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**HEALTHY WEIGHT, HEALTHY
LIVES: NATIONAL CHILD
MEASUREMENT PROGRAMME
GUIDANCE FOR PRIMARY
CARE TRUSTS 2010/11**

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**HEALTHY WEIGHT, HEALTHY
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CARE TRUSTS 2010/11**

Whether you are new to the National Child Measurement Programme (NCMP) or you have been involved in previous years, it is important that you familiarise yourself with this guidance, as it contains important information and may help improve the delivery of the programme locally.

We have published this guidance for the 2010/11 programme earlier in the year than we have done previously. This is to better align the guidance with PCTs' business-planning cycles. We expect to publish supporting guidance for the 2010/11 programme in autumn 2010.

If you have queries about any of the NHS Information Centre's software for sending results letters to parents and uploading data, please telephone **0845 300 6016** or email enquiries@nhs.uk.

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Executive summary

The Government's Healthy Weight, Healthy Lives strategy¹ has made a real difference in bringing together activity from across all parts of society to support us all in reaching and maintaining a healthy weight. Individuals and families have been joining in with Change4life, there are nutrition and physical activity initiatives in schools, and health professionals have been supporting patients who want to lose weight for their health.

We made a commitment to reduce the proportion of overweight and obese children to 2000 levels by 2020 and the latest data from the National Child Measurement Programme (NCMP) and the Health Survey for England show that the rapid rise in childhood obesity is levelling off, thanks to the hard work of families, schools, businesses and the NHS across England, supported by the Government.

But if we are to realise our ambition to enable everyone in society to achieve and maintain a healthy weight, we mustn't become complacent. The NCMP is an important part of the Government's Healthy Weight, Healthy Lives strategy and is overseen by the Cross-Government Obesity Unit (Department of Health (DH) and Department for Children, Schools and Families (DCSF)). Every year, children in reception year and year 6 are weighed and measured as part of the NCMP and this action is also part of the Healthy Child Programme.²

Local areas use the NCMP data to set and monitor local goals for tackling childhood obesity and to target services to populations most in need. Through the NCMP, primary care trusts (PCTs) engage with parents and carers by sending them their child's results and offering information, advice and services which provide an opportunity for families to make lifestyle changes.

The NCMP is now a well-established programme and will begin its sixth year in September 2010. High participation rates reflect the continued effort of those involved at both local and regional levels. We would like to thank all PCTs, schools and other organisations and staff who have worked hard on the programme.

This guidance sets out advice on how PCTs and local authorities should implement the NCMP. We expect to publish further guidance in autumn 2010 to supplement this document.

1 HM Government. *Healthy Weight, Healthy Lives: A cross-government strategy for England*. January 2008. www.dh.gov.uk/en/PublicHealth/Healthimprovement/obesity/index.htm.

2 DH and DCSF, *Healthy Child Programme: From 5–19 years old*, October 2009, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566

1 Introduction

1.1 Purpose of this guidance

- 1.1.1 This guidance sets out advice on how PCTs and local authorities should implement the NCMP. It has been updated following input and feedback from those delivering the programme and takes account of lessons learned in previous years. We expect to publish further guidance in autumn 2010 to supplement this guidance.
- 1.1.2 This guidance provides advice to PCTs and partners on:
- arrangements for measuring the height and weight of primary and middle school-age children and recording the data locally;
 - submitting data to the NHS Information Centre (NHS IC)³ and the data validation process;
 - sending parents and carers their child's results (whether routinely or on a request-only basis);
 - following-up children who are underweight, overweight or obese;
 - where to access further information and resources; and
 - key dates for 2009/10 and 2010/11.
- 1.1.3 This is not statutory guidance. The National Child Measurement Programme Regulations 2008 ('the Regulations'), which provide for the weighing and measuring of children in schools by PCTs, are made under the National Health Service Act 2006 and outline certain provisions that must be adhered to.
- 1.1.4 Updated guidance for schools for 2010/11 is available at www.teachernet.gov.uk/ncmp [DN: Gillian to provide new link]

1.2 Healthy Weight, Healthy Lives

- 1.2.1 The Government has an internationally recognised strategy in Healthy Weight, Healthy Lives to work with partners to tackle obesity, to support us all to reach and maintain a healthy weight and to reduce the proportion of overweight and obese children to 2000 levels. The strategy has made a real difference in bringing together activity from across all parts of society to support us all in reaching a healthy weight.

³ The NHS Information Centre (www.ic.nhs.uk) is a special health authority created in April 2005 out of the former NHS Information Authority and the Department of Health Statistics Unit. Its primary aim is to drive the use of information to improve decision making and deliver better care.

- 1.2.2 Latest data from the NCMP and the Health Survey for England show that the rapid rise in childhood obesity is levelling off. However, childhood obesity levels are still too high and levels are still rising in teenagers and adults, so we mustn't become complacent if we are to realise our ambition to enable everyone in society to achieve and maintain a healthy weight.
- 1.2.3 Nationally, success in meeting this ambition and the Public Service Agreement (PSA) to improve the health and wellbeing of children and young people (PSA 12)⁴ will be measured using Health Survey for England data for the prevalence of overweight and obesity in children. Locally, PCTs and local authorities use NCMP data to set local goals, agree them with strategic health authorities (SHAs) and Government Offices and to monitor performance.
- 1.2.4 Childhood obesity is a national and local priority, as demonstrated by:
- 125 out of 152 local authorities including a childhood obesity indicator in their Local Area Agreements (LAAs);
 - its inclusion as a national priority in the NHS Operating Framework and vital signs;⁵
 - its inclusion in the top ten priorities identified as a World Class Commissioning indicator by PCTs; and
 - the Children's Plan⁶ recognising childhood obesity as one of the most serious challenges for children and recognising that it is linked to a number of poor outcomes – physical, social and psychological.

1.3 Purpose of the NCMP

- 1.3.1 The NCMP is an important part of the programme of work to implement the Healthy Weight, Healthy Lives strategy and is overseen by the Cross-Government Obesity Unit (DH and DCSF). Every year children in reception year and year 6 are weighed and measured as part of this programme.

4 See www.hm-treasury.gov.uk/pbr_csr07_psabetterqualityoflife.htm

5 DH and NHS, *The Operating Framework for the NHS in England 2010/11*, December 2009.

6 See www.dcsf.gov.uk/childrensplan

- 1.3.2 Local areas use the NCMP data to set and monitor local goals for tackling childhood obesity and to target services to populations most in need. Through the NCMP, PCTs engage with parents and carers by sending them their child's results and offering follow-up information, advice and services, assisting families to make lifestyle changes if they choose to.
- 1.3.3 To ensure that the data collected provide an accurate picture of the population, PCTs and local authorities should work to maximise participation. PCTs, working with partners, should aim to achieve or maintain participation rates by eligible children in the region of at least 85% and, where possible, build on higher participation rates achieved previously. Data can be submitted to the NHS IC at any time throughout the 2010/11 school year, and the deadline for uploading data is **2 September 2011**.

1.4 Progress to date on the NCMP

- 1.4.1 The NCMP is now a well-established programme and will begin its sixth year in September 2010. The high participation rate achieved since 2006/07 reflects the continued efforts of those involved at both local and regional levels. The following box shows key findings from the 2008/09 programme.⁷
- 1.4.2 We would like to thank all PCTs, schools and other organisations and staff who have worked hard on the programme at regional and local levels.

⁷ NHS Information Centre, National Child Measurement Programme: England, 2008/09 school year, headline results, December 2009, www.ic.nhs.uk/ncmp

NCMP 2008/09: Key findings

- The results are encouraging, and provide further evidence that the rise in childhood obesity is levelling off, as there has been **little or no change in the prevalence of overweight and obese children in either age-group**, compared with the NCMP results from the previous two years (2006/07 and 2007/08).
- These findings together with those from the Health Survey for England 2008 provide encouraging evidence that the rapid rise in childhood obesity (2–10 year-olds) has levelled off.
- Even though the rise in childhood obesity is stabilising, **the level of childhood obesity is still high (with nearly one in three children overweight or obese by the age of 11 years)**. This means that we need to keep the momentum going to maintain and build on gains already made.
- In a clear demonstration of close co-operation on the ground between PCTs and schools **90% of eligible children** (in reception year and year 6) – **more than 1 million children** – had their weight and height recorded, exceeding the national goal of 85% participation. This means that we have reliable data with which to monitor progress towards tackling childhood obesity.

1.5 Routine feedback and proactive follow-up

1.5.1 As announced in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* in January 2008 and reiterated in *Healthy Weight, Healthy Lives: Two Years On* in March 2010, the Government wants to ensure that parents and carers routinely receive their child's results from the NCMP, regardless of their weight, and the NHS Operating Framework 2009/10 states that PCTs may want to share results from the NCMP with parents. This is because:

- national research with parents and carers has indicated that they want to receive the results;
- research shows that very few parents and carers can identify if their child is overweight, and so sharing these results is an important way to help keep them informed; and
- providing parents and carers with their child's results is a vital way of engaging with children and families about healthy lifestyles, weight issues and available local services.

1.5.2 **We encourage all areas to implement routine feedback for the 2010/11 NCMP, to proactively follow up children identified as being**

underweight, overweight or obese. Section 3 of this document provides information on how to implement this in your PCT.

1.5.3 We know that the majority of PCTs are now routinely sending results to parents in 2009/10. The results of our study⁸ on four PCTs' early experiences of routine feedback showed that:

- the overwhelming majority of parents responding to the survey agreed with the results and found the letter and tips on healthy eating and being active helpful. Parents of overweight children were more likely to be less satisfied;
- parents with children in the overweight categories often reported being surprised by the results; very few had had concerns about their child's weight before receiving the results letters;
- some parents found the tone of the letter harsh, although some appeared to have been shocked by the language into acknowledging their child's weight status;
- almost a third of parents reported that they planned to take action because of the letter, particularly parents of overweight and underweight children; and
- most parents reported that the results had had a positive effect on them.

