth charts to plot height/length/weight and refer to weight classifications (page 7)</td>
</tr>
<tr>
<td>Children 2-4 years</td>
<td>Calculate BMI and plot using UK 1990 BMI centile charts for children.</td>
</tr>
<tr>
<td>Children and young people 5-19 years</td>
<td>Calculate BMI and plot using UK 1990 BMI centile charts for children.</td>
</tr>
</tbody>
</table>

### Key Considerations

Consider presenting symptoms as well as possible underlying endocrine causes or co-morbidities e.g. diabetes

Also consider:

- Psychosocial distress (low self-esteem, bullying)
- Family history of obesity and co-morbidities e.g. diabetes
- Life-style, diet and physical activity
- Environmental and social factors
- Growth and pubertal stage
- Involvement of other agencies
Clinical Assessment by GP

Consider the following for co-morbidity/underlying cause:

- Precocious or late puberty
- Symptoms/signs of endocrine disorder e.g. low height for weight or progressive obesity
- Hypertension
- History of diabetes, sleep apnoea, orthopaedic problems
- Significant developmental delay
- If 7 years and over and BMI>98th centile check fasting lipid profile/fasting glucose/LTFs,TFTs

Refer to the Obesity Services for Children and Adolescents (OSCA) statement for more information:


Referral Guidelines

The following information is taken from the Central London Community Healthcare (CLCH) guidelines.

Underweight Children

2 weeks-2 years

If weight is below 0.4th centile:
1. Re-measure weight, length and head circumference and ensure they are correctly plotted.
2. Refer to paediatrician (via the patients GP) for assessment of low weight, in order to rule out any underlying cause.

2-18 years

If weight is below 0.4th centile:
1. Measure length/height & weight and calculate BMI.
2. Assess dietary history.
3. Assess general health.
4. If general health does not give cause for concern and diet history shows inappropriately low intake for age refer to Dietitian.
5. Assess if this is child’s growth line and if weight fails to continue along the child’s growth line refer to Paediatrician (via the patients GP). Liaise with Paediatrician to assess plan of care and establish who will be responsible for monitoring child’s growth.

NOTE: If general health gives cause for concern, refer simultaneously to the Paediatrician and Dietitian.

If height is below the 0.4th centile:
1. Refer to a Paediatrician and liaise with paediatrician to assess plan of care and establish who will be responsible for monitoring child’s growth.

Overweight Children

See guidelines within pathway.

NOTE: Hammersmith & Fulham: Referrals to the Paediatric Dietitian for those living in Hammersmith & Fulham is via the Paediatrician.

Kensington & Chelsea and Westminster: Referrals to the CLCH Community Paediatric Dietitian Service can be made directly using the referral form on page 15.
Referral Forms

MEND (Mind, Exercise, Nutrition... Do It!)
Child obesity prevention and weight management services

To refer a family please complete this form and return via:
Post – Mytime Active, Linden House, 153-155 Masons Hill, Bromley, Kent, BR2 9HY
eFax – 0207 1117 4294

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED

Family Details

Child’s details
Name: ………………………………………... DOB: ………………..…… Age: .............. Gender: ….....……...............
Child’s height/length in cm: ……......  Child’s weight in kg: …….......  BMI Centile: ……….......

Parent/carer’s details
Parent/carer name: ……………………………………….......  Relationship to child: ………………….....…………….........…..
Home phone no: …………………………………….....……….  Mobile phone no: ……….....………………………………......................…..
Email: ……………………………………………………………………….....……………….....  Postcode: ……….....………………..............................
Address: ……………………………………………………………………………………………………………………….....…………………………….....................................

Comorbidities/Complex Needs (please fill relevant in circle)

Respiratory problems   Type 1 or 2 Diabetes          Significant joint/mobility problem
Hypertension   Hypersensitiveness   Psychosocial dysfunction
Cardiovascular disease  Endocrine problems   Emotional/psychological issues
Dyslipidaemia    Metabolic syndrome   Learning/educational difficulties
Sleep apnoea    Epilepsy    Not known

Other Information

Is Child Protection in place:      Yes   /   No
English as a first language:       Yes  /   No

If any other information relevant to be aware of that would impact on programme participation: ……………………………

………………………………………..………………………………………..………………………………………..………………………………………..……………………

PLEASE COMPLETE PAGE TWO

MEND (Mind, Exercise, Nutrition... Do It!)
Child obesity prevention and weight management services

Programme Information

Age:  0-2 years*   /   2-5 years   /   5-7 years   /   7-13 years   /   13-16 years   /   16-18 years
Type of intervention:  Group Based   /   One to One

Child is potentially at risk of becoming overweight (one/both parents or sibling overweight)
Child identified as being overweight (≥91st centile) or obese (≥98th centile)
Family would benefit from guidance around eating habits and physical activity
Family is motivated and committed to attending weekly sessions
* Mother would benefit from a post-natal weight management course

Referrer Details

Name: ……………………………………………………………............... Job title: ………………………………………………………...............................
Organisation: ……………………………………………………………………………..................... Postcode: ……………………...................…...
Address: ……………………………………………………………………………………………………………………………………...........................................

Telephone no: ……………………………………………………......... Date of referral: ………………………………………...................................

GP Details

(if different to referrer)

Name: ……………………………………………………………............... Job title: ………………………………………………………...............................
Organisation: ……………………………………………………………………………..................... Postcode: ……………………...................…...
Address: ……………………………………………………………………………………………………………………………………...........................................

Telephone no: ……………………………………………………......... Date of referral: ………………………………………...................................

Parent/Guardian Consent

I agree to be involved in Mytime Active’s child weight management service and have received relevant information about the structure of the service and data collected. I agree to be contacted for follow-up purposes for up to 12 months. I understand that my data will be stored confidentially, on paper and electronically on a secure database, and will be held in accordance with the Data Protection Act and NHS Information Governance.

I agree for my data to be shared with the commissioning body for evaluation purposes.

I agree for my anonymised data to be used for audit purposes to inform service development and contribute to research activities.

