RECORD IMPACT COLLATE DO Collate Health practitioners to use every appointment Using RCPCH growth charts as an opportunity to raise the issue of weight record height and weight No. of children who If followed up Health practitioners Reduction in the Record centile of children. have had their height - collate height work in partnership national prevalence results and weight centile with children and of excess weight in If weight is a concern, you and weight centile changes families to provide children at reception can assess and record BMI assessed resources and and year 6 centile of an individual child Be able to recognise children who are practical support to overweight or very overweight and who are (aged 2 and above) using the a make positive lifestyle and at risk of childhood obesity NHS Choices Healthy Weight number changes Reduced proportion of Calculator, or alternatively children and families follow-up the UK RCPCH BMI growth consuming sugars in Improved health charts, 2-20 years for boys food and drinks No. of parents or literacy If followed up - collate and girls. Weigh and measure a child (aged 2 and carers who have of interactions % change in BMI above) and plot on a growth chart their BMI recorded Improved nutrition where appropriate and diet of child (where and family Reduced hospital Record height, weight and admissions for dental BMI of parents or carers. caries (0-5 years olds) Higher levels of Family weight awareness: both parents or population meeting carers routinely offered BMI measurements bo physical activity where appropriate and The no. of individuals who have received guidelines raise the issue of weight Record whether other impact Increase in proportion you brief advice pathways were used and of 5 year olds free ible) Improved life chances from dental decay which issues were raised (i.e. for children are adult obesity, mental health) q The no. of conversations about the lifestyle Informally assess family physical activity Fewer general levels against guidelines and the frequency generate behaviour change discussed such as limiting Reduced inequalities in anaesthetics for tooth and amount of sugar consumed. If appropriate sugary foods and drinks, increasing fruit and pupil absence rates decay raise the issue of mental wellbeing. Use other vea consumption etc. from school impact pathways as appropriate Fewer missed school Record what brief advice has No. of children and/or adults who have had days and days off for their fruit and vegetable intake or/and sugar been offered to family impact parents Reduced burden consumption assessed (i.e. goals set) and cost to NHS Using the All Our Health Framework and MECC services principles, raise the issue of the child's weight Increased access No. of children and/or adults meeting the with parent/carer. Deliver consistent healthy to other health physical activity guidelines ass weight messages, and offer brief advice by improvement services identifying a lifestyle behaviour change with No. of children es If followed-up, no. of the family that is appropriate to them Categorise the referral referred or individuals who attended S or signposted location (e.g. Greater service ment signposted to other service and duration of school nurse, GP) and record partnerships and services participation clearer referral Referral or signpost to relevant services pathways (e.g. health visitor, school nurse, GP, weight No. of parents or carers referred management or physical activity programmes) or signposted to health improvement who can help provide support and monitoring where appropriate services i.e. weight management

Supportive resources: The Public Health England (PHE) framework 'All our health' has a section dedicated to childhood obesity

*Follow-up is optional and in many cases will not be possible. However, should the opportunity arise, the impact pathway highlights the data that could be collected to further demonstrate impact.

service