8 Thomas Coram Research Unit and Institute of Education, University of London, *The National Child Measurement Programme: Early experiences of routine feedback to parents of children's height and weight*, January 2010, www.dh.gov.uk/en/Publichealth/Healthimprovement/Healthyliving/DH_110447

Case study: A parent's view on receiving the results letter, NHS Walsall

Ms Brown was one of thousands of mothers who received a results letter sent by NHS Walsall. It included contact details for the local NHS, where parents and carers can get advice and support on helping their child to achieve a healthy weight. Ms Brown therefore decided to contact her local NHS for advice.

'To be honest, I had acknowledged myself that his weight was becoming a problem,' she explains. 'Now we have made some positive changes as a family. As a single mum working full time, because I'm not able to spend as much time with my kids as I would like, I buy treats like chocolate and their favourite crisps to make me feel better and less guilty. I do cook really healthy family meals but I know it's the snacks and lack of exercise that have contributed to the gradual weight gain.'

After receiving the letter, Ms Brown has made some small but significant changes to her family's lifestyle. 'I haven't made a big deal out of it, I have made it a family "getting healthy" for all of us,' she says. 'As a family, we are now trying to take more exercise together. We go walking, swimming and bike riding and I am not buying the chocolate any more. The kids have a choice of fruit and yoghurt for dessert and fruit for snacks.'

The family are really enjoying their new lifestyle, especially since it means they spend time doing fun things together such as taking long walks. 'I haven't cut out all the treats as we are aware that gradual changes are better,' says Ms Brown. 'Things are going really well for us and we are all feeling a lot happier. I just hope we can maintain it!'

- 1.5.4 In addition to routine feedback of results to parents, many areas are now also proactively following up children identified as being underweight, overweight or obese. We have commissioned a study of four PCTs that have been early implementers of proactive follow-up, and will share the findings of this when available in summer 2010.

1.6 NCMP key dates for 2009/10 and 2010/11

1.6.1 Below is a table outlining the expected key dates for the NCMP in 2009/10 and 2010/11.

Date	NCMP 2009/10	NCMP 2010/11
March 2010		NCMP guidance for PCTs issued
April 2010		NCMP guidance for schools issued
September 2010	3 September 2010 – last day to upload NCMP 2009/10 data	Academic year starts – PCTs can weigh and measure children throughout the school year NHS IC tools and editable specimen results letter available Supplementary guidance expected
December 2010	2009/10 national report and online mapping of results published Public Health Observatories (PHOs) provided with data by NHS IC, and PCTs to have access to their own final validated dataset from their PHO	
September 2011		2 September 2011 – last day to upload NCMP 2010/11 data
December 2011		2010/11 national report and online mapping of results published PHOs provided with data by NHS IC, and PCTs to have access to their own final validated dataset from their PHO

2 Planning for the measurement

2.1 Which children should be measured?

- 2.1.1 PCTs should measure all children in reception year (generally aged 4–5 years) and year 6 (generally aged 10–11 years) who are pupils within the eligible schools in their area.

2.2 Which schools should be included?

Maintained schools within the PCT boundary

- 2.2.1 Every maintained primary and middle school within the PCT boundary should be included. PCTs will receive a list of maintained schools within their PCT boundary in the IC's upload tool. Schools can be added or removed from the list according to which schools the PCT routinely works with and whether any schools have closed or new schools have opened. When submitting the data, PCTs will be asked to confirm that removed schools in their area are being covered by other PCTs or that they are no longer open.
- 2.2.2 When the data are submitted, the schools list will be checked centrally and any schools that have not been selected by any PCT will be assigned according to the boundary within which they fall.

Independent and special schools and children with physical disabilities

- 2.2.3 Measurement in independent and special schools is encouraged where possible. Data from these schools will be included in the national database and provided back to PCTs. However, since some PCTs do not have established relationships with these schools, they will not be included when calculating participation rates, nor will they be included in the national report.
- 2.2.4 Whichever type of school they attend – whether mainstream, independent or special – **only children able to stand on weighing scales and height measures unaided should be weighed and measured for the NCMP; children who are unable to do so are legally exempt from participation and should not be included.** They should also be excluded from the total eligible for measurement in that school.
- 2.2.5 Under the Disability Discrimination Act 1995, PCTs have a duty to make reasonable adjustments in the way they deliver the NCMP to children with physical disabilities and special educational needs. Care should be taken to avoid stigmatising any children who are unable to participate and to deal sensitively with any children who have particular needs. PCTs should work

closely with schools to ensure that all children who want to take part are able to do so, catering for the specific needs of individual pupils wherever possible.

- 2.2.6 The small number of children who are unable to take part in the NCMP due to their disability should not be deprived of the potential benefit of their parents or carers receiving information and healthy lifestyle advice. While many parents and carers of seriously disabled children are likely to be in regular contact with health and social care services, it should not be assumed that they already know whom to contact if they have concerns about their child's weight. Any interventions aimed at promoting healthy weight in children should be offered in all schools according to need and priority, regardless of whether they have been included in the NCMP.
- 2.2.7 A template letter is available at Annex 4 for PCTs to send to parents and carers to outline the aims of the NCMP and explain why their child will not be asked to participate. Parents and carers should be offered the same advice and support about healthy lifestyles as that received by other parents and carers. Where possible, they should be offered an alternative weighing and measuring service and be given details of how to get further advice, including specialist advice appropriate to the child's circumstances.
- 2.2.8 Some children may be able to stand unaided on scales and the height measure, but have medical conditions that mean accurate results cannot be taken, for example cerebral palsy, or have a leg in plaster, or a prosthetic leg. Staff may wish to include these children in the measurement process so they do not feel excluded from an activity that most of their classmates are participating in. However, their measurements should not be included in the upload to the NHS IC or the results sent to their parents, since the simple height and weight measurements are unlikely to accurately reflect the individual's body mass index (BMI).

2.3 Staff, training and equipment

Staff

- 2.3.1 The Regulations provide that:
- the child must be able and willing to stand unaided on the scales and under a height measure;
 - the parent must not have withdrawn the child from participation in the weighing and measuring exercise;
 - the exercise is conducted in a room or screen area where the information is secure and cannot be seen or heard by anyone who is not assisting in the exercise or overseeing it; and

- the arrangements for the programme must be managed by a relevant health professional working for the PCT. In practice, this means that a health professional, such as a school nurse lead or a dietitian, should oversee the whole programme by co-ordinating and training staff, engaging with schools and ensuring that the data are submitted to the NHS IC on time.
- 2.3.2 Best practice dictates that at least two staff members should run each measurement session to help ensure that the measurements are recorded accurately.
- 2.3.3 All staff who weigh and measure children as part of the NCMP should have Enhanced Criminal Records Bureau clearance, in keeping with current safeguarding legislation requirements.⁹

Training

- 2.3.4 PCTs should provide appropriate training for staff undertaking the measurement of children and the recording and uploading of data. A five-minute web-based training resource is available at www.dh.gov.uk/healthyliving or can be ordered on DVD by emailing ncmp@dh.gsi.gov.uk
- 2.3.5 A training directory listing providers that run courses on the prevention and management of obesity is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097486. This resource is for people working in PCTs and local authorities who commission public health services.
- 2.3.6 Four audio podcasts are available free of charge on the BMJ Learning website. They were developed by BMJ Learning in collaboration with the Cross Government Obesity Unit and cover discussions with clinicians working in obesity, providing information on:
- the importance of a healthy weight and the health implications of being overweight for both adults and children;
 - how to sensitively and confidently raise the issue of weight;
 - delivering brief interventions;
 - care pathways; and
 - multidisciplinary teams and management of healthy weight.

⁹ Department for Education and Skills, *Child Protection: Preventing Unsuitable People from Working with Children and Young Persons in the Education Service*, May 2002, www.teachernet.gov.uk/docbank/index.cfm?id=2172.

To access the modules, go to www.learning.bmj.com and search 'obesity'. The podcasts are called:

- Obesity in children: assessment and management;
- Obesity in adults: assessment and management;
- Obesity: a multidisciplinary approach (part 1); and
- Obesity: a multidisciplinary approach (part 2).

Equipment

- 2.3.7 Accurate measurement depends on the correct use of good quality equipment. Scales should be properly calibrated.
- 2.3.8 An approved list of weighing scales can be viewed at www.dh.gov.uk/healthyliving; however, this list is not exhaustive. If PCTs are using, or planning to buy, scales that are not on the list, they should ensure that the product is CE marked with the last two digits of the year of manufacture (e.g. CE07 for a product manufactured in 2007); has a black 'M' on a green background; and has a four-digit number identifying the notified body.¹⁰
- 2.3.9 For calibration purposes, Class III scales purchased after 1 January 2003 should be checked to their full capacity annually either by recognised Weighing Federation members or by electro-biomedical engineering (EBME) technicians using traceable weights. If the scales display weights within in-service tolerances, they should then be usable throughout the year. If not, they must be taken out of service and returned to an approved body for calibration and verification. If at any time there is reason to believe that the weighing equipment may be inaccurate, it should be recalibrated.
- 2.3.10 Scales purchased before 1 January 2003, and therefore falling outside the criteria of EU Directive 90/384/EEC, can be checked and/or calibrated annually by EBME workshop staff with access to traceable weights. If you have traceable weights, you could consider more frequent checks but, in general, scales checked annually can be confidently used for the rest of the year.
- 2.3.11 In May 2008 and again in March 2010, DH issued an alert, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/dh_114048.pdf, regarding the need to use Class III scales in certain settings. This applies to the NCMP, so all PCTs should be using Class III scales. If equipment with switchable readings (i.e. imperial and metric) is in use, the switching facility

¹⁰ If you are uncertain about the suitability of scales, contact your local Trading Standards office for further advice. Go to www.tradingstandards.gov.uk and enter your postcode for the nearest Trading Standards office.

should be disabled to ensure that only the metric reading is available. If weighing equipment with dual readings is in use which cannot be converted to metric reading only, it should be replaced as a priority.

