Wandsworth Healthy Weight Care Pathway Toolkit
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<tr>
<td>Contact details</td>
<td>Office of Director of Public Health Wandsworth Council Tel: (020) 8871 5202 <a href="mailto:smerker@wandsworth.gov.uk">smerker@wandsworth.gov.uk</a></td>
</tr>
<tr>
<td>Title, name and contact details for responsible director</td>
<td>Houda Al-Sharifi Director of Public Health Wandsworth Council</td>
</tr>
<tr>
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<td>All Wandsworth Health care Professionals including GPs, Practice Nurses, Health Visitors, Midwives, School Nurses, Community nurses, community and hospital Dietitians, Commissioned weight management service providers This is also a useful guide for social workers, staff in early years and children centres and residential homes.</td>
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Ali Esposito, School Nurse Lead
Alice Palfreman, GP
Alison Epton, CEPN Wandsworth Nurse Lead
Ambra Caruso, Healthwatch Manager
Andy Cohen, Consultant Child & Adolescent Psychiatrist
Andy Davison, Contract Manager
Anna D’Arcy, Public Health Dietitian
Anna Prescott, Prescribing Support Pharmacist
Ann-Marie Ormonde, Service Lead
Carolyn Romer, Midwife
Cheryl Gill, Mytime Active Service Lead
Claire Cullingham, Community Dietetic Manager
Claire Evans, Senior Development Manager
Claire Frampton, Locality Manager
Clive Simmons, Safeguarding Adults Policy & Development Manager
Cornelius Bella, Smoking Cessation Advisor
Crystal Shaw, Community Dietitian
Dan Patrick, Partnership Analyst Public Health
Delia Fitzsimmons, Outreach Engagement Lead
Emma Gillgrass, Locality Manager
Fanta Bojang, Public Health Lead
Fraser Clark, Regional Healthcare Manager
Grace Oloidi, Project Officer Public Health
Hannah Gill, Public Health Lead
Hilda Mulrooney, Public Health Lead
Ivan Kayitare, Public Health Lead
Jamie Fagg, Public Health Lead
Jennifer Reynolds, DESS Commissioner
Joanna Lam, Bariatric Dietitian
Jonathan Chappell, GP
Josh Keys, Premier League Kicks Coordinator
Karen Laler, Community Paediatric Dietitian
Karen Sellers, Dietitian
Kate Parsley, Public Health Lead
Lauren Bloch, GP
Lisa Hawkins, Slimming World consultant
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Peggy Jhugroo, Youth Service Manager
Peter Green, Consultant for Child Safeguarding
Peter Freeman, Sport & Physical Development Manager
Rajiv Dhir, Senior Prescribing Advisor
Sandra Fin, School Nurse
Sanjana Jio, Public Health Lead - Clinical Governance
Sara Jukes, DESS Manager
Sarah Fleming, Primary Care Contracts Officer
Sarah Forester, Public Health Lead
Sarah Forester, Deputy Head Early Years & Early Intervention Support Service
Sarah Maynard, Child Psychologist
Sarah Thurlbeck, Consultant Paediatrician & Named Doctor
Sue Odams, Consultant in Public Health
Surrita Barrett, School Nurse Lead
Tanya Stacey, Locality Manager
Tara Dear, FRP Team Manager
Tarlochen Gale, Strategic Health Facilitator for people with LD
Tracy Ohis, Health Trainer co-ordinator
Tom Coffey (Dr), Wandsworth CCG GP Childrens Lead.
Velena Gilfilian, Deputy Director Public Health
Virginia Wall, Head of Youth Services
Zarah Ramzanali, Graduate Trainee

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2. Background and Context

Most people in Britain today are overweight or obese. Excess weight is a leading cause of type 2 diabetes, heart disease and cancer, adding costs to health and social care.

Many lives are affected each day by back pain, breathing problems or infertility caused by overweight and obesity, contributing to low self-esteem and reduced quality of life.

At a time when our country needs to rebuild the economy, overweight and obesity impair the productivity of individuals and increase absenteeism. England has one of the highest rates of obesity in Europe.

The prevalence of overweight and obese children in year 6 in Wandsworth is statistically similar to England, averaging 33.6 per cent in 2014-15, with a higher prevalence in areas with high levels of deprivation (see figures 1a & 1b).

Among adults in Wandsworth, it is estimated that 53 per cent are carrying excess weight. 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 adults.

Figure 1a: Prevalence of excess weight by ward in reception in Wandsworth, 2013/14
The need to halt and reverse the rising trend in Childhood Obesity is a priority for Wandsworth Council and Wandsworth Clinical Commissioning Group. The Family Healthy Weight Care Pathways have been developed as part of a wider Healthy Weight strategy and 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 service users, have worked together to produce a holistic, evidence-based care pathway. The outcome is:

- A standardised and systematic method of preventing and managing obesity across the borough.
- A consistent set of messages from all services and agencies received by young people, children, and adults.
- The availability of services to prevent obesity but also services to treat those already overweight or obese.
- Opportunities for intervention at several life-stages, from before birth until old age.
- A range of services, agencies, and health professionals working together.
- 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 lifestyle. There are three pathways: up to 5 years, 5-18 years and adults (with maternal obesity integrated within the adult pathway). They are summarised as one-page illustrations and provide an overview of the options available from best practice and what is available locally.

The pathways are intended to act as a guide rather than a comprehensive set of instructions. Some of the detail such as BMI classifications is contained within this toolkit so as to keep the pathways clear and easy to read. After regular use of the toolkit, these details may no longer need to be looked up.

This accompanying toolkit provides additional information and resources for the public, people who work with children, and health professionals to successfully implement the pathway.

It is hoped that everyone passing through the pathway system will develop healthy habits for life, giving them the ability to continue making healthy choices throughout their lives.
The pathways below are to be used by front line staff as a prompt to action. Within the pathways there is reference to the section of this toolkit where further detail and information can be found.

**Family Healthy Weight Care Pathway (up to 5 Years)**

**Universal Prevention Services**
Maternity Services, Health Visiting, Early Years Settings, Early Years accreditation scheme, Sport, Leisure and Parks Services, Play Services, Children’s Centres, Mytime Active programmes (MEND Mums, MEND 2-5, MEND Community Workshops)

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

- **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 0-5 encouraged to attend Mytime Active programmes. Publicity and Promotion to encourage self-referral.

- **Evaluate if suitable for programmes and book on to Mytime Active MEND programme. If unsuitable for Programmes refer to GP/Health Visitor.**

- **MEND Mums**
  Group sessions delivered by Dietitian and exercise instructor for postnatal women with baby aged 0-2 years.

- **MEND 2-5**
  Group sessions delivered by Dietitian for Parents/Carers and children aged 2-5 years.

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

- **Primary Care Assessment by Health Visitor or GP**
  - If suitable refer to Mytime Active.
  - If not suitable consider clinical assessment and specialist referral

- **Paediatric Dietitian**
  BMI >99.6th centile (+3.33 SD) or >98th centile 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; Psychologist**
  Underweight See toolkit guidelines

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

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

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

- **Good Progress**
  Assess need for continued additional support and signpost to appropriate services e.g Mytime Active. Reinforce healthy eating and physical activity.
Family Healthy Weight Care Pathway (5-18 Years)

Universal Prevention Services
Sport, Leisure and Parks Services, Play Services, School Nurses, Healthy Schools Programme, Schools, Youth Clubs, Active Travel programmes, Change 4 Life Activities, Breakfast clubs, Free School Meals;

Whole Community
All families with children aged 5-18 encouraged to participate in universal prevention programmes.

Publicity and Promotion
Self-referral to Beat it programme.

Urban energy
Twice-weekly indoor and outdoor games and sports sessions for all Beat It graduates.

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 School nurse, or direct referral to Paediatric Dietitian if considered appropriate. Consider safeguarding.

‘Beat It’
Group sessions delivered by a registered nutritionist for children aged 5-18 years with BMI > 85th centile and their parents/carers. Parental involvement for older children is not mandatory at every session. If unsuitable for these programmes refer to GP/School Nurse

Primary Care Assessment by School Nurse or GP
Overweight: If suitable refer to ‘Beat It’. If not suitable consider clinical assessment and specialist referral below.

Child Weight Concern Identified
- Overweight or Underweight: Use brief intervention/motivational interviewing skills to raise the issue.
- Overweight: Refer to ‘Beat It’ programme
- Underweight: Refer to GP/School Nurse/Community Dietitian.

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

Paediatrician/Paediatric Dietitian/CAMHS
Underweight
BMI < 0.4th centile
See toolkit guidelines.

Paediatric Dietitian
Overweight
BMI > 99.6th centile (+3.33 SD) or > 98th centile plus co-morbidity or complex needs such as learning or educational difficulties.

Community Dietitian
Overweight
BMI > 99.6th centile (+3.33 SD) or > 98th centile plus co-morbidity or complex needs such as learning or educational difficulties.

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

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

Toolbox containing further information
Prevention Services
Identification of Issue
Issue in process of being resolved
Issues resolved
Adult Healthy Weight Care Pathway

Universal Prevention Services
Sport, Leisure and Parks Services, Change 4 Life Activities, healthy cooking classes, Sporting clubs, Grow your own/gardening schemes, Walk4Life, Workplace health schemes, Cycle to work scheme, TfL cycle hire, Active Lifestyles, NHS Health Checks, MEND Mums, Smoking Cessation, Health Trainers

Whole Community
All adults and families encouraged to participate in universal prevention programmes.

Publicity and Promotion
Self-referral to slimming voucher programme.

Weight Concern Identified
- overweight or underweight: use brief intervention/ motivational interviewing skills to raise the issue.
- Overweight: Refer to Adult Weight Management Scheme
- Underweight: Refer to GP and/or Dietitian.

Not ready
Agree to re-assess after brief time period e.g. 6-12 months.

Primary Care Assessment by GP or Dietitian
Pregnant or new mother
Overweight: If suitable refer to Commercial slimming vouchers or Exercise on referral.
If not suitable, referral to Dietitian.
Underweight: BMI<18.5kg/m² or MUST score of 2, referral to dietitian.

Clinical assessment by GP for co-morbidity/underlying cause
Obesity or high health risk. Consider referral to NHS health check.

Tier 3 equivalent service
BMI >35kg/m² and significant comorbidity or BMI>40kg/m². See toolkit for referral guidelines.

Tier 4 equivalent service
BMI >40kg/m² (or >35 kg/m² with significant disease)
First line option if BMI >50kg/m²

Pharmacotherapy
Refer to toolkit guidelines and BNF

Exit Programme
Assess need for continued support and encourage long-term use of sports and leisure. Refer back to universal services.

Follow up
Did not attend, dropped out of programme (not ready), increasing BMI.
- Refer to GP or Dietitian if considered appropriate.
- Provide advice on healthy weight, diet and physical activity.
- Follow-up in 3-6 months.

ADULT WEIGHT MANAGEMENT SCHEME
Commercial slimming Vouchers and Exercise on referral
- Evaluate if suitable for programmes and if unsuitable for these programmes refer to GP and/or Dietitian.
- Consider referral to healthy trainer.

