



Public Health
England

Protecting and improving the nation's health

National Child Measurement Programme

Operational guidance 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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The importance of the National Child Measurement Programme

The World Health Organization (WHO) considers that childhood obesity is reaching alarming proportions in many countries and poses an urgent and serious challenge.¹ Children with obesity are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than healthy weight children. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.² In England, the health problems associated with being overweight or obese cost the NHS more than £6.1 billion every year.³

The National Child Measurement Programme (NCMP) data shows that the prevalence of overweight and obesity in children aged 4 to 5 and 10 to 11 is unacceptably high and that there has been a relatively small overall change each year in levels.⁴ The data consistently shows that prevalence of obesity doubles between Reception year and Year 6 (from around 9% to around 20%). Additionally, year-on-year the data has shown that obesity prevalence in the most deprived 10% of areas in England is more than twice that in the least deprived 10%. This gap in obesity prevalence continues to widen for both Reception and Year 6, and for those children measured as severely obese this gap rises to more than 4 times for both year groups.

The NCMP data is also used to analyse and further understand childhood obesity: Data from a small sample of 4 local authorities was analysed longitudinally to examine how weight status tracks between Reception and Year 6. A model has been developed by Public Health England (PHE) as part of this report, to be used by local authorities to predict weight status in Year 6 children (see Appendix 2). The findings suggest that excess weight is likely to persist or worsen during primary school and that children from lower socio-economic backgrounds and certain BME communities may be at higher risk of retaining or gaining an unhealthy weight.

Chapter 2 of the Childhood Obesity Plan: A Plan for Action⁵ in June 2018 shows that tackling child obesity is a priority for the government. The plan aims to halve childhood obesity rates by 2030 and to significantly reduce health inequalities. Local authorities also rate childhood obesity as one of their most important health issues.⁶

The NCMP collection is a mandated service and key to monitoring the progress of the government's Childhood Obesity Plan. It provides the data for the Public Health Outcomes Framework indicators on "excess weight in children aged 4 to 5 years and

10 to 11 years.”⁷ Because the data is valid at local level, it can also be used to inform the development and monitoring of local childhood obesity strategies.

In addition to its surveillance role, the NCMP can be used to support locally led interventions. The notification and feedback letters offer a direct engagement with parents and families that can also be used to give advice and information about local services and programmes.

The NCMP is widely recognised as a world-class source of public health intelligence and the report of the findings, published annually by NHS Digital, has UK National Statistics status. The high participation rates of eligible schools and children reflect the continued effort of those implementing the programme at the local level.

This guidance document advises local commissioners and providers of the NCMP on how the programme should be implemented. This helps to maintain the high quality of the programme, supports a cost-effective approach and helps local partners to ensure that it is embedded in local strategies and actions to reduce childhood obesity.

1. Introduction

This chapter provides background information on the NCMP, links to NCMP data, details of the NCMP IT system, and highlights the importance of evaluating the programme locally.

Background

1.1 The NCMP was established in 2006 and involves measuring the height and weight of Reception and Year 6 children at state-funded schools, including academies, in England. Every year, more than one million children are measured, and annual participation rates are consistently high (around 95%), with over 99% of eligible schools (approximately 17,000 schools) taking part.⁴

1.2 Delivery of the surveillance elements of the NCMP; completing the height and weight measurements and returning relevant data to NHS Digital; is a statutory function of local authorities set out in legislation.^{8,9} PHE has responsibility for national oversight of the programme.

1.3 The purpose of the NCMP is to provide robust public health surveillance data on child weight status in order to understand and monitor obesity prevalence and trends at national and local levels, inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicators on “excess weight in 4 to 5 and 10 to 11 year olds”.

1.4 Each year, NHS Digital produces a report¹⁰ showing key findings from the NCMP. PHE also publishes presentations, reports, local profiles and data visualisation tools¹¹, including small area data at Medium Super Output Areas (MSOA), Electoral Ward and Clinical Commissioning Group (CCG) levels¹², as well as a range of other resources to facilitate the wide use of the NCMP data to inform action at all levels to tackle child obesity (see Appendix 2).

Deciding whether to provide parents with children’s results

1.5 Local authorities are encouraged to provide parents with their child’s results. This is not a mandated component of the NCMP, but local authorities should take account of the following considerations when making this decision.

1.6 Evidence shows that, as being overweight is becoming the norm, parents and even health professionals struggle to identify overweight children by sight alone; with half (50.7%) of parents underestimating their children’s overweight/obese status¹³. NCMP

feedback letters give parents a professional assessment of their child's weight status. Research in relation to the programme has consistently shown that parents want to receive their child's NCMP results and 87% find the feedback helpful¹⁴. There is a duty of care to share information with parents that could promote and improve their child's health¹⁵.

1.7 Letters are addressed and sent to parents so it is a parent's choice if they decide to share this information with their child and/or take any action based on the feedback given.

1.8 Research has also shown that after receiving NCMP feedback most parents (72%) reported an intention to change health-related behaviours and just over half of parents (55%) reported positive behaviour change for their children, including improved diet, less screen-time, health service use and increased physical activity¹⁶. The letters provide parents with the opportunity to seek further advice and support if they want.

Specimen parent result letters

1.9 To support sharing of results with parents, PHE has developed editable **specimen parent result letters** in which each child's height, weight and BMI (Body Mass Index) centile classification (underweight, healthy weight, overweight, very overweight) can be incorporated automatically using the NCMP IT system. In 2018, changes to the letter were made following user feedback and consultation with academic and behavioural experts. Some local authorities produce their own letters to suit local needs, and some also phone parents to discuss the results before or after the letters are sent (see Chapter 5).

The NCMP IT system

1.10 The NCMP IT system is managed by NHS Digital. It consists of an online browser-based system, plus an offline Excel spreadsheet-based tool for data entry. The system incorporates validation at the point of data entry and provides a secure environment according to NHS standards in which pupil identifiable records can be processed and stored.

1.11 The system allows:

- multiple users to be assigned locally with access to schools and pupil data based on their role in the programme
- direct entry and upload of locally collected data for Reception and Year 6 children measured each year
- automated calculation of information, including BMI centile and weight category
- data export for the production of the result letters to parents

- progress reporting to assist in monitoring the measurement exercise, for example, schools visited, number of pupils measured, children who have been sent feedback letters
- data quality reporting to allow monitoring throughout the collection year to ensure complete and accurate data is submitted

1.12 The local authority is responsible for allowing users to access the NCMP IT system and this is controlled at local authority level. Each area assigns an NCMP Lead who is responsible for assigning all the other NCMP roles within the NCMP IT system.

1.13 Further information on the NCMP IT system, including user guidance, education materials and frequently asked questions, can be found on the [NHS Digital website](#).

2. Overview of NCMP deliverables

This chapter provides an overview of the important steps involved in implementing the NCMP and key delivery date.

Key NCMP deliverables

2.1 A high-level overview of the **key NCMP delivery elements** is available to download from the NCMP GOV.UK web page.

NCMP dates

2.2 Local authorities have flexibility during the school year over when they deliver the NCMP measurements, but there are some time frames to be aware of as shown in Table 1 below.

Table 1: Key NCMP dates

Activity	Timing
NCMP IT system	
NCMP IT system is pre-loaded with a list of eligible schools for each local authority.	August: Before school year starts
The academic year starts, and local areas can measure children throughout the school year	September onwards
NHS Digital publishes its national report summarising the key NCMP findings from the previous school year	October
Local authorities are able to access their final validated datasets	Autumn
All NCMP data must be submitted to NHS Digital	August: After school year ends
PHE resource and product updates	
NCMP and Child Obesity Profile (fingertips tool) update published	December
Child obesity regional and national slide sets update published	February
NCMP School Feedback Letters issued to local authorities via SharePoint for onward sharing with schools	March

NCMP small area level data: trend data at small area level (MSOAs, electoral wards and CCGs) update published	March
NCMP trends in children's body mass index since 2006/07 published	March
NCMP guidance for data sharing and analysis update published	October

2.3 The deliverables and timings may vary from year to year, and PHE will communicate any changes and specific dates to local authorities as appropriate. If areas wish to receive NCMP monthly update PowerPoint slides, please contact your PHE NCMP centre lead or ncmp@phe.gov.uk for further information.

3. Planning the measurements

This chapter provides an overview of the planning that needs to take place before measuring children. It identifies the key local stakeholders whose assistance can help to improve the delivery of the programme; it outlines the lawful basis for the processing of the NCMP data under the NCMP Regulations^{8,9} the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018)¹⁷; the data that needs to be collected; the staff training and equipment required, and information on which schools and children should be included in the programme.

NCMP and General Data Protection Regulation

3.1 All local authorities in England are required to collect information on the height and weight of Reception and Year 6 school children. The statutory authority for the NCMP means that the lawful basis for processing this data is considered to be provided by the GDPR Articles covering 'compliance with a legal obligation' and 'the provision of health care or treatment'. Refer to 'Information needed before the measurements' section in this Chapter and Appendix 1 for further information.

3.2 Parental consent is not the lawful basis for the processing of NCMP data under the GDPR/DPA 2018.

Securing local engagement

3.3 Successful local delivery of the NCMP is dependent on multi-disciplinary teamwork and support from key partners. Engaging with local authority staff, primary care professionals, providers, schools, parents and children themselves can help with delivery and ensure all involved understand the purpose, benefits and outcomes of the programme.

Local authority colleagues

3.4 Local authority public health teams should ensure council members are familiar with the programme. The **NCMP Briefing for Elected Members** answers frequently asked questions about the programme, including a set of **case studies** that show how local authorities have utilised the NCMP to engage further with stakeholders in tackling health inequalities.

3.5 It can be helpful to engage with other local authority colleagues. Education officers may be able to assist with obtaining contacts for schools or class-list information. They

or others may also be able to facilitate the opportunity for engagement and raise awareness of the programme with head teachers and school staff.

3.6 Liaising with communications teams and children's services may be useful to identify existing processes used to provide information to schools. Making such contact may also offer an opportunity to raise awareness of the programme and share good news stories via direct communication channels, such as local authority and school social media accounts, school websites or through local press to residents. An NCMP media pack is available to help with preparing reactive and proactive coverage of the programme. Please contact ncmp@phe.gov.uk for further information.