- 2.3.12 Height should be measured with a correctly assembled stand-on height measure. Wall-mounted, sonic or digital height measures should not be used.
- 2.3.13 Measurements should be entered directly into a Microsoft Excel spreadsheet, rather than being recorded on paper. We recommend using the 'data entry aid' available at www.icweb.nhs.uk/ncmp to record measurements. This means that data can then be easily copied and pasted into the NHS IC's tools (Section 5), so that results do not need to be written out and then typed, thus reducing the potential for introducing errors.
- 2.3.14 We do not recommend the use of scales that measure height and weight simultaneously and automatically calculate BMI.

2.4 Working with schools and parents/carers

Schools

- 2.4.1 Most PCTs now have good working relationships with schools with respect to the NCMP. Experience gained over past years of the NCMP shows that PCTs with close working relationships with schools have achieved higher participation rates.
- 2.4.2 PCTs may wish to liaise with their local authorities about contacting schools in their area, or contact the schools directly. The school should provide the PCT with a named contact and agree plans for carrying out the NCMP, including arranging a date and time for the measurement to be undertaken and asking schools to prepare the list of data fields for the PCT.
- 2.4.3 In some areas, local authorities will be able to provide information centrally or will help to address any difficulties that schools encounter. A specimen letter for PCTs to send to school headteachers and boards of governors is provided at Annex 2.
- 2.4.4 PCTs and schools should continue to work together to ensure that parents and carers are informed about the NCMP and have the opportunity for their children to participate or opt out. They should do this by ensuring that letters are sent to parents and carers (a specimen letter is provided at Annex 3).
- 2.4.5 PCTs may want to undertake the measurements as part of other Healthy Child Programme activities in the school, such as the recommended health assessment at school entry or other activities with year 6. To support health reviews at school entry and transition to secondary school, the Healthy Child

Programme committed to developing and testing evidence-based questionnaires and, subject to successful piloting, to making these questionnaires available for national use to encourage adoption of this approach and the promotion of best practice. The pilot will take place in 2010/11 and relevant links will be made to the NCMP.

- 2.4.6 PCTs should aim to share anonymised NCMP results with schools. Further guidance on this is given in Section 6.2.
- 2.4.7 See Annex 6 for further information about the role of schools in the NCMP. Separate guidance for schools is available at www.teachernet.gov.uk/ncmp.

Parents and carers

- 2.4.8 From research we have commissioned, it is clear that the majority of parents and carers welcome feedback about their child's results in a way that is sensitive and non-stigmatising. PCTs should inform parents and carers about the programme using the pre-measurement letter at Annex 3, which includes information stating that the parents will receive their child's results from the NCMP. PCTs that are not yet able to implement routine feedback should invite parents to request the results if they want to receive them.
- 2.4.9 When sending out the pre-measurement letters, we recommend that PCTs also send parents and carers the 'Healthy Weight, Healthy Lives: Why your child's weight matters' leaflet (which can be ordered from DH Publications (www.orderline.dh.gov.uk) and viewed at www.dh.gov.uk/healthyliving).
- 2.4.10 PCTs and schools can help to maximise participation by:
- ensuring that parents and carers are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process;
 - reassuring parents and carers that their child's measurements will not be revealed to anyone else in the school; and
 - emphasising the context of promoting healthy lifestyles, especially healthy eating, physical activity and healthy weight.

3 Carrying out the measurements

3.1 Setting up

- 3.1.1 The measurements should be done in a room or screened-off area where the information on the measurements is secure and cannot be seen or heard by anyone who is not assisting in the conduct of the exercise or overseeing it. With the school's help, locate a private setting in which to do the measurements. In the exceptional case that a separate room is not available, a screened-off area of the classroom can be used.
- 3.1.2 Practitioners should ensure that the height measure is correctly assembled and is placed on a firm, level surface with its stabilisers resting against a vertical surface (wall, door, etc.) to ensure maximum rigidity. They should also ensure that the calibrated weighing scales are placed on a firm, level surface, with the read-out display concealed from the participating child and others.
- 3.1.3 The height and weight displays on the measurement equipment should not be visible or audible to anyone apart from the person recording measurements. Measurements should not be shared with teaching staff.
- 3.1.4 Staff taking the measurements should be provided with a password-protected laptop to enable them to enter the data directly into the 'data entry aid' (a prepared Excel spreadsheet) available at www.icweb.nhs.uk/ncmp. We encourage PCTs to avoid the use of paper records, as the need to transfer data to electronic records may give rise to the introduction of errors.

3.2 Measuring weight and height

- 3.2.1 Children respond pragmatically and positively to being weighed and measured if the measurement is carried out sensitively.¹¹ Privacy while being measured is important to both parents/carers and children.¹² Staff should be aware that children can be sensitive about their height or weight, or both, and should recognise that weighing and measuring children could accentuate these sensitivities, particularly for older children.

11 National Children's Bureau, *A report for the Children's Commissioner's Office on NCB's consultations with primary school children on measuring children's height and weight in school*, December 2005, www.11million.org.uk

12 Department of Health, *Research into parental attitudes towards the routine measurement of children's height and weight*, prepared for DH by BMRB Social Research, March 2007, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080600

- 3.2.2 All anxieties should be appropriately and sensitively addressed during the measurement and children's privacy, dignity and cultural needs should be respected at all times. **Under no circumstances should a child be coerced into taking part.**
- 3.2.3 We have developed a child's information flyer and stickers to encourage participation. See Annex 8 for information about how to order these.
- 3.2.4 Children should not be informed of their own results during the measuring process, and individual results will not be given to school staff. This is to minimise stigmatisation of the child and to ensure confidentiality of the data. Any concerns about a child's weight status should be followed up via the parents according to local care pathways (see Section 4).

Measuring weight

- Ask the child to remove their shoes and coat. They should be weighed in normal light indoor clothing.
- Ask the child to stand still with both feet in the centre of the scales.
- Record the weight in kilograms to the first decimal place – i.e. the nearest 0.1kg (e.g. 20.6kg). **Measurements should not be rounded to the nearest whole or half kilogram.**
- Individual results should not be fed back directly to the school or to pupils, and children should never be told the measurements of other children.
- Children's BMI should not be calculated at the point of measurement.

Good practice tip

Analysis from 2006/07 showed that most children who were not measured were absent and had not opted out. To achieve higher participation, some PCTs undertake a second visit to schools to measure these children.

Measuring height

- Ask the child to remove their shoes and any heavy outdoor clothing that might interfere with taking an accurate height measurement.
- Ask the child to stand on the height measure with their feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed, and their bottom and shoulders should touch the vertical measuring column.
- To obtain the most reproducible measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal (see Figure 1). The measuring arm of the height measure should be lowered gently but firmly on to the head before the measurer positions the child's head in the Frankfurt Plane.
- Ideally, one staff member will ensure that the child maintains the correct position while the other reads the measurement.
- Record the height measurement in centimetres to the first decimal place – i.e. nearest millimetre (e.g. 120.4cm). **Measurements should not be rounded to the nearest whole or half centimetre.**
- After recording the height and weight measurements, do not comment on the measurements. Neutral statements, such as 'thank you' and 'would you now please step off', are appropriate.
- Whenever possible, measurements should be repeated to ensure accuracy.
- Results should not be fed back directly to the school or to pupils, and children should never be told the measurements of other children.

3.3 Data to be collected by the PCT and submitted to the NHS Information Centre

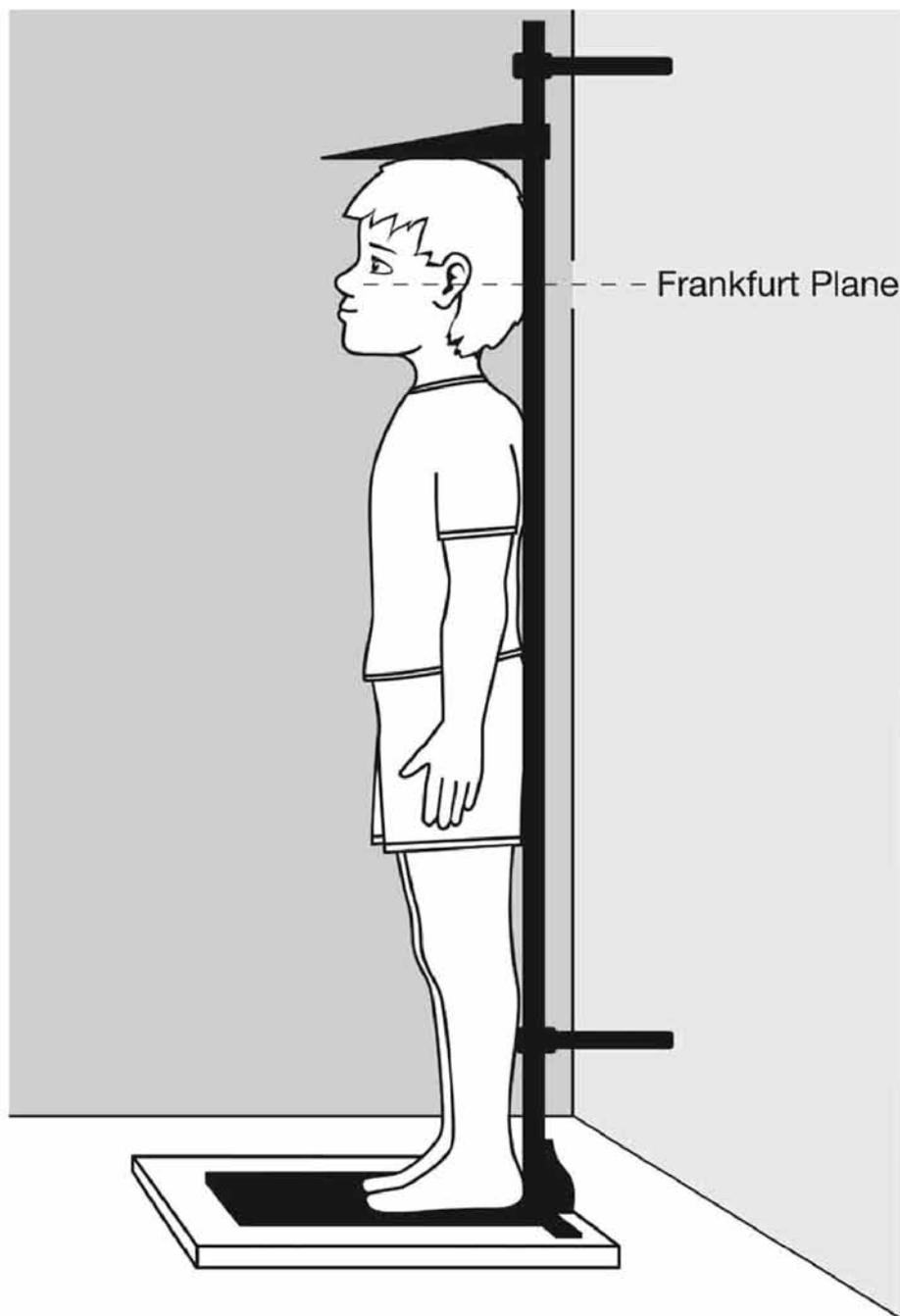
- 3.3.1 The NHS IC manages the central collation and validation of NCMP data, and PCTs should aim to collect and submit to the NHS IC the essential and supplementary data elements listed at Annex 1.
- 3.3.2 Pupils' names and addresses will be used by the PCT only to enable parents and carers to receive their child's results and follow-up advice and support. The NHS IC will not receive names or full addresses and will only receive information in a non-identifiable format. All the NHS IC's analysis will be aggregated so that no individual can be identified.
- 3.3.3 Postcodes and ethnicity codes are collected to enable a richer analysis of trends using ethnicity and deprivation. Postcodes and ethnicity codes are not