Weight Watchers
Group sessions delivered by trained club leader in a variety of community settings across the borough for adults with a BMI >25kg/m².

Slimming World
Group sessions delivered by trained consultant in a variety of community settings across the borough for adults with a BMI >25kg/m².

Exercise on Referral
Gym and pool based Group exercise instruction in leisure centres across Wandsworth for adults with a chronic condition. BMI>30kg/m².

Bariatric Surgery (tier 4)
BMI >40kg/m² (or >35 kg/m² with significant disease)
First line option if BMI >50kg/m²

Toolbox containing further information
Prevention Services
Identification of Issue
Issue in process of being resolved
Issues resolved
4. Classification of Weight

The following information is informed by the National Obesity Observatory⁴ and National Institute of Health and Care Excellence⁵.

4.1 Body Mass Index (BMI)

4.1.1 Why do we use BMI?
BMI is a good indicator for levels of body fat in most people, 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. However it should be used with caution especially in those who are very muscular, and ideally should be used in conjunction with waist circumference in adults to identify those most at risk of co-morbidities (see 4.1.4).

4.1.2 When to use BMI in children
Between 1 and 23 months, weight and height growth charts should be used. Babies should be weighed no more than:
- Once a month from 2 weeks to 6 months of age
- Once every two months from 6-12 months of age
- Once every three months over the age of 1 year

From the age of two, the BMI centile is a better indicator of overweight or underweight than the weight centile⁶. If using height and weight growth charts for children over the age of two and the weight is above the 99.6th centile or if weight and height centiles appear very different, the BMI centile should be calculated.⁷

4.1.3 BMI classification for children aged 2-20 years
Classification of BMI for children is more complicated than for adults since BMI changes as a child matures. 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.

The thresholds can be found on the UK BMI charts for children aged 2-20 years⁸,⁹. These charts use UK-World Health Organisation and UK1990 references and include four additional lines indicating standard deviations above 3 which indicate morbid obesity.

4.1.4 BMI and waist classification for adults
Use BMI as a practical estimate of adiposity in adults. Interpret BMI with caution because it is not a direct measure of adiposity.

Use waist circumference, in addition to BMI, in people with a BMI less than 35 kg/m². Using it with BMIs greater than 35kg/m² may be inaccurate.

Interpret BMI with caution in highly muscular adults as it may be a less accurate measure of adiposity in this group. Some other population groups, such as people of Asian family origin and older people, have comorbidity risk factors that are of concern at different BMIs (lower for adults of an Asian family origin and higher for older people).

Use clinical judgement when considering risk factors in these groups, even in people not classified as overweight or obese using standard cut-off points.

The use of lower BMI thresholds (23 kg/m² to indicate increased risk and 27.5 kg/m² to indicate high risk) to trigger action to reduce the risk of conditions such as type 2 diabetes, has been recommended for black African, African-Caribbean and Asian (South Asian and Chinese) groups⁵ (see Table 4).

4.1.5 When to measure BMI in adults
Use clinical judgement to decide when to measure a person’s height and weight. Opportunities include registration with a general practice, consultation for related conditions (such as type 2 diabetes, osteoarthritis, cardiovascular disease and within sleep or fertility clinics) and other routine health checks including the first antenatal appointment for pregnant women.
4.2 Weight classification

Table 1: Classifications of growth for babies and children aged 0-23 months

<table>
<thead>
<tr>
<th>Action required</th>
<th>Centiles</th>
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<tr>
<td>Faltering growth</td>
<td>• Sustained drop through two or more weight centiles or plateuing of weight followed by a fall in centiles</td>
</tr>
<tr>
<td></td>
<td>• Discrepancy between weight and height of more than 2 centiles (i.e. weight more than 2 centiles below height centile)</td>
</tr>
<tr>
<td>Consider further investigations</td>
<td>• Weight &lt; 0.4th centile</td>
</tr>
<tr>
<td></td>
<td>• Height &lt; 0.4th centile (check: height, mid-parental height, height and weight history, head circumference)</td>
</tr>
<tr>
<td>Assess for overweight</td>
<td>Upward crossing of weight across 2 major centiles OR</td>
</tr>
<tr>
<td></td>
<td>• Weight &gt; 99.6th centile</td>
</tr>
<tr>
<td></td>
<td>• Weight 2 major centiles above length</td>
</tr>
</tbody>
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Table 2: Thresholds used to classify weight for children and young people aged 2-18 years

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>BMI Centile Clinical Assessment</th>
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<tr>
<td>Very thin *</td>
<td>0.4th</td>
</tr>
<tr>
<td>Underweight</td>
<td>2nd</td>
</tr>
<tr>
<td>Overweight</td>
<td>91st</td>
</tr>
<tr>
<td>Obese</td>
<td>98th</td>
</tr>
<tr>
<td>Severe Obesity</td>
<td>99.6th</td>
</tr>
</tbody>
</table>

* Indicates the need for clinical management employing appropriate intervention

Table 3: Thresholds to classify BMI, waist circumference and risk of ill health for Adults

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m²)</th>
<th>Waist Circumference (cm)</th>
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<tr>
<td></td>
<td></td>
<td>Men: 94-102</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women: 80-88</td>
</tr>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
<td>See MUST malnutrition screening tool below (4.2.1)</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>18.5-24.9</td>
<td>No increased risk</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
<td>Increased risk</td>
</tr>
<tr>
<td>Obesity I</td>
<td>30-34.9</td>
<td>High risk</td>
</tr>
<tr>
<td>Obesity II*</td>
<td>35-39.9</td>
<td></td>
</tr>
<tr>
<td>Obesity III*</td>
<td>40 or more</td>
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</table>

*It is not recommended that waist circumference is measured above a BMI of 35kg/m² as it will not give any additional information about risk of long-term conditions."
Step 3: If the patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days, give a score of 2.

Step 4: Calculate overall risk of malnutrition by adding up the overall score from 1 = Low risk, Score 1 = medium risk, Score 2 = high risk.

For further details about the MUST screening tool:
www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself

Or use the online MUST calculator:
www.bapen.org.uk/screening-for-malnutrition/must-calculator
The following information details how to correctly measure and record weight and height, and is taken from the Public Health England guidance for the National Childhood Measurement Programme (2015)\(^\text{11}\) and Central London Community Healthcare (CLCH) guidelines\(^\text{12}\).

Instructional videos on how to measure height, weight and length in children are available at: www.rcpch.ac.uk/who-uk-growth-charts-resources-videos

All measurements should be recorded in a retrievable electronic system where available e.g. RIO and EMIS.

5.1 Equipment

5.1.1 Scales

Class III scales must be used for measuring weight and should be calibrated annually and be appropriate for the age of the person.

Most scales will only measure weight up to a maximum of 150kg which may not be sufficient for people being considered for tier 3 and bariatric services or be appropriate for people in wheelchairs. Alternative scales include: Seca665 wheelchair scales or Marsden M200 seated chair scales. Both have a maximum capacity of 300kg.

If equipment with switchable readings (metric and imperial) is in use, the switching facility should be disabled to ensure that only the metric reading is available. If the equipment cannot be converted to metric reading only, it should be replaced as a priority.

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].

5.1.2 Height measure

For infants, a Rollameter measuring mat should be used to measure length supinely e.g. SECA 210 / or STARTERS. A tape measure should not be used.

For children 2 years and older, height should be measured with a correctly assembled stand-on height measure that shows height in centimetres and millimetres e.g. Leicester Height Measure. Old and new model components of height measurement devices should not be used together as they are often incompatible. If a component breaks, the whole device should be replaced. Wall-mounted, sonic, or digital height measures should not be used. Before each measuring session, height measures should be calibrated using a measure of known length, such as a metre ruler to ensure correct assembly.

Length should be recorded to the nearest completed half-centimetre [i.e. 53.5cm] and height to the nearest completed millimetre [i.e. 103.7cm]. A self-reported height from the client/patient should not be used as this can be inaccurate.

5.1.3 Baby scales and changing mat

- 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.
- 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.
5. Weighing and Measuring Procedures

5.2 Measuring weight

- Infants under the age of 2 years should be weighed nude on infant scales.
- Children over the age of 2 years and adults 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.
- 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.

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.
  Document carer’s weight.
- Ask carer to step off scale.
- Ask carer to hold child and stand back on scale.
  Document the combined weight.
- Subtract ‘carer’s weight’ from ‘combined weight’ to get the child’s weight.

5.3 Estimating BMI category in adults from mid upper arm circumference (MUAC)

When a weight and height cannot be measured in adults due to disability for example, this measure should be used as an estimate. The subject’s left arm should be bent at the elbow at a 90-degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.

5.4 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 the age of 2 years their height [i.e. standing up] is measured. Children or adults should not be wearing shoes or thick socks when their length or height is measured. Where a child is under 2 years and has height rather than length measured this should be documented.
5.4.1 Measuring 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 and in alignment with the body;
  - buttocks against the backboard, making sure the 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.

5.4.2 Measuring height

- The child or adult 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 or adult 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 or adult’s head must be positioned with the corner of the eyes horizontal to the middle of the ear (see figure 3).
- When measuring a child or adult ensure they are in the correct position and hold their mastoid processes (the bony bits behind their ears). Ask them 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.
5.5 Alternative measures for height\textsuperscript{10,14}

If height cannot be obtained using traditional measures due to disability, use length of forearm (ulna), to calculate height using the table below. Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible) (see figure 4 below).

\textbf{Figure 4: Position to measure ulna length}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline
Height (m) & Men (<65 years) & 1.94 & 1.93 & 1.91 & 1.89 & 1.87 & 1.85 & 1.84 & 1.82 & 1.80 & 1.78 & 1.76 & 1.73 & 1.71 \\
& Men (≥65 years) & 1.87 & 1.86 & 1.84 & 1.82 & 1.81 & 1.79 & 1.78 & 1.76 & 1.75 & 1.73 & 1.71 & 1.70 & 1.68 & 1.67 \\
& Ulna length (cm) & 32.0 & 31.5 & 31.0 & 30.5 & 30.0 & 29.5 & 29.0 & 28.5 & 28.0 & 27.5 & 27.0 & 26.5 & 26.0 & 25.5 \\
& Women (<65 years) & 1.84 & 1.83 & 1.81 & 1.80 & 1.79 & 1.77 & 1.76 & 1.75 & 1.73 & 1.72 & 1.70 & 1.69 & 1.68 & 1.66 \\
& Women (≥65 years) & 1.84 & 1.83 & 1.81 & 1.79 & 1.78 & 1.76 & 1.75 & 1.73 & 1.71 & 1.70 & 1.68 & 1.66 & 1.65 & 1.63 \\
\hline
\end{tabular}
\end{table}

Other alternatives to height measurements such as knee height or can be found in the ‘MUST’ Explanatory Booklet\textsuperscript{14}
5.6 Calculating BMI

For adults, BMI can be calculated by entering it directly into EMISweb* (or equivalent) or use the NHS BMI online calculator
www.nhs.uk/Tools/Pages/Healthyweightcalculator

For children, the weight and height can be recorded directly into electronic patient management systems, however the BMI that is generated cannot be used to interpret their weight as it needs to be plotted onto BMI centile charts for their age and gender. These charts will give a centile and thresholds to classify weight (see page 7) including additional standard deviations above the 99.6th centile to classify morbid obesity.