Signature

Parent Guardian Signature: ………………………………………... Or verbal consent provided:    Yes   /  No
Printed Name: ……………………………………………………......
Date completed: …………………………………

THANK YOU

This referral form can be accessed via http://www.mytimeactive.co.uk/child-referral-service or through SystmOne.
### CLCH Paediatric Dietitian

**Central London Community Healthcare NHS Trust**

**CLCH Paediatric Dietetics Referral Form (0-19 years)**

- Westminster Service
- Kensington and Chelsea Service
- FAX RETURN: Fax: 020 8962 4498
- Phone: 020 8962 4499

---

**Date of referral:**

- *Referral may not be accepted if incomplete*

**Contact details for other services involved (please provide name and contact details where known):**

- CAF completed
- Child in need plan
- Consent gained for text/voicemail to be left? YES NO
- Parent consent gained for referral? YES NO

---

**Patient details**

<table>
<thead>
<tr>
<th>Family name</th>
<th>GP practice name</th>
</tr>
</thead>
<tbody>
<tr>
<td>FirstName</td>
<td>GP name</td>
</tr>
<tr>
<td>Surname</td>
<td>Postcode</td>
</tr>
<tr>
<td>Address</td>
<td>Email</td>
</tr>
<tr>
<td>Mobile no</td>
<td>Telephone no</td>
</tr>
<tr>
<td>Date of birth</td>
<td>D.O.B</td>
</tr>
</tbody>
</table>

**Referrer Details**

- Name (print clearly):
- GP practice name
- Family name

---

**Reason for Referral:**

- Child must reside or have GP in borough
- Complex medical needs
- Complex social needs
- Food allergy or intolerance
- Weight management
- Nutritional deficiencies
- Gastrointestinal Intolerance
- Food Allergy or Intolerance
- Faltering Growth

---

**Nutritional Deficiencies**

- Calcium deficiency
- Vitamin D deficiency or Rickets
- Restricted range in diet with > 2 centiles difference in weight and height
- Long term fussy eaters (1st line advice already received from health visitor/school nurse)

---

**Nutritional Support**

- Oral nutritional supplements e.g. Paediasure, Fortini
- Enteral Feeding (please complete additional enteral feeding form)
- Other (Please state) _______________

---

**Weight/Height**

- BMI + centile
- Weight (kg) + centile
- Length / Height (cm) + centile

---

**Nutritional Management**

- Home Visit
- Home School
- School visit
- Mini Kickstart
- Kickstart
- Westminister Programme (2-5 years)

---

**Medications**

- Treatment is given for evaluation (please see notes)
- Consent gained for text/voicemail to be left YES NO
- Patient consent gained for referral YES NO

---

**Note:** This referral form can be accessed via the 'How do you refer to our children's nutrition and dietetics service?' link at: [http://www.clch.nhs.uk/services/nutrition-and-dietetics-for-children.aspx](http://www.clch.nhs.uk/services/nutrition-and-dietetics-for-children.aspx)
Chelsea and Westminster Hospital

**REFERRAL FORM FOR PAEDIATRIC DIETITIAN OUTPATIENT CLINIC**

Please ensure that you complete all sections and fax form to:

**DEPARTMENT OF NUTRITION & DIETETICS**

Fax 020 8746 8077  General Dietetic Enquiries 020 8746 8178

**PATIENT**

Name  «PATIENT_Forename1»  «PATIENT_Surname»

Name  «PRACTICE_Forename1»  «PRACTICE_Surname»

Address  «PATIENT_BlockAddress»

Address  «PRACTICE_BlockAddress»

Date of Birth  «PATIENT_Date_of_Birth»

Fax  «PATIENT_Forename1»  «PATIENT_Surname»

NHS Number  «PATIENT_Current_NHS_Number»

Gender  «PATIENT_Sex»

Interpreter  Required  Yes  No

Language  Patient Hospital number if known

**ANTHROPOMETRICS**

Height  kg

**REASON FOR REFERRAL**

FTT  Downward deviation in weight of two or more major centiles for more than one month

OBESITY  Greater than 2 centile discrepancy between weight and height centiles

Overweight children: BMI > 97th C of the 1990 reference chart for age and sex

Obese children: BMI > 98 th C of the 1990 reference chart for age and sex

Overweight children: BMI > 91st C of the 1990 reference chart for age and sex who also have obesity related morbidity (e.g. benign intracranial hypotension, sleep apnoea, obesity hypoventilation syndrome, orthopaedic problems or psychological morbidity)

Children with suspected underlying medical (e.g. endocrine) cause of obesity including all children under 24 month of age who are severely obese (BMI > 99.6 th centile)

**NUTRITIONAL DEFICIENCY**

Anaemia

**FOOD HYPERSENSITIVITIES**

Immediate reaction

Eczema

Vomiting

Diarrhoea

Lactose intolerance

Coeliac

Other please state

(please give further information in box below)

**NUTRITIONAL SUPPORT**

NG feeds

PEG feeds

(please give further information in box below)

**FEEDING PROBLEMS**

Behavioural

Unsafe to swallow

**OTHER MEDICAL INFORMATION**

Autism : Fussy eating

Autism : Exclusion diet

Migraine

**FOR OFFICE USE ONLY**

Date Received:  «SYSTEM_Date»

Accepted

Returned for further information

Rejected

Reason:

Referrals for “poor appetite/intake/diet”, “overweight”, “gaining weight slowly/small for age” will not be accepted without one of the above criteria having been met

**Guidance on Safeguarding**

Any childhood nutritional problem can be a symptom of neglect but should trigger safeguarding procedures only if there is evidence of systematic failure of the carers to acknowledge the problem and engage with professional services to modify behaviour and help the child. If, in the opinion of the treating professional, there is such lack of engagement and the child is being harmed as a result, advice should be sought from your safeguarding lead or children’s social care services and a referral considered.

If a carer appears to engage with professional services, however repeatedly misses appointments or disengages from the service, a case of disguised compliance should be considered. Disguised compliance can be difficult to recognise: non-compliance may seem plausible but the impact on the child is still the same as if a carer fails to acknowledge the problem. Advice should be sought from your safeguarding lead or children’s social care services and a referral considered.