used by the NHS IC to identify individual children, and safeguards are in place to protect against this. **Postcodes and ethnicity codes should not be obtained by asking pupils or assigned by the observer.**

- 3.3.4 **The PCT can process identifiable data** for the purpose of providing results to parents or for providing follow-up advice, information and support for children who are underweight, overweight or obese. This may include holding that data on the PCT child health record for that purpose. Data held locally should be stored according to local information governance standards.
- 3.3.5 We encourage PCTs, where possible, to use electronic (e.g. an Excel spreadsheet) rather than paper records when recording height and weight, to reduce errors when transferring data. Heights and weights should be recorded on to a record that is pre-populated with the appropriate data fields – i.e. school name and unique reference number and pupil name, sex, date of birth, date of measurement and home address and postcode. Ethnicity should be collected where available from the school or child health records.

Figure 1: The Frankfurt Plane

The Frankfurt Plane is an imaginary horizontal line that passes through the inferior margin of the left orbit and the upper margin of the ear canal. This means that the ear hole should be lined up with the bottom of the eye socket. This position will allow the crown of the head to raise the measuring arm of the height measure to the child's true height.



4 After the measurement: results letters and proactive follow-up

4.1 Background

- 4.1.1 Research has shown that parents and carers want to receive their child's results from the NCMP. Through sharing results, and providing other useful information, the NCMP helps engagement with families about healthy lifestyles and weight issues.
- 4.1.2 Research also suggests that parents expect to be contacted by their local NHS, in addition to receiving the letter, if a potential problem is identified with their child's weight even when the results letter clearly states that parents should contact the PCT for further follow-up.
- 4.1.3 We strongly urge PCTs to routinely send parents their child's results in a letter, but also to proactively contact parents of children identified as having a potential weight issue to offer personalised advice and support according to local care pathways.
- 4.1.4 Resources and tools to support routine feedback and proactive follow-up are listed at annexes 8 and 9.

4.2 Using the NHS IC tool to generate results letters

- 4.2.1 We recommend that PCTs use the NHS IC's tool to generate results letters for parents (see Section 5). This tool uses the UK 1990 clinical thresholds to define overweight and obesity (different from the population-monitoring thresholds used in the NHS IC's national report), and will enable PCTs to automatically populate an editable template letter with children's results.
- 4.2.2 The template letter has been developed in consultation with parents and child health experts, taking account of feedback from PCTs. It can be edited by PCTs so that it is locally relevant.
- 4.2.3 The NHS IC are re-developing the existing parental feedback tool during 2010 to improve the performance of the NCMP system. Any changes this introduces will be communicated to PCTs.
- 4.2.4 It is recommended that, following the production of letters, PCTs check approximately one out of every ten letters printed to ensure that the information has come through as expected. Checking the contents of the letter against the information entered into the tool would be the desired method, with particular attention paid to address details, dates of birth and measurements.

- 4.2.5 The NCMP parental feedback tool will be available in **September 2010** from the NHS IC website at www.icweb.nhs.uk, along with guidance on how use to it.

4.3 How and when to send results to parents and carers

- 4.3.1 **The results letters should be posted to parents and carers**, and should not be sent home via pupil post. This is to mitigate the risk of the results getting into the hands of children's peers, resulting in comparisons of results and potential bullying.
- 4.3.2 To ensure that the results are meaningful, results letters should be sent to parents and carers as soon as possible – and at most within six weeks – after the measurement.

Good practice tip

PCTs should ensure that the words 'Private and Confidential' are included on the envelope, along with a return address.

- 4.3.3 The editable template results letter is addressed to the 'Parents/carers of [child name]'. This is because PCTs are unlikely to be able to access the name of the parent or carer.

4.4 Accompanying information for parents and carers

- 4.4.1 We recommend that PCTs include the 'Top tips for top kids' leaflet, which is aligned to the messages of Change4Life, when sending results to parents. PCTs can order this leaflet from the DH Publications orderline.¹³
- 4.4.2 Examples of locally developed resources are available on the DH website at www.dh.gov.uk/healthyiving under 'NCMP resources for delivery: leaflets, flyers film clips'.

4.5 Follow-up of underweight, overweight or obese children

- 4.5.1 Parents of children identified by the PCT as being underweight, overweight or obese should be contacted (by telephone or letter) in addition to the results

¹³ The leaflet and details of how to order it can be viewed at www.dh.gov.uk/en/Publichealth/Healthimprovement/obesity/DH_103939.

letter and offered personalised advice and support on helping their child achieve and maintain a healthy weight.

- 4.5.2 We have commissioned a study of four PCTs that have been early implementers of proactive follow-up and will share the findings of this when available in summer 2010.
- 4.5.3 **We strongly encourage all local areas that do not yet have services in place to provide personalised advice and support to children identified as underweight, overweight or obese to ensure that such services are available for children and their families to allow proactive follow-up.**

Case study: Pilot of proactive follow-up of children, Nottingham

In the 2008/09 school year, NHS Nottingham City, in addition to sending NCMP results to parents of all children measured, piloted the proactive follow-up of overweight or obese children in two schools with a high prevalence of obesity.

The follow-up consisted of a school nurse telephoning families of overweight or obese children within a week of measurement to explain the results, assess willingness to change, and offer a 30-minute clinic appointment to discuss individual issues and offer first-line advice. At the clinic appointment, personalised advice was given along with Change4Life tips, information about local leisure facilities and details of healthy weight programmes. In a few cases, a further appointment was offered to allow a more detailed assessment and specialist referral if appropriate. Otherwise, families were offered a final follow-up call ten days later to assess progress and signpost ongoing support.

Parents reported that they had benefited from the process, and staff regarded the experience positively. For 2009/10, NHS Nottingham City has extended the pilot to four schools and is undertaking a more detailed evaluation.

5 Data upload and validation

5.1 Submitting your data to the NHS IC

5.1.1 PCTs will need to use the NHS IC's NCMP upload tool to submit their data to the NHS IC. The tool will be redesigned for the 2010/11 programme to make it simpler and faster to use.

5.1.2 Uploading data to the NHS IC should be undertaken by someone with a good knowledge of Microsoft Excel. The NHS IC should be able to provide advice and assistance with data entry and validation.

5.1.3 **Pre-upload data checking:** once the data have been entered into the upload tool, the tool will require PCTs to carry out some checks and validation **before** submitting their data to the NHS IC.

- Records with variables that do not meet the required conditions will be flagged for correction.
- A report will provide PCTs with a range of indicators to check the quality of the whole dataset.

Once the PCT has corrected all flagged records and checked that the indicators in the dataset quality report are within acceptable ranges, it can upload the data to the NHS IC.

5.1.4 During the upload, identifiable fields (postcode and date of birth) will be encrypted so that they cannot be viewed by NHS IC staff.

5.1.5 After upload, PCTs will be sent an automated summary report of their data and be given the opportunity to confirm they are satisfied with their final dataset, or to make any final changes within a given timeframe.

5.1.6 **Post-upload data checking:** after a PCT has submitted data to the NHS IC, the two contacts provided by the PCT in the tool will receive an email from the NHS IC, notifying them that a data quality report is ready for them to view on the NHS IC website. The PCT contacts should log on to the NCMP website and click the 'Check your uploaded data' tab at the top to view the following:

- the number of records held in the NCMP database for that PCT;
- a list of the records that will be removed because they are an extreme and therefore likely to have been misreported; and
- a range of data-quality indicators for PCT checking.