Primary care professionals

3.7 Whilst not a mandated component of the programme, informing key staff groups in primary care about the NCMP and their role within it is important, and is allowed for under the legislation relating to the NCMP. This can be achieved by engaging with GPs, school and practice nurses, health visitors and health trainers to ensure that they:

- are aware of the programme's details and benefits
- are informed of local prevalence and trends in child obesity
- know how to assess child BMI centiles
- are made aware of plans for sharing the results with parents

3.8 Alerting these professionals in advance of sharing NCMP results with parents is valuable so that they can be aware of children within their practice who have been measured and may be underweight, overweight or very overweight (including those with severe obesity), and provide appropriate assessment, advice and signposting should a parent contact them.

3.9 An editable [specimen pre-measurement letter to primary care practitioners](#) is provided for local areas to use to inform these professionals about the NCMP.

Providers

3.10 In most areas of the country, delivery of the programme is commissioned as part of the school nursing service or to other provider organisations. Making sure school nursing teams and other providers have a good understanding of the programme and their responsibilities will help with effective delivery.

3.11 School nursing teams and provider organisations play an important role in leading, co-ordinating and advocating for the programme. They can also help to influence the development of appropriate services that respond to identified need and support the implementation of effective follow-up and referral pathways.

Schools: Engaging schools

3.12 There is some evidence¹⁸ to suggest that whole school approaches can contribute to improvements in helping children to move towards a healthier weight. A whole school approach goes beyond the learning and teaching in the classroom to incorporate actions throughout the school day, in all aspects of the life of a school. It includes partnerships with families, outside agencies and the wider community to promote consistent support for children's health and wellbeing.

3.13 Current research^{19,20} suggests that there may be a relationship between obesity and poor educational attainment. However, this is likely to be due to a broader picture of inequalities in health and education, with disadvantaged socio-economic groups tending to have poorer health and achieve lower levels of educational attainment.

3.14 State-maintained schools have statutory duties to promote children's health and wellbeing^{21,22} **Ofsted's Education Inspection Framework 2019** states that:

“Inspectors will make a judgement on the personal development of learners by evaluating the extent to which...the curriculum and the provider's wider work support learners to develop their character – including their resilience, confidence and independence – and help them know how to keep physically and mentally healthy.”

3.15 Although school involvement in the NCMP is voluntary, the benefits of participating may be maximised through schools advocating a whole school approach to promoting health and wellbeing.²³

3.16 Helping boards of governors and head teachers understand the benefits of the NCMP can be a positive first step in getting schools on board, for example by providing an update slot as part of INSET training or a local education conference, or through a local authority newsletter to head teachers.

3.17 The **2016 Childhood Obesity Plan**²⁴ set out to ensure that schools adopt evidence-based initiatives that would lead to improving pupil's health and wellbeing. In **Chapter 2**⁵ of the plan, further commitment in supporting schools to create environments which encourage pupils to eat healthily and be physically active are included. Details of resources to support schools are given in Appendix 4.

3.18 A suite of **Our Healthy Year** resources is available for head teachers, Reception and Year 6 teachers, and school nursing teams to help them teach pupils about leading healthier lifestyles in the years in which they are weighed and measured as part of the NCMP. The resources include ideas for whole school activities and suggestions for engaging parents. The resources are available to download from the Change4Life School Zone where users can subscribe to, in order to receive updates on new

materials and campaigns. Change4Life is the government's flagship childhood obesity brand which supports families with children aged 3-11 to eat well and move more.

3.19 PHE has published **information for schools** that explains the purpose of the programme, what schools can do to support delivery and how they can encourage physical activity, healthy eating and promote positive emotional health and wellbeing. A **specimen pre-measurement letter to head teachers** has also been developed to inform boards of governors and head teachers of the programme and can be sent in advance of the measurement process.

NCMP School Feedback Letter

3.20 The legislation relating to the NCMP does not make provision for an individual child's result to be given directly to schools.

3.21 PHE issues a **school feedback letter** for each school, which can be distributed by the local authority to head teachers. This non-identifiable school level information is intended to inform action at a whole school rather than individual level and provides Reception and Year 6 participation rates as well as average overweight and obesity results from the previous 3 years. For further information refer to chapter 7.

Eligible schools

3.22 Every state-funded primary and middle school within the local authority boundary should be included in the NCMP. Changes to the education system mean that various types of state schools exist which are all eligible for inclusion in the NCMP. The most common ones are:

- community schools, controlled by the local council
- foundation schools and voluntary schools
- academies, run by a governing body independent from the local council
- grammar schools run by the council, foundation body or trust (usually secondary schools so not relevant to the NCMP)

For further information on eligible school types see Appendix 6.

3.23 At the start of each collection year the NCMP IT system is pre-loaded with a list of eligible schools for each local authority. This list is updated annually based on the Department for Education (DfE) school-level January census.

Schools are assigned to local authorities if:

- they submitted data for it in the previous collection year
- the school is new, and no data was submitted (based on postcode boundaries)

3.24 Local authorities and/or the NCMP provider should check at the start of the academic year that all schools are correctly allocated.

3.25 During the collection year, schools can be added or removed from this list to take account of local changes, for example, where schools have closed, or new schools have opened. From the 2019/20 collection year, it is no longer possible for local authorities to add duplicate schools (e.g. when a school becomes an academy). The NCMP IT system only allows the addition of a new school if the old school has been deleted by requesting the DfE number in addition to the Unique Reference Number (URN). Since DfE numbers remain the same when a school changes status, the NCMP IT system will identify and prevent duplicate schools being uploaded.

3.26 '[Get information about schools](#)' provides a current register of schools, including their URN and DfE numbers.

3.27 Further details available from [NHS Digital IT System User Guide part 2: Setting up schools list](#).

3.28 Measurement in special and privately-funded schools is encouraged where possible. Data from these schools will be included in the national database and returned to local authorities as part of their enhanced dataset. However, since established relations with these schools vary between areas they will not be included when calculating participation rates, nor will they be included in the national report. This is because the low participation rates from privately-funded and special schools mean that the data is unlikely to be representative. For all schools that do participate, communicating results to parents is encouraged.

3.29 Home-schooled children are excluded from being captured on the national IT system, as NCMP covers children in state-funded schools only. Height and weight measurement and sharing of results with parents of home-schooled children is encouraged outside the NCMP where local resources allow.

Parents and children

3.30 To facilitate the delivery of the NCMP, it is important that parents and the wider public are aware of the importance of children having a healthy weight and understand the purpose of the programme. The media, such as local newspapers and radio, can be used to help achieve this.

3.31 By engaging with parents and children in advance of delivering the programme, you can:

- ensure parents are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process
- reassure parents that their child's measurements will not be revealed to anyone else in the school
- provide an opportunity to contextualise healthy weight as an integral aspect of valuing and promoting child health and wellbeing
- raise the profile of other actions at a local level to reduce childhood obesity.

Maximising delivery through links with school health and nursing services

3.32 In planning the delivery of the NCMP, it is helpful to consider how impact can be maximised through positioning the programme as an integral part of the school health and nursing services provided to children in schools. Some local authorities align the NCMP with priorities recommended in the Healthy Child Programme,²⁵ such as health assessment at school entry, preventative and screening or other activities with Year 6 children.

Information needed before the measurements

Class-list and delivery arrangements

3.33 The NCMP Regulations require local authorities to arrange with schools to measure children's height and weight in their area. Before the measurements take place, class list details of all children in Reception and Year 6 eligible to participate should be obtained. The children's class lists can be shared by schools with the local authority or those working on behalf of the local authority to carry out the height and weight measurements. This sharing continues to be lawful under the GDPR/DPA 2018.

3.34 As consent is not the lawful basis for processing NCMP data under the GDPR/DPA 2018, there is no requirement for schools to obtain the consent of parents in order to provide class lists to school nursing teams and NCMP providers.

3.35 This information is required for each child for the following reasons:

- age, gender, and date of birth are required to calculate weight category
- ethnicity and address are required to monitor differences in child weight between ethnic groups, different parts of the country and different social and economic groups

- name, date of birth and NHS Number are required to link the child's measurements from Reception and Year 6 and to other information held by NHS Digital about individual children such as dental survey results or the reasons for any visits made to hospital. Linking children's information in this way helps to better understand factors associated with changes in weight prevalence and how this affects children's health
- parent address is required to send parent feedback letters
- parent contact details including email address and telephone number are required if digital communication methods are being used and proactive feedback calls are planned.

3.36 It is also useful to include the weight, height and BMI data on a child's local health record, so it could be viewed by other health care professionals.

3.37 Class-list information is available from the school census every January, which is a statutory undertaking for all state-funded schools listed in Appendix 6. Contact the local education officer to gain access to this information. If the information is required earlier in the academic year it can be requested directly from schools. If an external organisation is commissioned to deliver the NCMP they will require access to personal child data and this should be stated in the contract to comply with data protection law.

3.38 Children who move schools may be measured more than once. The IT system allows for the child's measurements to be included in the dataset more than once and therefore the parent could receive more than one results letter. Where a child is known to have moved school, local areas may want to check if the child has previously been measured as part of the NCMP, and whether a result letter has already been sent to the child's parents before sending a further letter.

3.39 When engaging with a school, it may be helpful to establish a single named contact to liaise with to agree arrangements for the delivery of the programme in the school, including a date, time and use of a room or screened-off area in which to conduct the measurements.

Providing the opportunity to parents to withdraw their child from the NCMP

3.40 Parental consent is not the lawful basis for the processing of NCMP data under the GDPR/DPA 2018. However, local authorities must take steps to ensure parents are informed that information about their child will be processed as part of the NCMP and provide parents with an opportunity to withdraw their child from participating in the programme.

3.41 PHE has developed an editable [specimen pre-measurement letter to parents](#) which ensures that the information provided to parents on the processing of their

children's height and weight data helps parents know what to expect when their child participates. This letter explains to parents how their child's data is collected and what it will be used for. It is therefore essential that this letter explains to parents whether their child's data will be shared with a GP or health professional who can promote and assist the improvement of their child's health. This should also include text that explains that a referral to a weight management service or proactive follow up, if these are planned for locally, may take place.

3.42 The wording shown in bold in the specimen letter should be followed closely because this sets out the legal requirements for the programme and the intended use of the data. Not all the information regarding data processing needs to be included in the specimen letter for example a weblink directing parents to further information on the local authority or NCMP provider's webpage could be included in the letter. If planning to produce further information to explain data processing and the NCMP to parents, the [Wellcome Trust Understanding Patient Data Resource Quick Guide](#) may provide additional useful support.