Author: Dr Mike Coren Paediatric Consultant St Mary’s, Paddington

With approval from: Liz Royle, CLCH safeguarding, and Patricia Grant, Designated Nurse Safeguarding Children, CWHHE CCG Collaborative.

This referral form can be accessed via: https://www.chelwest.nhs.uk/gps/making-a-referral
2. Prevention Guidance

National Guidance on Physical Activity

The details in this section are informed by the NHS choices website.

Babies

Physical activity should be encouraged from birth. Before they are able to crawl, babies should be encouraged to reach, grasp, pull, push, and move their head, body and limbs during daily routines, floor-based play, and water-based play. Once babies can crawl and move around they should be encouraged to be as active as possible. The NHS has a number of ideas for keeping babies active: http://www.nhs.uk/conditions/pregnancy-and-baby/pages/keeping-kids-active.aspx

Toddlers

Once able to walk alone, children should be encouraged to be physically active for at least 3 hours every day. The activity can be indoors or outdoors and spread throughout the day, to include both light activity and energetic activity. Light activity includes standing up, moving around, and walking at a slow pace, whilst energetic activity will make children ‘huff and puff’ and can include organised activities like gymnastics and swimming. The best way for this age group to be physically active is through active play, such as chasing games, playing on a climbing frame, ball games, or riding a bike.

All children under 5 years

Children under 5 should not be inactive for long periods of time except when asleep as it impacts negatively on their health and development. Increasing physical activity will improve the health of overweight children even if their weight does not improve.

For more information about national physical activity guidelines for 0-5 year olds, see the NHS webpage: http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-children.aspx

5–19 years

Children and young people aged 5-19 should be encouraged to do 1 hour of physical activity every day. The activity should range from moderate-intensity activity to vigorous-intensity activity. Moderate-intensity activity includes walking to school, playground games, or cycling, whilst vigorous-intensity activity includes tennis, rugby and football, which cause children and young people to breathe hard and fast, and their heart rate to increase significantly. Three days a week, the hour of activity should also include muscle-strengthening activity and bone-strengthening activity. Muscle-strengthening activities are those where a child has to lift their own body weight or work against a resistance, and can include push-ups, rope or tree climbing, and sports like gymnastics and rugby. Bone-strengthening activities promote bone growth and strength by producing an impact or tension force on the bones, and include running, martial arts, and dance.

For more information about national physical activity guidelines for 5-19 year olds, see the NHS webpage: http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx
Healthy Eating Guidelines

The details in this section are informed by the NHS choices website⁹,¹⁰.

0–6 months

Exclusive breastfeeding is recommended for the first 6 months of life. If a mother is unable or does not wish to breastfeed, formula milk can be used, ensuring all equipment used to feed the baby is sterile.

For more information about breastfeeding, see the NHS webpage: http://www.nhs.uk/conditions/pregnancy-and-baby/pages/why-breastfeed.aspx

6 months–8 months

After six months additional foods should be introduced alongside breastfeeding/formula feeding. First foods should be cooked vegetables which are mashed or soft, and have been cooled before eating. Babies can also eat soft or mashed fruits or baby rice and baby cereals mixed with their usual milk. Cow’s milk should not be given until a baby is 12 months old.

Next foods should include soft cooked meats, mashed fish, pasta, noodles, rice, toast, lentils, mashed hard boiled eggs, and full-fat dairy products such as low sugar yoghurts. A free-flowing cup can also be introduced at this age which is better for a child’s teeth than using a cup with a valve.

8 months–9 months

At this age babies should begin to start eating 3 meals a day consisting of fruit and vegetables, starchy foods, non-dairy sources of protein, and milk and dairy products.

12 months–2 years

Babies should now be eating 3 meals a day with breast milk or full fat cow’s milk, and additional healthy snacks such as fruit, vegetable sticks, rice crackers or toast. Infants can have 3–4 servings of starchy food a day, 3–4 servings of fruit and vegetables, and 2 servings of meat, fish, eggs, or beans and pulses⁹.

For more information about introducing foods in the first two years of life, see the NHS webpage: http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/solid-foods-weaning.aspx

2–5 years

Children should start to eat the same foods as the rest of the family in the proportions of the Eatwell Plate. Children who are growing well and eating well can have semi-skimmed milk.

5–19 years

The Eatwell Plate (see image 2) shows the proportions of different food groups people should eat to have a balanced and healthy diet. The plate shows that people should have mostly fruit and vegetables and starchy foods in their diet, but also some milk and dairy foods, some meat, fish, eggs, and other non-dairy sources of protein, and a small amount of food and drink high in fat and sugar. 5–18 year olds should aim to eat 5 portions of fruit and vegetables every day.

To maintain a healthy weight, portion sizes should vary depending on the age and size of a child. Start with small servings and wait for a child to ask for more if they’re still hungry. Children should not be made to finish what’s on their plate or eat more than they want to⁰.
The Eatwell Plate

For more information about eating a balanced diet, see the NHS webpage: http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx

NOTE: A revised version of the Eatwell Plate is expected in the Autumn 2015 to take into account new recommendations from the Scientific Advisory Committee on Nutrition (SACN) to further reduce the proportion of food and drinks high in fat and/or sugar in the diet.

Healthy Start Vitamins

Healthy Start vitamins contain vitamin D along with other vitamins. Most of our vitamin D comes from the summer sun, and only 10% comes from our food even if we have a healthy diet. Vitamin D is very important for healthy growth and for many people it is hard to get enough from the sun, particularly for people with darker skin and people who cover most of their skin.

Who should take vitamin D?

Under 5s: If children don’t get enough vitamin D they can develop a painful bone condition called rickets. It is recommended that all children under 5 are given vitamin D as well as vitamins C and A. Vitamins can be given to children as early as one month old if the mother has not taken vitamin D throughout pregnancy. Babies whose mothers took vitamin D throughout pregnancy can be given vitamins at 6 months old. Vitamins should be taken daily and continued until a child is five years old. Healthy Start children’s vitamin drops contain vitamins A, C and D. Babies that are bottle fed will not need extra vitamins until they are drinking less than 500mls of formula milk a day.