- 5.1.7 After viewing the report, PCTs will be able to make any necessary changes or corrections to their data before re-submitting it to the NHS IC. A PCT can do this any number of times within the given timeframe.
- 5.1.8 Once the PCT is satisfied with the data held by the NHS IC and has completed the necessary data-quality checks, it must confirm that its data is 'final' on the website where the report is held. If the PCT does not confirm this within the given timeframe, the NHS IC will use the dataset submitted on the assumption that the PCT is content with the data.
- 5.1.9 On receiving PCT confirmation, the NHS IC will do some final checks on the data. The NHS IC will generally contact PCTs directly about any validation issues that arise. **Some of these checks only happen in the analysis for the report and do not involve feedback or a chance to make changes.**
- 5.1.10 Full details of the NHS IC's data cleaning and validation process are available in the document *National Child Measurement Programme: NHS Information Centre validation process for NCMP data*.¹⁴ A flowchart summarising the validation process is provided at Annex 7 of this document.
- 5.1.11 Full guidance on using the 2010/11 tool will be available on the NHS IC website at www.icweb.nhs.uk/ncmp once the tool is available in September 2010. Further details about using the tool and the data upload and validation processes can be obtained from the NHS IC contact centre by emailing enquiries@ic.nhs.uk or by calling 0845 300 6016.
- 5.1.12 Data can be submitted to the NHS IC at any time throughout the 2010/11 school year. The deadline for uploading data is **3 September 2011**.
- 5.1.13 Anonymised and aggregated NCMP data will be supplied to the Care Quality Commission should it be required for performance assessment of PCTs.
- 5.1.14 Please note: during 2010 the NHS will be implementing a number of changes to the existing NCMP system to improve its performance. This may result in slight changes to how you submit and receive data from the NHS IC. These will be fully communicated with any updated guidance as appropriate.

14 NHS Information Centre, *National Child Measurement Programme: NHS Information Centre validation process for NCMP data*, July 2009, www.ic.nhs.uk/ncmp.

6 Data analysis and use at a local level

6.1 Using NCMP Data

- 6.1.1 The NCMP dataset provides a rich source of information at local, regional and national levels. Every year, the NHS IC provides PHOs with the cleaned national dataset to enable them to undertake detailed local analysis, collaborating with PCTs and other partners in the region to ensure that any analysis undertaken meets local needs.
- 6.1.2 As partners in the Children's Trust, PCTs and local authorities should work together to use this local analysis to support the Joint Strategic Needs Assessment and other delivery plans to promote healthy weight and to track progress at a local level.
- 6.1.3 Analytical guidance for PHOs and PCTs is available on the National Obesity Observatory (NOO) website at www.noo.org.uk/ncmp. PCTs can obtain the final validated data for their PCT from their PHO.
- 6.1.4 PCTs and their partners may already have agreements on how information will be appropriately gathered, exchanged and securely stored and for what purposes it will be used. **Where these already exist, PCTs may want to ensure that they cover NCMP data. Where they are not already in place, PCTs may find it advantageous to work with their partners to establish local agreements.**
- 6.1.5 We have commissioned a study to examine data-sharing practices in four PCTs that are particularly proactive in sharing and using NCMP data to inform commissioning and delivery of services. We will share the findings of and promising practice examples from this work when available in summer 2010.

6.2 Providing feedback of results to schools

- 6.2.1 It is important that PCTs share the anonymised results of their NCMP analysis with schools to help engage them in promoting healthy weight. However, school-level data must be used carefully to ensure it is meaningful and children's confidentiality is maintained.
- 6.2.2 PCTs should work with their PHO to create letters to provide school-level feedback using the school feedback tool. The school feedback tool and guidance are circulated by the NOO to PHOs for distribution to PCTs.

6.2.3 PCTs must not provide individual children's results to schools or provide raw data. This is because, due to the small class sizes in many primary and middle schools, use of percentages around prevalence data can be misleading, and could risk the identification of individual children.

6.2.4 The school feedback tool allows feedback using the following approach:

- **Provide the participation rates by year group and sex** (e.g. 90% of eligible children in reception year (89% of girls and 91% of boys) and 88% of children in year 6 (87% of girls and 89% of boys) participated in the NCMP).
- **Provide feedback for the PCT or region for each school year group** (e.g. the mean prevalence of overweight and obesity for the PCT/region was 25% in reception year and 30% in year 6). Prevalence should not be combined for school year groups in analyses, because prevalence of overweight and obesity varies by age.
- **State how the school's obesity and overweight prevalence compares with PCT or local authority, regional or national levels** (using one of the following four categories (one for each school year):
 - the level of obesity in reception year/year 6 pupils in your school was **significantly higher** than the PCT/regional/national levels;
 - the level of obesity in reception year/year 6 pupils in your school was **significantly lower** than the PCT/regional/national levels;
 - the level of obesity in reception year/year 6 pupils in your school was **not significantly different** from the PCT/regional/national levels; or
 - **insufficient data** are available to make a meaningful comparison.

6.2.5 This approach maintains the confidentiality of individual children's results and ensures that any actions relating to differences between schools are based on statistically valid comparisons.

6.2.6 If PCTs or schools receive requests for school-level data under the Freedom of Information Act, the format outlined above should be used to ensure that there is no risk of identifying individual children.

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Annex 1: Data to be collected by PCTs as part of the NCMP

Essential data

Data collected by the PCT	Used by
Department for Children, Schools and Families (DCSF) school unique reference number (six-digit number – note that this is a number to identify the school and is not the unique pupil number)	PCT and IC
School name	PCT and IC (already within upload tool for most schools)
Pupil first name	PCT – only for purposes of providing results and following advice to parents and carers.
Pupil last name	PCT – only for purposes of providing results and following advice to parents and carers.
Sex (one character: M for male; F for female)	PCT and IC
Date of birth (DD/MM/YYYY)	PCT – converted to age in months at time of measurement during upload process to IC
Date of measurement (DD/MM/YYYY)	PCT and IC
Height (in centimetres, to first decimal place – i.e. measured to the nearest millimetre)	PCT and IC
Weight (in kilograms, to first decimal place – i.e. measured to the nearest 100 grams)	PCT and IC
Full home address	PCT – only for purposes of providing results and following advice to parents and carers.

Data collected by the PCT	Used by
<p>Full home postcode (eight-character string)</p> <p>Valid formats (A=letter, N=number):</p> <ul style="list-style-type: none"> • AN NAA • ANN NAA • AAN NAA • ANA NAA • AANN NAA • AANA NAA • AN NAA • AANNNAA • AANANAA 	<p>PCT – encrypted and converted to lower super output area during upload to IC; however, the full address should be collected if the child’s results are to be sent to parents/carers</p>
<p>Ethnicity (either single-character NHS code or four-character DCSF extended code)</p> <p>To be left blank if not available from school information management system or child health records. Mother’s ethnicity should not be used</p>	<p>PCT and IC</p>

Supplementary data

Data collected	Sent to the NHS IC?
Name and contact information of the PCT obesity lead (or other person responsible for the NCMP)	All data items sent to the NHS IC
Where data has been stored (i.e. loaded directly into the NCMP tool, previously stored in child health record, or other)	
Number of children withdrawn from the measurement and reason (at PCT level) <ul style="list-style-type: none"> • parental opt-out; • child opt-out; • child unable to stand on scales or height measure unaided; • child absent on the day of measurement; or • other reason 	
Numbers of pupils eligible for measurement at each school and reason for any differences between the PCT's pupil number denominators and those supplied within the upload tool (e.g. list of schools incorrect, school's pupil numbers incorrect)	
Whether the PCT has routinely sent results to all parents and carers, or sent results only to parents and carers who requested them. <ul style="list-style-type: none"> • If routine feedback: <ul style="list-style-type: none"> – to all children measured; – to year 6 only; – to reception year only; or – other • If request only: <ul style="list-style-type: none"> – number of requests by parents and carers for feedback 	

Annex 2: Specimen letter to headteacher and board of governors

Measuring height and weight of children in reception year and year 6

This letter should be sent out to headteachers in advance of starting the National Child Measurement Programme (NCMP) for the 20010/11 academic year. An editable Microsoft Word version of this letter is available at www.dh.gov.uk/healthyliving under 'NCMP guidance documents and template letters'.

The Department for Children, Schools and Families (DCSF) and the Department of Health (DH) have a shared programme of work to improve children's health and wellbeing. Promoting healthy weight in children is a high priority, with the National Child Measurement Programme (NCMP) playing an important part in the overall strategy. Under the NCMP, all children in reception year and year 6 are weighed and measured.

The NCMP is essential to gather population-level data to allow the analysis of national trends in underweight, healthy weight, overweight and obesity in children and to inform local planning and delivery of services. The programme can also be a useful vehicle for engaging with children and families about healthy lifestyles through sharing the results with parents and carers and offering follow-up advice and support.

Many thanks to those of you whose schools participated in the NCMP last year. A national report on last year's findings is available at www.ic.nhs.uk/ncmp. You may also have received results for your school, indicating how your school compares with others in the area.

Your local primary care trust (PCT) is responsible for carrying out the NCMP and the weighing and measuring must be undertaken with sensitivity and respect for children's privacy and dignity, in a private room or screened-off area. Health professionals from your PCT will oversee the programme and ensure that all PCT staff involved are appropriately trained. Children will simply be asked to remove their shoes and any heavy outdoor coats, so that they can be weighed and measured in their normal indoor clothing. Any cultural needs of the child will be respected.

No information about individual children's weights or heights will be disclosed to pupils or school staff, although the school may receive aggregated results. Data will be shared within the NHS and will be held securely.

Parents and carers have the right to withdraw their child from the programme and so the PCT has a duty to ensure that all parents and carers receive a letter of explanation, which also gives them the opportunity to say that they do not want their child to take part. Children themselves may also refuse to take part on the day – clearly, children should not be coerced or forced to participate.

Children must be willing and physically able to stand unaided to be weighed and measured and any who are unable to do so are not required to participate. It would be helpful if any children with such disabilities are identified beforehand, but we recommend that their parents or carers are still informed that the programme is being carried out, and PCTs can send a separate letter offering that their child be weighed and measured in an alternative setting if appropriate.

To ensure that parents are engaged in the process, the PCT will send every child's results to their parents and offer follow-up advice and support.