3.43 The pre-measurement letter to parents must be sent to all children eligible to take part in the NCMP. Parents must be sent this letter at least **2 weeks** before the measurements are scheduled to take place. The local NCMP provider should liaise with individual schools to agree the approach for ensuring the letters are circulated within this time-frame.

3.44 The names of children who have been withdrawn by their parents in each age group should be collected. The NCMP provider should also check with the school if any other requests to withdraw children from the measurements have been received following the distribution of the pre-measurement letter.

3.45 For many schools, the routine method of communication with parents is via email, and as such, it is recommended that the pre-measurement letter is sent to parents via email. This will enable parents to directly use the hyperlinks to obtain further information online about what happens to their child's data, and to access Change4Life information.

3.46 When sending out pre-measurement letters, it is recommended that the [pre-measurement leaflet for parents: school height and weight measurements](#) is attached, as it includes information about the programme and why it is important for children to take part.

3.47 Where local areas choose to send hard copy pre-measurement letters, copies of the leaflet can be downloaded from the [PHE Campaign Resource Centre: Change4Life](#) for local printing. For requests for a high-resolution version of the leaflet please contact ncmp@phe.gov.uk (see Appendix 2).

3.48 The School Nursing Service or other NCMP provider may also choose to communicate directly with parents and Year 6 pupils about the programme, to ensure that they have received sufficient information. This can be done via a school's newsletter, website, assembly or parents evening. The **Our Healthy Year** School Nursing resources are designed to help with this before, during and after measurement day. They include presentation materials for parent and pupil audiences.

Staffing

3.49 It is important to deploy an appropriate level of staffing resource for the NCMP. A registered medical practitioner, registered nurse, or registered dietitian must manage the arrangements of the programme, such as co-ordinating and training staff, engaging with schools and ensuring the data is submitted to NHS Digital on time.

3.50 Although a registered medical practitioner, registered nurse, or registered dietitian must oversee the programme, the measuring may be undertaken by a healthcare assistant, children's nursery nurse or similar grade member of staff with appropriate competencies and support. A description of the roles and responsibilities of those involved in the NCMP are listed within the NCMP cost model tool. This tool has been developed to support cost-efficient delivery of the NCMP, by providing a consistent and automated format to enter costs associated with NCMP delivery. To request a copy of the tool please contact ncmp@phe.gov.uk.

3.51 The successful delivery of the NCMP depends not only on the completion of accurate measuring but also engaging with stakeholders and entering and validating data. As such, staff should have a mixture of expertise and skills, including clinical knowledge, communication, administration, IT skills, and data management and analysis.

3.52 In keeping with current safeguarding legislation, all staff who measure children as part of the programme must have an Enhanced Disclosure and Barring Service check (DBS).

Staff training measuring and recording data

3.53 Before starting the measurements, staff should be trained on how to accurately complete the measurements and record and upload the data.

3.54 Staff using the NCMP IT system should be competent and confident in doing so. Educational resources and guidance to support use of the NCMP IT system are available on the NHS Digital [website](#). Staff using the offline Excel spreadsheet should be familiar with entering and saving data in an Excel spreadsheet.

Staff training: taking calls from parents and delivering proactive follow-up

3.55 Staff responsible for taking calls from parents following the sending of results letters, or for proactively following up children after the measurements, should be competent in their awareness and understanding of child obesity, its impact on children's health and its management. They should also be skilled in talking to parents about a child's weight, lifestyle and behaviour change.

3.56 Staff should be aware of all local child weight management and physical activity services available to children in their area, and pathways for referral into them. Ideally, they will be trained in motivational interviewing to maximise the opportunity to engage in an effective discussion with a parent about their child's weight status.

3.57 **NCMP: A conversation framework for talking to parents** is available to support school nurses, their teams and other professionals to hold supportive conversations with a parent about their child's NCMP feedback.

3.58 Training staff is the responsibility of the local area. It is recommended the training topics in this section should be covered. See also Appendix 2 for additional training and development.

Equipment

3.59 Accurate measurements depend on the correct use of good quality equipment. Class III scales must be used for measuring weight and should be properly calibrated. Scales must be CE marked with the last 2 digits of the year of manufacture (for example, CE09 for a product manufactured in 2009), and be marked with a letter "M" to show it is legal for this use. This will be followed by a 4-digit number identifying the body which approved the scale.

3.60 All scales should be checked 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 the weighing equipment may be inaccurate, it should be recalibrated and re-verified.

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

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

3.63 Trading Standards is a local authority regulatory and consumer protection service which, as part of its statutory weights and measures functions, will provide support to check the accuracy, calibration and suitability of weighing and measuring equipment. You can find the nearest trading standards service from the [Chartered Trading Standards Institute](#)

3.64 The NCMP IT system should be used to record children's results at the time of measurement. The NCMP IT system allows data to be recorded in 3 ways:

- **Entered directly through the online browser-based system** (this is the preferred option)

This requires internet access at the point of measurement. The system will allow multiple users per local authority area, so it can be used by people measuring in different schools at the same time. It allows for validation of the data at the point of measurement and if an extreme measurement is identified, it is easy to quickly re-measure the child to confirm whether the original measurement is correct.

- **Entered into the Excel spreadsheet-based tool**

Before the school visit, the spreadsheet must be pre-populated with children's details through the online browser-based system and stored on a secure laptop. After the visit, the laptop can be taken to a location with internet access and submitted through the online browser-based system

- **As a last resort entered onto pre-prepared, paper-based records**

Prior to the school visit, the paper-based records must be printed with pupil details through the online browser-based tool. After the visit, they can then be inputted through the online browser-based system. This approach is not recommended as it does not allow for validation of the data at the point of measurement and errors may occur in transcribing data from the paper records to the NCMP IT system. This approach has been provided for use only in circumstances where the first 2 options are not achievable. When using paper records, errors such as an extreme

measurement may only become evident when entering data onto the NCMP IT system and at this point it will be quite difficult to investigate and correct the data.

Children who should be measured

3.65 Local authorities should plan to measure all eligible children in Reception and Year 6 from state-funded schools. Privately-funded and special schools should be included where local resources allow.

Special considerations for some children who are measured

Children with Down syndrome

3.66 Children with Down syndrome should be included in the NCMP activity on measurement day as appropriate. However, data recorded for children with Down syndrome should not be submitted in the NCMP IT system. This is because specialist **Down syndrome growth charts** should be used to assess weight category. To request electronic growth charts, the completion of the online licence allocation questionnaire and a one-off fee (licence charges for categories 1 or 2) sent to the Down Syndrome Medical Interest Group is required.

3.67 The specialist charts should be used locally and appropriate information shared with parents. Concerns about a child's measurements should be followed up in line with local care pathways. The local School Nursing team, Special Educational Needs team or other specialist teams may also offer additional support to the family.

Children who may have a growth disorder

3.68 The NCMP IT system flags heights and weights that are outside the expected range. While this is done mainly for data quality purposes rather than identifying a child who may have a growth disorder, it can provide an opportunity for health practitioners to refer or follow up a child if the weight or height is outside the expected range. Concerns about a child's measurements should be followed up in line with local care pathways.

3.69 The Royal College Paediatrics and Child Health (RCPCH) provides **childhood and puberty close monitoring charts** for boys and girls. These charts based on the UK90 growth reference are used to monitor children with growth or nutritional problems, such as unusually short, thin or overweight children, and are mostly used in specialist clinics and special schools. For more information about these charts please contact: growth.charts@rcpch.ac.uk.

3.70 Any additional health needs should be taken into account when considering whether a child should participate, even if their parent or carer has not withdrawn them. It is important to ensure that the child is content with being measured and is given the

chance not to take part if they do not want to. They should be reassured about confidentiality.

3.71 Where possible it may be helpful to liaise with schools before the measurements take place, to identify children who might be particularly sensitive about being measured, or where measurement might not be appropriate, for example, those with diagnosed eating or growth disorders.

Children who should not be measured

Children withdrawn from being measured

3.72 Children who have been withdrawn from the programme by their parents and children who refuse to participate on the day should not be measured.

3.73 The legislation relating to NCMP states that only children able to stand on weighing scales and height measures unaided should be measured. Children who are unable to do so should not be included. They should also be excluded from the total eligible for measurement in that school and recorded as 'unsuitable for measurement due to physical impairment' as a reason for non-measurement.

Children outside the usual age range

3.74 The NCMP IT system will not accept information for children outside the usual age range for Reception or Year 6, because their date of birth will be outside the accepted range for the programme. Local authorities may wish to still measure these children, so they do not feel excluded or singled out. Their BMI category can be obtained via the online [NHS Choices BMI Healthy Weight Calculator](#) and fed back to parents in the same way as other children receiving their results. The BMI Centiles and weight categories in the NCMP IT system align with those in the NHS Choices BMI Healthy Weight Calculator.

3.75 Care should be taken to avoid stigmatising any children who are unable to participate in the programme and to deal sensitively with any children who have particular needs. For matters relating to gender identity, please refer to [toolkits for school nurses](#) and [guidance for trans equality in schools](#). Local authorities should make reasonable adjustments in the way they commission and deliver public health services to children with physical disabilities and special educational needs and should work closely with schools to plan alternative provision.

3.76 The small number of children who are unable to take part in the programme due to a disability should be offered alternative arrangements, since their parents or carers can still benefit from receiving information and lifestyle advice, including specialist advice

appropriate to the child's circumstances. The PHE [specimen letter to parents of children unable to be measured unaided](#) can assist with this.

Participation rates

3.77 To ensure the information collected provides an accurate picture of the population, local authorities should aim to achieve participation rates by eligible children of at least 90% and where possible to build on participation rates previously achieved.

Data to be collected

3.78 Detailed guidance about the mandatory and supplementary data that should be collected as part of the programme, how to access and use the NCMP IT System and submit the data to NHS Digital is available on the [NHS Digital website](#).

NCMP IT system user set up

3.79 The responsibility for finalising the data submission lies with the local authority. This includes signing off data quality, extracting all data for the local authority area, and giving NHS Digital permission to purge all data. Therefore, it is expected that the role as 'NCMP Lead' works within the local authority and not for the provider organisation.

3.80 Further details are available from [NHS Digital IT System User Guide part 1: Setting up user accounts](#).

Children's personal information

3.81 It is advisable to populate some of the NCMP IT system data fields before the measurements. These include every child's name, sex, date of birth, home address and postcode, ethnicity and NHS number.