Pregnant women: Pregnant women with low vitamin D levels could pass it on to their child. All pregnant women should take vitamin D throughout their pregnancy. They should also take vitamin C and Folic Acid. Healthy Start women’s vitamin tablets contain folic acid and vitamins C and D.

New mothers: New mothers need to boost their vitamin D levels whether or not they are breastfeeding for the first 12 months after birth. Healthy start women’s vitamin tablets contain folic acid and vitamins C and D.
Infant Nutrition - A Short Checklist for Primary Care

Good nutritional habits should start as early as possible. Young babies come frequently to health care workers, for example for immunisation, so there are opportunities to give advice on nutrition.

A simple check list for health visitors and others in primary care to use opportunistically could be as follows.

1. Mothers of young babies should be encouraged to breast feed.
2. By 6 months all babies should begin to have solids introduced and should not be only on milk.
3. From 6 months, 500ml (16 ounces) formula milk is sufficient, from 12 months of age 350 ml is enough (12 ounces). Beyond 6 months the nutritional future should be a balanced diet of solids with less and less milk. The consequences of excess milk in the diet beyond 6 months include an excess of sugar intake, specific nutritional problems, especially iron deficiency, and dental caries if children with teeth spend a lot of time sucking milk from a bottle with a teat.

- All babies and children from 0-5 should be supplemented with an appropriate Vitamin D supplement e.g. Healthy Start Vitamins.

See page 20 for more information.

Author: Dr Mike Coren, Paediatric Consultant St Mary’s, Paddington.
3. Prevention and Management Services

The National Child Measurement Programme (NCMP)

The NCMP was established in 2005 and involves measuring the weight and height of Reception and Year 6 children at state-maintained schools including academies in England. Every year, more than one million children are measured and nationally over 99.5% of eligible schools take part on a voluntary basis.

From 1 April 2013, Public Health England took on responsibility for national oversight of the programme from the Department of Health (DH). At the same time, local authorities became mandated to deliver the surveillance components of the programme which includes carrying out the measurements and returning relevant data to the Health and Social Care Information Centre (HSCIC) acting on behalf of the NHS and social care to collect and analyse health data.

The NCMP has three key purposes:

- inform local planning and delivery of services for children
- gather population-level data to allow analysis of trends in growth patterns and obesity
- increase public and professional understanding of weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight issues.

In the three boroughs of Hammersmith & Fulham, Kensington and Chelsea, and Westminster, the NCMP is carried out by the School Nursing Service on behalf of the boroughs. Year 6 children are measured in the Autumn Term, and Reception Children are measured in the Spring Term. Parents are written to and are given the option to opt out their children from being weighed and measured.

Letters giving feedback to parents about their child’s weight status are sent out only if they are above or below a healthy weight. The letters include information and general advice on healthy eating and being active. If the child is below a healthy weight, in the letter they are offered the opportunity to discuss their child’s measurements with a member of the School Nursing Team. If the child is above a healthy weight, the family are offered a place on either the MEND 5-7 or MEND 7-13 programmes. They are also offered the opportunity to discuss their child’s measurements with a member of the School Nursing Team and information about how to make healthy lifestyle changes.

For more information about the National Child Measurement Programme go to http://www.hscic.gov.uk/ncmp