[NOTE: PCT will need to alter wording if not routinely feeding back results to parents]

The NCMP is a priority programme for DCSF and DH, and we are very keen that all schools support it. The weighing and measuring process will involve minimum disruption and very little extra work for school staff. To enable us to conduct this programme, we ask headteachers to assist us in the following areas:

A Identifying any children who are unable to participate because of disability

B Sending letters to parents and carers to inform them about the NCMP

You may consider that it is appropriate and helpful to agree with your PCT that the initial letter should be sent through the school. An example letter is enclosed. The letter should be sent to all parents and carers of children in the relevant years. It explains the process and includes forms to opt out of the programme or request the results.

C Collating any 'opt-outs'

Where the initial letter had been sent through the school, it would be helpful for you to collate the responses and ensure they are passed on to the PCT. However, PCTs may ask parents to respond to them directly to withdraw their child.

D Providing lists of relevant year groups

We ask you to provide the PCT with a list of children in reception year and year 6, showing every pupil's:

- name (first name and last name);
- sex;
- date of birth;
- home postcode and full address; and
- ethnicity (if available from school information management systems or from school child health records).

These lists should identify the total number of children in each class and the number whose parents or carers have withdrawn them from the programme where parents or carers have responded to the school, but should not give the names or personal details of children excluded in this way. You will also need to provide the DCSF unique reference number for the school.

NB: When the data is transferred from the PCT to DH, pupil names will not be sent, postcodes will be converted to lower super output area (average population 1,500) and dates of birth will be converted to ages in months, to ensure confidentiality of the data.

E Identifying a room or area where measurements can be taken privately**F Arranging for staff to help to bring children to and from the measurement area****G Providing the leaflet 'Healthy Weight, Healthy Lives: Why your child's weight matters' to parents and carers**

I would be most grateful for your support and co-operation as we undertake the measurement programme over the coming months. If you require any further information, please do not hesitate to contact [insert name] on [insert number] at the PCT.

Yours faithfully

[Insert name]
Director of Public Health
[Name of PCT]

[Insert name]
Director of Children's Services

Annex 3: Specimen letter to parents and carers

This letter should be used by PCTs that are routinely providing parents and carers with results. PCTs should send this letter out to all parents and carers of children eligible for inclusion in the NCMP 20010/11.

An editable Word version of this letter is available from www.dh.gov.uk/healthyliving under 'NCMP guidance documents and template letters'.

PCTs may make minor changes to the letter to suit local needs; however, the wording shown in bold in the letter should be followed closely because this sets out the legal requirements for the programme and the intended use of the data, and we must make due effort to inform parents and carers of this.

PCTs may wish to use the letter in other languages or formats depending on the needs of parents and carers in their local area.

We recommend that a copy of the leaflet for parents and carers 'Healthy Weight, Healthy Lives: Why your child's weight matters' is enclosed when schools send out this letter.

Measuring the height and weight of children in reception year and year 6

The NHS needs to have a good understanding of how children across the country are growing so that the best possible health services can be provided for them. As a result, every year all children in England in reception year and year 6 have their height and weight checked. This important programme is now in its sixth year.

Your child's class will take part in this year's measurement programme. **The measurement will be supervised by trained staff from your local NHS primary care trust (PCT). The measurements will be done in a private area away from other pupils. Children who take part will be asked to remove their shoes and coats and will be weighed in normal indoor clothing. Any cultural needs of the child will be respected.**

Routine data, such as your child's name, sex, address, postcode, ethnicity and date of birth, will also be collected. This information will then be used within the PCT to help us understand and plan interventions for weight-related problems for children in your area.

The records of children’s heights and weights will be made anonymous before being submitted for analysis at a national level, but may be stored locally on PCT child health records for the purposes of providing results and follow-up advice to parents.

All information and results will be treated confidentially. No child’s height or weight will be given to school staff or other children.

Once your child has had their height and weight checked, your local NHS will send you your child’s results through the post. [NOTE: PCTs to add if proactively following-up children: You may also receive a follow-up phone call from your local NHS.]

A leaflet called ‘Healthy Weight, Healthy Lives: Why your child’s weight matters’ is enclosed to provide more information about the National Child Measurement Programme and tips on healthy eating and being active.

Opting your child out of the programme

If you are happy for your child to be weighed and measured, you do not need to do anything. **If you do not want your child to take part, please let your local NHS know by writing to or telephoning them using the contact details at the top of this letter. Children will not be made to participate if they do not want to.**

Yours faithfully

[Insert name]
Director of Public Health
[Insert name of PCT]

[Insert name]
Director of Children’s Services

Annex 4: Letter to parents of children unable to be measured unaided

This letter can be sent to the parent or carer of a child who is unable to participate in the NCMP because they are unable to stand unaided to have their height and weight measured. The letter can be edited to meet local needs.

Measuring the height and weight of children in reception year and year 6

The NHS needs to have a good understanding of how children are growing across the country, so that nationally and locally the best possible health services can be planned and provided for them. As a result, all children in England in reception year and year 6 have their height and weight checked each year through the National Child Measurement Programme (NCMP). This important programme is now in its sixth year.

Your child's class will take part in this year's measurement programme. However, due to the type of equipment used to weigh and measure children, only those who are able to stand unaided can be weighed and measured in school. This means that some children, who are unable to stand unaided, for example due to a physical disability or injury will not be able to take part in this exercise in school.

From what the school has told us, we understand that your child [insert pupil's name] may not be able to participate. We would therefore like to offer you an alternative arrangement. [Local areas can personalise further if appropriate, e.g. stating where the measurement will take place] If you wish to take up this offer please contact [XXXX] on [XXXXX] to arrange an appointment at your convenience. You can also contact [XXXX], if you have any concerns or wish to discuss this matter further.

A leaflet called 'Healthy Weight, Healthy Lives: Why your child's weight matters' is enclosed to provide more information about the National Child Measurement Programme and tips on healthy eating and being active.

Annex 5: Letter to inform GPs about the NCMP

This letter can be used to send to GP practices in your area to help raise awareness of the NCMP.

Experience from the 2008/09 programme suggested that some parents were likely to contact their GP after receiving the results letter. It is therefore important that GPs are aware:

- that the NCMP is taking place in their area;
- that results are shared with parents;
- how the results are calculated; and
- what services are available in the area for overweight or obese children.

An editable Microsoft Word version of this letter is available at www.dh.gov.uk/healthyliving under 'NCMP guidance and resources'.

National Child Measurement Programme: information for GPs and practice nurses

What is the NCMP?

The National Child Measurement Programme (NCMP) is part of the work to implement the Healthy Weight, Healthy Lives strategy to tackle obesity in the population. As part of this programme, children in reception year (aged 4–5 years) and Year 6 (10–11 years) are weighed and measured during the school year.

NHS [PCT to insert name] uses our NCMP data to set and monitor goals to tackle childhood obesity and to direct services for children to those most in need. We also share each child's results with their parents or carers and offer information, advice and services, which provides an opportunity for families to make lifestyle changes if they choose to (see template results letter at annex A).

How might you be involved?

Feedback of results to parents began on a routine basis in the 2008/09 school year. We know that after receiving the feedback of NCMP results for their child, some parents visited their GP to discuss the findings.

This letter contains information which will help you to be prepared to respond to parents' queries if they attend your practice. We have included a template of the NCMP feedback of results letter at annex A.

We have also included information about how the results are calculated, as well as useful information about local programmes and services that we have to offer children and families who are underweight, overweight or obese, to which you might want to refer children.

How the results are calculated – body mass index (BMI) percentiles

Each child's result is based on a BMI percentile, which provides information as to whether a child is a healthy weight for their height, age and sex. It is not a perfect measure, but it is one of the best ways to tell if a child is a healthy weight.

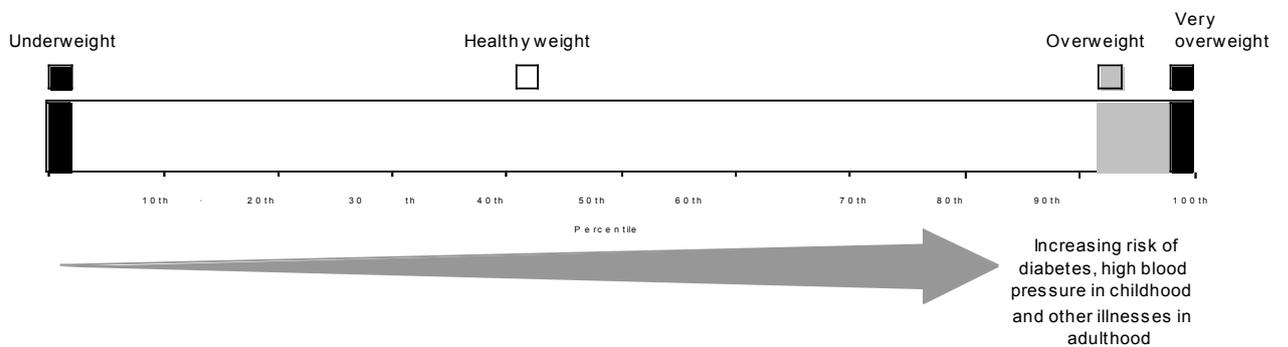
You can enter a child's details into the calculator at the link below to get an interpretation of whether they are a healthy weight for their height, sex and age. Unlike most online calculators, which work for adults only, this one calculates accurate results for children too:
www.nhs.uk/tools/pages/healthyweightcalculator.aspx.

BMI percentiles are worked out by:

Step 1: BMI is calculated by dividing weight (in kilograms) by height (in metres) squared (height/weight).

Step 2: Because children are growing, the interpretation of the BMI number depends on the age and sex of the child, so the child's BMI is then compared with the UK 1990 growth charts. These growth charts are based on the BMI measurements of thousands of 4–20-year-old children in the UK to create charts of normal growth. The comparison with the standard charts gives a percentile. If a child is on the 80th percentile, about 20% of children of their sex and age in 1990 would be bigger and 80% smaller.

