

# Bristol Care Pathway for Children's Weight Management



May 2013



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# 1. Introduction to the pathway

Data from the National Child Measurement Programme showed that in 2011/2012 13.6% of reception children (aged 5) in Bristol were overweight and 9.8% were obese. Figures for year 6 children (aged 11) showed that 13.6% were overweight and 19.1% were obese<sup>1</sup>. Prevalence of overweight and obesity in children also relates to deprivation, with those living in the most deprived areas of Bristol having the greatest proportion of children who are overweight and obese<sup>2</sup>.

Being overweight or obese as a child can have emotional, psychological, and physical effects, as well as making children more likely to become obese adults, with higher risks of morbidity, disability and premature mortality in adulthood<sup>3</sup>.

This care pathway outlines the services available for children and their families for weight management in Bristol, to help health professionals, families, and children choose the most appropriate service for their individual needs. It will be of interest and relevance to health professionals, and other professionals outside of health who work directly with children and families.

We would welcome any feedback on the pathway, and see the pathway as a living document which will require modification and updating over time. It will be formally reviewed in May 2014. Please fill in the feedback form in appendix 2 or send any comments to [loretta.ingram@bristol.gov.uk](mailto:loretta.ingram@bristol.gov.uk).

If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please contact Loretta Ingram on 0117 9223308

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<sup>1</sup> NCMP 2011/2012. Prevalence of underweight, healthy weight, overweight and obese children, with associated 95% confidence intervals, by Primary Care Trust and Strategic Health Authority, England, 2011/12. <http://www.ic.nhs.uk/searchcatalogue?productid=10135&topics=1%2fPublic+health%2flifestyle&sort=Relevance&size=10&page=1#top>

<sup>2</sup> Taken from: Rationale for brief Interventions for Overweight and Obese Children by the School Nursing Team., Claire Wilson and Bronwyn O’Haire, Analysis derived from 2009/2010 NCMP data

<sup>3</sup> Health risks of childhood obesity: [http://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child)

We also acknowledge the Nottingham City Care Pathway for Overweight and Obese Children which influenced the development of this document. <http://www.nottinghamcity.nhs.uk/healthy-living/child-obesity.html>



# Children's Weight Management Care Pathway for Children aged 2-16 in Bristol

**IDENTIFICATION via:** When a child is weighed or measured - Opportunistic - Concern raised by parent/ carer/ child - Concern raised by health professional - Concern raised by non-health professional

## Assessment in Primary Care: (e.g. GP, Practice Nurse, Health Visitor, School Nurse)

- 1) Raise issue of weight with child and family. DH advice: click [here](#)
- 2) Measurement of BMI centile : Calculate using 2012 RCPCH growth charts click [here](#)
  - >91st centile = overweight
  - >98th centile = obese
- 3) Assessment to include:
  - presenting symptoms and underlying causes of overweight and obesity
  - readiness and motivation to change click [here](#)
  - co-morbidities see NICE guidance click [here](#) (if BMI > or =98th centile) consider testing BP, urine dip, HBA1C, lipids, TFTs
  - psychosocial distress, such as low self-esteem, teasing and bullying
  - family history and lifestyle
  - growth and pubertal status
  - safeguarding ¥

## Identification of overweight or obese child by non-health professional

- Refer to health professional for assessment OR
- Refer to Alive 'N' Kicking (level 2) directly OR
- Offer brief advice/ brief intervention where trained to do so

### BMI <91<sup>st</sup> CENTILE (or > centile and NOT ready to change)

#### Level 0 Universal services

1) Information for all is available on healthy eating and physical activity according to age.

**Change4Life:** Top Tips for Top Kids click [here](#)

**Early years:** 'Food portions book for 1-4 year olds' and 'Maternal and child nutrition Guidelines 0-5yrs' click [here](#)

**Teens:** <http://www.teenweightwise.com>  
<http://www.youthhealthtalk.org/>

**Local activities** can be signposted via

- <http://www.1bigdatabase.org.uk/>
- <http://www.goplacesdothings.org.uk> (13-19 years)
- <http://www.wellaware.org.uk/>
- <http://getactive.wesport.org.uk/>
- <http://www.goplacestoplay.org.uk/>

#### 2) BMI ≥91<sup>st</sup> centile & not ready to change

Provide information via:

**NHS Choices- Livewell:** When your child is overweight click [here](#)

**DH:** Why Your Child's Weight Matters click [here](#)

Provide contact details of relevant health professional for support when ready to change e.g. School Nurse, offer follow up in 6 months.

### BMI 91<sup>st</sup> - 98<sup>th</sup> CENTILE (NOT ready to change → level 0)

#### Level 1 Targeted brief advice/intervention

**Brief Advice** Opportunistic raising of the issue of weight and giving simple advice to support behaviour change (may be part of initial assessment process).

**Brief Intervention** Structured, detailed advice, (beyond Brief Advice), usually offered with follow up. Often includes motivational interviewing.

#### On completion of intervention

Progressing - signpost to local activities

No progress - refer to level 2 or back to GP for reassessment.

### BMI ≥98<sup>th</sup> CENTILE (or 91<sup>st</sup> - 98<sup>th</sup> centile & unsuccessful at level 1, or level 1 service unavailable). If child has co-morbidity and does not meet criteria for level 3 discuss with GP

#### READY to change (NOT ready to change → level 0)

#### Level 2 Targeted weight management service

**Alive 'N' Kicking (2-16 years)** 1:1 or group work, +/- psychological support following family assessment\*. Tel: 0117 942 2602

**Bristol Healthy Weight Nurses (2-16 years)** 1:1 work with complex families including children identified as in need or on a child protection plan. Tel: 0782 436 1397

#### On completion of intervention

Progressing - signpost to local activities

No progress – refer back to GP for reassessment

\*capacity allowing toddler groups may also accept children who are not yet overweight but may be at risk of becoming so.

### BMI ≥98<sup>th</sup> CENTILE and serious co-morbidity or complex needs. Any child BMI >40\*

#### Level 3 Paediatrician assessment & management

**CoCo clinic** Hospital based 1:1 service for children meeting specific criteria click [here](#). Referral via GP, community paediatrician or hospital based consultant.

Note: Referral criteria for CAMHS and community paediatrics service can be found here: click [here](#). Effective management of co-morbidity may enable weight issues to be addressed.