Sports, Leisure and Parks Services

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Borough or CCG residents service available to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Sports / Family Activity</td>
<td>Hammersmith &amp; Fulham</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider details</th>
<th>Sam Bodmer, London Sport <a href="mailto:samb@londonsportstrust.org">samb@londonsportstrust.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Service and Location</td>
<td>Physical activity, games and sports run for children and parents to be active together. Being delivered at Randolph Beresford Nursery, Melcombe Children’s Centre.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>Voluntary contributions</td>
</tr>
<tr>
<td>Age-group and suitability</td>
<td>Not suitable for children with complex disabilities. Primarily for children of pre-school age able to understand instructions and do simple movements such as run, kick, throw.</td>
</tr>
<tr>
<td>Referral process</td>
<td>Contact the London Sports Trust about client.</td>
</tr>
<tr>
<td>Key contact</td>
<td>Sam Bodmer on the details above.</td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Externally funded by projects, not a commissioned service.</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td><a href="http://www.londonsportstrust.org/index.php?active=0">http://www.londonsportstrust.org/index.php?active=0</a></td>
</tr>
<tr>
<td>Name of Service</td>
<td>Elvis Hall - Fitness Instructor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Borough or CCG residents service available to</td>
<td>Hammersmith &amp; Fulham (Hammersmith &amp; Fulham CCG) Kensington &amp; Chelsea (West London CCG)</td>
</tr>
<tr>
<td>Provider details</td>
<td>Elvis Hall <a href="mailto:elvisfitness1@btinternet.com">elvisfitness1@btinternet.com</a> 07507 140 003</td>
</tr>
<tr>
<td>Description of Service and Location</td>
<td>Health, Fitness &amp; Behavioural Support/Mentoring service for young people aged 12-18. Elvis Hall is a personal trainer who works with young people on an individual basis to provide advice, support and physical fitness interventions for those young people who have health (obesity) and behavioural (school exclusion) issues.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>N/a</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>Not suitable for children with complex disabilities. Primarily for young people living/schooling in H&amp;F aged 12-18 years old (will consider RBKC referrals).</td>
</tr>
<tr>
<td>Referral process</td>
<td>Contact Elvis Hall directly. An assessment of the young person’s issues and needs will determine the nature of the support/intervention required. The service provider will liaise with and get input from parents and possibly teachers to gain better understanding of the young person.</td>
</tr>
<tr>
<td>Key contact</td>
<td>Elvis Hall, as above.</td>
</tr>
<tr>
<td>Commissioned by</td>
<td>-</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td>N/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Change 4 Life Clubs (C4L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough or CCG residents service available to</td>
<td>Hammersmith &amp; Fulham (Hammersmith &amp; Fulham CCG)</td>
</tr>
<tr>
<td>Provider details</td>
<td>Sports team</td>
</tr>
<tr>
<td>Description of Service and Location</td>
<td>The programme will specifically seek to recruit, train and support the deployment of new C4L coaches and champions. C4L coaches can be any member of the school community or a volunteer that receives training and support to increase the schools capacity and expertise to deliver engaging C4L clubs. In addition, the school will be asked to identify and support year 5 and 6 pupils to act as C4L Champions to enable them to understand the role they can play to inspire others to be active in their schools. Currently engaged with Lena Gardens, St Marys, New Kings, St Thomas’ of Canterbury, Pope John, Ark Bentworth. Made contact with Miles Coverdale, Wormholt, Norman Croft, Sacred Heart &amp; Larmenier.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>Free for the first twelve weeks of activity</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>All children welcome from key stage 2 inclusive project</td>
</tr>
<tr>
<td>Referral process</td>
<td>referral not necessary</td>
</tr>
<tr>
<td>Key contact</td>
<td>Debbie Peters-mill <a href="mailto:Debbie.Peters-Mill@lbhf.gov.uk">Debbie.Peters-Mill@lbhf.gov.uk</a></td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Sport England / Youth sports trust.</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td>-</td>
</tr>
<tr>
<td>Name of Service</td>
<td>Change4Life Clubs</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Borough or CCG residents service available to</td>
<td>Westminster (Central London)</td>
</tr>
<tr>
<td>Provider details</td>
<td>Westminster Sports Unit (City of Westminster)</td>
</tr>
<tr>
<td>Description of Service and location</td>
<td>Change4Life Sports Clubs are an optional tool that schools can use to help to improve the activity levels of children in schools. There is no funding or free resources attached to this programme, schools will need to buy in resources in order to use them.</td>
</tr>
</tbody>
</table>
| Cost (if applicable)          | Minimum investment – Change4Life Resource Pack (£210)  
• Inc. One set of each resource cards; Target, Adventure, Creative, Combat & Flight  
• 30 x Logbooks  
• 30 x Wristbands  
• Sports Club Guide  
• Delivers Guide  
• 2 sets of Values Stickers  
• Music CD  
Additional log books can be purchased at £9.48 for 10  
School's may choose to invest in equipment bags - £800 per bag which are themed and come with all of the items above as well as a vast array of equipment to play themed games. |
| Age Group and Suitability     | Any school is able to buy in to this programme. The aim of the programme is to engage groups of young people who are not currently engaged with PE and sport in or out of school. The programme is aimed at year 3 students delivered by teachers/school staff with the help of specially trained Year 5/6 students called Change4Life champions. WSU can provide group training for teachers/school staff wanting to deliver Change4Life in schools as well as the Change4Life Champions training |
| Referral process              | No referral process – schools can opt in |
| Key contact                   | Kim Longbon – Sports Development Officer  
Westminster Sports Unit |
| Commissioned by               | NA |
| Further information e.g. website | Programme Information:  
http://www.nhs.uk/change4life/Pages/change-for-life.aspx  
http://www.nhs.uk/change4life/Pages/sports-clubs.aspx  
https://www.youtube.com/results?search_query=change4life  
Equipment/Resources:  
http://shop.youthsportdirect.org/SearchResults.asp?search=change4life |
### Name of Service
Change4Life Clubs

### Borough or CCG residents service available to
Kensington & Chelsea (West London CCG)

### Provider details
Epic ELM C.I.C

### Description of Service and location
Primary sports clubs have been created in 20 Primary Schools in The Royal Borough of Kensington and Chelsea to increase physical activity levels in less active 7-9 year olds, through multi-sport themes.

The clubs strive to create an exciting and inspirational environment for children to engage in school sport. Over time the clubs will ensure that they take part in lifelong sport and physical activity, reducing the risk of chronic disease in later life.

What sports are involved?
Currently there are five themes that take their influence from a range of sports:
- **Adventure:** canoeing, cycling, orienteering, rowing, sailing
- **Combat:** boxing, fencing, judo, taekwondo, wrestling
- **Creative:** cheerleading, diving, gymnastics, jump rope, swimming
- **Flight:** cricket, handball, rounders, softball, ultimate frisbee, volleyball
- **Target:** archery, boccia, bowls, goalball, golf, fencing

The PE Coordinators received Change4life training at our Local PE-Coordinator Network event. Each school has received a Change4life bag to use to deliver a targeted session with specific focus on Yr 3 and 4. EPIC CIC ensures that there is a half termly rotation of the themed bags.

- Ashburnham
- Holy Trinity
- Colville
- Ark Brunel
- Park Walk
- Marlborough
- Fox
- Bevington
- Servite
- OLOV
- Oxford Gardens
- St Charles
- St Cuthberts
- Oratory
- St Clements
- St Mary’s
- St Barnabas
- St Mary Abbots
- Thomas Jones
- St Thomas

### Cost (if applicable)
Healthy Lead School funding was made available for the tutor training. 21 Change4life bags were provided to the School Games Organiser through the Youth Sports Trust.

### Age group and suitability
The Service is for a target group of Yr 3 and 4 but some schools are utilising the program for other Year Groups. It is an inclusive programme