3.82 School names and unique reference numbers are already provided within the NCMP IT system, although any amendments can be made if required, for example, if schools have opened, closed or changed name. The information required to pre-populate records can be requested from local authorities, schools, or obtained from the child health information system in advance of the measurements. It should not be obtained by asking pupils or assigned during the measurement process.

3.83 Once all children who have been withdrawn have been collected, details of the children should be added to records prior to measurement day to ensure these children are not measured.

3.84 Further details available from [NHS Digital IT System User Guide part 3: Pupil data management](#)

Planning the measurements: checklist of critical planning tasks

3.85 The checklist below can be used to ensure that you complete all critical planning tasks before starting to deliver the programme:

- plan to raise awareness and understanding of the programme with elected members, other local authority colleagues, primary care professionals, head teachers/school governors, parents and children
- engage with local authority education officers, or directly with schools to arrange for class lists to be provided
- liaise and engage with schools to gain their support in delivering the NCMP to agree dates for measurement and book an appropriate room
- send the pre-measurement letter to parents at least 2 weeks before measurements take place ensuring that any necessary local amendments have been made
- liaise with schools to collate any children that have been withdrawn and identify other children for whom it may not be appropriate to participate
- identify staff with the necessary mix of clinical, administrative and data skills to deliver the programme
- provide staff with the necessary training and support to ensure they are competent to complete the measurements, record and upload the data
- ensure all staff involved in the weighing and measuring have an Enhanced Disclosure and Barring Service check
- have appropriate and calibrated scales
- consider making alternative arrangements for children who cannot take part in the programme due to physical disabilities or for medical reasons
- send electronic copies of the pre-measurement leaflet for parents, or alternatively download the leaflet for local printing when sending the pre-measurement letters.

4. Doing the measurements

This chapter sets out how to correctly undertake the weight and height measurements.

Setting up

4.1 The measurements should take place in a private room where the results are secure and cannot be seen or heard by anyone who is not directly involved in taking the measurements. In the exceptional case that a separate room is not available, a screened-off area of a classroom can be used.

4.2 Practitioners should ensure that the calibrated weighing scale is placed on a firm, level surface with the read-out display concealed from the participating child and others. Practitioners should also ensure the height measure is correctly assembled and is placed on a firm, level surface with its stabilisers resting against a vertical surface (such as a wall or door) to ensure maximum rigidity. It is good practice to confirm that the height measure is correctly assembled by checking with an item of known length, such as a metre ruler.

4.3 Practitioners should record measurements on an encrypted, password-protected laptop using the NCMP IT system in its online or offline (Microsoft Excel-based) form.

Measuring height and weight

4.4 Research has shown that children respond pragmatically and positively to being measured if the measurements are done sensitively. Privacy while being measured is important to children and parents.

4.5 Practitioners should be aware that children can be sensitive about their height, weight, or both, and should recognise that measuring children could accentuate these sensitivities, particularly for older children.

4.6 All anxieties should be appropriately addressed during the measurements 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 or be measured if their parents have withdrawn their child from the programme.

4.7 It is important to consider the personal circumstances of a child, such as additional health needs that might make weight a particularly sensitive issue and, in some circumstances, make measuring inappropriate. See information on considerations to be

taken into account when planning the measurements (see Chapter 3. Children which should be measured).

4.8 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, a prosthetic leg, a leg in plaster, or a growth disorder such as dwarfism. Practitioners should use their professional judgement in deciding whether to measure such children so that they do not feel excluded from the activity and so that the child's views on being included are considered. Any measurements for these children should not be uploaded to the NCMP IT system. This is because the use of BMI centile is unlikely to be appropriate.

4.9 Furthermore, the results should not be fed back to parents using the NCMP IT system or the NCMP parent result letter template. Instead, it may be appropriate to provide a letter with the individual weight and height information (without the weight classification) and appropriate healthy eating and physical activity information. A [specimen letter to parents of children unable to be measured unaided](#) is available and can be adapted to local needs.

4.10 Individual results should **not** be:

- disclosed to children during or after the measuring
- fed back directly to the school or teachers (see Chapter 7)
- given to individual children in the form of the results letter or placed in school bags as there is a risk that the child could open the letter in an unsupported environment and the letter may not reach parents
- revealed to other children

4.11 If a child wishes to discuss the measurements and has any questions, the practitioner will use their expertise in answering these and allay these concerns with the child and family.

4.12 Any concerns about a child's weight status or height status should be followed up with parents in line with local care pathways.

Measuring weight

4.13 The following actions should be taken when measuring a child's weight:

- ask the child to remove their shoes and coat. They should be weighed in normal light, indoor clothing

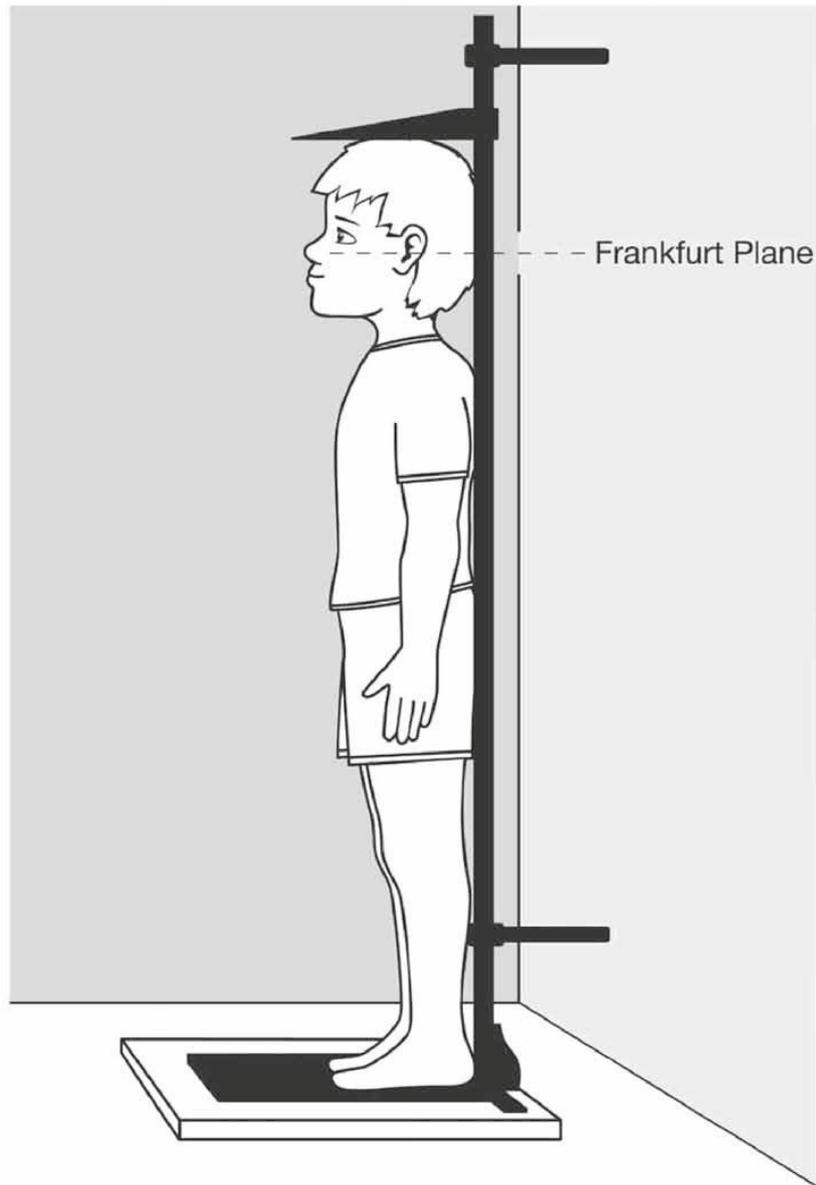
- ask the child to stand still with both feet in the centre of the scales record the weight in kilograms to the first decimal place, that is the nearest 0.1kg (for example 20.6kg) using the NCMP IT system. Measurements to 2 decimal places are also acceptable.
- measurements should not be rounded to the nearest whole or half kilogram

Measuring height

4.14 The following actions should be taken when measuring a child's 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 (Figure 2) and the measuring arm of the height measure should be lowered gently but firmly onto the head, flattening the hair before the measurer positions the child's head in the Frankfurt Plane
- where a hairstyle does not allow for an accurate measurement, a respectful request to change the hairstyle is recommended; if this is not possible, an attempt to record the most accurate measurement within the circumstances, and to make a note of this is advised
- ideally, one practitioner will ensure that the child maintains the correct position while the other reads the measurement
- record the height in centimetres to the first decimal place, that is the nearest 0.1cm (for example 120.4cm) using the NCMP IT system
- measurements should not be rounded to the nearest whole or half centimetre
- whenever possible, measurements should be repeated to ensure accuracy

Figure 2: The Frankfurt Plane



Frankfurt Plane illustration, illustrated by Graphic Impressions: www.graphicimpressions.co.uk

4.15 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 aligned 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.

Doing the measurements: checklist

4.16 You can use this checklist as a prompt to ensure you have completed all critical tasks before you start the measurements. Decide on your preferred method for

recording results (either the online browser-based system or the offline Excel spreadsheet)

If you are using the online browser-based system:

- ensure you will have internet access at the point of measurement
- if you plan to use a school's wireless network connection or operate over a 3G or 4G network then you should check that the room in which you will carry out the exercise has adequate network coverage

If you are using the Excel spreadsheet, before you visit the school:

- download the pupil details for your visit to the spreadsheet
- ensure that the laptop used to hold the spreadsheet is encrypted and password protected

If you are using paper-based records (not recommended and only as a last resort):

- pre-print the records for the pupils for your visit
- ensure these are stored securely at all times

Furthermore:

- Ensure that a private room or screened-off area is available within the school for the measurements
- Arrange equipment in the measurement area so that the results cannot be seen by anyone apart from the person recording the measurements
- follow the protocol set out in this Chapter when measuring children and recording the results
- use professional judgement to decide whether to measure children with growth disorders or medical conditions, such as cerebral palsy, a leg in plaster or a prosthetic leg

5. After the measurements: result letters and proactive follow-up

This chapter sets out how children's results should be shared with parents and what proactive follow-up should be offered following the measurements.

Feedback of results to parents

5.1 While it is not a mandated component of the programme, local authorities will want to consider if and how they share information with parents that could promote and improve a child's health. Research shows that 87% of parents find the feedback helpful, and nearly 75% reported an intention to make positive lifestyle changes following NCMP feedback.²⁶ Experience from parents, local NCMP teams and behavioural insights work strongly suggests that any information given to parents should be done positively and sensitively, avoiding stigmatising terms such as 'obese', 'fat' and 'morbidly obese'. Under no circumstances should the results information be given directly to a child as it is a matter for the parent to decide if and how such information will be shared.