#### On completion of intervention

Discharge back to GP care.

\*BMI calculator: <http://www.shinehealthacademy.org.uk/referrers/>

¥ **Safeguarding** Consider if there are wider safeguarding or child protection issues that have impacted on the child.

If so you should consider doing further assessment at this point through a Common Assessment Framework (CAF) or child protection referral

Transition to adult services for those aged 16 and over.  
Contact [Loretta.ingram@bristol.gov.uk](mailto:Loretta.ingram@bristol.gov.uk) for further service details

## 2. Identification of the overweight or obese child, and assessment in Primary Care

### Identification of the overweight or obese child

Children may be identified as being potentially overweight or obese by a wide variety of professionals who work with children and families, or by the family or child themselves. In the majority of cases, once weight is identified as an issue the initial assessment of the child and family (to include weighing and measuring the child, see below) will need to be undertaken by a health professional in primary care (e.g. school nurse, health visitor, GP), or by the level 2 Alive 'N' Kicking Service.

Practitioners and professionals may feel uncomfortable in raising the issue of weight with children and families. Useful information on sensitive ways to do this can be found below and also at [http://www.fph.org.uk/uploads/HealthyWeight\\_SectE\\_Toolkit05.pdf](http://www.fph.org.uk/uploads/HealthyWeight_SectE_Toolkit05.pdf)

Training events on this topic will be held throughout 2013/14. Please contact Alive 'N' Kicking to book a free place. Tel: 0117 942 2602.

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### Primary care assessment

#### Why health professional input to establishing a child's weight status is important

*Ascertaining a child's weight status is an important first step in childhood weight management. Parents who do not recognise the weight status of their overweight children may be less likely to provide them with support to achieve a healthy weight. In a British survey of parental perception of their child's*

*weight, the overwhelming majority (94%) of parents with overweight or obese children misclassified their child's weight status<sup>4</sup>. Given this low level of parental awareness, health professionals should take care to establish a child's weight status in a sensitive manner. (Taken from 'Raising the issue of weight in children and young people', DH Tool E5)<sup>5</sup>*

#### 1) Raising the issue of weight.

If the issue has not already been raised, sensitive discussion with the child and family will need to take place.

The DH guidance<sup>6</sup> on raising the issue of weight describes approaching the conversation in the following way:

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

#### If a parent is concerned about the child's weight:

'We have [child's] measurements so we can see if he/she is overweight for his/her age.'

#### If the child is visibly overweight:

'I see more children nowadays who are a little overweight. Could we check [child's] weight?'

#### If the child presents with co-morbidities:

'Sometimes [co-morbidity] is related to weight. I think that we should check [child's] weight.'

## 2. Identification of the overweight or obese child, and assessment in Primary Care continued

### 2) Measurement of BMI centile

This should be undertaken using the 2012 RCPCH growth charts for girls and boys aged 2-18<sup>7</sup>. These charts allow for calculation of height and weight centiles which are used to plot BMI centile click [here](#).

### 3) Further assessment

NICE Obesity guidance<sup>8</sup> suggests a series of other issues which should be considered as part of an initial assessment.

These include:

- presenting symptoms and underlying causes of overweight and obesity.
- readiness and motivation to change (see section 4) .
- co-morbidities. See NICE guidance click [here](#).  
(if BMI  $\geq$  98th centile) Consider testing BP, urine dip for glucose, HBA1C, lipids, TFT's\*.
- psychosocial distress, such as low self-esteem (Rosenburg self-esteem scale, click [here](#)), teasing and bullying.
- family history and lifestyle.
- growth and pubertal status (see CoCo clinic referral form, found in section 7 for assessment assistance).
- safeguarding issues (discussed further in section 5).

Once these assessment stages have been undertaken, children and families can be referred or signposted to the relevant level of the pathway. This may include undertaking a brief intervention or giving brief advice (Level 1) as part of the assessment process if the primary care professional is able to do so.

\*Note: If a child meets the referral criteria for the CoCo clinic (Level 3) click [here](#), bloods are not routinely expected to have been taken in primary care.



<sup>4</sup> Carnell S et al (2005) Parental perceptions of overweight in 3–5 year olds. *Int J Obes* 29: 353–5.

<sup>5</sup> TOOL E5 Raising the issue of weight – Department of Health advice [http://www.fph.org.uk/uploads/HealthyWeight\\_SectE\\_Toolkit05.pdf](http://www.fph.org.uk/uploads/HealthyWeight_SectE_Toolkit05.pdf)

<sup>6</sup> TOOL E5 Raising the issue of weight – Department of Health advice [http://www.fph.org.uk/uploads/HealthyWeight\\_SectE\\_Toolkit05.pdf](http://www.fph.org.uk/uploads/HealthyWeight_SectE_Toolkit05.pdf)

<sup>7</sup> <http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-chart-resources/uk-who-growth-ch-0>

<sup>8</sup> Obesity. NICE Clinical Guideline 43, December 2006. <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf>

# 3. The service levels

It is generally accepted that a tiered approach to weight management allows for the most appropriate use of resources for children, families, and services alike. In the Bristol pathway we have identified four levels:

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## Level 0 – Universal services

*Children who have a BMI < 91st centile  
Or ≥ 91st centile but not ready to change*

All children and families should have access to a wide variety of resources, materials and support services to help them make healthy choices around diet and physical activity. This tier is aimed mainly at prevention, but will also play an important role in weight maintenance for those who have attended a higher tier of weight management service.

The new national curriculum recommends that teaching about food and nutrition becomes statutory for both primary and secondary schools. Teaching about healthy lifestyles is also an important part of a schools personal, social and health education programme (PSHE). For help and support around delivering programmes in schools contact the young people's public health team; Rachel Cooke for food and nutrition and Julie Coulthard for PSHE. (Julie.coulthard@bristol.gov.uk or Rachel.cooke@bristol.gov.uk). Information about the Bristol Healthy Schools Programme can be found here: <http://www.bristolhealthyschools.org.uk/>

### 1) Information for all

Healthy eating and physical activity guidance and advice according to age are available from:

Change4Life: Top Tips for Top Kids click [here](#)

Early years: 'Food portions book for 1-4 year olds' and 'Maternal and child nutrition Guidelines 0-5yrs' click [here](#)

Teens:

- <http://www.teenweightwise.com>
- <http://www.youthhealthtalk.org/>

Local activities can be signposted via:

- <http://www.1bigdatabase.org.uk/>
- <http://www.goplacesdothings.org.uk> (13-19 years)
- <http://www.wellaware.org.uk/>
- <http://getactive.wesport.org.uk/>
- <http://www.goplacestoplay.org.uk/>

Healthy living centres are also a very useful source of help and advice e.g. the Wellspring Health Living Centre in Lawrence Hill <http://www.wellspringhlc.org/home> and the Knowle West Health Park <http://www.knowlewesthealthpark.co.uk/>

### 2) BMI ≥ 91st centile & not ready to change

Consider providing information via:

NHS Choices Livewell: When your child is overweight click [here](#).