### Referral process
- 

### Key contact
Sone Coetzee
Email: sone.coetzee@epiccic.org.uk
Tel: 07958 495 179

### Commissioned by
Youth Sports Trust

### Further information e.g. website
-
<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Better Leisure Centres</th>
</tr>
</thead>
</table>
| Borough or CCG residents service available to | Hammersmith & Fulham (Hammersmith & Fulham CCG)  
Kensington & Chelsea (West London CCG)  
Westminster (Central London) |
| Provider details                | GLL is the charitable social enterprise that runs local Better sport, leisure and cultural facilities. We are the largest operator of accessible sports and leisure centres in the UK. |
| Description of Service and Location | Better delivers a varied programme of sports, fitness and leisure services across the three boroughs depending on the site facilities.  
This can include swimming pool, fitness suite, sports hall, dance studio and assorted arrangements of instructor lead activity from early childhood to older adult.  
For a detailed view of the programmes visit the individual centres via the links below: |
| Hammersmith & Fulham            | 1. Lillie Road Fitness Centre  
2. Hammersmith Fitness and Squash Centre  
3. Phoenix Fitness Centre and Janet Adegoke Swimming Pool |
| Kensington and Chelsea          | 1. Chelsea Sports Centre  
2. Kensington Leisure Centre |
| Westminster                     | 1. Jubilee Sports Centre  
2. Little Venice Sports Centre  
3. Marshall Street Leisure Centre  
4. Moberly Sports and Education Centre  
5. Paddington Recreation Ground  
6. Porchester Centre  
7. Porchester Hall  
8. Porchester Spa  
9. Queen Mother Sports Centre  
10. Seymour Leisure Centre  
11. St Augustine’s Sports Centrew |
| Cost (if applicable)            | Various (see website for more details) [www.better.org.uk/leisure](http://www.better.org.uk/leisure) |
| Age Group and Suitability       | Various (see website for more details) [www.better.org.uk/leisure](http://www.better.org.uk/leisure) |
| Referral process                | Contact the nearest centre |
| Key contact                     | Hammersmith & Fulham & Kensington and Chelsea  
Kirsty Davies – Community Development Manager  
Kirsty.Davies@GLL.ORG |
| Commissioned by                  | - |
| Further information e.g. website | [www.better.org.uk/leisure](http://www.better.org.uk/leisure) |
## Mytime Active Services

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>MEND Mums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough or CCG residents service available to</td>
<td>Westminster, Kensington and Chelsea, Hammersmith &amp; Fulham</td>
</tr>
<tr>
<td>Provider details</td>
<td>Mytime Active, <a href="mailto:info@mytimeactive.co.uk">info@mytimeactive.co.uk</a></td>
</tr>
<tr>
<td>Description of Service and Location</td>
<td>Who? Post-natal women with a baby up to 2 years. When? Once a week, for 1.5 hours, for 6 weeks. What? A fun and interactive postnatal weight management programme for new mums incorporating energy boosting workouts and great nutrition tips to help establish healthy habits for life.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>n/a</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>Post-natal women with a baby up to 2 years. Those with additional needs can be seen by the MEND One to Ones service.</td>
</tr>
<tr>
<td>Referral process</td>
<td>Most referrals are from GPs, school nurses and teachers. Please see: <a href="http://www.mytimeactive.co.uk/child-referral-service">http://www.mytimeactive.co.uk/child-referral-service</a>. Parents or carers can register their child's details by calling 0800 2300 263.</td>
</tr>
<tr>
<td>Key contact</td>
<td>Sajida Yasin - 020 3795 9346, <a href="mailto:sajida.yasin@mytimeactive.co.uk">sajida.yasin@mytimeactive.co.uk</a> / <a href="mailto:info@mytimeactive.co.uk">info@mytimeactive.co.uk</a></td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Public Health Department of London Borough of Hammersmith &amp; Fulham, Royal Borough of Kensington and Chelsea, and Westminster City Council</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td><a href="http://www.mytimeactive.co.uk/">http://www.mytimeactive.co.uk/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>MEND Mini</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough or CCG residents service available to</td>
<td>Westminster, Kensington and Chelsea, Hammersmith &amp; Fulham</td>
</tr>
<tr>
<td>Provider details</td>
<td>Mytime Active, <a href="mailto:info@mytimeactive.co.uk">info@mytimeactive.co.uk</a></td>
</tr>
<tr>
<td>Description of Service and Location</td>
<td>Who? Children aged 2-4 years and their parents/carers. When? Once a week, for 1 hour, for 6 weeks. What? All activities are linked to nutrition, active play or behaviour change. Including: healthy family habits, portion sizes, reading food labels, food exposure techniques and reducing screen time.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>n/a</td>
</tr>
<tr>
<td>Age and suitability</td>
<td>Children aged 2-4 years and their parents/carers. Those with additional needs can be seen by the MEND One to Ones service.</td>
</tr>
<tr>
<td>Referral process</td>
<td>Most referrals are from GPs, school nurses and teachers. Please see: <a href="http://www.mytimeactive.co.uk/child-referral-service">http://www.mytimeactive.co.uk/child-referral-service</a>. Parents or carers can register their child's details by calling 0800 2300 263.</td>
</tr>
<tr>
<td>Key contact</td>
<td>Sajida Yasin - 020 3795 9346, <a href="mailto:sajida.yasin@mytimeactive.co.uk">sajida.yasin@mytimeactive.co.uk</a> / <a href="mailto:info@mytimeactive.co.uk">info@mytimeactive.co.uk</a></td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Public Health Department of London Borough of Hammersmith &amp; Fulham, Royal Borough of Kensington and Chelsea, and Westminster City Council</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td><a href="http://www.mytimeactive.co.uk/">http://www.mytimeactive.co.uk/</a></td>
</tr>
</tbody>
</table>
## Family Healthy Weight Care Pathway Toolkit 0-4 and 5-19