The BMI centile should be recorded electronically where possible and systems like EMISweb can display the centile on appropriate charts for use in discussion with the parents.

BMI centile charts can be accessed from
www.rcpch.ac.uk/system/files/protected/page/GIRLS%20and%20BOYS%20BMI%20CHART.pdf

When using BMI centile charts for recording measurements for children, dots should be used [not crosses] for recording measurements on charts, using a pencil first to ensure accuracy and then plotting in black pen.

Alternatively, the NHS choices website can be used to calculate BMI and find out the child’s BMI centile.
www.nhs.uk/Tools/Pages/Healthyweightcalculator

5.7 Measuring waist circumference in adults

Use waist circumference, in addition to BMI, in people with a BMI less than 35 kg/m². The World Health Organisation (WHO) protocol15 for measuring waist circumference instructs that the measurement should be made at the approximate midpoint between the lower margin of the last palpable rib and the top of the iliac crest.

The accuracy of waist and hip circumference measurements depends on the tightness of the measuring tape, and on its correct positioning (i.e. parallel to the floor at the level at which the measurement is made).

The tape should be snug around the body, but not pulled so tight that it is constricting. It is recommended that stretch-resistant tape is used. Further and more detailed information about this measure can be found at:
www.who.int/nutrition/publications/obesity/WHO_report_waistcircumference_and_waisthip_ratio/en/

*BMI centile charts can be accessed from
www.rcpch.ac.uk/system/files/protected/page/GIRLS%20and%20BOYS%20BMI%20CHART.pdf

When using BMI centile charts for recording measurements for children, dots should be used [not crosses] for recording measurements on charts, using a pencil first to ensure accuracy and then plotting in black pen.

Alternatively, the NHS choices website can be used to calculate BMI and find out the child’s BMI centile.
www.nhs.uk/Tools/Pages/Healthyweightcalculator

*EMIS read codes for Weight: 22A; Height: 229, Waist circumference: 22NO
6. How to raise the issue of a child’s weight

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 and advice from our local child psychologist.

6.1 When to initiate a discussion about weight

- If the family expresses concern about the child’s weight.
- If the child expresses concern about their weight.
- If the child has weight-related co-morbidities.
- If the child is visibly overweight.

6.2 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.

The following phrases can be used when discussing weight with a child:

- **Preschool children:** ‘It is really important that children and grown-ups are healthy; we are going to try and help you and your family to get healthier. What fun sports or foods might you like to try?’

There is no need to use the word ‘overweight’ in such young children.

- **Primary school/young adolescents:** ‘It is really important to be healthy as we grow up and keep our weight at a recommended level so we stay fit and healthy as we get older. Do you have any worries about how healthy you are? Do you think you need some help in getting healthier and fitter? What good things do you think would happen if your weight was a bit lower?’

Get children at this age and above to be involved in the process and come up with answers themselves to help lower resistance. Guide conversations around ideas they have for ways to add in more exercise and how to be healthier as a family.

- **Teenagers:** Elicit teenagers’ views on their weight, if they are overweight compared to their peers they are likely to be highly aware of this and may already have developed a negative view of their body. A conversation may centre around: ‘As you know we’ve taken a reading of your weight today; how do you think your weight compares to other young people your age? What things have you tried or thought about trying to help manage your weight?’ (there are likely to be a number of attempted solutions and thoughts/ideas). Give young person lots of credit and encouragement for what they have tried/thought about trying: ‘That’s great to hear you have already been thinking about this, how could we help you take the next step to losing some of this weight?’.

If the young person finds this conversation upsetting, say something like: ‘I can see that the issue of your weight is something that is really getting you down, well done for being brave and talking about it. Let’s see how we can all work together to help make things better for you.’ (May then lead into suggestions for programs to get involved with or ‘how will things be better for you once your weight is at a healthier level?’)

This is a useful link on talking to children about their weight: www.weightconcern.org.uk/node/134

The following phrases can be used when discussing weight with the parent:

- **If a parent or child is concerned about the child’s weight:** ‘We have [child’s] measurements so we can see if his/her weight is higher than expected 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.’
6.3 Assess the child's weight status

Refer to UK Child Growth Charts and plot BMI centile. Thresholds for classification of weight can be found on page 7. Explain BMI to parent, e.g. ‘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.’

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.

6.4 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 being present, as some parents may feel the conversation may distress the child.

‘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.

6.5 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: ‘By taking action now, we have the chance to improve [child’s] health in the future.’

To give the parents some expectations around what to expect: ‘The aim is not to lose weight but aim to keep weight steady as the child grows. The changes will be small and gradual so that is easy for [child] and the family to follow.’

6.6 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 training for frontline staff on raising the issue of a child’s weight. See details on page 42.
7. How to raise the issue of an adult’s weight

The following information details how to raise the issue of weight in adults, and is taken from a Department of Health publication.18

7.1 Raise the issue of weight
If BMI is ≥25kg/m² and there are no contraindications to raising the issue of weight, initiate a dialogue: ‘We have your weight and height measurements here. We can look at whether you are a healthy weight for your height. Can we talk about this?’

7.2 Is the patient overweight/obese?
Using the patient’s current weight and height measurements, plot their BMI with them and use this to tell them what category of weight status they are.

‘We use a measure called BMI to assess whether people are the right weight for their height. Using your measurements, we can see that your BMI is in the [overweight or obese] category [show the patient where they lie on a BMI chart]. When weight goes into the [overweight or obese] category, this can seriously affect your health.’

Waist circumference can be used in cases where BMI, in isolation, may be inappropriate (e.g., in some ethnic groups and highly muscular people) and to give feedback on central adiposity, and should be considered in all patients whose BMI is <35kg/m².

7.3 Explain why excess weight could be a problem
If patient has a BMI ≥25kg/m² or high waist circumference and obesity-related condition(s):

‘Your weight is likely to be affecting your [co-morbidity/condition]. The extra weight is also putting you at greater risk of diabetes, heart disease and cancer.’

If patient has BMI >30kg/m² or high waist circumference and no co-morbidities:

‘Your weight is likely to affect your health in the future. You will be at greater risk of developing diabetes, heart disease and cancer.’

If patient has BMI ≥25kg/m² or high waist circumference and no co-morbidities:

‘Any increase in weight is likely to affect your health in the future.’

7.4 Explain that further weight gain is undesirable
‘It will be good for your health if you do not put on any more weight. Gaining more weight will put your health at greater risk.’

7.5 Make patient aware of the benefits of modest weight/waist loss
‘Losing 5-10% of weight [calculate this for the patient in kilos or pounds] at a rate of around 1-2lb (0.5-1kg) per week should improve your health. This could be your initial goal.’

If patient has co-morbidities:

‘Losing weight will also improve your [co-morbidity].’

Note that reductions in waist circumference can lower disease risk. This may be a more sensitive measure of lifestyle change than BMI.

7.6 Is the patient underweight or at risk of malnutrition?
If the patient has a MUST screening tool score of:

0 - Low risk: repeat the screening annually if they are particularly vulnerable to malnutrition e.g., those aged 75 years or more.

1 - Medium risk: Document dietary intake for three days. If diet is adequate and there is little concern then check weight every 2-3 months. If the diet is inadequate, set goals with patient to improve overall intake, monitor and review plan regularly.

2 - High risk: Refer to the Community Dietetic team, set goals to improve nutritional intake and review weight monthly.

For more detail on assessment and treatment, refer to the MUST screening toolkit:

www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself

If you suspect the weight loss or underweight is due to intentional food restriction or disordered eating then consider referral to the eating disorders unit.
8. Primary care assessment

<table>
<thead>
<tr>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal women</td>
<td>BMI $&gt;$ 30kg/m² in the first trimester of pregnancy – 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 (see table 1, page 7) and referral guidelines.</td>
</tr>
<tr>
<td>Children 2-4 years</td>
<td>Calculate BMI and plot using UK 1990 BMI centile charts for children (see table 2, page 7).</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 (see table 2, page 7).</td>
</tr>
<tr>
<td>Adults 18 years +</td>
<td>Calculate risk of obesity related ill-health using BMI and waist circumference if appropriate (see table 3, page 7).</td>
</tr>
</tbody>
</table>

8.1 Key considerations in assessment

- Presenting symptoms and underlying endocrine causes or co-morbidities e.g. diabetes
- Psychosocial distress (low self-esteem, bullying)
- Family history of obesity and co-morbidities e.g. diabetes
- Lifestyle, diet, physical activity, smoking, alcohol and substance misuse
- Environmental and social factors
- Growth and pubertal stage in children
- Involvement of other agencies and family members
- The parent or adult’s willingness and motivation to change lifestyle.

For more information and knowledge into these areas, consider further training available locally and online (see pages 41-42).
9. Clinical assessment by GP

9.1 Co-morbidity/underlying causes in children

In addition to the assessment considerations above, consider the following in children:

- Precocious or late puberty in children
- Psychosocial distress and poor emotional health
- Assessments from other health professionals involved in their care
- Symptoms/signs of an endocrine disorder e.g. 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/liver function tests/thyroid function tests

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


9.2 Adults with obesity or high health risk

Consider the following in your discussions:

- Underlying causes of overweight
- Any co-morbidities (e.g. type 2 diabetes, hypertension)
- Any risk factors assessed using lipid profile, blood pressure measurement and HbA1c measurements.
- Psychosocial distress
- Lifestyle (diet and physical activity)
- Environmental, social and family factors (including family medical history)
- Willingness and motivation to change lifestyle
- Potential of weight loss to improve health
- Medical problems and medication
- Role of family and care workers in supporting individuals with learning disabilities.

9.3 Consider drugs that can cause weight gain

This section has been compiled by the Medicines Information Department at Guys Hospital, London.

There are various drugs known to cause weight gain. These include:

- Insulin
- Sulphonylureas
- Thiazolidinediones
- Beta-blockers (especially propranolol)
- Corticosteroids
- First generation antipsychotics
- Second generation antipsychotics
- Sodium valproate
- Tricyclic antidepressants
- Lithium
- Neurologic and mood stabilizing agents (carbamazepine, gabapentin, lithium, valproate)
- Antihistamines (especially cyproheptadine)
- Hormonal agents (especially progestins)

Drugs that cause weight gain do so by various different mechanisms, such as increased appetite (corticosteroids) or reduced metabolic rate (beta-blockers). Of these groups identified there are certain specific drugs which are more "obesogenic" than others.

Antipsychotic drugs have a variable effect on body weight. Among the conventional (first generation) antipsychotics, the estimated weight gain was highest for thioridazine (no longer available).

Among the atypical (second generation) antipsychotics olanzapine and clozapine are associated with the greatest weight gains, followed by risperidone. For those patients prescribed antipsychotic medication, weight gain is acknowledged as a major cause of non-compliance. This side effect should be routinely discussed with patients and effective advice and support to avoid weight gain should be provided.