DH: Why Your Child's Weight Matters click [here](#).

### Also

Provide contact details of a relevant health professional for support when ready to change e.g. school nurse, and offer follow up in 6 months.

### 3. The service levels **continued**

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#### **Level 1 – Brief advice and brief intervention**

- **Children who have a BMI  $\geq$  91st centile and  $<$ 98th centile**
- **Children and families who are ready to change**
- **Children and families who are not ready to change should go back to level 0**

This level is the first point of entry to the care pathway for most children who are overweight. Some children and families may have already had their readiness to change assessed as part of an initial assessment in primary care, but it is recognised that others will have this assessed as part of discussion at this level. Assessing readiness to change is discussed further in section 4.

**Brief advice** Powell, K. & Thurston, M. (2008)<sup>9</sup> describe brief advice as:

A short intervention (usually around 3 minutes) delivered opportunistically in relation to a service user's reason for seeking help. It can be used to raise awareness of, and assess a person's willingness to engage in further discussion about, healthy lifestyle issues. Brief advice is less in-depth and more informal than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.

**Brief intervention** The suggested definition of a brief intervention (West and Saffin 2008)<sup>10</sup> is:

1. provided by suitably trained "professionals" in a variety of settings;
2. opportunistic in nature;

3. targeting individuals, families or groups;
4. having a limited duration and frequency (e.g. within the space of a single consultation session and no greater than four sessions);
5. consisting of an identification of health issues and assessment of an individual's motivation and stage of behaviour change;
6. including negotiation, goal, and forward-looking solution setting with;
  - provision of advice, counselling, information, or referral as appropriate and;
  - follow-up and reinforcement, as appropriate.

It is recognised that within Bristol access for families to someone able to undertake a brief intervention around weight management may currently be limited. During 2013 all health visitors should be offered training in brief interventions, and all school nurses should be able to offer brief advice (raise the issue of weight and signpost appropriately).

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#### **Level 2 – Targeted multi-component weight management programmes**

- **Children who have a BMI  $\geq$  98th centile**
- **Children who have a BMI  $\geq$  91st and  $<$ 98th centile who are unsuccessful at level 1 or if level 1 unavailable**
- **Children and families who are ready to change**
- **Children and families who are not ready to change should go back to level 0**

Services provided at this level typically take the form of multi-component (nutrition, physical activity, and behavioural change) family-based weight

### 3. The service levels **continued**

management programmes, often taking place in community settings and run by non-health care professionals<sup>11</sup>.

There are currently two options for families in Bristol at this level. Alive 'N' Kicking and Bristol healthy weight nurses. Each have their own entry and eligibility criteria and offer different services for families. Details about the services, what they offer and how to access them can be found in section 6 click [here](#), with the relevant referral forms in section 7 click [here](#).

Assessment of readiness to change should be assessed prior to referral in most cases. However, assessment can take place, if necessary, through the Alive 'N' Kicking programme as part of their initial contact with families.

If children have co-morbidities and are not eligible for referral to level 3, discussion with the child's GP prior to entering the level 2 programme may be appropriate.

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#### **Level 3 – Paediatrician assessment and targeted multi-disciplinary weight management service**

- *Children who have a BMI  $\geq$  98th centile*
  - *and serious co-morbidity or complex needs*
- Or*
- *Any child with a BMI  $>$  40*

This level offers highly specialised clinical input through paediatrician led clinics. Community paediatricians may support the management of complex co-morbidities, where effective management of the co-morbidity allows the issue of weight to be subsequently addressed. The hospital-based paediatricians offer a highly specialised service through a multi-disciplinary clinic, the CoCo clinic. Consideration of pharmacotherapy and assessment for bariatric surgery for young people takes place in this setting. There are clear eligibility and referral criteria for entry to this service as documented in section 6 click [here](#) and the referral form in section 7 click [here](#).

**Children who fit the criteria for referral to level 3 services should be referred to the CoCo clinic even if they are not assessed as ready to change.**

Referral criteria for CAMHS and community paediatric services can be found [here](#).

<sup>9</sup> Commissioning training for behaviour change interventions Guidelines for best practice. NHS North West. <http://www.gmphnetwork.org.uk/writedir/dc05Workforce%20Brief%20Intervention%20Summary%2016.10.081.pdf>

<sup>10</sup> Literature review: Brief interventions and childhood obesity by Public Health Resource Unit 2009 (Douglas West, Kate Saffin) <http://www.healthyweight4children.org.uk/resource/item.aspx?RID=89978>

<sup>11</sup> Obesity Care pathway support package. Child Obesity workbook. PHAST, Hannah Pheasant and Katie Enock [http://www.healthknowledge.org.uk/sites/default/files/documents/interactive/obesity/Obesity\\_Child\\_final%2014.10.10.pdf?op=Child+Support+Pack](http://www.healthknowledge.org.uk/sites/default/files/documents/interactive/obesity/Obesity_Child_final%2014.10.10.pdf?op=Child+Support+Pack)

# 4. Assessing Readiness to Change

Assessing readiness to change should be undertaken as part of the initial assessment of children and families. This assessment is important as it will influence where to refer or signpost families to within the pathway.

Box 2. Assessing readiness to change<sup>12</sup>

## Assessing Readiness to Change- Scale

0 1 2 3 4 5 6 7 8 9 10

Not at all important/  
confident

very important/  
confident

On a scale of 0-10, how important is it to you to make the changes required for maintaining a healthy weight?

### Clarify and Enhance Importance:

Where would you like to be on this scale?  
If you did make a change what might be some of the benefits?  
What would help you get a higher score?