### Weight Management Services

**Mytime Active Services**

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>MEND 5-7</th>
</tr>
</thead>
</table>
| Borough or CCG residents service available to | Westminster  
Kensington and Chelsea  
Hammersmith & Fulham |
| Provider details | Mytime Active  
info@mytimeactive.co.uk |
| Description of Service including locations of where provided | Who? Children aged 5-7 years who are above a healthy weight and their parents/carers.  
When? Once a week, for 1.45 hours, for ten weeks.  
What? All activities are linked to nutrition, active play or behaviour change. Including: understanding fats and sugars, goal setting and rewards. |
| Cost (if applicable) | n/a |
| Age and suitability | Children aged 5-7 years who are above a healthy weight and their parents/carers. |
| Referral process | Most referrals are from GPs, school nurses and teachers. Please see: http://www.mytimeactive.co.uk/child-referral-service  
Parents or carers can register their child's details by calling 0800 2300 263. |
| Key contact | Sajida Yasin - 020 3795 9346  
sajida.yasin@mytimeactive.co.uk / info@mytimeactive.co.uk |
<p>| Commissioned by | Public Health Department of London Borough of Hammersmith &amp; Fulham, Royal Borough of Kensington and Chelsea, and Westminster City Council |
| Further information e.g. website | <a href="http://www.mytimeactive.co.uk/">http://www.mytimeactive.co.uk/</a> |</p>
<table>
<thead>
<tr>
<th>Name of Service</th>
<th>MEND 7-13</th>
</tr>
</thead>
</table>
| Borough or CCG residents service available to | Westminster  
Kensington and Chelsea  
Hammersmith & Fulham |
| Provider details | Mytime Active  
info@mytimeactive.co.uk |
| Description of Service and Location | Who? Children aged 7-13 years who are above a healthy weight, and their parents/carer.  
When? Twice a week, for 2 hours, for ten weeks.  
What? All activities are linked to nutrition, physical activity or behaviour change. Including: learning to read food labels, an interactive supermarket tour and goal setting |
| Cost (if applicable) | n/a |
| Age and suitability | Children aged 7-13 years who are above a healthy weight, and their parents/carers. |
| Referral process | Most referrals are from GPs, school nurses and teachers.  
Please see: [http://www.mytimeactive.co.uk/child-referral-service](http://www.mytimeactive.co.uk/child-referral-service)  
Parents or carers can register their child's details by calling 0800 2300 263. |
| Key contact | Sajida Yasin - 020 3795 9346  
sajida.yasin@mytimeactive.co.uk / info@mytimeactive.co.uk |
| Commissioned by | Public Health Department of London Borough of Hammersmith & Fulham, Royal Borough of Kensington and Chelsea, and Westminster City Council |
| Further information e.g. website | [http://www.mytimeactive.co.uk/](http://www.mytimeactive.co.uk/) |

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>MEND Teens</th>
</tr>
</thead>
</table>
| Borough or CCG residents service available to | Westminster  
Kensington and Chelsea  
Hammersmith & Fulham |
| Provider details | Mytime Active  
info@mytimeactive.co.uk |
| Description of Service and Location | Who? Young people aged 13-18 years who are above a healthy weight and their parents/carers*  
When? What? We will work with young people across the three boroughs to design an intervention which they buy in to.  
*parental involvement not mandatory at every session. |
| Cost (if applicable) | n/a |
| Age and suitability | Young people aged 13-18 years who are above a healthy weight and their parents/carers* |
| Referral process | Most referrals are from GPs, school nurses and teachers.  
Please see: [http://www.mytimeactive.co.uk/child-referral-service](http://www.mytimeactive.co.uk/child-referral-service)  
Parents or carers can register their child's details by calling 0800 2300 263. |
| Key contact | Sajida Yasin - 020 3795 9346  
sajida.yasin@mytimeactive.co.uk / info@mytimeactive.co.uk |
| Commissioned by | Public Health Department of London Borough of Hammersmith & Fulham, Royal Borough of Kensington and Chelsea, and Westminster City Council |
| Further information e.g. website | [http://www.mytimeactive.co.uk/](http://www.mytimeactive.co.uk/) |
**Health Services**

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Community Paediatric Dietitian Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough or CCG residents service available to</td>
<td>Kensington &amp; Chelsea (West London CCG) Westminster (Central London)</td>
</tr>
<tr>
<td>Provider details</td>
<td>Paediatric Nutrition and Dietetic Service Central London Community Healthcare NHS Trust Bessborough Health Centre, Bessborough Street, London SW1V 2JD</td>
</tr>
<tr>
<td>Description of Service and Location</td>
<td>The paediatric dietetic service offers specialist advice and care for children within health centres throughout Kensington &amp; Chelsea and Westminster.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>Free</td>
</tr>
<tr>
<td>Age and suitability</td>
<td>To be eligible for a clinic appointment with a paediatric dietitian, children and young people must be:</td>
</tr>
<tr>
<td></td>
<td>• aged 0–19 years</td>
</tr>
<tr>
<td></td>
<td>• registered with a GP in West London or Central London CCG</td>
</tr>
<tr>
<td></td>
<td>• for children under 2 years</td>
</tr>
<tr>
<td></td>
<td>• weight 2 centiles + higher than length centile</td>
</tr>
<tr>
<td></td>
<td>• for children over 2 years</td>
</tr>
<tr>
<td></td>
<td>• overweight (BMI&gt;91st centile) with a co-morbidity</td>
</tr>
<tr>
<td></td>
<td>• obese (BMI&gt;98th centile);</td>
</tr>
<tr>
<td>Referral process</td>
<td>• Referrals are accepted from all healthcare professionals.</td>
</tr>
<tr>
<td></td>
<td>• To refer a child please complete a referral form <a href="http://www.clch.nhs.uk/services/nutrition-and-dietetics.aspx">http://www.clch.nhs.uk/services/nutrition-and-dietetics.aspx</a></td>
</tr>
<tr>
<td>Key contact</td>
<td>Zoe Bloomfield Clinical Lead for Paediatric Dietetics Paediatric Nutrition and Dietetic Service <a href="mailto:clcht.paediatricnutrition@nhs.net">clcht.paediatricnutrition@nhs.net</a></td>
</tr>
<tr>
<td>Commissioned by</td>
<td>North West London Commissioning Support Unit</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td><a href="http://www.clch.nhs.uk">www.clch.nhs.uk</a></td>
</tr>
</tbody>
</table>