Antidepressants - tricyclic antidepressants in particular - amitriptyline, clomipramine, doxepin and imipramine are associated with significant weight gain.
Antiepileptic drugs - valproate and carbamazepine - are associated with weight gain. Gabapentin may also cause weight gain.\textsuperscript{19}

Insulins and the sulfonylureas are associated with modest weight gain. Thiazolidinediones, such as pioglitazone and rosiglitazone are also associated with weight gain. Intensive insulin therapy compared with conventional insulin therapy results in modest weight gain.\textsuperscript{19}

Weight gains with beta-blocker therapy were relatively small, but more marked in those prescribed propranolol.\textsuperscript{18}

9.4 Adults considering pharmacotherapy

NICE guideline\textsuperscript{5} on use of weight-loss drugs are summarised below. Consider the full guidance before use.

- Drug treatment should only be considered after lifestyle modifications have been evaluated.
- Drug treatment should be considered in adults who have not reached their target weight with lifestyle modification or if their weight has plateaued using diet, physical activity and behaviour change.
- The potential benefits and side-effects of the drug choice options should be discussed with the patient before a decision is made.
- If a drug is prescribed, a health care professional should be available to provide information, support and counselling on additional lifestyle changes.
- If there is concern about micronutrient intake adequacy, a supplement providing the reference nutrient intake for all vitamins and minerals should be considered, particularly for vulnerable groups such as older people (who may be at risk of malnutrition).
- Orlistat therapy should only be continued beyond three months if a person has lost 5\% of their body weight since commencing the drug treatment. Target for initial weight loss may be lower in patients with type 2 diabetes as weight loss may be slower.

9.5 Follow up and exit

The following is based on NICE guidance on lifestyle weight management services for adults and children.\textsuperscript{20,21}

Ensure that follow up and monitoring focuses on sustaining long-term lifestyle changes. Regular measuring of weight (and height in children) and BMI every 3-6 months has the dual benefits of measuring the outcomes of the pathway and providing longer-term support until they feel confident managing on their own. Weight monitoring may be carried out by any health professional who can see the person regularly.

If additional support is needed, consider referral back to the universal services. Choose services that suit the needs and circumstances of the individual.
10. Referral Guidelines

The following advice is based on evidence where references are provided or local consensus from Wandsworth Clinicians. Always consider a person or family’s readiness to change before referring.

10.1 Children aged 0-23 months

If weight or length is below 0.4th centile or there is evidence of faltering growth (see page 7 for all weight classifications):

• Re-measure weight, length and head circumference and ensure they are correctly plotted.
• Refer to paediatrician for assessment, in order to rule out any underlying cause.

10.2 Children aged 2-20 years

10.2.1 If underweight is suspected (<2nd BMI centile. See page 7 for all weight classifications):

• Re-measure height & weight and calculate BMI centile to ensure there was no measurement error.
• Assess dietary history. If there is evidence of intentional food restriction then this could be considered evidence of an eating disorder and a CAMHS referral should be considered (see page 39).
• Assess general health.
• If general health does not give cause for concern and diet history shows inappropriately low intake for age refer to dietitian.
• If general health gives cause for concern; refer simultaneously to paediatrician and dietitian.
• If height or weight is below the 0.4th centile or there has been a drop in height centile position of more than 2 centiles and then no catch up growth is seen, refer to a paediatrician for assessment and liaise to establish who will be responsible for ongoing monitoring.

10.2.2 If a child is overweight (BMI centile >91st. See page 7 for all weight classifications) consider the following services and referral criteria:

Mytime Active, MEND 2-5 programme

• Aged between 2-5 years
• No BMI restriction

‘Beat it’ community weight management programme

• Aged between 5-18 years
• BMI centile >85th

Community paediatric dietitian

• Children with BMI >99.6th centile (+3.33 SD) OR BMI >98th centile plus co-morbidity or complex needs such as learning or educational difficulties.
• Children with learning or physical disabilities which impact their food preferences, meal time behaviours and / or activity levels.
• Children who gain excess weight very rapidly (refer to child personal health record).
• Children with additional nutrient concerns e.g. food allergies, micronutrient deficiency, severe food restriction (e.g. excluding 2 or more entire food groups), delayed weaning.

Paediatrician referral criteria

• The child has short stature (height is <50th centile or height is more than 3 centile spaces below the mid-parental centile) or height has plateaued.
• A child has a high BMI and short stature (may indicate underlying condition).
• The child is overweight and has dysmorphic features.
• The child is overweight and has learning difficulties.
• BMI >99.6th centile or child has been overweight from an early age (<2 years).
• Complex social/family needs leading to unusual eating patterns, excess food intake or a high BMI.

Please refer to pages 28-40 for further information about services and pages 43-46 for how to refer.
10.3 Adults aged 18 years or more

10.3.1 If an adult is underweight (BMI <18.5kg/m² or MUST score of 2), consider referral to community dietitians.

10.3.2 If an adult is overweight (BMI 25-30kg/m² or 23-27.5kg/m² and from Black and ethnic minority groups) consider referral to adult weight management scheme.

10.3.3 If an adult is obese or has high health risks, consider referral to exercise on referral, community dietitians or bariatric surgery team.

Tier 3 and 4 (bariatric surgery) services

All patients who have a BMI of 40kg/m² or more, or between 35-40kg/m² plus other significant disease, can be referred to the Tier 3 assessment service at St George’s Hospital for signposting to Tier 3 equivalent services. Patients with a BMI >50kg/m² can be referred directly for Tier 4 bariatric surgery.

NHS England states that to fulfil the criteria for bariatric surgery patients must have engaged in a specialised Tier 3 service which provides diet and exercise components together with psychological therapy and weight loss medication where appropriate, to achieve non-surgical weight loss. This should total at least 12 months within the most recent three years.

There is currently no Tier 3 service provided within Wandsworth, therefore St George’s Hospital provide a Tier 3 assessment service to assess patient’s engagement and compliance with a multicomponent range of community services as Tier 3 equivalent. These include diet (e.g. continued attendance at Weight Watchers, Slimming World, ongoing Community Dietetic input), activity (e.g. Exercise on Referral), medication (Orlistat) and IAPT/counselling where appropriate. An appropriate combination qualifies as Tier 3 equivalent service.

Bariatric surgery is a treatment option for people with obesity if all of the following criteria are fulfilled:

- They have a BMI of 40kg/m² or more, or between 35kg/m² and 40kg/m² and other significant disease (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.
- Severe obesity has been present for at least five years.
- They have been assessed formally by an MDT-led team for significant co-morbidities or other significant diseases. Medical evaluation is mandatory before entering a surgical pathway.
- All appropriate non-surgical measures have been tried recently for at least 12 months but the person has not achieved or maintained adequate, clinically beneficial weight loss.
- The person has been receiving or will receive intensive management in a Tier 3 service.
- The person is generally fit for anaesthesia and surgery.
- The person commits to the need for long-term follow-up.

For adults with a BMI of more than 50kg/m², bariatric surgery is the option of choice (instead of lifestyle interventions or drug treatment), when other interventions have not been effective. Orlistat may be used to maintain or reduce weight before surgery for people who have been recommended surgery as a first-line option, if it is considered that the waiting time for surgery is excessive.
11. Quality

11.1 Guidance on Safeguarding in children

Any nutritional problem can be a symptom of neglect in children. This should trigger safeguarding procedures if there is evidence of continuing failure of the carers to acknowledge the problem and engage with professional services to modify behaviour, and thereby help the child. If, in the opinion of the treating professional, there is a lack of such engagement and the person is at risk of, or is actually being harmed as a result, advice should be sought from the safeguarding lead, relevant NAMED professional, ultimately designated professionals or children's social care services and a referral considered.

If a carer appears to engage with professional services, but repeatedly misses appointments or then disengages from the service, a diagnosis of disguised compliance should be considered. Disguised compliance can be difficult to recognise and advice from your safeguarding lead or children's social care services should always be sought over possible concerns about a possible referral.

11.2 Guidance on Safeguarding in vulnerable adults

Nutritional problems could potentially be a symptom of neglect in vulnerable adults although they are not necessarily so. Where there are concerns, capacity to make informed decisions should be assessed. Safeguarding procedures should be triggered if there is evidence of continuing failure of the carers to acknowledge the problem and engage with professional services to modify behaviour, and thereby help the vulnerable adult who lacks capacity. If, in the opinion of the treating professional, there is a lack of such engagement and the person is at risk of or is actually being harmed as a result, advice should be sought from the adult safeguarding lead or adult social care services and a referral considered.

If a carer appears to engage with professional services, but repeatedly misses appointments or then disengages from the service, a diagnosis of disguised compliance should be considered. Disguised compliance can be difficult to recognise and advice from your safeguarding lead or adult social care services should always be sought over possible concerns about a possible referral.

11.3 Equality in accessing services

In England today, people in different social circumstances experience avoidable differences in health, wellbeing and length of life. Inequalities in health arise because of inequalities in society - in the conditions in which people are born, grow, live, work, and age. Obesity is no exception to this finding and both nationally and locally the prevalence of obesity is significantly higher in people who live in areas of higher deprivation and in Black and ethnic minority groups. Figures 1a and 1b (pages 1-2) illustrate the areas of the borough with highest prevalence of obesity. All services within this pathway should consider how they target these areas of the borough. Targeting could include promoting services within schools, GP practices and community venues.

11.4 Quality assurance

All weight management services within this pathway should use the National Standard Evaluation Framework for weight management interventions to support high quality, consistent evaluation of their services in order to increase the evidence base.

The National Standard Evaluation Framework and related guidance can be found at: www.noo.org.uk/core/frameworks/SEF

All services commissioned by the Clinical Commissioning Group and Wandsworth Council are regularly monitored using standard contract monitoring methods which include benchmarking against Key Performance Indicators, equality of access, client satisfaction, quality, safety and health and clinical governance outcomes.
12. Prevention Guidelines

The following section provides brief advice on physical activity and diet which can be used when providing brief lifestyle advice. Further information and training is available in these areas for all front line staff in Wandsworth. See page 41-42 for more information.

12.1 National guidance on physical activity

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

12.1.1 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. Tummy time is recommended as a good way to encourage babies to become active and to build muscle strength. 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: www.nhs.uk/conditions/pregnancy-and-baby/pages/keeping-kids-active.aspx

12.1.2 Toddlers

Once able to walk alone, children should be encouraged to be physically active for at least three 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 push-ups, rope or tree climbing, and sports like gymnastics and rugby.

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.

12.1.3 All children under 5 years

Children under 5 years 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: www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-children.aspx

12.1.4 Children aged 5-18 years

Children and young people aged 5-18 years 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 5-18-year-olds, see the NHS webpage: www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx
12. Prevention Guidelines

12.1.5 Adults aged 19-64 years
To stay healthy, adults aged 19-64 years should try to be active daily and should do one of the following:

• At least 150 minutes of moderate aerobic activity such as cycling or fast walking every week, and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms).

• 75 minutes of vigorous aerobic activity such as running or a game of singles tennis every week, and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms).