Underweight	Healthy weight	Overweight	Obese (called 'very overweight' in results letter to parents)
is the 2nd percentile or lower	is from above the 2nd to the 91st percentile	is from above the 91st to the 98th percentile	is above the 98th percentile



Where to make further referrals to local weight management services for children and details of other useful sources of information

Local services

- For underweight children
[PCT to populate with local details here]
- For overweight children
[PCT to populate with local details here]
- For obese children
[PCT to populate with local details here]

Local NCMP contact details

- Contact for NCMP staff and NHS [XXX]
[PCT to populate with local details here]

National resources

GP practices can use Change4Life's free support materials and toolkits to promote positive lifestyle changes to children and families. Change4Life support materials (such as top tips leaflets, posters, stickers, activity sheets) can be ordered from the DH orderline www.orderline.dh.gov.uk.

Toolkits and some support materials can be downloaded from the Partners and Supporters area of the Change4Life website (register as a Local Supporter to receive regular updates), www.nhs.uk/change4life.

Please encourage young families to sign up with Change4Life to receive free support and action plans (with games, wallcharts and puzzles) to help them eat well and move more.

The *Healthy Weight, Healthy Lives: Directory of obesity training providers* is a resource for those in PCTs and local authorities who commission public health services. See www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097486.

NCMP key findings

We now have three years of high-quality data with which to monitor progress towards tackling obesity. Results from the three years can be viewed at www.dh.gov.uk/en/PublicHealth/Healthimprovement/Healthyliving/DH_100192. Data are being used by the NHS at local level to target resources to those most at need.

How are the data collected and what happens to them?

The measurements are undertaken by trained staff from the NHS [INSERT PCT NAME] in an area away from other pupils. Children are weighed in normal indoor clothing.

Routine data, such as child name, sex, address, postcode, ethnicity and date of birth are collected. We use the data to help us understand and plan interventions for weight-related problems in children.

Only anonymised records of children's heights and weights are received for analysis at a national level, but may be stored locally on PCT child health records for the purposes of providing results and follow-up advice to parents.

After the measurement, we send all parents their child's results through the post (see template letter at annex A). We will also proactively follow up children identified as being overweight or obese by [PCT to add details of proactive follow up being offered locally].

Consent for the programme

The NCMP is operated on an opt-out basis. We send parents a letter via pupil post informing them that the programme is taking place in their child's school, and providing information about the programme, what happens to the data, and giving them the chance to withdraw their child if they want to.

If we do not hear back from the parent, the child will automatically be included. A copy of the letter that we send to parents is at annex B.

Suggested annexes to include

Annex A: Template of results letter used locally

Annex B: Copy of opt-out letter sent to parents

Annex C: Copy of UK1990 growth chart and information about where a GP can order these

Annex D: Copy of information sent with results letter: e.g. Change4Life, 'Top tips for top kids' leaflet or other locally tailored leaflet.

Annex 6: Roles and responsibilities

The role of primary care trusts

Participation goal and submitting data

Every effort should be made to obtain or maintain the highest possible participation rate to ensure that the data are statistically robust. We acknowledge that parents/ carers and children may choose not to participate, but PCTs and local authorities should work to maximise participation as far as possible. PCTs, working with partners where possible, should aim to achieve or maintain participation rates by eligible children in the region of at least 85% and, where possible, build on higher participation rates achieved previously.

PCTs are responsible for submitting data for schools in their area to the NHS IC by **2 September 2011**. Measurements can be undertaken at any time during the school year, to allow maximum flexibility for PCTs to make arrangements with schools.

Engaging other PCT staff

Because the NCMP requires multidisciplinary team work, it is important to ensure that key staff groups in the PCT are aware of the programme and their role within it.

PCTs should engage with GPs, practice nurses and health visitors to ensure that they are aware of the NCMP; the way the results are calculated at a national, local and individual child level; and the PCT's plans for sharing results with parents and carers. It will be important that these groups are informed and can provide appropriate signposting should a parent or carer contact them after receiving their child's results. To assist with this, a template letter for providing information to GPs is available at www.dh.gov.uk/healthyliving under 'NCMP guidance documents and template letters'.

PCTs should use the expertise of school nurses, Healthy Schools co-ordinators and others to facilitate partnership working on this programme and wider obesity-related work.

Engaging schools

PCTs are responsible for engaging schools in this programme. This should be done as early and as fully as possible, building on the success of previous engagement. Schools should be assured that information gathered is treated as confidential. PCTs may want to consider how best to work with local authorities and the Director of Children's Services to implement the NCMP and to promote joint working across delivery plans.

The national Healthy Schools Programme is a joint DH and DCSF initiative that promotes a whole-school approach to health improvement and learning and has a role in helping health partners understand and navigate their way into education settings. The local co-ordinators can be consulted in the planning for the data collection and can act as a resource if a PCT is having difficulties in engaging particular schools. From September 2009, schools that have achieved National Healthy Schools status will be able to be part of the Healthy Schools enhancement model. This means that schools will focus on universal and targeted health interventions that address both school and local health and wellbeing priorities. For more information, go to www.healthyschools.gov.uk.

As obesity will be a high-profile priority for this enhancement, PCTs should engage local authority Healthy School teams and the Children's Trust to explore the potential links and benefits, especially regarding the use of anonymised NCMP data.

The role of schools

Participation in the NCMP is an important way for schools to promote the health of children and to support them in achieving their full potential, as set out in the Government's 'Every Child Matters Outcomes Framework'.¹⁵ It is also important in fulfilling the duty on school governors to promote the wellbeing of pupils in their school. Close collaboration between schools and PCTs will help to ensure that the programme runs smoothly.

All schools have a duty to promote the health and wellbeing of their pupils. In the White Paper *Your child, your schools, our future: building a 21st century schools system*¹⁶ the Government made it clear that it wants to see schools not only providing an excellent education but also supporting children's wider wellbeing, including their health. Schools will in future be assessed by Ofsted against a range of outcomes including: pupil attainment and progress; a school's contribution to its pupils' wellbeing; a school's success in reducing the impact of disadvantage; and parents' and pupils' views of the school and the support they are receiving.

Schools or the local authority may need to provide PCTs with class lists of children to be weighed and measured. There are no legal reasons why schools or local authorities cannot provide this information to PCTs. Depending on how the programme is being organised, schools may be asked to collate a list of those children who have been opted out of the programme. The class lists must include the school's unique reference number and pupils' names, dates of birth, sex and full home

15 Department for Children, Schools and Families, 'Every Child Matters Outcomes Framework', April 2008, <http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00331-2008>

16 Department for Children, Schools and Families, *Your child, your schools, our future: building a 21st century schools system*, June 2009, <http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=Cm+7588>

addresses (including postcodes). Ethnicity should also be recorded where available from schools or child health records. In areas where the local authority holds up-to-date information, it may be able to provide this information and PCTs may make arrangements to collect class lists directly from the local authority rather than from individual schools.

Schools will need to identify a suitable location in which measurements can be taken in a way that ensures that the privacy and dignity of individual children are maintained throughout the process. A separate room or a screened-off area must be provided where information on measurements is secure and cannot be seen or heard by anyone who is not assisting in the conduct of the exercise or overseeing it. This is essential to reduce the risk of stigmatisation and should help reduce rates of opt-out. PCTs should make arrangements to provide advice to schools about these practical arrangements.

Updated guidance for schools is available at www.teachernet.gov.uk/ncmp. The guidance will explain how and why the NCMP is being undertaken. PCTs might wish to remind school staff about this guidance, to engage with them about the programme or to help address any specific queries they might have.

The role of the National Obesity Observatory and Public Health Observatories

The National Obesity Observatory (NOO)

The NOO was established in December 2007 and aims to provide a single point of contact for wide-ranging, authoritative information on data and evidence related to obesity, overweight, underweight and their determinants.

The NOO provides the following resources to support delivery of the NCMP:

- analytical guidance for Public Health Observatories (PHOs) and PCTs on further analysis that local areas might want to undertake to enhance their understanding of NCMP data and help them to use the NCMP data to inform commissioning and delivery of services (see www.noo.org.uk/ncmp);
- an analytical report on the NCMP data, providing a detailed analysis of the NCMP data at national, regional and local levels; and
- a school feedback tool delivered to PHOs allowing them to work with PCTs in their region to provide appropriate feedback on NCMP results to schools (see Section 6.2).

Public Health Observatories

We expect PHOs to support individual PCTs in their region with data cleaning and uploading processes if the PCT requests this. We expect PHOs to have a core role in undertaking additional local-level analysis and interpretation of NCMP data to inform local planning and delivery of services for children. PHOs should work with PCTs when deciding what analysis to undertake.

The role of strategic health authorities

SHAs may want to review the levels of participation that PCTs are achieving to ensure that PCTs aim to achieve the highest possible participation by eligible children. High participation is important to enable PCTs' recorded prevalence of obesity to be accurately assessed as part of the NHS Operating Framework. SHAs should work with PCTs in their region to monitor performance towards the childhood obesity indicators in the NHS Operating Framework. Additionally, SHAs should encourage PCTs to routinely feed back results to parents and carers and to ensure that services and care pathways are in place to proactively follow up children identified as being underweight, overweight or obese.

Anonymised and aggregated NCMP data will be supplied to the Care Quality Commission¹⁷ and incorporated into its annual performance assessment of PCTs.