5.2 Children who fall on extreme BMI centiles, that is on or below the 0.4th centile, or on or above the 99.6th centile (Table 2) are likely to require specialist healthcare support. For this reason, we recommend that as a minimum duty of care, children who fall on extreme BMI centiles are proactively followed up to ensure they are offered appropriate support and care. Refer to 'Proactive Follow Up' section later in this chapter.

5.3 It is recommended that the NCMP IT system is used which starts with an editable **result letter to parents**, and generates a bespoke letter for each child measured.

5.4 The NCMP IT system uses the British 1990 child growth reference (UK90) to assign each child a BMI centile taking into account their height, weight, sex and age. Clinical BMI centile thresholds are used for the purposes of individual assessment to place each child in one of 4 weight categories (Table 2). automatically generated in the NCMP parent result letter template.

5.5 This is the approach recommended by the National Institute for Health and Care Excellence (NICE)²⁷ and Scientific Advisory Committee on Nutrition (SACN)/Royal College of Paediatrics and Child Health (RCPCH)²⁸ which advises that a child's BMI centile is used to assess the weight status of children. NICE clinical guidelines²⁹ include information on follow up of children over the 91st and 98th centiles that should be considered by local areas.

5.6 Despite factors such as fitness, ethnic origin and puberty which can alter the relation between BMI and body fatness, NICE, RCPCH and SACN all recommend that BMI (adjusted for age and sex) be used as a practical estimate of adiposity in children and young people. There is currently no other practical and non-invasive method for determining a more accurate measure of body fat in children. Comparison of a child's height and weight centile to assess whether they are overweight or very overweight is not reliable, and this method should not be used. Children should be assessed using age-specific and sex-specific BMI centiles as described above. The NCMP IT system automatically classifies children using the recommended approach. Copies of the Growth Charts along with education and training resources are available on the [RCPCH website](#)³⁰.

5.7 A child's height centile can be useful in addition to the BMI centile, as it can provide an indication of the cause of a child's obesity. If an obese child is tall, the obesity is likely to be "nutritional" in origin, whereas if the child is short, an endocrine or genetic cause should be considered.

Table 2: Child BMI centile classifications (clinical cut-offs)

Weight status category generated automatically in parent result letter template	Clinical BMI centile category*	BMI Standard Deviation (z score)	Rounded BMI centile (p-score)	Approximated BMI centile line on growth chart
Very Overweight	Severely obese	$\geq 2.6666\dots$	≥ 0.996	$\geq 99.6^{\text{th}}$
	Very overweight (clinical obesity)	≥ 2	≥ 0.98	$\geq 98^{\text{th}}$
Overweight	Overweight	$\geq 1.3333\dots$	≥ 0.91	$\geq 91^{\text{st}}$
Healthy Weight	Healthy Weight	> -2 to $< 1.3333\dots$	> 0.02 to < 0.91	$> 2^{\text{nd}}$ to $< 91^{\text{st}}$
Underweight	Underweight (Low BMI)	≤ -2	≤ 0.02	$\leq 2^{\text{nd}}$
	Very Thin	$\leq -2.6666\dots$	≤ 0.004	$\leq 0.4^{\text{th}}$

*As defined in UK90 BMI Chart, RCPCH³⁴ and Cole and Preece (1990).³¹

Children falling on BMI centile thresholds

5.8 BMI centile, has defined thresholds for determining the results. For a small number of children, falling right on the thresholds of the BMI categories, rounding of BMI centiles to whole numbers may result in children with the same BMI clinical classification (z-score) being assigned to different BMI centile (p-score) classifications. For this reason, we do not recommend that BMI centile numbers (p-score) are included in the result letters for parents, and instead, only their weight category (see Table 2) should be used (as is done automatically for the national parent result letter template).

Further information about this is available in [NHS Digital NCMP FAQs](#).

5.9 When talking to parents whose children fall close to the thresholds of weight categories, practitioners should consider explaining this to the parent, and highlighting that a subsequent measurement in a few months' time may be helpful in checking whether the child is moving towards a healthy weight category. Parents may be signposted to the [NHS Choices BMI Healthy Weight Calculator](#) to monitor their child's weight status.

Children identified at extreme BMI centiles

5.10 Children identified on or above the 99.6th centile are classified as severely obese. The immediate and long term cardiovascular, metabolic and other health consequences of severe paediatric obesity are likely to require specialist treatment.^{32,33,34} Children on or below the 0.4th centile may indicate under-nutrition. They are likely to have additional problems and should be referred for further assessment and support.³¹ We recommend that local authorities have a duty of care to provide proactive follow up to those children identified at extreme BMI centiles (see Section 5.2 and 'Proactive follow up' section in this chapter).

5.11 The national parent result letter template will continue to automatically classify all children:

- who fall on or above the 99.6th centile as 'very overweight'
- who fall on or below the 0.4th centile as 'underweight'.

See Table 2 and section below 'Producing the result letters' for further guidance.

5.12 To identify children falling on the extreme BMI centiles it is possible to view a child's centile in the pupil grid under 'Clinical Category (Centile)' this will identify children 'below the 1st or 99th centile'. To view the BMI centiles (p-score) to 4 decimal places, download the 'Combined data file'. Refer to the [NCMP IT System user guide 3. Pupil Data Management](#) (p.31) for guidance on how to do this for a school, or for all pupils in a local authority.

Producing result letters

5.13 The NCMP IT system should be used to generate result letters for parents using the editable parent result letter template. Further details available from [NHS Digital IT System User Guide part 4. Generating Feedback Letters](#).

5.14 The letters have been developed taking into account feedback from child health and behavioural insights experts, NCMP practitioners and parents. They are editable so the content can be amended to meet the needs of local areas.

5.15 When editing the national template letters, or developing local letters, it is important to consider that parents receiving the letters may be sensitive to the information and feel their parenting skills are being criticised. As such, and as far as possible, the letters should be non-judgemental and positively phrased. Experience from parents, local NCMP teams and behavioural insights work strongly suggests that any information given to parents should be done positively and sensitively, avoiding stigmatising terms such as 'obese', 'fat' and 'morbidly obese'.

5.16 Whilst there are 6 clinical BMI centile categories outlined in Table 2, only 4 weight status categories are automatically generated in the NCMP parent result letter template: Healthy Weight, Underweight, Overweight and Very Overweight. We strongly advise these same 4 categories are used if developing local letters.

5.17 When producing the letters, a child's NHS number should be included.

5.18 It is the responsibility of local areas to check at least one out of every 10 letters printed against the information entered into the NCMP IT system to ensure the information has come through as expected, for example, checking that the child's weight, height and assigned weight status category are correct, and the correct date of birth and address are shown.

5.19 It is best practice to post result letters to parents and carers, particularly for Year 6 pupils, rather than using pupil post. This is to mitigate the risk of the letters getting into the hands of children's peers, leading to comparisons of results and potential bullying. Sending results by electronic means should also be considered where this meets local electronic communication and information governance guidelines as a means of achieving a paperless approach to the NCMP.

5.20 To ensure the result letters are meaningful, they should be sent to parents and carers as soon as possible and within 6 weeks after the measurements.

5.21 As with other health information being sent to a child's parents, the national NCMP parent result letter template are addressed to the 'Parent/carer of [child name]'. This is

because it is unlikely that the name of the parent or carer will be known, and it is at parents' discretion as to whether they share the results with their child.

Resources and contacts for parents

5.22 Weblinks directing parents to the [Change4Life 'Your Child's Weight' pages](#) are included in the parent result letter template, providing additional support and information relevant to a child's weight status.

5.23 It is recommended that the [Change4Life post-measurement leaflet: Top tips to keep your family healthy and happy](#) is enclosed with result letters to parents. This provides relevant Change4Life messaging and signposts to the Change4Life website for further information. This leaflet can be ordered or downloaded from the [PHE Campaign Resource Centre: Change4Life](#).

5.24 For underweight children, some areas choose to enclose locally developed information more specific to underweight children. It is advisable to check local care-pathways and referral routes with providers and/or clinical teams for advice and onward assessment if required. Further information and tips for parents of underweight children are available on the NHS Choices webpages^{35,36}. These weblinks are also available in the link to the Change4Life 'Your Child's Weight' pages included in the national specimen result letter to parents of underweight children.

5.25 Local authorities may also want to consider including the [Chief Medical Officers' physical activity infographic](#)³⁷ in the information sent to parents.

Proactive follow-up

5.26 In addition to sending result letters to parents, many areas proactively follow-up children identified as underweight, overweight, or very overweight. We recommend, as a minimum, that local authorities have a duty of care to provide proactive follow up to children who fall on extreme BMI centiles: on or below the 0.4th centile, and on or above the 99.6th centile. Proactive follow-up involves contacting the parents of those children to offer them personalised advice, an opportunity for a follow-up measurement (particularly for children identified on or below the 0.4th centile) and services to support them to help their child achieve a healthier weight.

5.27 Evaluation of NCMP feedback has shown that proactive follow-up can help to increase parental recognition of their child's weight status in parents of overweight and very overweight children. Improving parental acceptance of the result may assist in minimising resistance to feedback, support understanding of the impact of an unhealthy weight, and encourage access to and uptake of services.

5.28 Prior to making feedback calls it is recommended that the local authority and NCMP provider consider the following points and recommendations:

- Identify the range of tier 1 and tier 2 child weight management services available and determine if it is adequate to provide support to children, parents and families who will be contacted. It is not helpful to contact parents to discuss their child's weight status if no further support or services can be offered.
- Decide which groups of parents are going to be contacted, for example:
 - parents of all children falling outside the healthy BMI centile range
 - parents of children on or over the 98th centile, or on or under the 2nd centile
 - only those parents whose children are at the extreme ends of the BMI range
 - a specific year group; Reception or Year 6

5.29 If staff resource is limited targeting high risk (often the most deprived) areas with the highest overweight and obesity prevalence rates is advisable. **Small area level data** and the **NCMP and Child Obesity Profile** can be used to help identify areas and determine the actual number of children falling into the different categories to ensure the best use of staff time.