• A mix of moderate and vigorous aerobic activity every week. For example, two 30-minute runs plus 30 minutes of fast walking equates to 150 minutes of moderate aerobic activity, and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms).

For more information about national physical activity guidelines for adults, see the NHS webpage: www.nhs.uk/livewell/fitness/pages/physical-activity-guidelines-for-adults.aspx

12.1.6 Older adults aged 65 years and over
Older adults aged 65 or older, who are generally fit and have no health conditions that limit their mobility, should try to be active daily and should reach the same targets as for adults aged 19-65.

Older adults at risk of falls, such as people with weak legs, poor balance and some medical conditions, should do exercises to improve balance and co-ordination on at least two days a week. Examples include yoga, tai chi and dancing.

For more information about national physical activity guidelines for older adults, see the NHS webpage: www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx

Anyone who is not currently active should aim to build up their activity levels gradually, working towards the recommendations over time. Medical advice should always be sought if there are any concerns.

12.2 Healthy eating guidelines
The details in this section are informed by the NHS Choices website.27, 28

12.2.1 Infants aged 0-6 months
The World Health Organisation recommends exclusive breastfeeding for the first six months of life and continued breastfeeding along with complementary foods up to two years of age or beyond. 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: www.nhs.uk/conditions/pregnancy-and-baby/pages/why-breastfeed.aspx

12.2.2 Babies aged 6-8 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.

12.2.3 Babies aged 8-9 months
At this age babies should begin to start eating three meals a day consisting of fruit and vegetables, starchy foods, non-dairy sources of protein, and milk and dairy products.

12.2.4 Toddlers aged 12 months-2 years
Toddlers should now be eating three 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 pulses.

For more information about introducing foods in the first two years of life, see the NHS webpage: www.nhs.uk/Conditions/pregnancy-and-baby/Pages/solid-foods-weaning.aspx
12.2.5 Children aged 2–5 years

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

12.2.6 Children and adults aged 5 years onwards

The Eatwell Guide (see figure 6) shows the proportions of different food groups people should eat to have a balanced and healthy diet. The Eatwell Guide is not meant to represent the balance required in any one specific meal or over a particular timescale, rather it represents the overall balance of a healthy diet.

The guide shows that people should have mostly fruit and vegetables and starchy foods in their diet, but also some milk and dairy foods, some beans, fish, eggs, meat and other non-dairy sources of protein, while food and drink high in fat and sugar should be minimised. Children aged 5 years and older should aim to eat 5 portions of fruit and vegetables every day and can swap to skimmed milk.

**Figure 6: The Eatwell Guide**

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**Eatwell Guide**

*Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.*

- **Fruit and vegetables**: Eat at least 5 portions of a variety of fruit and vegetables every day.
- **Dairy and alternatives**: Choose lower fat and lower sugar options.
- **Beans and pulses**: Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which should be oily. Eat less red and processed meat.
- **Wholegrain or higher fibre versions with less added fat, salt and sugar**: Choose wholegrain or higher fibre versions with less added fat, salt and sugar.
- **Choose lower fat and lower sugar options**: Choose unsaturated oils and use in small amounts.
- **Water, lower fat milk, sugar-free drinks including tea and coffee all count**: Limit fruit juice and/or smoothies to a total of 150ml a day.
- **Eat less often and in small amounts**: Eat less often and in small amounts.

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*Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland © Crown copyright 2016*

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For more information about eating a balanced diet, see the NHS webpage:

[www.nhs.uk/Livewell/Goodfood/Pages/eatwell-guide.aspx](http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-guide.aspx)
12.3. Healthy Start vitamins

Healthy Start vitamins contain vitamin D along with other vitamins. Most of our vitamin D in the UK comes from the summer sun, and only ten per cent 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. Current recommendations are that high-risk groups should take daily vitamin D supplements. For children from 6 months to 5 years the Department of Health recommends supplementation with 7.5-8 micrograms (or 280-300 units) vitamin D, and Healthy Start vitamins contain 7.5 micrograms vitamin D. The current recommendation for adults is 10 micrograms (400 units).

High-risk groups include:

- All pregnant and breastfeeding women
- Infants and young children under 5 years of age
- Older people aged 65 years and over
- People who have low or no exposure to the sun
- People who have darker skin

Those who are obese may have reduced availability of vitamin D since it is a fat-soluble vitamin and may become locked into fat stores; a specific recommendation for obese people has not been made, and advice on supplementation for prevention of vitamin D deficiency to this group is at the GP’s discretion.

12.3.1 Children under 5 years

If children do not get enough vitamin D they can develop a painful bone condition called rickets. It is recommended that all children between 6 months and 5 years are given daily vitamins A, D and C. 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. 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 500ml of formula milk a day.

12.3.2 Pregnant women

Pregnant women with low vitamin D levels could pass them 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.

12.3.3 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.

For more information visit www.healthystart.nhs.uk

Note: New guidance on vitamin D supplementation is currently out for consultation and guidance may change in the future as a result: www.gov.uk/government/consultations/consultation-on-draft-sacn-vitamin-d-and-health-report

In Wandsworth, free Healthy Start vitamins are available from the receptions of health centres for all those who qualify financially for the Healthy Start scheme and are:

- Pregnant or thinking about becoming pregnant
- New mothers with a baby under 12 months
- Children aged 6 months-4 years
  For children less than 6 months of age who get Healthy Start vouchers, vitamins may also be provided if there are concerns about their vitamin stores and healthcare professionals consider that they would benefit from supplements.
13. Prevention and Management Services

13.1 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 per cent 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 were 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 Wandsworth the NCMP is carried out by the School Nursing Service on behalf of the council. Year 6 and Reception children are measured in the autumn and spring term. Parents are written to and are given the option to opt out their children from being weighed and measured. Letters giving feedback about their child’s weight status are sent out to all parents of children measured. 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 is offered a place on local ‘Beat it’ programmes.

School nurses will call each parent of a child identified as underweight or overweight to provide an opportunity to discuss their child’s measurements with a member of the School Nursing Team and obtain personalised information about how to make healthy lifestyle changes. If a child’s BMI is above the 98th centile, a letter is sent to the child’s GP from the school nurses so that they may make further appropriate investigations and offers of support.

For more information about the National Child Measurement Programme go to www.hscic.gov.uk/ncmp
### 13. Prevention and Management Services

#### 13.2 Universal services for families and adults

<table>
<thead>
<tr>
<th>Name of service</th>
<th>Active Lifestyles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusion/exclusion criteria</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Provider details</strong></td>
<td>Enable Leisure and Culture physical activity team</td>
</tr>
<tr>
<td><strong>Description of service and location</strong></td>
<td>Low-cost adult physical activity classes taking place across the borough. Aimed at people wanting to become more active, normally taking place in community venues. First session is always free, after that a small fee applies.</td>
</tr>
<tr>
<td><strong>Cost (if applicable)</strong></td>
<td>£3-6 per session depending on class</td>
</tr>
<tr>
<td><strong>Age group and suitability</strong></td>
<td>18+</td>
</tr>
<tr>
<td><strong>Referral process</strong></td>
<td>None – just turn up</td>
</tr>
<tr>
<td><strong>Key contact</strong></td>
<td>Sarah Brooks&lt;br&gt;(020) 8871 6373&lt;br&gt;<a href="mailto:activelifestyles@wandsworth.gov.uk">activelifestyles@wandsworth.gov.uk</a></td>
</tr>
<tr>
<td><strong>Commissioned by</strong></td>
<td>Enable Leisure and Culture</td>
</tr>
<tr>
<td><strong>Further information e.g. website</strong></td>
<td><a href="http://www.enablelc.org">www.enablelc.org</a></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of service</th>
<th>Healthy Start vouchers and vitamins</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusion/exclusion criteria</strong></td>
<td>Income related: check website for eligibility&lt;br&gt;- Pregnant or thinking about becoming pregnant&lt;br&gt;- A new mother with a baby under 12 months&lt;br&gt;- Children aged 6 months to 4 years (vitamins may also be available to eligible children &lt;6 months if needed)&lt;br&gt;Check link for further details: <a href="http://www.healthystart.nhs.uk/healthy-start-vouchers/do-i-qualify/">www.healthystart.nhs.uk/healthy-start-vouchers/do-i-qualify/</a></td>
</tr>
<tr>
<td><strong>Provider details</strong></td>
<td>In Wandsworth, Healthy Start vitamins are available for free from the receptions of health centres for all those who qualify for the scheme.</td>
</tr>
<tr>
<td><strong>Description of service and location</strong></td>
<td>With Healthy Start, you get free vouchers every week to spend on milk, plain fresh and frozen fruit and vegetables, and infant formula milk. You can also get free vitamins.</td>
</tr>
<tr>
<td><strong>Cost (if applicable)</strong></td>
<td>Free</td>
</tr>
<tr>
<td><strong>Age group and suitability</strong></td>
<td>See above</td>
</tr>
<tr>
<td><strong>Referral process</strong></td>
<td>The application form can be completed online but it has to be printed out afterwards. Fill in the application form and ask midwife or health visitor to sign and date it.&lt;br&gt;Call 0845 607 6823 and ask for a leaflet and application form (reference code: HS01) to be sent.&lt;br&gt;Ask your midwife or health visitor for an application form.</td>
</tr>
<tr>
<td><strong>Key contact</strong></td>
<td>The person's named health visitor or midwife</td>
</tr>
<tr>
<td><strong>Commissioned by</strong></td>
<td>Department of Health</td>
</tr>
<tr>
<td><strong>Further information e.g. website</strong></td>
<td><a href="http://www.healthystart.nhs.uk">www.healthystart.nhs.uk</a></td>
</tr>
<tr>
<td>Name of service</td>
<td>MEND Mums</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Inclusion/exclusion criteria</td>
<td>Postnatal women with a baby up to 2 years old Wandsworth resident or Wandsworth GP</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>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>Free to users</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>Postnatal women with a baby up to 2 years. Those with additional needs can be seen by the community dietitians.</td>
</tr>
<tr>
<td>Referral process</td>
<td>Most participants self-refer to the programme through signposting by the local children's centre or health visitor. Parents or carers can register their child's details by calling 0800 2300 263.</td>
</tr>
<tr>
<td>Key contact</td>
<td>Cheryl Gill <a href="mailto:cheryl.gill@mytimeactive.co.uk">cheryl.gill@mytimeactive.co.uk</a></td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Children Services, Wandsworth Council, Jenny Reynolds <a href="mailto:jreynolds@wandsworth.gov.uk">jreynolds@wandsworth.gov.uk</a></td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td><a href="http://www.mytimeactive.co.uk">www.mytimeactive.co.uk</a></td>
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<table>
<thead>
<tr>
<th>Name of service</th>
<th>MEND 2-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion/exclusion criteria</td>
<td>Families/parents with a child aged 2-5 years Wandsworth resident or Wandsworth GP</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 2-5 years and their parents/carers. When? One hour, once a week, for 10 weeks. What? All activities are linked to nutrition, active play or behaviour change. Includes: healthy family habits, portion sizes, reading food labels, food exposure techniques and reducing screen time.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>Free to users</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>Children aged 2-5 years and their parents or guardians.</td>
</tr>
<tr>
<td>Referral process</td>
<td>Most participants self-refer to the programme through signposting by the local children's centre, health visitor or school nurse. Health professionals can use ‘Refer-All’ to refer online. Parents or carers can register their child's details by calling 0800 2300 263.</td>
</tr>
<tr>
<td>Key contact</td>
<td>Cheryl Gill <a href="mailto:cheryl.gill@mytimeactive.co.uk">cheryl.gill@mytimeactive.co.uk</a></td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Children Services, Wandsworth Council, Jenny Reynolds <a href="mailto:jreynolds@wandsworth.gov.uk">jreynolds@wandsworth.gov.uk</a></td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td><a href="http://www.mytimeactive.co.uk">www.mytimeactive.co.uk</a></td>
</tr>
</tbody>
</table>
### Name of service: NHS Health Checks