**NOTE:**
Hammersmith & Fulham: Referrals to the Paediatric Dietician for those living in Hammersmith & Fulham is via the Paediatrician.
Kensington & Chelsea and Westminster: Referrals to the CLCH Community Paediatric Dietitian Service can be made directly using the referral form on page 15.
<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Paediatric Obesity Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider details</td>
<td>Chelsea and Westminster Hospital</td>
</tr>
<tr>
<td></td>
<td>Nutrition and Dietetic Department</td>
</tr>
<tr>
<td>Description of Service and location</td>
<td>Weekly afternoon clinic based at Chelsea and Westminster Hospital which runs to 5pm allowing patients to come after school time.</td>
</tr>
<tr>
<td></td>
<td>• 15 minute slots for quick reviews</td>
</tr>
<tr>
<td></td>
<td>• 30 minute slots for more thorough/initial appointments</td>
</tr>
<tr>
<td>Cost</td>
<td>Free</td>
</tr>
<tr>
<td>Age and Suitability</td>
<td>- Ages 2-16 years</td>
</tr>
<tr>
<td></td>
<td>- Overweight or obese children</td>
</tr>
<tr>
<td></td>
<td>- Suitable for those with learning difficulties</td>
</tr>
<tr>
<td>Referral process</td>
<td>Completed referral form (see page 16) or referral letter</td>
</tr>
<tr>
<td>Key contact</td>
<td>Hannah Smith 020 8746 8178</td>
</tr>
<tr>
<td>Commissioned by</td>
<td>-</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td>n/a – will be adding to the hospital website in due course</td>
</tr>
</tbody>
</table>
4. Training

Sources of Training

**Free e-learning sessions about child obesity for NHS clinicians**

RCGP e-learning:

Obesity and using motivational interviewing in practice
http://elearning.rcgp.org.uk/course/info.php?id=147&popup=0

BMJ Learning:

Podcast: Obesity in children: assessment and management

Childhood obesity: a guide on diagnosis, prevention and management

**NICE clinical guidelines on the prevention, identification, assessment and management of overweight and obesity in adults and children**

Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)
http://www.nice.org.uk/CG43

**UK child BMI growth charts**

The RCPCH website has the official UK 2-18 child growth charts available for download, along with training materials to support the use of the 2-18 growth chart

NHS Choices BMI Calculator and iPhone App

The NHS Choices BMI calculator calculates a child’s BMI centile in line with the approach used by the NCMP, and recommended by NICE and the RCPCH
http://www.nhs.uk/bmi

An iPhone App version of the calculator is available to download from the Apple App Store.

**Change4Life**

Information and resources on the Change4Life programme are available from
http://www.nhs.uk/change4life/Pages/change-for-life.aspx

**Mytime Active**

**Aim of training**

The aim of our training is to ensure that front line staff are equipped with the knowledge and activities they can pass onto the families and children they work with. Training will encourage staff to better identify people who are overweight/obese or at risk of becoming overweight/obese and to enable them to provide effective first line advice and appropriate signposting.

**Introduction to Mytime Active**

We are a social enterprise with a growing reputation for delivering quality services to the community. We are commissioned in various boroughs across the country to provide FREE healthy lifestyle initiatives to promote physical activity and healthy lifestyles to children, young people and adults.

Our holistic services are based on sound evidence, national guidance and good practice and are specifically bespoke for the needs of local communities, addressing many aspects of lifestyle behaviour and poor health. They are delivered by multidisciplinary healthcare practitioners, including nutritionists, dietitians, physical activity and behaviour change specialists, all with expertise and a real desire to target and tackle health inequalities.
Our services include: Child and Adult Weight Management, Health Trainer Services, Volunteer Health Champions, CVD Health Checks, Stop Smoking Services, Healthy Cooking and Shop Tour Programmes, Exercise Referral, Cardiac and Pulmonary Rehabilitation and Long Term Conditions.

Training modules we offer:
1. Obesity the Whole Picture and Raising the Issue of Weight
2. Nutritional Guidelines
3. Active Health
4. Delivering Physical Activity
5. Cooking on a budget
6. Active Playtimes in Schools

Module duration: between 1.5hr – 2hr
Venue: Training can be delivered where and when requested
Cost: FREE

For more information or to book training please call 020 8323 1725 or email info@mytimeactive.co.uk

Central London Community Healthcare E-learning module
The OLC was launched with funding from the Department of Health and Public Health England to strengthen and support local capacity and capabilities to treat overweight in children and adults.

They have links available to online training and e-learning, which can be found here: http://www.ncdlinks.org/olc/

The aim is to provide people working with children and families with an understanding of how they can support lifestyle changes and signpost families to appropriate local programmes and national resources. It promotes the message that everyone has a role to play in supporting healthy families and encouraging behaviour change. The module will take an average of 2 hours to complete and participants sit a quiz at the end to check comprehension. If they achieve 80% or above they will receive a certificate to acknowledge they have passed the course.

Obesity Learning Centre (OLC)

There is a new e-learning module entitled ‘Brief conversations to support healthy families’: http://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=ec08d694-2eb4-4619-858a-c83ffbf5946

The aim is to provide people working with children and families with an understanding of how they can support lifestyle changes and signpost families to appropriate local programmes and national resources. It promotes the message that everyone has a role to play in supporting healthy families and encouraging behaviour change. The module will take an average of 2 hours to complete and participants sit a quiz at the end to check comprehension. If they achieve 80% or above they will receive a certificate to acknowledge they have passed the course.
References


Authors and Contributors

The production of this Care Pathway was led by Elizabeth Dunsford with the help of Hannah Sargeant and contributions from the Task and Finish group:

Amy Burgess  Debbie Peters-Mill
Annabel Burkimsher  Dr Aminu Kingi
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Catriona Noble  Eimear Finn
Christopher Allen  Emily Heffernan
Claire Carroll  Gabriella Mitchell
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Dr Michele Davison  Julia Mason
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Dr Niamh McLaughlin  Kay Thomas
Eimear Finn  Kim Longbon
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Amy Burgess  Margaret Murphy
Annabel Burkimsher  Mike Coren
Beth Menger  Mike Potter
Busola Kehinde  Pippa Burge
Caroline King  Samuel Wallace
Catriona Noble  Steve Buckerfield
Christopher Allen  Tamsin Briggs
Claire Carroll  Zoe Bloomfield
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London Borough of Hammersmith & Fulham
Royal Borough of Kensington and Chelsea
Westminster City Council
3rd Floor West
City Hall
64 Victoria Street
London SW1E 6QP
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