5.30 It is recommended that all children on or below the 0.4th centile are followed up as this may be an indication of undernutrition. Following a discussion with the parent, a repeat measurement should be offered and carried out by a school nurse or other appropriate health care professional. It is advisable to check local care-pathways and referral routes as onward referral to a GP, paediatrician or dietitian may be required. Ensure the emotional wellbeing of the child is considered if carrying out additional measurements or referring onwards.

5.31 Refer to the **RCPCH childhood and puberty close monitoring charts** for further information.

5.32 It is also recommended that all children on or above the 99.6th centile are followed up. These children are more likely to be suffering from health and wellbeing problems as a result of their weight and may require specialist support.

5.33 Following a discussion with the parent, and ensuring that both the emotional and physical wellbeing of the child is considered, an onward referral to a child's GP, paediatrician, dietitian or specialist Tier 3 paediatric weight management service may be required. It is advisable to check local care pathways and referral routes.

5.34 Check that a parental telephone number (and email) was collected as part of the class list information, or whether it is available on the local child health information

system. If not available through these methods, the NCMP Provider will need to contact the relevant schools once the target cohort is identified to gather this information.

5.35 The local authority and NCMP provider need to establish how many contact attempts will be made by phone and/or follow-up with a letter via post or email e.g. up to 3. The method of recording the outcomes of the call and contact attempts also needs to be established to enable effectiveness of the intervention to be assessed. For example, using a log to capture the outcome of a discussion with a parent such as:

- agreed to be referred to local child weight management services
- agreed to receiving further information about healthy lifestyles
- no information or referral required
- not an appropriate time for the child/parent to take action
- contact not able to be made after agreed number of attempts

5.36 A useful overall performance indicator for childhood obesity is to monitor if there is an increase in the uptake of local child weight management services. For more information please refer to [Guidance on Delivering and Commissioning Tier 2 Weight Management Services for Children and their Families](#) and [Key Performance Indicators: tier 2 weight management services for children and their families](#).

Supportive conversations with parents

5.37 When local practitioners are speaking to parents about the results, a sensitive, motivational approach should be used with an awareness of the sensitivities surrounding the subject. Otherwise, parents may feel judged, stigmatised and that their parenting skills are being criticised.

5.38 NCMP provider organisations are in a unique position to deliver brief interventions with children and families through Make Every Contact Count (MECC)³⁸. Research shows that brief interventions can help individuals decide to change their health behaviours. MECC training as part of Continual Professional Development, such as motivational interviewing techniques can equip staff to both recognise the opportunities as well as facilitate healthy conversations with parents. Additionally, PHE have developed a step-by-step guide to conversations about weight management with children and families for health and care professionals³⁹

5.39 Refer back to Chapter 3. Staff training: taking calls from parents and delivering proactive follow-up for information on what local training should cover to enable staff to maximise MECC opportunities when contacting parents following the receipt of the NCMP results letter.

5.40 PHE recently published guidance **National Child Measurement Programme: a conversation framework for talking to parents** is aimed to help school nurses, their teams and other professionals delivering the NCMP to:

- identify common emotional responses to NCMP feedback
- understand the origins of parents' emotional responses to NCMP feedback
- use the NCMP conversation framework to respond in a helpful and supportive way to parents who experience distress following NCMP feedback
- use the guide as a learning and development tool to improve practice

After the measurements: checklist

5.41 This checklist can be used as a prompt to ensure that all the critical tasks are complete before the result letters have been sent:

- access the NCMP IT system and download the editable national parent result letter template, making amendments as required
- make arrangements to send result letters to parents within 6 weeks of the measurements
- make provision to deliver proactive follow-up to locally agreed cohort (this can be done before result letters are sent to the parent).
- provide individual feedback and advice to parents based on the British 1990 BMI growth reference (UK90) clinical thresholds as automated through the NCMP IT system.

6. Data upload and validation

This chapter sets out how the NCMP data should be submitted to NHS Digital.

Submitting your data to NHS Digital

6.1 Once the mandatory and supplementary data has been collected and validated using the NCMP IT system, data must be finalised by the local authorities NCMP Leads by the August deadline. NHS Digital will advise a specific date for final data submission each year. Further details available from [NCMP IT System User Guide part 6: Data Submission](#)

6.2 It is recommended to regularly upload data at a minimum of at least once a term when data is being collected. This will identify potential data quality issues and reduce the risk of data submission being delayed.

6.3 Before finalising the data all records with validation warnings must be checked and either amended (if data is incorrect) or confirmed. It is not possible to finalise the dataset if there are unconfirmed warnings. The NCMP IT system data quality indicators should also be checked.

6.4 Further details available from [NCMP IT System User Guide part 5: Progress and Data Quality Monitoring](#).

6.5 After the deadline date, NHS Digital undertakes additional data validation. If deemed necessary, NHS Digital may contact the local authority to address any validation anomalies. These are likely to be minimal due to the enhanced validation incorporated prior to this. Information about the validation process is available from the [Validation of NCMP Data](#) on the 'related information' links section on the NHS Digital website

Data quality thresholds

6.6 The NCMP data holds UK National Statistics status. This means that it is an official statistic that meets the highest standards of trustworthiness, quality and public value. PHE and NHS Digital are always striving to improve the quality of the data. The quality and completeness of the NCMP data set has improved considerably since the onset of the programme in 2006/07. In order to continually improve the robustness of the data, 2 of the data quality thresholds are changing from 2019/20: whole and half measurements for weight and height and ethnicity.

Weight and height measurements

6.7 Measurements should not be rounded to the nearest whole or half kilogram or whole or half a centimetre. There is a data quality measure built into the NCMP IT system to look at the number of whole and half measurements. Statistically, it is expected that about 10% of records will be whole numbers and 10% of records will be half numbers.

6.8 The data quality threshold of records with 'whole and half measurements' will change from 2019/20. The proportion of records where the recorded height is exactly a centimetre or half a centimetre should not exceed 20%. The same check is carried out for weight in terms of a kilogram. Local authorities who do not meet the thresholds are shown in the data quality table published as part of the annual report by NHS Digital.

Ethnicity

6.9 Ethnicity is not a mandatory field in the data collection, however the number of local authorities that do collect it has improved over the years. Local authorities are strongly encouraged to provide this data item because it is an important variable allowing analysis of health inequalities in child obesity. The proportion of records with a missing ethnicity code is shown in the data quality table published as part of the annual report by NHS Digital.

6.10 From 2019/20 the data quality threshold of records without an ethnicity code will change from more than 25% to more than 15%. NHS Digital and PHE will support local authorities to improve this data item.

6.11 Further details about both data quality threshold changes are available from [NHS Digital IT System User Guide part 5: Progress and data quality monitoring](#).

7. Use of the NCMP data

This chapter sets out the information governance aspects of the NCMP, including the collection, sharing and analysis of NCMP data.

Use of data by NHS Digital

7.1 As part of the NCMP, NHS Digital publishes an **annual report** summarising key findings, including participation rates and prevalence trends. This report provides aggregated results, which are presented in accordance with the NHS anonymisation standard so that no individual child can be identified from the findings.

7.2 To support the national report, NHS Digital also makes available a non-disclosive version of the national NCMP data on the NHS Digital website¹⁰. This reduced version has several fields removed and others altered to ensure there is no risk of any child being identified.

7.3 Additionally, NHS Digital securely provides PHE with a copy of the national data set, which has been anonymised in accordance with the Information Commissioner's Office Anonymisation Code of Practice. This enables PHE to undertake additional analysis of the NCMP data and produce information tools and resources to support the wider use of the data locally. The data shared with PHE does not contain any information such as names or dates of birth and is provided under a data sharing agreement to protect the confidentiality of the children.

7.4 Organisations such as academic institutions may submit a request to NHS Digital for access to extracts of NCMP data that have not been made completely non-disclosive for research purposes. These could be provided under a data sharing contract and agreement to control the small risk of children being re-identified. Any requests for data extracts such as this are considered on a case-by-case basis by the **Independent Group Advising on the Release of Data (IGARD)**⁴⁰ and applications can be made through the **Data Access Request Service (DARS)**.

Use of data at a local level

Managing and protecting data locally

7.5 The NCMP Regulations allows for local authorities and those acting on their behalf to process NCMP data for the purposes of research, monitoring, audit, the planning of services, or for other public health purposes. Local authorities may also provide the NCMP data to others, such as researchers, provided it is disclosed in a form in which no

child can be identified. Local authorities are responsible for ensuring that appropriate processes are in place to manage any such data sharing but it is recommended that they refer to the [Information Commissioner's Office Anonymisation Code of Practice](#)⁴¹ and the [NHS anonymisation standard](#).

7.6 The legislation relating to the programme also allows for NCMP records to be:

- provided to children's parents, together with advisory material relating to the weight of children, and for the advice and support available to parents to help promote and assist improvements to their child's health
- disclosed by the local authority to a health professional that is able to provide the advice and support to parents with the aim of promoting and assisting improvement of the child's health and to offer any related treatment to the child.

7.7 This could be, for example, the child's GP or a family weight management service. Where this is done, it is essential that information about the data sharing is included in the pre-measurement letter to parents and a weblink included providing information about how a local authority or NCMP provider collect, use and share information.

7.8 A local data sharing agreement should be in place between the local authority and the parties with whom the data is being shared to ensure it is shared securely.

7.9 As personal information such as children's names, dates of birth and school numbers are collected as part of the NCMP, local authorities must ensure that processes are in place to protect confidentiality and comply with data protection legislation and the requirements of the [Information Governance Toolkit](#).

7.10 Local authorities must ensure that appropriate controls are in place to securely store the NCMP data, as well as manage who can access it and for what purposes.

7.11 The [Information Governance Alliance](#)⁴² provides guidance for the minimum retention period for the Child Health Record. Local authorities are advised to ensure their records retention schedule and disposal schedule is updated to include policy for the management of child health records.

7.12 Where local authorities employ a third party to manage or analyse the NCMP data on their behalf, a contract must be in place to ensure that this data processor complies with the requirements of data protection legislation. Local authorities are advised to ensure that any provider has achieved satisfactory compliance with the IG Toolkit or another appropriate standard.

Local data analysis

7.13 **NCMP: Guidance for data sharing and analysis** is useful for local authorities and other organisations who want to analyse the NCMP data.

7.14 Each year, following the completion of validation, local authorities can obtain their final validated NCMP data by extracting it from the NCMP IT system¹. Note that the NCMP IT system is not a data storage facility so the **data must be extracted before it is deleted early in the following calendar year**. NHS Digital will give notice to local authorities before deleting the data.