The role of local authorities

Local authorities are key partners in leading Children's Trust partnership arrangements to promote the five Every Child Matters outcomes. PCTs will already be seeking to work closely with local authorities in the delivery of their obesity plans to achieve the Vital Signs and local area agreement (LAA) targets. Local authorities have complementary interests in working with PCTs to help ensure that the NCMP is delivered effectively. Working in partnership is likely to enhance both PCTs' and local authorities' chances of success. Local authorities have the following areas of interest:

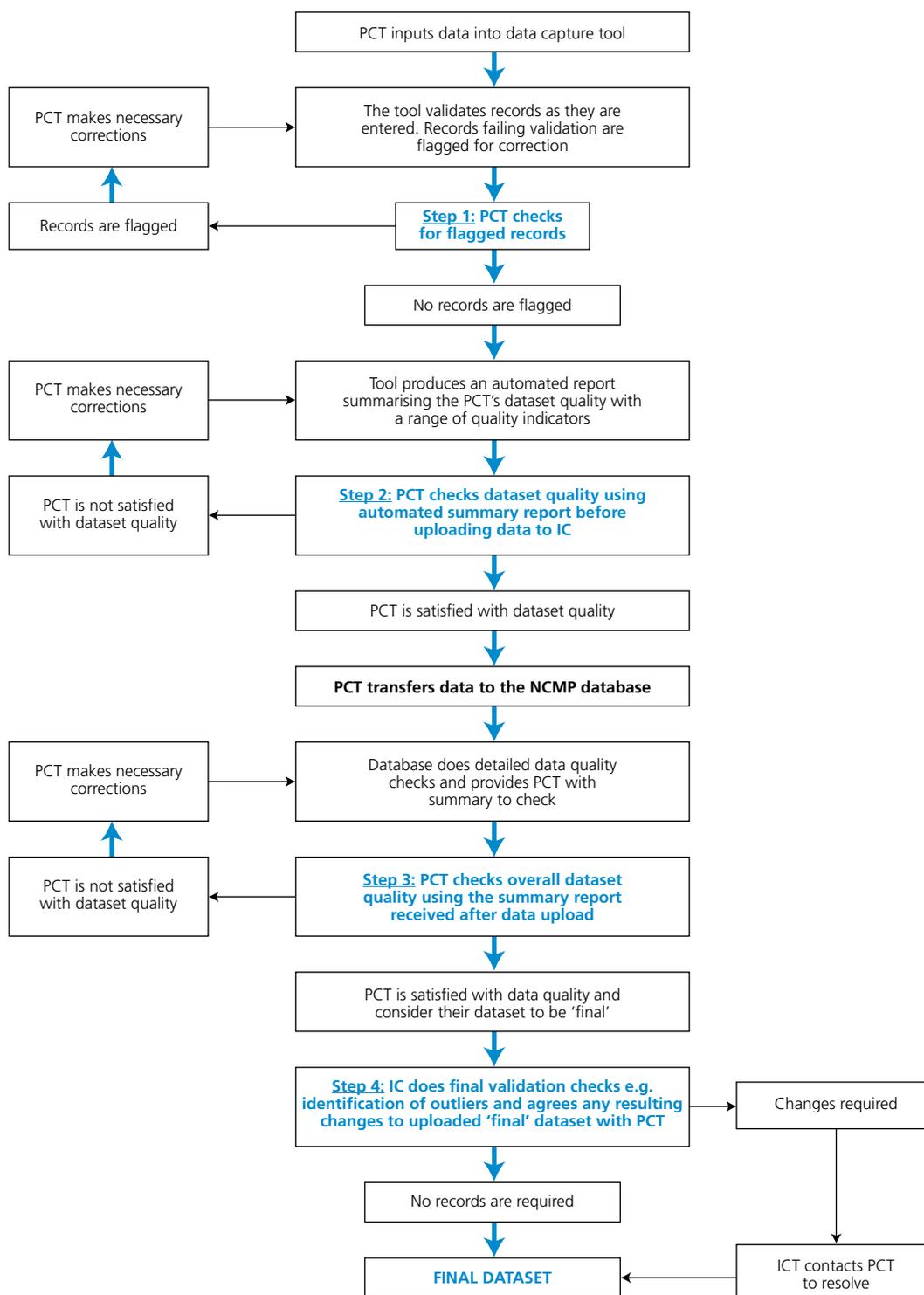
- Responsibility for the schools in their area means that local authorities can help broker good working relationships between PCTs and schools as part of progressing the overall Every Child Matters agenda and delivering the duty on schools to promote pupil wellbeing. Where appropriate, this can include providing pupil-level information to PCTs.
- Local authorities lead the Local Strategic Partnership to undertake Joint Strategic Needs Assessments and deliver their LAA. Where the LAA includes NI 55 or NI 56 based on the NCMP data, the local authority has a leading interest in gaining high

¹⁷ On 1 April 2009 the Care Quality Commission (CQC) became the new regulator for health and social care; it was formed from the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection.

participation and accurate data for the area and in working with the PCT across the full range of activities to implement delivery plans to tackle obesity prevention and treatment to achieve their local targets.

Prevalence of obesity in reception year (NI 55) is also one of the key performance indicators recommended in guidance for inclusion in the Sure Start Children's Centres Performance Management Framework. Where local authorities are using this as an indicator in their management of Children's Centres, it will be vital that they have access to accurate data.

Annex 7: Stages of validation for NCMP data



Annex 8: NCMP resources

Resource	Description and availability
NCMP research: early experiences of routine feedback to parents of children's height and weight	<p>A report of the findings of a small study by the University of London's Institute of Education to explore the impact and views of parents on receiving their children's results from the 2008/09 NCMP.</p> <p>www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111126.pdf</p>
<p>Pre-Measurement Leaflet: 'Healthy Weight, Healthy Lives: Why your child's weight matters'</p> 	<p>This leaflet for parents contains information about the NCMP along with Change4Life tips to help their family lead a healthy lifestyle.</p> <p>Copies are available from the DH Publications orderline by calling 08701 555 455 quoting code 277810, or by emailing dh@prolog.uk.com</p> <p>www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_103939</p>
<p>Post-measurement leaflet: 'Top tips for top kids'</p> 	<p>PCTs should send this Change4Life leaflet to parents when sending the results letters. The leaflet includes eight key behaviour changes to help children eat well and be active.</p> <p>Copies are available from the DH Publications orderline by calling 08701 555 455 quoting code C4LO34 or by emailing dh@prolog.uk.com</p> <p>www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_093121.pdf</p>
Staff training: film clips	<p>Two short films, which act as a resource for people working on the NCMP:</p> <ul style="list-style-type: none"> • <i>How to measure: for PCT and school staff</i> – this film is intended for use by PCT staff to complement practical training and should be used in conjunction with the NCMP guidance. The film is also for use by school staff to see what will happen as part of the programme in their school.

<p>Staff training: film clips (<i>continued</i>)</p>	<ul style="list-style-type: none"> • <i>Being measured: for children</i> – this film is designed for use with children taking part in the NCMP to help prepare them for what will be expected of them when they are weighed and measured. <p>PCTs can view or download the film clips from www.dh.gov.uk/healthyliving, or order a DVD copy free of charge by emailing ncmp@dh.gsi.gov.uk</p> <p>www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/dh_103939</p>
<p>Children’s information flyer</p> 	<p>This flyer and poster is for year-6 children to help them understand what will happen when they are weighed and measured as part of the NCMP. It will also help PCTs and schools engage with parents and children about the programme.</p> <p>Copies of the A4 flyer or A3 poster can be ordered from the DH Publications orderline by calling 08701 555 455 quoting code 286903 for the A4 flyer or 286904 for the A3 poster, or by emailing dh@prolog.uk.com.</p> <p>www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103998.pdf</p>
<p>Weighing scales for the NCMP</p>	<p>An approved list of weighing scales can be viewed at www.dh.gov.uk/healthyliving</p>
<p>Children’s stickers</p> 	<p>We have developed children’s stickers for you to use as part of the NCMP. You will be able to order these from the DH Publications orderline. Product code 291017 (apple) 289222 (orange)</p>
<p>Raising the issue of weight in children and young people</p>	<p>A two-page leaflet about raising the issue of weight in children and young people is available at www.dh.gov.uk/en/publichealth/healthimprovement/obesity/DH_108945 Product code 274544</p>

Annex 9: Healthy Weight, Healthy Lives: tools and resources

Resource	Description and availability
<i>Healthy Weight, Healthy Lives: A toolkit for developing local strategies</i>	<p>Helps PCTs and local authorities plan, co-ordinate and implement comprehensive healthy weight strategies. Provides information and tools including statistics, practical initiatives, evidence of effectiveness, checklists, frameworks and examples of promising practice.</p> <p>www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968</p>
National Institute for Health and Clinical Excellence (NICE) guidance on obesity	<p>NICE has developed clinical care pathways for children and adults for use by healthcare professionals.</p> <p>Guidance and quick reference guides can be downloaded from the NICE website at http://guidance.nice.org.uk</p>
<i>Healthy Weight, Healthy Lives: Directory of obesity training providers</i>	<p>This directory, published in April 2009, lists training providers that are running courses on the prevention and management of obesity. It is a resource for those in PCTs and local authorities who commission public health services.</p> <p>www.dh.gov.uk/en/publicationsandstatistics/publications/DH_097486</p>
Audio learning on BMJ Learning	<p>Four audio podcasts on obesity. Aimed at NHS and local authority staff, these podcasts are designed to provide you with a valuable learning resource.</p> <p>They cover how to raise the issue of weight, guidance on first-line interventions to assist with weight management, and information about multi-disciplinary and specialist interventions.</p> <p>Register at www.learning.bmj.com and search 'obesity'</p>
<i>Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people</i>	<p>Supports local areas in commissioning weight-management services for children and young people.</p> <p>www.dh.gov.uk/en/publicationsandstatistics/publications/PublicationsPolicyAndGuidance/DH_090113</p>

Resource	Description and availability
<i>Healthy Weight, Healthy Lives: Child weight management programme and training providers framework</i>	<p>A framework agreement with nine provider organisations to support local commissioning of weight-management services for children and young people. This guidance provides information on each of the providers, details of how PCTs and partner organisations can 'call off' services from these providers, and a set of template documents to support commissioners.</p> <p>www.dh.gov.uk/en/Publicationsandstatistics/publications/DH_097297</p>
Change4Life	<p>Information and resources on the Change4Life programme are available from www.nhs.uk/change4life</p>



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