On a scale of 0-10, how confident are you that you could make a change if you wanted to?

### Increase Confidence:

If you decided to change your current behaviour what options might you consider?  
What might be a good first step for you?  
What might make this difficult to achieve?

## Identifying Readiness- 4 Combinations (Miller and Rollnick, 2002) Combination

**1. Low importance, low confidence** – Least ready to change.  
See change as unimportant and have little confidence they could successfully make a change if they tried.

**Action:** Enhance importance and increase confidence. Educating the client may help them to understand their situation better and enable them to make an informed decision about their healthcare.

**2. Low importance, high confidence** – Not ready to change.  
See change as relatively unimportant. Believe they could make the change if they tried.

**Action:** Enhance importance and increase confidence.

**3. High importance, low confidence** – More ready and willing.  
But low confidence gets in the way of making change.

**Action:** Refer to appropriate service.

**4. High importance, high confidence** – Most ready to change.  
View change as important, high degree of confidence that they can successfully make the change if they tried.

**Action:** Refer to appropriate service.

<sup>12</sup> Taken from the healthy weight nurse referral form found in section 7

# 5. Safeguarding

There may be situations where wider safeguarding issues are impacting on the weight of a child. This could include issues within the family such as domestic abuse, sexual abuse, substance use, mental health, learning difficulties etc, or within the wider community, such as bullying at school, isolation, racism etc. All of these can impact on the self esteem and wellbeing of a child<sup>13</sup>.

Staff working with children in all parts of the pathway must be CRB checked, and trained, skilled and competent to recognise and respond to any safeguarding children concerns, as indicated in the Intercollegiate document 2010 - 'Safeguarding children and young people: roles and competencies for healthcare staff,'<sup>14</sup> and 'Working together to safeguard children' 2010<sup>15</sup>. This should include the wider 'Think family' agenda<sup>16</sup>. The training should include awareness about how to make a child protection referral and the Common Assessment Framework (CAF) process. All providers must adhere to the most current statutory guidance for safeguarding children.

If any child protection concerns are identified the practitioner should consider a child protection referral. They should follow their own trust/ organisational policy on seeking out supervision and support to complete this. Practitioners should consider early interventions to try and avoid escalating safeguarding concerns. The CAF is a useful assessment tool for early intervention to engage families. Practitioners do not need to complete a CAF to access child protection services.

Further information on safeguarding and child protection (including training available) can be found at the Bristol Safeguarding Children Board (BSCB) webpage <http://www.bristol.gov.uk/page/children-and-young-people/bscb-inter-agency-training>

Further information on the CAF, including training available can be found at <http://www.bristol.gov.uk/page/children-and-young-people/common-assessment-framework-training>

<sup>13</sup> Adapted from Nottingham City Care Pathway for Overweight and Obese Children. NHS Nottingham City Updated 01/12/10

<sup>14</sup> Safeguarding Children and Young people: roles and competences for health care staff. Intercollegiate Document. September 2010 [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0004/359482/REVISED\\_Safeguarding\\_03\\_12\\_10.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0004/359482/REVISED_Safeguarding_03_12_10.pdf)

<sup>15</sup> Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. DCSF, March 2010. <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010>

<sup>16</sup> Think Family Toolkit. Improving Support for Families at Risk. DSCF 2009 <https://www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf>

# 6. Which is the right service?



## Service Name: **Alive 'N' Kicking (ANK)**

**Provided by** Weight Management Centre Ltd,  
Commissioned by Bristol City Council

**Level of service** Level 2

### Entry criteria to service

- Child has BMI  $\geq$  98th centile
- Or has BMI between 91st and 98th centile with no improvement at tier 1
- Or has BMI between 91st and 98th centile and no tier 1 service available

NB: where appropriate and where capacity allows the toddler groups (age 2-4 years) may also accept children who are not yet overweight but may be at risk of becoming so.

### Requires referral?

No, individuals may self refer by calling 0117 942 2602 although primary care referrals are encouraged. The referral form can be found [here](#)

### What the service offers

- Group sessions or 1:1 sessions, including psychological support where needed. Choice of service is dependent on family preference and assessment in conjunction with Alive 'N' Kicking.
- 1:1 work with children and families is based around weekly healthy eating and physical activity sessions with a lifestyle coach.
- Group sessions are provided for children and their families across three age groups: - toddlers (2-4 years), juniors (5-11 years) and seniors (12-16 years). Families requiring help with children who may cross the age groups will be accommodated after individual assessment.
- Session content is age specific but may include: 12-week programme: Understanding weight gain, Eatwell Plate, having the confidence to change, understanding food

labels and portion sizes, 5 A Day food tasting, reducing e-play & family physical activity, healthy wrap making, sugary drinks and snacking, community activity taster & supermarket trip for seniors.

- Six week programme for 2-4yrs: fun & friendly food groups, fussy eating, drinks & dental health, understanding food labels and portion sizes, physical activity and sleep, and healthy snack making. Further information about the different services can be found in appendix 1 along with an advertising leaflet.

### Where the service is delivered

- The service is available to everyone in Bristol with initial locations identified for service delivery in the wards of Avonmouth, Kingsweston, Henbury, Southmead, Lockleaze, Hillfields, Easton, Lawrence hill, Brislington East, Filwood, Bishopsworth, Hartcliffe and Whitchurch Park.

### What is the time commitment required?

- For 1: 1 work with children and families, weekly sessions are held over six weeks.
- For juniors and seniors groups - The programme is based on 12 weekly sessions of one and half hours. An additional optional free 60 minute weekly physical activity drop in session is also provided.
- For toddler groups and children with special educational needs (who may not be able to access a full programme) the programme is six weeks long.

### What happens at the end of the programme?

Families are followed up 12 weeks after programme completion as a minimum.

Contact: Alive 'N' Kicking Team: 0117 942 2602, Fax: 0117 942 2602. Address: Alive 'N' Kicking, Kingsdown Leisure Centre, Portland Street, Bristol BS2 8HL. For more information about Alive 'N' Kicking visit the website at [www.ank.uk.com](http://www.ank.uk.com)

## 6. Which is the right service?



## Service Name **Bristol Healthy Weight Nurses**

**Provided by** Bristol Community Child Health Partnership (CCHP), commissioned by Bristol City Council

**Level of service** Level 2

### **Entry criteria to service**

- Child has BMI  $\geq$  98th centile
- Or has BMI between 91st and 98th centile with no improvement at tier 1
- Or has BMI between 91st and 98th centile and no tier 1 service available
- Family assessed as ready to change

### **Service particularly suitable for**

- Children with complex needs who do not meet the criteria for level 3.
- Children on a child protection plan.
- Children assessed as 'in need'.
- Families who would benefit from 1:1 support over a longer period of time (up to 1 year).