#### Inclusion/exclusion criteria

**Inclusion criteria**
- Aged 40-74 years
- Wandsworth resident, or registered with a Wandsworth GP
- Not had an NHS Health Check in the past five years
- Not been treated for, or diagnosed with stroke, diabetes, heart, or kidney disease

**Exclusion criteria**
- Younger than 40 years, or older than 74 years
- Coronary heart disease
- Chronic kidney disease (CKD) which has been classified as stage 3, 4 or 5 within the meaning of the National Institute for Health and Care Excellence (NICE) clinical guideline 182 on chronic kidney disease
- Diabetes
- Hypertension
- Atrial fibrillation
- Transient ischaemic attack
- Hypercholesterolemia
- Heart failure
- Peripheral arterial disease
- Stroke
- Prescribed statins
- People who have previously had an NHS Health Check, or any other check undertaken through the health service in England, and found to have a 20 per cent or higher risk of developing cardiovascular disease over the next ten years

#### Provider details

All 42 Wandsworth GPs.
Solutions4Health mobile clinic: [www.myhealthcheckwandsworth.co.uk/](http://www.myhealthcheckwandsworth.co.uk/)
Five Wandsworth pharmacies:
- Northcote Pharmacy, 130 Northcote Road, Battersea, SW11 6QZ
- Pearl Chemist, 136 Mitcham Road, Tooting, SW17 9NH
- Aukland Rogers Pharmacy, 892 Garratt Lane, SW17 0NB
- Nettles Pharmacy, 18 Upper Tooting Road, Tooting, SW17 7PG
- Healthchem Pharmacy, 4-5 Station Parade, Balham High Road, SW12 9AZ

#### Description of service and location

The NHS Health Check is designed to help lower an adult’s risk of four common but often preventable diseases, which include heart disease, stroke, type 2 diabetes and kidney disease. An NHS Health Check should take around 20-30 minutes and will involve taking measurements including BMI, blood pressure and blood tests for cholesterol. Depending on the results of the check, a patient may be offered advice and information on interventions that can help them to reduce their risk of developing cardiovascular related illnesses.

**Cost (if applicable):** Free

**Age group and suitability:** 40-74 years

**Referral process:** Patients can self-refer if they meet the eligibility criteria

**Key contact:**
Primary Care Contracts
(020) 8871 5026

**Commissioned by:** Wandsworth Council, Public Health

**Further information e.g. website:** [www.wandsworth.gov.uk/healthchecks](http://www.wandsworth.gov.uk/healthchecks)
<table>
<thead>
<tr>
<th>Name of service</th>
<th>Wandsworth Stop Smoking Service</th>
</tr>
</thead>
</table>
| Inclusion/exclusion criteria | Any smoker aged 12 years and above  
• living or attending school or college in Wandsworth  
• receiving treatment in Wandsworth  
• working in Wandsworth borough |
| Provider details   | Wandsworth Stop Smoking Service                                                                 |
| Description of service and location | The Wandsworth Stop Smoking Service offers free help, advice and access to nicotine replacement therapy (NRT) and other stop-smoking medications to all smokers who live, work and attend school/college in the Wandsworth area. The service can be accessed at any:  
• GP or local pharmacy  
Drop-in clinics at:  
• Queen Mary’s Hospital, Cardiology Unit, Roehampton Lane, SW15 5PN. Every Tuesday 10am-3pm.  
• St George’s Hospital (Atkinson Morley Wing), Blackshaw Road, Tooting, SW17 0QT. Wednesday and Friday 10am-3pm.  
• Young people can access free and confidential support offered by Catch-22 in schools, colleges, Pupil Referral Unit and Tooting Youth Club. |
| Cost (if applicable) | Free                                                                                             |
| Age group and suitability | Any smoker aged 12 years and above. The service is suitable for all smokers who wish to quit smoking. |
| Referral process    | Call our 24-hour helpline on 0800 389 7921.  
Call your local team on (020) 8871 5062, Monday-Friday 9am-5pm.  
Email: stopsmoking.team@wandsworth.gov.uk  
Visit www.stopsmokingwandsworth.co.uk for more information. |
<p>| Key contact         | Stop Smoking Team                                                                                 |
| Commissioned by     | Wandsworth Stop Smoking Service                                                                 |
| Further information e.g. website | <a href="http://www.stopsmokingwandsworth.co.uk">www.stopsmokingwandsworth.co.uk</a>                                                                 |</p>
<table>
<thead>
<tr>
<th>Name of service</th>
<th>Walk4Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion/exclusion criteria</td>
<td>None</td>
</tr>
<tr>
<td>Provider details</td>
<td>Enable Leisure and Culture physical activity team</td>
</tr>
</tbody>
</table>
| Description of service and location | Free, short, volunteer walking groups - perfect for people new to physical activity.  
**Battersea Park, Thursdays 10.30am.** Meet at the Albert Bridge Gate  
**Clapham Common, Monday-Thursday 7.30am.** Meet by the green at Wix Lane School on Wix Lane.  
**Clapham Common, Tuesdays 5pm.** Meet at the bandstand.  
**Tooting Common, Tuesdays 12pm.** Meet at the bench near the tennis courts.  
**Tooting Common, Tuesdays 9am.** Meet at the junction of Dr Johnson Avenue and Hillbury Road.  
**Tooting Common, Thursdays 10am.** Meet at Dr Johnson Avenue car park.  
**Springfield Hospital, Thursdays 10.30am.** Meet at the Joan Bicknell Centre inside the campus on Burntwood Lane.  
**Roehampton, first Sunday monthly 10.30am.** Meet outside the petrol station on Roehampton Lane.  
**King George's Park, Wednesdays 12.15pm.** Meet outside the entrance to the Civic Suite at Wandsworth Town Hall. |
| Cost (if applicable)     | None                                                                     |
| Age group and suitability | 18+ years. Should be able to walk continuously for 30 minutes.          |
| Referral process         | None, just turn up                                                      |
| Key contact              | Sarah Brooks  
(020) 8871 6373  
activelifestyles@wandsworth.gov.uk |
| Commissioned by          | Enable Leisure and Culture                                              |
| Further information e.g. website | www.enablelc.org |

<table>
<thead>
<tr>
<th>Name of service</th>
<th>Wandsworth Health Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion/exclusion criteria</td>
<td>Live or attend a GP in the borough of Wandsworth</td>
</tr>
<tr>
<td>Provider details</td>
<td>7 Ram Street, Family Recovery Project, Education &amp; Social Services Dept.</td>
</tr>
<tr>
<td>Description of service and location</td>
<td>Motivational interviewing skills to set SMART goals and develop healthier lifestyle plan. Health topics include: healthy eating; getting active; cutting down on alcohol; quitting smoking; confidence and self-development. One-to-one support and workshops are available and tailored to suit requirements. Meet clients in location local to them.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>Free</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>18+ years</td>
</tr>
<tr>
<td>Referral process</td>
<td>Self-referral or via Refer All</td>
</tr>
<tr>
<td>Key contact</td>
<td>Tracy Ohis, Health Trainer Co-ordinator</td>
</tr>
<tr>
<td>Commissioned by</td>
<td></td>
</tr>
</tbody>
</table>
| Further information e.g. website | Email: healthtrainers@wandsworth.gov.uk  
or phone: (020) 8871 5052]|
### Wandsworth Self-Management Service

**Name of service**: Wandsworth Self-Management Service

**Inclusion/exclusion criteria**: Must be over 18 years and must be living with or caring for someone with a long-term condition.

**Provider details**: Provided internally by the CCG

**Description of service and location**: These courses aim to help you improve your health and wellbeing by learning and developing new skills to manage your life and condition on a daily basis. It also helps you share experiences with others who are in similar situations.

- **Who can attend?** Anybody who lives, works or is registered at a GP practice in the borough of Wandsworth and has a long-term health condition(s).
- **Where are the courses held?** In a variety of locations like GP practices or community centres
- **How long are the courses?** The courses are run over six weekly sessions. Each session lasts 2 hours 30 minutes.

**Cost (if applicable)**: Free (travel expenses will not be reimbursed)

**Age group and suitability**: Must be over 18 years and must be living with or caring for someone with a long term condition.

**Referral process**:
- Referrals can be sent via a number of methods, these include:
  - Contacting the service directly via the email or telephone number
  - Using the Refer All platform and referring to the Wandsworth Wellbeing Hub
  - Using the referral form available directly on the website
  - For professionals, they can send the details of the patient directly to us on expertpatients@wandsworthccg.nhs.uk

**Key contact**: Amrinder Sehgal (service lead) or the generic inbox at expertpatients@wandsworthccg.nhs.uk

**Commissioned by**: Wandsworth CCG

**Further information e.g. website**: [www.wandsworthccg.nhs.uk/selfmanagement](http://www.wandsworthccg.nhs.uk/selfmanagement)

### Chelsea Kicks

**Name of service**: Chelsea Kicks

**Inclusion/exclusion criteria**:
- Project 1: Chelsea PL Kicks includes all those aged 11-18 years
- Project 2: Chelsea Kicks for Kids includes all children aged 5-11 years

**Provider details**: Chelsea FC Foundation

**Description of service and location**:
- **Henry Prince Estate, Tuesdays**: 4.45pm-6pm Kicks for Kids / 6pm-8pm PL Kicks
- **Lennox Youth Club, Thursdays**: 4.30pm-5.45pm Kicks for Kids / 5.45pm-8.30pm PL Kicks

**Cost (if applicable)**: Free

**Age group and suitability**:
- Project 1: Chelsea PL Kicks includes all those aged 11-18 years
- Project 2: Chelsea Kicks for Kids includes all children aged 5-11 years