7.15 Local authorities can use this local analysis to support their joint strategic needs assessment, health and wellbeing strategies and the director of public health's annual report. Care must be taken to ensure that no data is published as part of this which could identify any individual children.

7.16 Local authorities may wish to use the data to evaluate the delivery of the NCMP locally. This is permissible under the Local Authority Regulations and data protection legislation as long as such data use is set out in the pre-measurement letter to parents.

7.17 Local authorities are advised to familiarise themselves with the **NCMP data published by PHE** before undertaking any local analysis. Local authority level data on underweight, healthy weight, overweight, obesity and severe obesity can be found and compared with other similar local authorities using the **NCMP and Child Obesity Profile tool**. Trend data from the NCMP shows child obesity, overweight, excess weight, severe obesity and underweight prevalence over time. Electoral Ward, Clinical Commissioning Group (CCG) and Middle Super Output Area (MSOA) level data is available, and this may prevent duplication of analysis. (see **Appendix 2: Data analysis and sharing NCMP data**, for more details).

7.18 Changes in the weight status of children between the first and final years of primary school were examined, using data from a small sample of 4 local authorities. A model has been developed by PHE as part of this report, to be used by local authorities to predict weight status in Year 6 children (see **Appendix 2**).

¹ For data security and auditing purposes, only NCMP leads are able to extract their LAs dataset.

Population analysis

7.19 When measuring a population of children (for example reporting NCMP findings at national or local authority levels) weight status is defined using UK90 BMI population cut-offs, which differ from the UK90 BMI clinical cut-offs shown in Table 2 (see chapter 5). Population cut-offs are slightly lower than the clinical cut-offs to capture those children already underweight, overweight or obese and those at risk of becoming underweight, overweight or obesity (i.e. those children who maybe on the borderline of the clinical definition). This helps ensure that adequate services are planned and delivered. For additional information on the BMI centile classifications used for population monitoring, and how to use these for analysis or research purposes, refer to PHE's [NCMP: Guidance for data sharing and analysis](#).

Providing results to schools

7.20 The legislation relating to the NCMP does not make provision for an individual child's result to be given directly to schools.

7.21 Non-identifiable information should be shared with schools to help engage them in promoting healthy weight in the school setting.

7.22 Each year, PHE makes available individual [NCMP school feedback letters](#) to local authorities for onward forwarding to schools. The letters include non-identifiable aggregated NCMP data relating to:

- school and England participation rates
- school, local authority and England obesity and excess weight prevalence rates

7.23 An editable template [cover letter](#), which should be sent with the school feedback letters, is also made available. It is recommended that local authorities add their logo to the cover letter and signpost to local sources of healthy weight information and support.

7.24 Local authorities can request the production of school cluster letters that present combined data for 2 or more schools. This is useful for schools who receive no data due to suppression, or for local authorities that wish to receive data for groups of schools. For example for those that will feed into their secondary schools or for federations which may have joint whole school approaches to the NCMP and child health and wellbeing. Contact ncmp@phe.gov.uk for further information.

7.25 [NCMP: Data sharing and analysis](#) and [small area NCMP data: short interpretation guidance](#) are useful resources if considering sharing any additional information with schools. If local authorities or schools receive requests for additional school-level data

under the Freedom of Information Act, it is important to ensure there is no risk of identifying individual children in the released information.

Data use at a local level: checklist

7.26 You can use this checklist to help inform your use of NCMP data:

- extract the data from the NCMP IT system before it is deleted
- make provision for the data to be held and released in a way that complies with the NCMP Regulations and for information to be given to parents about how the data will be used
- send the school feedback letter, along with the editable cover letter to schools
- draw on aggregated local NCMP analysis to inform joint strategic needs assessments.

Appendices

Appendix 1 provides an overview of the lawful basis for processing the NCMP data under the GDPR.

Appendices 2-4 show the NCMP resources currently available. These resources can be used to support programme delivery.

Appendix 5 is a collation of the delivery summary checklists, which can also be located at the end of chapters 3-5, and 7.

Appendix 6 is a list of the types of schools eligible for inclusion in the NCMP.

Appendix 1: The lawful basis for processing NCMP data under the GDPR and DPA 2018

Advice for local authorities and service providers

NCMP Regulations

- All local authorities in England are required to collect information on the height and weight of Reception and Year 6 school children.
- The statutory authority for processing NCMP data is provided by The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013² and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013³.

The General Data Protection Regulation (GDPR) and Data Protection Act 2018⁴ (DPA2018)

- The statutory authority for the NCMP means that the lawful basis for processing this data is considered to be provided by the following Articles of the GDPR:

² The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013: Available from: www.legislation.gov.uk/cy/uksi/2013/351/part/2/made?view=plain

³ The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: Available from: <http://www.legislation.gov.uk/uksi/2013/218/contents/made?view=plain>

⁴ Data Protection Act 2018. Available from: <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

- **Article 6(1)(c):** processing is necessary for compliance with a legal obligation to which the controller is subject
 - **Article 6(1)(e):** processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
 - **Article 9(2)(h):** processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services
 - **Article 9(2)(i):** processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.
- Although there are 4 possible legal bases under Articles 6 and 9, Articles 6(1)(c) and 9(2)(h) are considered to be the most appropriate bases for the processing of NCMP data.
 - No change is needed to the ways in which children's personal information is used and shared for the NCMP data collection to be lawful under the GDPR/DPA 2018.

Useful links

Data Protection Act 2018: Available here:

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

European Union GDPR Portal: Available here:

https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en

Information Commissioner's Office: Guide to the GDPR. Available here:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr>

Appendix 2: NCMP resources

Resource	Description and availability
Research	
Differences in child obesity by ethnic group	Published in January 2019, the results of this research showed that ethnicity has an independent effect on obesity prevalence in both Year 6 and Reception boys and girls.
Changes in the weight status of children between the first and final years of primary school	This report published by PHE in 2017 examines how weight status tracks in individual children during primary school using the NCMP data from 4 local authorities. Local authorities can use the model developed as part of this report to predict weight status in Year 6 children.
Predictors of health-related behaviour change in parents of overweight children in England	Study showing how parents of overweight children respond to receiving NCMP result letters. After feedback, 72% of parents reported an intention to change; 55% reported positive behaviour change. Parents of older and non-white children were more likely to report behaviour changes than parents of younger or white children.
Taking Stock: a Rapid Review of the NCMP	A report by the University of London's Institute of Education on the findings from the rapid review of the delivery of the NCMP undertaken in 2011.
Marketing and raising awareness	
Briefing for elected members and case studies	This briefing paper is jointly produced by the Local Government Association and Public Health England. It provides key information about the NCMP for local authority elected members. The case studies show how local authorities have engaged with stakeholders to tackle health inequalities.
NCMP pre-measurement leaflet for parents: school height and weight measurements	This leaflet for parents contains information about the NCMP along with Change4Life tips to help families lead a healthy lifestyle. This leaflet is available for download only from the PHE Campaign Resource Centre: Please note: an account will need to be set up on the Campaign Resource Centre to view this resource.

Staff training and development	
<p>Body Mass Index (BMI) growth chart</p> <p>Other growth charts</p>	<p>The Royal College of Paediatrics and Child Health website has education and training materials to support the use of the 2-18 growth chart. Copies of the growth chart can also be downloaded from the website.</p> <p>Down syndrome UK-WHO, 0-18 chart and childhood and puberty close monitoring chart UK-WHO.</p>
<p>Health Education England (HEE) e-learning modules</p>	<p>Childhood obesity e-learning modules. Some examples include:</p> <ul style="list-style-type: none"> • Health Promotion in Pregnancy: Obesity • Obesity Prevention in Children • Obese Toddlers and Infants • Key Child Public Health and Mental Health Issues for 5 to 12 years - Understanding and Tackling Obesity <p>Audio conversations (in development) to support the NCMP: A conversation framework for talking to parents.</p>
<p>NCMP: A conversation framework for talking to parents</p>	<p>This guide is for school nurses, their teams and other professionals is to have a supportive conversation with a parent about their child's NCMP feedback. An annexe is included to support practitioners respond to the most common issues raised by parents in response to receiving NCMP feedback.</p> <p>Resources in development:</p> <ul style="list-style-type: none"> • annexe 2: common queries and challenges • audio conversations (see HEE e-learning modules) • evidence summary
<p>Let's Talk about Weight: a step-by-step guide to conversations about weight management with children and families for health and care professionals</p>	<p>Practical advice and tools to support health and care professionals have conversations about weight management with children and their families.</p>

<p>All Our Health: Childhood Obesity</p>	<p>All Our Health is a 'Call to Action' for all health and care professionals to embed and extend prevention, health protection and promotion of wellbeing and resilience into practice. All Our Health provides a framework and tools and resources to support this 'health promoting practice' with quick links to evidence and impact measures and top tips on what works. All Our Health topic guides are available on a number of public health challenges where health promoting practice can make a real difference.</p>
<p>Promoting a healthier weight for children, young people and families: consistent messaging</p>	<p>Resources intended to support health and care professionals provide a core set of evidence-based healthier weight, nutrition and physical activity messages throughout the life course.</p> <p>They consist of a set of infographics for use in practice, a set of slides to be used as a training tool and a child obesity animation.</p>
<p>Making Every Contact Count (MECC)</p>	<p>Training to enable practitioners to be well equipped when having positive conversations with parents.</p>
<p>Data analysis and sharing NCMP data</p>	
<p>Childhood obesity patterns and trends: presentation</p> <p>Regional patterns and trends in child obesity: presentations</p> <p>NCMP and child obesity profile (fingertips tool)</p>	<p>These PowerPoint slides present key data and information on child obesity and excess weight in clear, easy to understand charts and graphics. They have been produced by the Obesity Population Health Analysis team in the Health Improvement Directorate and can be used freely with acknowledgement to 'Public Health England'.</p> <p>Presentations of the latest data on child obesity at regional level.</p> <p>Prevalence of underweight, healthy weight, overweight, obesity and severe obesity for children in Reception (age 4-5 years) and Year 6 (age 10-11 years) can be examined at local authority level. Data quality indicators are also available in this tool, for example rate of participation in the NCMP. Five years' worth of data combined for obesity prevalence provides inequalities data for sex, deprivation and ethnic group by local authority.</p>