### **Requires referral?**

Yes from a healthcare professional e.g. school nurse, GP, health visitor, paediatric consultant. The referral form can be found [here](#)

### **What the service offers**

- 1:1 support for families with complex needs for up to 1 year.
- Assessment of diet/activity /self esteem/ emotional eating/height, weight, BMI & waist circumference, and peak flow measurements. All assessments undertaken using motivational interviewing approach.
- Helping families plan healthy lifestyle changes around reducing sedentary behaviour/increasing activity and adopting a healthy diet using SMART

goals. Whole family change is encouraged.

- Follow up visits to review progress, address any barriers to change and set next lifestyle change goals.

### **Lifestyle changes discussed are:**

- A healthy diet based on the Eatwell Plate, portion sizes appropriate for age, understanding nutritional labels to make healthier food choices, snacks/packed lunch choices.
- Planning and budgeting for meals.
- Benefits of exercise and its importance for health. Daily guidelines for age. Use of a pedometer for older children. Accessing physical activities locally.

### **Psychosocial aspects that may be addressed:**

- Increasing confidence/self esteem/body image.
- Being assertive ,managing bullying.
- Concept of stress and emotional eating.

Maintenance of healthy lifestyle changes and planning to avoid relapse.

Dealing with key events i.e. Christmas, Ramadan, Easter holidays.

### **Where the service is delivered**

Engagement will usually be in the family's home environment and/or school.

### **What is the time commitment required?**

- Families have 9-12 contacts with a nurse over the year, the majority of which occur in the first 6 months. Review of progress at 9 months and evaluation and discharge at one year.
- Appointments are in the home/school with the family or individual child in school.
- Initial assessment is a minimum of an hour.
- Follow up appointments of variable duration, dependent on need and negotiated with family

## **6. Which is the right service?**

### Bristol Healthy Weight Nurses

#### **What happens at the end of the year?**

- Final evaluation of height/weight/BMI and review of lifestyle change sustained.
- Review of maintenance plan /progress and planning to avoid relapse in the future.
- Discharge family. If appropriate refer to other agencies/Alive 'N' Kicking group programme.
- Discharge letters to family, referrer and GP.

#### **Contacts: Healthy Weight Nurses**

Bronwyn O'Haire, South locality, Mobile no: 0782 353 2811

Claire Wilson, East locality, Mobile no: 0782 436 1397

Rachel Halder, North locality, Mobile no: 0776 880 1650

Address: Hampton House, Cotham Hill, Bristol BS6 6AU

Tel: 0117 330 2591, Fax: 0117 330 2708

## 6. Which is the right service?



### Service Name: **CoCo Clinic**

**Provided by** Bristol Royal Hospital for Children (BRHC)

**Level of service** Level 3

#### **Entry criteria to service:**

- Children < 18 years
- Children with BMI > 40
- Children BMI  $\geq$  98th centile and serious co-morbidity or complex needs
- Genetic cause for obesity
- Associated endocrine disorder (such as Polycystic Ovary Syndrome (PCOS))
- Rare obesity co-morbidity (such as Idiopathic Intracranial Hypertension, Fatty Liver Disease)
- Established and managed Type 2 diabetes needing weight reduction as part of therapy
- Iatrogenic cause for obesity (such as pituitary surgery)
- Consideration for Bariatric surgery

For further details regarding the above please refer to the CoCo clinic referral form [here](#)

#### **Service particularly suitable for**

- Those children who may benefit from pharmacological intervention, or consideration for bariatric surgery.
- Those with complex co-morbidities.
- Children who may have complex safeguarding issues around weight management.

#### **Requires referral?**

Yes from a healthcare professional e.g. school nurse, GP, health visitor, paediatric consultant. The referral form can be found [here](#)

Where possible GPs should have checked child's blood pressure and dipped the child's urine for glucose prior to referral.

Basic blood tests prior to referral would be welcomed from community paediatricians (TFTs, LFTs, Glucose), but are not required from GPs prior to referral.

#### **What the service offers?**

Multidisciplinary assessment and care over a period of 12-18 months. Typically families will attend the hospital for approx 4-5 sessions in 12 months.

#### **Where the service is delivered?**

At the Bristol Royal Hospital for Children (BRHC), central Bristol.

#### **What is the time commitment required?**

Typically families attend 4-5 times over a 12 month period but this may vary on a case by case basis.

#### **What happens at the end of the program?**

Families are discharged back to the care of the GP.

**Contact:** Referral letters can be sent to: Care of Childhood Obesity Clinic, Bristol Royal Hospital for children. Fax: 0117 342 0186

# 7. Referral forms

**Word versions** of the referral forms are available at <http://www.bristol.gov.uk/page/health>

## 7.1 Alive 'N' Kicking

### Alive 'N' Kicking – Children's Healthy Weight Programme



Date of Referral:				
Referee Name:		Contact Number:		
Email address:				
Job Title:		Place of Work:		
Name of Child		Weight (kg)	Height (m)	BMI
Gender:	Male		Female	
Date of Birth		Age		
Name of Parent(s)/Guardian(s)				
Address				
		Post code		
Home Telephone number		Mobile		
School				
GP's Name		Surgery		
Contact number				
Does your child have any known medical problems or currently taking any medication?				
Do you know of any reason why your child shouldn't take part in a physical activity programme?				
Does your child suffer from any dietary allergies?				
How did you first hear about the Alive 'N' Kicking Programme? (Please select ONE option)				
<input type="checkbox"/> Flyer <input type="checkbox"/> School Book Bag Letter <input type="checkbox"/> Health Event <input type="checkbox"/> Poster <input type="checkbox"/> NCMP Letter <input type="checkbox"/> Friend or Family Member				
Other				
Other relevant notes				

**Please return the form** to [bristol@ank.uk.com](mailto:bristol@ank.uk.com)

Or post to: Alive 'N' Kicking, Kingsdown Leisure Centre, Portland Street, Bristol, BS2 8HL

Tel: 0117 942 2602, Fax: 0117 942 2602

## 7. Referral forms

### 7.2 Bristol Healthy Weight Nurses

The Healthy Weight Service works with families and their overweight/obese child aged 2-16 years with a BMI above the 91st centile. We offer 1:1 support for a small number of complex families (i.e. vulnerable child/child in need/subject to child protection plan/complex health needs) within the home /school setting. We use a motivational approach when working with families who feel motivated to change but need support to reduce sedentary behaviour, increase physical activity and adopt a healthy diet.