**Referral process**: Referral form via email

**Key contact**: Josh Keys
  - josh.keys@chelseafc.com

**Commissioned by**: Further information e.g. website
### 13. Prevention and Management Services

#### 13.3 Weight management services for children

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Beat It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion/exclusion criteria</td>
<td>Live in Wandsworth or has a Wandsworth GP</td>
</tr>
<tr>
<td>Provider details</td>
<td>Enable Leisure and Culture</td>
</tr>
<tr>
<td>Description of service and location</td>
<td>An eight-week programme of family healthy lifestyle sessions. For younger children parents must attend, teenagers can attend on their own. Sessions cover key areas of nutrition and include physical activity and sports sessions. Programmes take place at community venues across Wandsworth.</td>
</tr>
<tr>
<td>Cost (if applicable)</td>
<td>Free to families</td>
</tr>
<tr>
<td>Age group and suitability</td>
<td>Children aged 5-18 years</td>
</tr>
<tr>
<td>Referral process</td>
<td>Self-referral via telephone and email. Referral by health professional through Wandsworth Refer All which allows their progress to be followed.</td>
</tr>
</tbody>
</table>
| Key contact                  | Ann-Marie Ormonde  
(020) 8871 8377  
activelifestyles@wandsworth.gov.uk |
| Commissioned by              | Children’s Services, Wandsworth Council |
| Further information e.g. website | www.enablelc.org |
### 13.4 Weight management services for adults

<table>
<thead>
<tr>
<th>Name of service</th>
<th><strong>Commercial slimming group vouchers</strong></th>
</tr>
</thead>
</table>
| **Inclusion/exclusion criteria** |  • Live, work or have a GP in Wandsworth  
  • Wandsworth Council or NHS staff  
  • Not attended commercial slimming group in last six months  
  • Have not been referred to the service in the last year  
  • BMI >25kg/m^2 |
| **Provider details** | Slimming World  
  Weight Watchers |
| **Description of service and location** | **When?** 1 hour, once a week for 12 weeks.  
  **What?** Group support and practical advice on a healthy diet and active lifestyle. Personalised advice and weekly weight checks from a trained counsellor. |
| **Cost (if applicable)** | Free |
| **Age group and suitability** | Aged 18+ years  
  The groups can accommodate disabilities such as deafness and blindness and mild learning disabilities.  
  People for whom English is their second language can bring a friend or family member for support. |
| **Referral process** | Adults can self-refer by calling (020) 8871 5017  
  or email health@wandsworth.gov.uk  
  Primary Care staff can refer patients by using Refer All |
| **Key contact** | Linda Holderson  
  lholdersen@wandsworth.gov.uk  
  (020) 8871 5017 |
| **Commissioned by** | Department of Education and Social Services, Jennifer Reynolds |
| **Further information e.g. website** | |
### Name of service

**Exercise on Referral & Specialist Exercise on Referral**

### Inclusion/exclusion criteria

- Has a Wandsworth GP or lives in the borough.
- The patient has not used the scheme within the last 12 months.
- Patient is not already physically active or a member of a gym.
- Does not meet any of the clinical exclusion criteria.
- Meets the clinical inclusion criteria.

### Provider details

Places for People

### Description of service and location

The Wandsworth Exercise on Referral scheme is a 12-week physical activity programme with a REPS-qualified instructor. The scheme is for adults aged 16+ years with one (or more) long-term, stable medical health conditions listed in the inclusion criteria. The scheme aims to introduce regular physical activity to people who are currently inactive and are highly motivated to increase their physical activity levels. Offered at Latchmere, Balham, Putney, Roehampton, Wandle and Tooting Leisure Centres.

### Cost (if applicable)

£2 per session

### Age group and suitability

16+ years meeting inclusion/exclusion criteria.

### Referral process

Through Wandsworth Refer All website

### Key contact

Natalie Sacre, Exercise on Referral Manager  
(020) 8875 5056  
eorwandsworth@pfpleasure.org

### Commissioned by

Enable Leisure and Culture on behalf of Wandsworth Council

### Further information e.g. website

[www.enablelc.org](http://www.enablelc.org)
### 13.5 Health services

<table>
<thead>
<tr>
<th>Name of service</th>
<th>Community Paediatric Dietitian Clinics</th>
</tr>
</thead>
</table>
| **Provider details** | Wandsworth Paediatric Community Dietetic Service  
Community Services Division  
Queen Mary’s Hospital  
St George’s University Hospitals NHS Foundation Trust |
| **Description of service and location** | Morning/afternoon clinics in various locations across borough of Wandsworth e.g. Balham Health Centre, Bridge Lane Health Centre, Queen Mary’s Hospital, Brocklebank Health Centre, St John’s Therapy Centre and Tooting Health Clinic  
• 30 minute slots for new patients or more thorough appointments  
• 15 minutes for quick reviews |
| **Cost (if applicable)** | Free |
| **Age group and suitability** | Ages 0-18 years  
BMI >99.6th centile (+3.33 SD) or 98th centile plus co-morbidity or complex needs such as learning or educational difficulties |
| **Referral process** | Completed referral form or referral letter  
| **Key contact** | Karen Laler, Specialist Community Paediatric Community Dietician  
(020) 8487 6431 |
| **Commissioned by** | Wandsworth CCG |
| **Further information e.g. website** | Infant & Toddler Forum [www.infantandtoddlerforum.org](http://www.infantandtoddlerforum.org)  
Caroline Walker Trust [www.cwt.org.uk/publications](http://www.cwt.org.uk/publications)  
First Steps Nutrition [www.firststepsnutrition.org](http://www.firststepsnutrition.org) |

<table>
<thead>
<tr>
<th>Name of service</th>
<th>Paediatric Dietetic General Outpatient Clinic</th>
</tr>
</thead>
</table>
| **Provider details** | St George’s Hospital  
Nutrition and Dietetic Department |
| **Description of Service and Location** | Bi-weekly afternoon clinic based at St George’s Hospital which runs to 5pm allowing patients to come after school time.  
30 minute slots |
| **Cost (if applicable)** | Free |
| **Age group and suitability** | • Ages 0-16 years  
• For general paediatric concerns including overweight  
• Suitable for those with learning difficulties |
| **Referral process** | Overweight/obesity tertiary referrals taken from St George’s Hospital Consultant Obesity clinic |
| **Key contact** | Nicole Dos Santos  
(020) 8725 2036 |
| **Commissioned by** | |
| **Further information e.g. website** | n/a – will be adding to the hospital website in due course |
## 13. Prevention and Management Services

<table>
<thead>
<tr>
<th>Name of service</th>
<th><strong>Paediatric Obesity Clinic</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider details</strong></td>
<td>Chelsea and Westminster Hospital Nutrition and Dietetic Department</td>
</tr>
</tbody>
</table>
| **Description of service and location**   | Weekly afternoon clinic based at Chelsea and Westminster Hospital which runs to 5pm, allowing patients to come after school time.  
  - 15 minute slots for quick reviews  
  - 30 minute slots for more thorough/initial appointments |
| **Cost (if applicable)**                  | Free |
| **Age group and suitability**             | Ages 2-16 years  
  - Overweight or obese children  
  - Suitable for those with learning difficulties |
| **Referral process**                      | Completed referral form (see page 20) or referral letter |
| **Key contact**                           | Hannah Smith  
  (020) 8746 8178 |

| **Commissioned by**                       | |
| **Further information e.g. website**      | n/a – will be adding to the hospital website in due course |

<table>
<thead>
<tr>
<th>Name of service</th>
<th><strong>ACCESS Child and Youth Mental Health Service (CAMHS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider details</strong></td>
<td>South West London and St George’s Mental Health Trust</td>
</tr>
<tr>
<td><strong>Description of service and location</strong></td>
<td>Wandsworth CAMHS offers a range of treatments and assessments for children and young people experiencing mental health problems. Where appropriate, combinations of approaches are used within a multi-disciplinary framework, in line with the young person's needs and goals as agreed with the family through a care planning approach. Building 19 Springfield University Hospital, 61 Glenburnie Road, SW17 7DJ.</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>Free</td>
</tr>
<tr>
<td><strong>Age and suitability</strong></td>
<td>Children and young people up to their 18th birthday who are registered with a Wandsworth GP and who present with moderate to severe complex, acute or enduring mental health difficulties.</td>
</tr>
<tr>
<td><strong>Referral process</strong></td>
<td>Referral enquiries, phone (020) 3513 6631 or use the Early Help IT System (EHITS): <a href="http://www.qes-online.com/Wandsworth/SOWB/Live/Login.aspx">www.qes-online.com/Wandsworth/SOWB/Live/Login.aspx</a></td>
</tr>
</tbody>
</table>
| **Key contact**                           | Sheena Gohal  
  (020) 3513 6631 |

| **Commissioned by**                       | |
| **Further information e.g. website**      | CAMHS:  
  EHIT system:  
  fis.wandsworth.gov.uk/kb5/wandsworth/fsd/advice.page?id=CGYqZExeD9Q&familychannel=5600 |
<table>
<thead>
<tr>
<th>Name of service</th>
<th>CAMHS Community Eating Disorders Team (CEDT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider details</td>
<td>South West London and St George’s Mental Health Trust</td>
</tr>
<tr>
<td>Description of service and location</td>
<td>The CAMHS community eating disorders team (CEDT) is intended to be a cohesive, multidisciplinary, dedicated team offering specialist assessment and treatment to young people and families with an eating disorder, fulfilling criteria for ICD-10 F50.0-50.3 (more commonly identified as ICD-10 Anorexia Nervosa and Bulimia Nervosa, and DSM-IV EDNOS-restrictive and EDNOS-binge/purge types).</td>
</tr>
<tr>
<td>Cost</td>
<td>Free</td>
</tr>
<tr>
<td>Age and suitability</td>
<td>Children and young people up to their 18th birthday who are registered with a Wandsworth GP and who present with moderate to severe complex, acute or enduring mental health difficulties.</td>
</tr>
<tr>
<td>Referral process</td>
<td>To make a referral enquiry phone (020) 3513 6631 or use the Early Help IT System (EHITs):</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.qes-online.com/Wandsworth/SOWB/Login.aspx">www.qes-online.com/Wandsworth/SOWB/Login.aspx</a></td>
</tr>
<tr>
<td>Key contact</td>
<td>Sheena Gohal (020) 3513 6631</td>
</tr>
<tr>
<td></td>
<td>EHIT system: fis.wandsworth.gov.uk/kb5/wandsworth/fsd/advice.page?id=CGYgZExeD9Q&amp;familychannel=5600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of service</th>
<th>Adult Dietitian Community Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider details</td>
<td>Wandsworth Community Dietetic Service Community Services Division</td>
</tr>
<tr>
<td></td>
<td>St John’s Therapy Centre</td>
</tr>
<tr>
<td></td>
<td>St George’s University Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Description of service and location</td>
<td>Morning/afternoon/evening clinics in various locations across the borough of Wandsworth, e.g. Balham Health Centre, Bridge Lane Health Centre, Queen Mary’s Hospital, Brocklebank Health Centre, St John’s Therapy Centre and Tooting Health Clinic.</td>
</tr>
<tr>
<td></td>
<td>• 30 minute slots for new patients</td>
</tr>
<tr>
<td></td>
<td>• 15 minute slots for standard reviews</td>
</tr>
<tr>
<td>Cost</td>
<td>Free</td>
</tr>
<tr>
<td>Age and suitability</td>
<td>Ages 18 years plus</td>
</tr>
<tr>
<td></td>
<td>BMI &gt;30kg/m² or &lt;18.5kg/m² or MUST score of 2</td>
</tr>
<tr>
<td>Referral process</td>
<td>Completed referral form or referral letter. Email: <a href="mailto:cswdietitians@nhs.net">cswdietitians@nhs.net</a></td>
</tr>
<tr>
<td>Key contact</td>
<td>Claire Cullingham, Clinical Team Leader, Nutrition and Dietetic Service</td>
</tr>
<tr>
<td></td>
<td>(020) 8812 4054</td>
</tr>
<tr>
<td>Commissioned by</td>
<td>Wandsworth CCG</td>
</tr>
<tr>
<td>Further information e.g. website</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Name of service

**Wandsworth Community Learning Disability Health Team (WCLDHT) Dietetic Service**

### Provider details

Wandsworth Community Learning Disability Health Team

### Description of service and location

Provide individual as opposed to group assessment and treatment because of cognitive impairment. Bicknell Centre, Springfield Hospital Site.