<p>Child obesity and excess weight: small area level data</p> <p>Guidance for data sharing and analysis</p> <p>NCMP guidance for small-area analysis. Published July 2011</p> <p>PHE Obesity Intelligence Knowledge Hub</p>	<p>This data publication is a series of Excel spreadsheets providing trend data for the prevalence of child excess weight (overweight including obesity) from 2010/11 to 2017/18 and child obesity from 2008-09 to 2017-18.</p> <p>The spreadsheets present 3 years of aggregated data from the NCMP for these 4 geographies separately:</p> <ul style="list-style-type: none"> • middle super output areas (MSOA): 2011 • electoral wards: 2018 • clinical commissioning groups (CCG): 2018 <p>local authorities (LA) and England: 2013</p> <p>This guidance is designed to support those local authorities and other organisations that wish to undertake additional investigation of the data. Includes guidance on data sharing, data protection and disclosure.</p> <p>This paper provides advice for users of the NCMP dataset who wish to undertake analysis at small-area level, such as local neighbourhoods or communities.</p> <p>Reports, data and tools available on PHE Obesity Intelligence Knowledge Hub (no need to join). Or sign up on https://khub.net/ and join the PHE Obesity Intelligence group.</p>
<p>NHS Digital guidance and annual reports</p>	
<p>NHS Digital NCMP IT system, user guidance</p> <p>NHS Digital NCMP Key Findings reports</p>	<p>Guidance and education resources to support use of the NCMP IT system, and information about the process NHS Digital uses to validate NCMP data.</p> <p>These annual reports summarise the key NCMP findings</p>

Appendix 3: Change4Life resources

Resource	Description and availability
Change4Life post-measurement leaflet	<p>Local authorities should send the Change4Life 'top tips to keep your family healthy and happy' when sending the results letters. The leaflet includes key behaviour changes to help children eat well and be active. These are available from the PHE Campaign Resource Centre.</p> <p>Please note: an account will need to be set up on the Campaign Resource Centre to view this resource.</p>
Change4Life Our Healthy Year resources	<p>A downloadable suite of Our Healthy Year resources, is available on the School Zone. These resources include toolkits, calendar wallcharts and other teaching materials for:</p> <p>Head teachers, Reception and Year 6 teachers to help them teach their pupils about healthy lifestyles. Includes ideas for whole school activities to encourage eating well and moving more, as well as suggestions for engaging parents. Teachers can subscribe to Change4Life School Zone keep up-to-date with new materials and campaigns.</p> <p>For school nursing teams and other NCMP providers delivering NCMP locally to help them support children and their families to engage in healthier lifestyles as part of delivering the NCMP in schools.</p>

Appendix 4: Other Guidance and Healthier Weight Resources

Resource	Description and availability
National Institute for Health and Care Excellence (NICE) guidance	
Obesity prevention (CG43)	<p>This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years' settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.</p> <p>Published: December 2006 Last updated: March 2015.</p>

<p>Obesity in children and young people: prevention and lifestyle weight management programmes (QS94)</p>	<p>This quality standard covers preventing children and young people (under 18) from becoming overweight or obese, including strategies to increase physical activity and promote a healthy diet in the local population. It also covers lifestyle weight management programmes for children and young people who are overweight or obese. It describes high-quality care in priority areas for improvement. Published: July 2015</p>
<p>Obesity: identification, assessment and management (CG189)</p>	<p>This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. Published: November 2014</p>
<p>Weight management: lifestyle services for overweight or obese children and young people (PH47)</p>	<p>This guideline covers lifestyle weight management services for children and young people aged under 18 who are overweight or obese. It advises how to deliver effective weight management programmes that support children and young people to change their lifestyle and manage their weight. Published: October 2013</p>
<p>Obesity: working with local communities (PH42)</p>	<p>This guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this. Published: November 2012 Last updated: June 2017</p>
<p>Other relevant resources</p>	
<p>The government's Childhood Obesity: A plan for action, chapter 1</p> <p>The government's Childhood obesity: A plan for action, chapter 2</p>	<p>The government's plan for action to significantly reduce childhood obesity by supporting healthier choices. Published dates: Chapter 1, August 2016 and Chapter 2, June 2018.</p>

<p>Tier 2 lifestyle weight management service specifications</p> <p>Weight management: guidance for commissioners and providers</p>	<p>Guides to support the commissioning and delivery of tier 2 weight management services for children, families and adults.</p>
<p>Promoting healthy weight in children, young people and families: resource to support local authorities</p>	<p>A resource to support local authorities, NHS commissioners and providers, voluntary and community sector organisations to take action to reduce obesity.</p> <p>Includes practice examples to promote healthy weight for children, young people and families as part of a whole systems approach.</p>
<p>Making obesity everybody's business: A whole systems approach to obesity</p>	<p>This briefing focuses on the Whole Systems Obesity programme, which will provide local authorities with a different approach to tackling obesity. The programme is exploring the evidence and local practice to develop guidance and tools to help councils set up a whole systems approach to obesity in their local area.</p>
<p>Healthy weight, healthy futures: local government action to tackle childhood obesity</p>	<p>Local Government Association's briefing showcasing the wide variety of ways and different partners are undertaking to tackle childhood obesity.</p>
<p>Healthy Schools Toolkit</p>	<p>Schools play an important role in supporting the health and wellbeing of children and young people. Healthy Schools continues to offer a practical, 'plan-do-review' approach to improving health and wellbeing in children and young people. The complete toolkit contains school examples, adaptable templates and information.</p>
<p>NHS Choices Healthy Weight Calculator</p>	<p>The NHS Choices Healthy Weight calculator calculates a child's BMI centile in line with the approach used by the NCMP and that recommended by NICE and the RCPCH.</p>

iPhone App tracker	An iPhone App version of the calculator, which allows weight status to be tracked over time, is available to download free from the Apple App Store.
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Appendix 5: Delivery summary checklists

Planning the measurements: checklist

Planning the measurements		
1.	plan to raise awareness and understanding of the programme with elected members, other local authority colleagues, primary care professionals, head teachers/school governors, parents and children	<input type="checkbox"/>
2.	engage with local authority education officers, or directly with schools to arrange for class lists to be provided	<input type="checkbox"/>
3.	liaise and engage with schools to gain their support in delivering the NCMP and to agree dates for measurement and book an appropriate room	<input type="checkbox"/> <input type="checkbox"/>
4.	send the pre-measurement letter to parents at least 2 weeks before measurements take place ensuring that any necessary local amendments have been made	<input type="checkbox"/>
5.	liaise with schools to collate any children that have been withdrawn and identify other children for whom it may not be appropriate to participate	<input type="checkbox"/>
6.	identify staff with the necessary mix of clinical, administrative and data skills to deliver the programme	<input type="checkbox"/>
7.	provide staff with the necessary training and support to ensure they are competent to complete the measurements, and record and upload the data	<input type="checkbox"/>
8.	ensure all staff involved in the weighing and measuring have an Enhanced Disclosure and Barring Service check	<input type="checkbox"/>
9.	have appropriate and calibrated scales	<input type="checkbox"/>
10.	consider making alternative arrangements for children who cannot take part in the programme due to physical disabilities or for medical reasons	<input type="checkbox"/>
11.	send electronic copies of the pre-measurement leaflet for parents: School height and weight measurements , or alternatively download the leaflet for local printing when sending the pre-measurement letters.	<input type="checkbox"/>

Doing the measurements: checklist

Doing the measurements		
1.	decide on your preferred method for recording results (either the online browser-based system or the offline Excel spreadsheet)	<input type="checkbox"/>
2.	if you are using the online browser-based system: <ul style="list-style-type: none"> • ensure you will have internet access at the point of measurement • if you plan to use a school's wireless network connection or operate over a 3G or 4G network then you should check that the room in which you will carry out the exercise has adequate network coverage 	<input type="checkbox"/> <input type="checkbox"/>
3.	if you are using the Excel spreadsheet, before you visit the school: <ul style="list-style-type: none"> • download the pupil details for your visit to the spreadsheet • ensure that the laptop used to hold the spreadsheet is encrypted and password protected 	<input type="checkbox"/> <input type="checkbox"/>
4.	ensure that a private room or screened-off area is available within the school for the measurements	<input type="checkbox"/>
5.	arrange equipment in the measurement area so that the results cannot be seen by anyone apart from the person recording the measurements	<input type="checkbox"/>
6.	follow the protocol set out in chapter 4 when measuring children and recording the results	<input type="checkbox"/>
7.	use professional judgement to decide whether to measure children with growth disorders or medical conditions, such as cerebral palsy, a leg in plaster or a prosthetic leg	<input type="checkbox"/>

After the measurements: checklist

After the measurements		
1.	access the NCMP IT system and download the editable national template result letters, making amendments as required	<input type="checkbox"/>
2.	make arrangements to send result letters to parents within 6 weeks of the measurements	<input type="checkbox"/>
3.	make provision to deliver proactive follow-up to locally agreed cohort (this can be done before result letters are sent to the parent)	<input type="checkbox"/>
4.	provide individual feedback and advice to parents based on the British 1990 BMI growth reference (UK90) clinical thresholds as automatically done through the NCMP IT system.	<input type="checkbox"/>

Data use at a local level: checklist

Data use at a local level		
1.	extract the data from the NCMP IT system before it is deleted	<input type="checkbox"/>
2.	make provision for the data to be held and released in a way that complies with the NCMP Regulations and for information to be given to parents about how the data will be used	<input type="checkbox"/>
3.	send the school feedback letter, along with the editable cover letter to schools	<input type="checkbox"/>
4.	draw on aggregated local NCMP analysis to inform joint strategic needs assessments	<input type="checkbox"/>

Appendix 6: Types of schools

Type of establishment	Definition
Academies	State-funded
Academy Converter	State-funded
Academy Sponsor Led	State-funded
Community School	State-funded
Foundation School	State-funded
Free Schools	State-funded
Voluntary Aided School	State-funded
Voluntary Controlled School	State-funded
Community Special School	Independent
Foundation Special School	Independent
LA Nursery School	Independent
Non-Maintained Special School	Independent
Other Independent School	Independent
Other Independent Special School	Independent
Pupil Referral Unit	Independent
Academy Special School	Independent
Academy Alternative Provision Converter	State-funded
Academy Special Converter	State-funded
Academy Special Sponsor Led	State-funded
Free Schools - Alternative Provision	State-funded
Free Schools Special	Independent
Academy 16-19 Converter	State-funded
Academy 16-19 Sponsor Led	State-funded
Academy Alternative Provision Sponsor Led	Independent
City Technology College	State-funded
Free Schools - 16-19	State-funded
Studio Schools	State-funded
University Technical College	State-funded

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