We can also offer support for young people to address some of the emotional aspects of overweight/obesity around self esteem, body image, emotional and binge eating.

Referrals can be made from Health Professionals when families have already received an intervention at Tier 1/2. If the child is aged less than 12 yrs then it is important that the parent/carer is also motivated to support the child to change. Please discuss the following to assess a family's readiness to change prior to referral.

#### Assessing Readiness to Change- Scale

0 1 2 3 4 5 6 7 8 9 10

Not at all important/  
confident

very important/  
confident

On a scale of 0-10, how important is it to you to make the changes required for maintaining a healthy weight?

#### Clarify and Enhance Importance:

Where would you like to be on this scale?

If you did make a change what might be some of the benefits?

What would help you get a higher score?

On a scale of 0-10, how confident are you that you could make a change if you wanted to?

#### Increase Confidence:

If you decided to change your current behaviour what options might you consider?

What might be a good first step for you?

What might make this difficult to achieve?

Identifying Readiness- 4 Combinations (Miller and Rollnick, 2002) Combination

#### 1. Low importance, low confidence – Least ready to change

See change as unimportant and have little confidence they could successfully make a change if they tried **Action:** Enhance importance and increase confidence. Educating the client may help them to understand their situation better and enable them to make an informed decision about their healthcare.

#### 2. Low importance, high confidence – Not ready to change

See change as relatively unimportant. Believe they could make the change if they tried. **Action:** Enhance importance and increase confidence.

#### 3. High importance, low confidence – More ready and willing

But low confidence gets in the way of making change. **Action:** Refer to appropriate service.

#### 4. High importance, high confidence – Most ready to change

View change as important, high degree of confidence that they can successfully make the change if they tried. **Action:** Refer to appropriate service.

Please return your form to: Healthy Weight Nurses. Hampton House, Cotham Hill, Bristol BS6 6AU

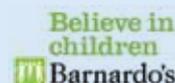
Or fax Healthy Weight Nurses: Hampton Hous 0117 3302708

Please return your form to: Healthy Weight Nurses. Hampton House, Cotham Hill, Bristol BS6 6AU Or fax Healthy Weight Nurses: Hampton House 0117 3302708

North Bristol NHS Trust is smoke free. This means that smoking will not be allowed anywhere on our sites. For help to give up smoking please contact your GP or call the national NHS stop smoking helpline on 0800 169 0169. A University of Bristol Teaching Trust, A University of the West of England Teaching Trust, Mr Peter Rilett - Chairman, Marie-Noelle Orzel - Chief Executive.

## 7. Referral forms

### 7.2 Bristol Healthy Weight Nurses



Please ensure that consent is obtained from parent/carer <b>before</b> completing this form as the contents will be shared with them.	
<input type="checkbox"/> Consent received	GP Name & Address:
Date of referral:	
Referrer's Name & Job Title:	
Contact details (address & telephone):	
Pupil name:	Nursery/School:
Date of Birth:	Year Group/Class
M/F	Name of Parents/Carers
Address:	Ethnicity:
Postcode:	Interpreter required: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Tel No:	Language required:
Reason for referral:	
Ht:	Wt: BMI:
Child Protection Plan	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> previously (provide details)
CAF	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Looked after child?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Details of other agencies involved and other interventions in place previously attempted:	
<ul style="list-style-type: none"> <li>• Brief Intervention by School Nurse / Health Visitor</li> <li>• Alive 'N' Kicking</li> <li>• Other</li> <li>• Social worker Name/Tel</li> <li>• Other Professionals Name/tel</li> </ul>	
<ul style="list-style-type: none"> <li>• Is the child/family ready to change <input type="checkbox"/> Yes / <input type="checkbox"/> No (see referral criteria)</li> <li>• Would the child/parents prefer to meet at: Home/school/health centre</li> </ul>	

Please return your form to: Healthy Weight Nurses. Hampton House, Cotham Hill, Bristol BS6 6AU Or fax Healthy Weight Nurses: Hampton House 0117 3302708

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## 7. Referral forms

### 7.3 Referral form for GPs:

#### 'Care of Childhood Obesity Clinic', Bristol Royal Hospital for Children

This form needs to accompany referrals to the obesity clinic before a patient can be given an appointment

**Criteria for referral: Age < 18 years; BMI  $\geq$  98th percentile for age and sex\*, and serious co-morbidity or complex needs (use assessment criteria below). Any child with a BMI > 40.**

\*This can be calculated using BMI centile charts <http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-chart-resources/uk-who-growth-ch-0>

Name of patient

---

Weight	Height	BMI Percentile
--------	--------	----------------

---

Date of birth	School year	Sex
---------------	-------------	-----

---

Address

---

---

Postcode

Telephone

## 7. Referral forms

### 7.3 Referral form for GPs: 'Care of Childhood Obesity Clinic', Bristol Royal Hospital for Children

Please complete all following questions and take blood pressure (see note over page) and perform a urine analysis:

**1. Are you concerned that your patient might have a genetic cause for their obesity? If so, please include details in a separate referral letter.**

Yes /  No

Indicators might include:

- Learning difficulties
- Visual and hearing difficulties
- Obvious dysmorphic features

**2. Do you suspect an associated endocrine disorder? If so, please include details in a separate referral letter.**

Yes /  No

Indicators might include:

- Recent onset of excessive weight gain in a child previously of normal height.
- Weight and height are disproportionate e.g. short (height less than 50th percentile) and obese. In simple nutritional obesity children are heavy and tall.
- Features suggestive of Cushing's syndrome- all or some of: facial plethora; striae on abdomen, thighs and breasts; moon face; hirsutism; truncal obesity and poor linear growth.
- Features of delayed or precocious puberty? See details over-page.