### Cost

Free

### Age and suitability

Adults 18 years and upwards with diagnosis of learning disability

### Referral process

Completed WCLDHT referral form

### Key contact

Karen Sellers  
Tel: (020) 8812 7000  
Fax: (020) 8812 7005  
Email: karen.sellers@stgeorges.nhs.uk

### Commissioned by

Wandsworth CCG

### Further information e.g. website

N/A

### Name of service

**St George’s Bariatric Surgery Team**

### Provider details

St George’s Hospital

### Description of service and location

- Tier 3 Assessment service  
- Bariatric surgery

### Cost

Free

### Age and suitability

- Adults aged >18 years  
- BMI at least 40kg/m², or between 35kg/m² and 40kg/m² plus other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight  
- BMI > 50kg/m² - bariatric surgery can be considered as a first line option

### Referral process

Referral letter from GP

### Key contact

Joanna Lam, Bariatric Surgery Dietitian  
(020) 8725 1022

### Commissioned by

Further information e.g. website

www.stgeorges.nhs.uk/service/surgery/general-surgery/bariatric-service/
### 14. Sources of Training

<table>
<thead>
<tr>
<th>Sources of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Free e-learning sessions about child obesity for NHS clinicians</strong></td>
</tr>
<tr>
<td>RCGP e-learning:</td>
</tr>
<tr>
<td>Obesity and using motivational interviewing in practice</td>
</tr>
<tr>
<td><a href="http://elearning.rcgp.org.uk/course/info.php?id=147&amp;popup=0">http://elearning.rcgp.org.uk/course/info.php?id=147&amp;popup=0</a></td>
</tr>
<tr>
<td>BMJ Learning:</td>
</tr>
<tr>
<td>Podcast: Obesity in children: assessment and management</td>
</tr>
<tr>
<td>Childhood obesity: a guide on diagnosis, prevention and management</td>
</tr>
<tr>
<td><strong>NICE clinical guideline on the prevention, identification, assessment and management of overweight and obesity in adults and children</strong></td>
</tr>
<tr>
<td>Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)</td>
</tr>
<tr>
<td><a href="http://www.nice.org.uk/CG43">www.nice.org.uk/CG43</a></td>
</tr>
<tr>
<td><strong>UK child BMI growth charts</strong></td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td><strong>NHS Choices BMI Calculator and iPhone App</strong></td>
</tr>
<tr>
<td>The NHS Choices BMI calculator calculates a child’s BMI centile in line with the approach used by the NCMP, and that recommended by NICE and the RCPCH</td>
</tr>
<tr>
<td><a href="http://www.nhs.uk/bmi">www.nhs.uk/bmi</a></td>
</tr>
<tr>
<td>An iPhone App version of the calculator is available to download from the Apple App Store.</td>
</tr>
<tr>
<td><strong>Change4Life</strong></td>
</tr>
<tr>
<td>Information and resources on the Change4Life programme are available from <a href="http://www.nhs.uk/change4life/Pages/change-for-life.aspx">www.nhs.uk/change4life/Pages/change-for-life.aspx</a></td>
</tr>
</tbody>
</table>
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 by the NHS 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 0208 323 1725 or email Cheryl Gill, Cheryl.gill@mytimeactive.co.uk

info@mytimeactive.co.uk

Obesity Learning Centre (OLC)
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:
www.ncdlinks.org/olc
Wandsworth has an online referral form, ‘Refer-All’ which can be used by all health care professionals.

The services available through this portal do not have a paper referral system and all referrals must be made through this website. Each user is given their own unique log on details and all the referrals they make may be tracked. Referrals are received immediately by services and all data is transferred and kept securely. Services which may be referred to through this system include:

- Adult weight management programmes
- Exercise on Referral (GP referral only)
- Smoking cessation
- Child weight management programme, ‘Beat-it’
- Child healthy lifestyle programme, Mini Boost
- New mum weight management programme, Boost mums
- Health Trainers

For further information about ‘Refer-All’ or to request your own login details, contact Matthew Robinson on: email.mrobinson2@wandsworth.gov.uk or call: (020) 8871 5055

### 15. Mytime Active

#### MEND (Mind, Exercise, Nutrition... Do It!)

Child obesity prevention and weight management services

To refer a family please complete this form and return via:

- Email: mtimeactive@roehampton.ac.uk
- 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: __________________________
  - DBS: ________ 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
  - Hypertension
  - Cardiovascular disease
  - Dyslipidaemia
  - Sleep apnoea
  - Type 1 or 2 Diabetes
  - Hypo/exulinaemia
  - Emotional/psychological issues
  - Epilepsy
  - Not known

- **Other Information**
  - In Child Protection in place: Yes / No
  - English as a first language: Yes / No
  - Any other information relevant to be aware of that would impact on programme participation: __________________________

#### 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

- **Comorbidities**
  - Child is potentially at risk of becoming overweight (one or both parents or sibling overweight)
  - Child identified as being overweight (BMI centile) or obese (BMI centile)
  - Family would benefit from guidance around eating habits and physical activity
  - Family is motivated and committed to attending weekly sessions

- **Comorbidities**
  - *Another would benefit from a postnatal weight management course

#### Referrer Details

- **Name:** __________________________
- **Job title:** __________________________
- **Telephone no:** __________________________
- **Date of referral:** __________________________

#### GP Details (if different to referrer)

- **Name:** __________________________
- **Job title:** __________________________
- **Telephone no:** __________________________
- **Date of referral:** __________________________

#### Parent/Guardian Consent

- I agree for my anonymised data to be used for audit purposes to inform service development and contribute to research activities
- I agree for my data to be shared with the commissioning body for evaluation purposes
- 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.

#### Signature

- Parent/Guardian Signature: __________________________
- Or verbal consent provided: Yes / No
- Printed Name: __________________________
- Referrer’s Signature: __________________________
- Date completed: __________________________

**PLEASE COMPLETE PAGE TWO**

This referral form can be accessed via

[www.mytimeactive.co.uk/child-referral-service](http://www.mytimeactive.co.uk/child-referral-service)
15. Appendix A: Referral Forms

15.2 Wandsworth Community Dietitians

The referral form for Wandsworth Community Paediatric Dietitians can be accessed by:
www.stgeorges.nhs.uk/gps-and-clinicians/referrals/queen-marys-referrals/paeds/

The referral form for Wandsworth Community Dietitians can be accessed by:
To request a referral to the Wandsworth Community Learning Disability Dietitians, phone (020) 8812 7000 or fax (020) 8812 7005.

This referral form can be accessed via: www.clch.nhs.uk/media/155113/general_referral_form_dietetics_july_2014.pdf
15. Appendix A: Referral Forms

15.5 Community School Nursing Service

For contact details for each school nurse team use the Family Information Service website: fis.wandsworth.gov.uk/kb5/wandsworth/fsd/home.page or phone (020) 8871 7899.

![Family Information Service](image-url)
• By 6 months of age babies should be able to tolerate thicker consistencies, such as mashed foods and soft finger foods.
• By 9 months of age babies should be eating mashed, chopped, minced and finger food and be on a varied diet.
• Breastmilk (or infant formula) and water should be the only fluids given to babies.
• From 6 months regular breastfeeds should still be given and if formula fed, at least 500ml (16 ounces) formula milk should be given.
• All babies aged 6 months onwards should be given a supplement containing vitamins A, C and D, such as Healthy Start vitamin drops, unless they are drinking 500ml (about a pint) of infant formula a day. Young children should continue a supplement containing vitamins A, C and D until they are five years old. See page 39 for more information.
• Cow’s milk can be used in the weaning diet from 6 months of age, but should not be the main milk drink until over 1 year of age.

Author: Nicola Dos Santos, Principal Paediatric Dietitian, St Georges Hospital, Tooting

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 (more information can be found on the NHS Start4Life website: www.nhs.uk/start4life)

• Mothers of young babies should be encouraged to breast feed.
• Mothers can exclusively breastfeed until 6 months.
• Weaning should begin by 6 months, and not before 17 weeks.
• If weaning is started at 6 months of age, babies should progress quickly through the stages and should be on a varied diet including all the food groups (including red meat) as soon as possible.
17. **Appendix C: Care Pathway Monitoring and Evaluation**

17.1 **Consultation process**

A range of stakeholders from a wide range of disciplines were invited to comment on an initial draft of the pathways and toolkit. Stakeholders were invited to two separate workshops held on 30 November 2015 and 1 December 2015 for the adults and children pathways where changes could be discussed. Two further revisions of the pathways and toolkit were circulated to the stakeholders for comments before the final version was sent out on 21 December. A log of all the changes was recorded.

17.2 **Dissemination and implementation**

The Care Pathways will be uploaded onto the DXS system for EMISweb to allow primary care staff to access the most recent version.

For all other health care professionals, they will be able to access a copy from the Wandsworth Council or CCG websites.

17.3 **Training**

Brief training on how to use the pathways will be available for all front-line staff and will provide an opportunity to clarify any aspects of the process or provide feedback to be included in the next review.

17.4 **Monitoring and auditing compliance**

Public Health will keep a record of training attendance and disseminate a survey of health care professionals on their awareness and use of the toolkit.

Professionals who use the pathway should ensure they record the following information for each patient and ensure that the data can be retrieved electronically for monitoring:

- Weight
- Height
- BMI
- Referrals
- Monitoring and follow-up outcomes
References

data source: Active Peoples Survey (2012-2014)


www.fingertips.phe.org.uk/profile/national-child-measurement-programme/data#gid/8000011/pat/6/ati/102/page/0/par/E12000007/are/E09000033

National Obesity Observatory.

and management [CG189] Published date: November 2014

Information for healthcare professionals about the use and interpretation of growth charts.
(last accessed 02/12/15)
www.rcpch.ac.uk/system/files/protected/page/DoH%20info%20for%20healthcare%20professionals.pdf

7. Royal College of Paediatrics and Child Health and Department of Health. (January 2013, 2nd
Edition) UK growth chart, 2-18 years. (last accessed 02/12/15):
www.rcpch.ac.uk/system/files/protected/page/NEW%20Girls%202-18yrs(4TH%20JAN%202012).pdf

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