**3. Is there an increased likelihood of type 2 diabetes? If so, please see below and include details in a separate referral letter.**

Yes /  No

Indicators might include:

- Type 2 diabetes in either parent
- Symptoms of polyuria and polydipsia (requires urgent referral by fax/phone to Dr Shield or colleagues at Bristol Royal Hospital for Children)

**4. Are you concerned that your patient might have one of the rare obesity co-morbidities? If so, please follow the advice below. Please also include details of this in a separate referral letter if still eligible to refer.**

Yes /  No

Indicators might include:

- Symptoms suggestive of sleep apnoea, such as snoring and daytime somnolence. They will need concurrent referral to the sleep clinic.
- Severe headaches that make you concerned about benign intracranial hypertension. They will need referral to a neurologist to rule out benign intracranial hypertension prior to referral to the childhood obesity clinic.

## 7. Referral forms

### 7.3 Referral form for GPs: 'Care of Childhood Obesity Clinic', Bristol Royal Hospital for Children

#### 5. Are you concerned that your patient has an overt eating disorder?

Your referral to the childhood obesity clinic will need to be delayed until the patient has had a thorough assessment from child and adolescent mental health services.

Indicators might include:

- History of binge eating or use of laxatives

#### 6. Is an iatrogenic cause for the obesity possible? E.g. cranial surgery in the past, certain anticonvulsants.

It would be worth discussing this possibility with the relevant hospital specialist to elicit whether the childhood obesity clinic is appropriate. Please include details in a separate referral letter

Test	Result	Test	Glucose present
Blood pressure (cuff size: if child < 55kg use child cuff, 55-110kg, use small adult cuff, if >110kg, use a large adult cuff)		Urine Analysis: Glucose	Yes No

#### Tips for assessing if child in early/ delayed puberty (reference question 2)

##### 1. The following link might help- providing line drawings of the tanner stages of puberty:

<http://www.springerlink.com/content/u458217667341960/fulltext.pdf>

##### 2. See advice in the table below

Sex	Pointers in examination and history
Girl	<b>Precocious:</b> Girls less than 8 years with evidence of breast buds (palpable small swelling directly under the nipple) or pubic hair (initially might be lightly coloured and long). Pubic hair alone may indicate pubarche but this still requires investigation in the children's hospital
Girl	<b>Delayed:</b> Girls aged 13 years without evidence of breast buds or pubic hair growth
Boy	<b>Precocious:</b> Boys less than 9 years with evidence of testicular development (testes > 3mls volume) or pubic hair growth (initially might be lightly coloured, long and at the base of the penis)
Boy	<b>Delayed:</b> Boys aged 15 years without evidence of testicular development or pubic hair growth

Adapted from The Bristol Online Obesity Screening Tool: experience of using a screening tool for assessing obese children in primary care; Sarah E. Owen, Deborah J. Sharp, and Julian P.H. Shield. Primary Health Care Research & Development 2011; 12: 293-300. © The University of Bristol 2008. All rights are reserved. You may reproduce and distribute for clinical purposes, at no charge, provided that this notice is attached to any copies. You may not, without express written permission, exploit the questionnaire for commercial purposes or make any other use of the contents.

# Appendix 1

## Alive 'N' Kicking: Childhood Weight Management Programme Bristol



Alive 'N' Kicking is a specialist children's and young people's weight management programme which adheres to best practice as proposed in the NICE guidelines and draws from available data on what works in intervention programmes. The core of our programme is behavioural change using appropriate goals and an approach which is delivered in a supportive and empathetic way. The programme involves the whole family and includes a process for increasing physical activity in all family members and provides support, education and practical ways to improve family diet. Parents are also invited to lose weight, and this is also a very successful feature of the programme with over half of parents successfully losing weight alongside their children.

The programme team are multidisciplinary though not exclusively medical personnel. There will normally be dietetic overview as well as physiotherapy support where this is necessary. The primary components of the programme are healthy eating and active lives delivered in the context of making better lifestyle choices. Age groups appropriate programmes will be running in Bristol in the following age classifications:

- Toddlers (2- 4 years)
- Infants & Juniors (4 – 11 years)
- Seniors (12 – 16 years)

Alive 'N' Kicking was awarded highly commendable in the National Obesity Forum (NOF) awards for excellence in obesity care in 2006. The programme is designed for overweight and obese children (referral to an appropriate specialist is recommended for children who also have significant comorbidity or complex needs). The programme would normally be run out of a community facility such as a leisure

centre or children's centre; though for older children a more appropriate setting is a leisure facility with a studio and gym facilities

### **Programme Schedule – Infants, Junior and Seniors**

The programme is based upon segments of 12 weeks (3 months) and families commit to attend each week for a one and half hour session. We also provide an additional optional 60 minute weekly physical activity drop in session. All families are encouraged to attend this drop in session and most families do attend on our current programmes. This more flexible model has developed following considerable feedback from parents informing us that two compulsory sessions each week was too onerous and may discourage some from attending. This model has proved far more effective in terms of families completing the programme without a reduction in efficacy.

Families take part in a mixture of activities including nutritional education sessions, physical activity and behavioural change workshops, aimed at removing barriers to change and improving self esteem. The structure of these sessions varies for the different age ranges as follows:

**Infant and Junior programme** Parents take part in an educational and behaviour change workshop each week, and during this time the children take part in a physical activity session (45 - 60mins). Following the activity session there is a short 10 minute group workshop for the children on healthy eating or other lifestyle topics. The activity sessions are play and fun orientated and parents are invited to take part in the physical activity sessions from time to time.

## Appendix 1

### Alive 'N' Kicking: Childhood Weight Management Programme Bristol

**Seniors programme** Families attend the session together each week which includes a 30 minute nutrition and educational workshop, 30 minute exercise session and 15 minute fun Family Challenge exercise. Families are encouraged to work together as a team gaining points in a variety of categories including family and individual activity, weekly weight loss, nutrition quizzes, recipe challenges and the Weekly Family Challenge. A 'Grand Prize' is presented to the family with the highest score at week 12.

There will be food preparation sessions arranged twice during the 12 week programme for all the programmes (Infants, Juniors & Seniors). All families undertake the recipe challenge which involves cooking at home together and working through a series of weekly culinary challenges ranging from homemade beans on toast to more intricate meals such as jerk chicken, rice dishes and healthy bakes. This is designed to build cooking confidence in the confines of the home and to celebrate all progress no matter how small. Families report back on how they all felt about the food, and what part they played in the preparation. A recipe 'stamp card' is provided at week 1 of the programme and when families have cooked 10 recipes they win a prize to celebrate their completion of the recipe challenge.

#### **Programme Schedule – Toddlers and Special Education Needs (SEN) programme**

All these programmes are 6 weeks in duration and have been tailored appropriately to ensure an effective weight management service. The Toddler's programme aims to educate and inform parents on the healthy eating and physical activity guidelines for young children across a series of six interactive

workshops focus on the key factors influencing a child's weight and health including; fussy eating, daily routine, dental health, using food labels, portion sizes, physical activity and sleep.

The SEN programme is delivered to children in schools, and parents are invited to come along to the one hour session a week. This programme runs in addition to the mainstream Alive 'N' Kicking programme ensuring that these children receive additional support where required. Topics include the Eat well plate, understanding food labels, healthy packed lunches, sugary drinks, snacking & fast food and 5 A DAY food tasting.

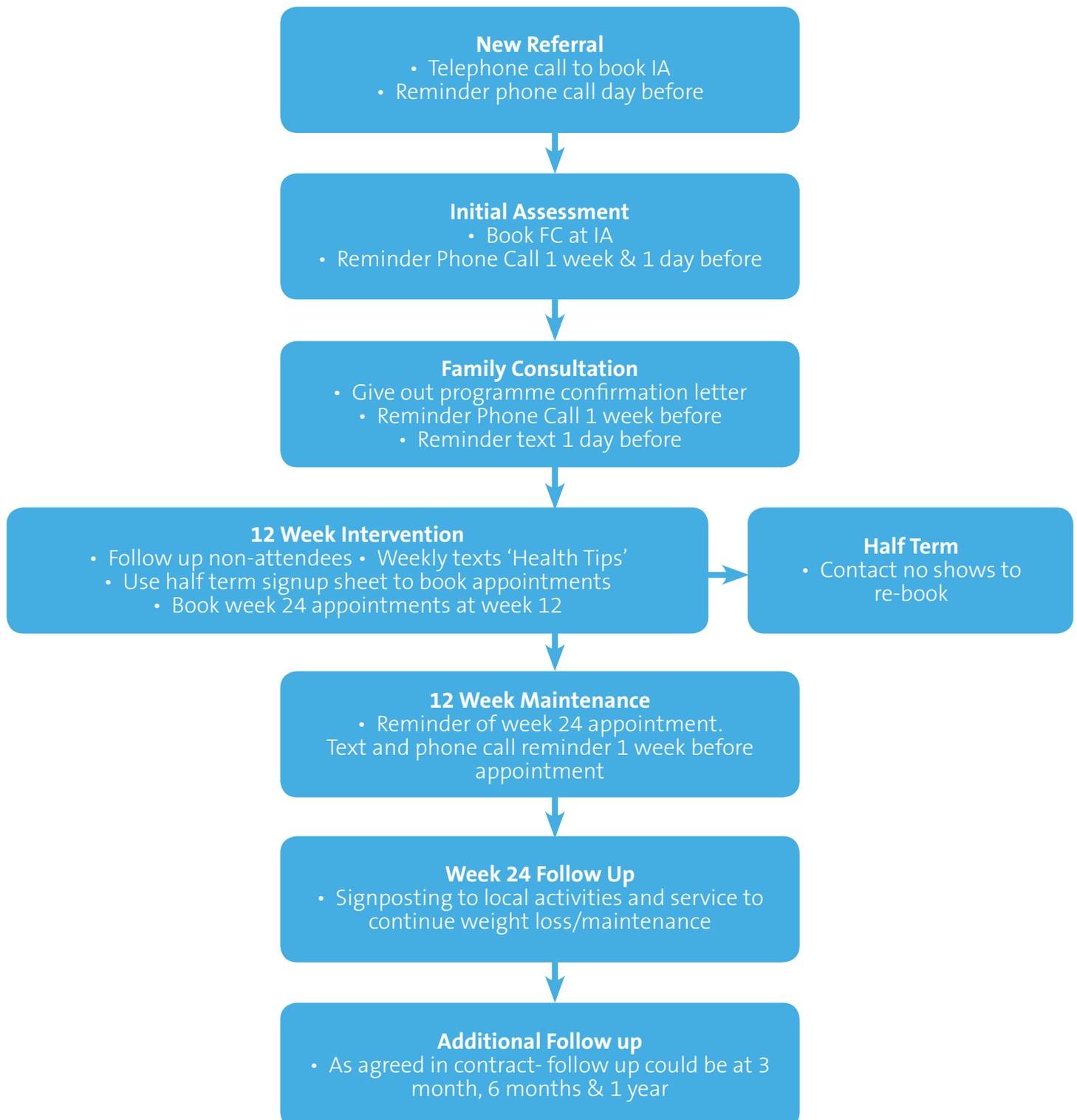
#### **1:1 support and psychological support service**

The 1:1 service will be delivered to families who require additional support, have complex needs or prefer this approach. A consultation would be scheduled with the family to decide on a collaborative approach determining frequency and duration of sessions depending on what the family feels is manageable and on their needs. Our preferred approach would be to offer 6 weekly 1:1 meetings with the client however we would also like to be flexible to account for individual needs. The option for children to also join the optional weekly drop in physical activity session would also be available and would be encouraged. An additional psychological support service will identify children and families that require a higher level of psychological support than is provided in Alive 'N' Kicking prior to their engagement onto the programme.

## Appendix 1

Alive 'N' Kicking:  
Childhood Weight Management  
Programme Bristol

### ANK Care Pathway Children Level 2



# Appendix 2

## Feedback Form

### Bristol Children's Weight Management Care Pathway

#### Feedback form

This care pathway is intended to be a working document. It will be reviewed in May 2014 but if you have comments or feedback prior to this do complete the form below or e-mail Loretta Ingram directly on [Loretta.ingram@bristol.gov.uk](mailto:Loretta.ingram@bristol.gov.uk)

1. Have you found the care pathway useful?  Yes  No

Comments

2. Do you have any suggestions for additional information or services that should be included in the pathway?

3. How could the pathway be improved?