

**NATIONAL CHILD
MEASUREMENT PROGRAMME
OPERATIONAL GUIDANCE FOR
THE 2011/12 SCHOOL YEAR**

DH INFORMATION READER BOX

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

If you have queries about the NCMP, you can email the Department of Health at ncmp@dh.gsi.gov.uk. For queries about the NHS Information Centre's software for sending result letters to parents and uploading data, please telephone **0845 300 6016** or email ncmp@ic.nhs.uk.

The NCMP data collection for the 2011/12 school year has been approved by the Review of Central Returns (ROCR) Steering Committee (reference number ROCR/OR/2098/001MAND).

The ROCR team is keen to receive feedback on central data collections from the colleagues who complete/submit returns; in particular, about the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form:

www.ic.nhs.uk/webfiles/Services/ROCR/Data%20Collection%20Feedback%20Template.xls

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Executive summary

The public's health is a priority for the Government, and the White Paper *Healthy Lives, Healthy People: Our strategy for public health in England*¹ set out the Government's bold vision, including radical reforms to the public health system, to improve the health of the population. On 14 July, the Department of Health published an update to the White Paper,² setting out the progress we have made in developing the vision for public health.

Annual data from the National Child Measurement Programme (NCMP) continues to tell us that, while progress is being made in tackling child obesity – with the rise in 2–10-year-olds from one in ten children in 1995 to almost one in seven in 2008 appearing to level off³ – rates are still far too high, with more than one in five children overweight or obese by age 3.⁴

Action is needed to address overweight and obesity in childhood. The Government is committed to tackling obesity, a key public health challenge, and will be publishing *Healthy Lives, Healthy People: A call to action on obesity in England* setting out the Government's new approach to obesity and the role that a wide range of partners can play in helping to address this issue.

Furthermore, the Government has made clear that the NCMP will continue, providing local areas with important information about levels of overweight and obesity in children to inform planning and commissioning of local services.

This annual guidance provides primary care trusts (PCTs) with advice on how they should implement the NCMP. While there are no fundamental changes to the operational delivery of the NCMP for the 2011/12 school year, the guidance has been amended in the light of findings from recent research, feedback from practitioners, and the significant reforms and transitions that are under way within the NHS.

1 HM Government, *Healthy Lives, Healthy People: Our strategy for public health in England*, November 2010: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121941

2 HM Government, *Healthy Lives, Healthy People: Update and way forward*, July 2011: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128333.pdf

3 National Obesity Observatory, *National Child Measurement Programme: Changes in children's body mass index between 2006/07 and 2008/09*, 2010: www.noo.org.uk/uploads/doc/vid_6540_NOO_NCMP_v1.pdf

4 Rudolf M, *Tackling Obesity through the Healthy Child Programme: A framework for action*, 2009: www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf

The NCMP is widely recognised as being a world-class source of public health intelligence and has UK National Statistics status.⁵ The high participation rates in recent years reflect the continued effort of those delivering the programme at the local level. We would like to thank all PCTs, schools, local authorities and other organisations and staff who have worked to ensure the successful delivery of the programme.

5 UK Statistics Authority, *National Child Measurement Programme, Assessment Report 18*, November 2009: www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-18---national-child-measurement-programme.pdf

1 Introduction

This section sets out the Government's commitment for the NCMP to continue. It explains the purpose of the guidance and of the NCMP, and provides a summary of the findings from 2009/10 and DH commissioned research. Key forthcoming dates are also provided.

1.1 Purpose of this guidance

- 1.1.1 This guidance sets out best practice for PCTs and local authorities on implementing the NCMP. It has been updated following input and feedback from those delivering the programme and takes account of lessons learned in previous years.
- 1.1.2 This guidance provides advice on:
- What to do before the measurements are taken (**section 2**);
 - Completing the measurements (**section 3**);
 - What to do after the measurements are taken (**sections 4, 5 and 6**).
- 1.1.3 This is not statutory guidance. The National Child Measurement Programme Regulations 2008,⁶ which provide for the weighing and measuring of children in schools by PCTs, are made under the National Health Service Act 2006 and outline certain provisions, set out in this guidance, that must be adhered to.
- 1.1.4 Updated guidance for schools for 2011/12 will be available in summer 2011.

1.2 Purpose of the NCMP

- 1.2.1 The NCMP provides high-quality, reliable data on child overweight and obesity levels and trends. The programme is now recognised internationally as a world-class source of public health intelligence and holds UK National Statistics status. The data are key to improving understanding of overweight and obesity in children. They are used at a national level to inform policy and locally to inform the planning and commissioning of services.
- 1.2.2 The NCMP also provides an opportunity to raise public awareness of child obesity and to assist families to make healthy lifestyle changes through provision of a child's result to their parents.

⁶ National Health Service, England: The National Child Measurement Programme Regulations 2008, January 2009: www.legislation.gov.uk/uksi/2008/3080/made

1.3 NCMP: 2009/10 results

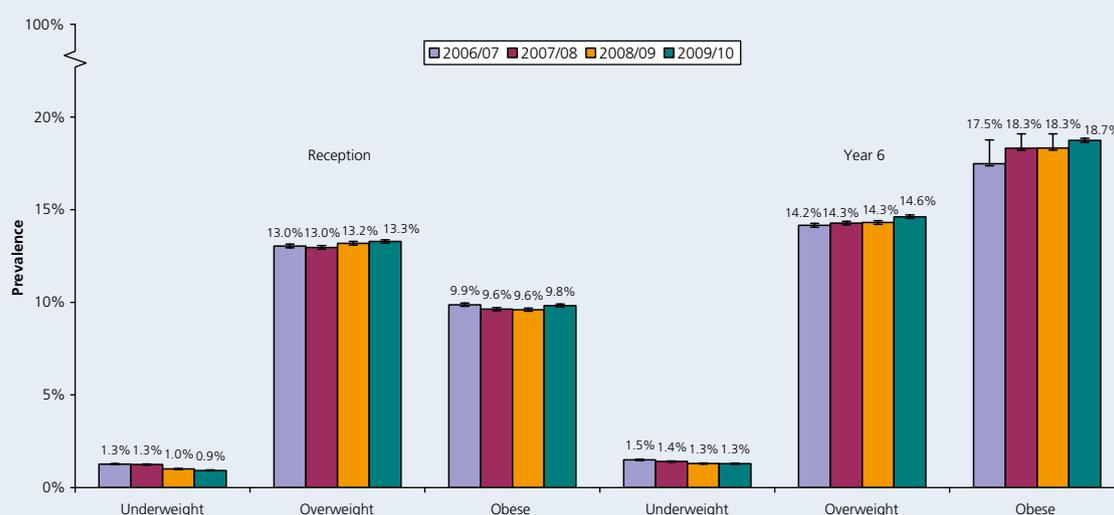
1.3.1 The high participation rates achieved in recent years reflect the continued efforts of those delivering the programme at the local level. We would like to thank all PCTs, schools and other organisations and staff who have worked hard on the programme at regional and local levels. The following box shows key findings from the 2009/10 programme.⁷

NCMP 2009/10: Key findings

- In a clear demonstration of continued local commitment to the programme, 91% of eligible children in reception year and year 6 – more than 1 million children – had their weight and height recorded. This means that reliable data are available with which to monitor progress at local and national level in tackling child obesity.
- There has been no significant change in the overall prevalence of overweight and obese children in either age-group compared with the NCMP results from the previous three years. Even though **the overall rise in child obesity is stabilising, the level of child obesity is still high** (9.8% in reception and 18.7% in year 6), as shown in **Figure 1**.

⁷ NHS Information Centre, *National Child Measurement Programme: England, 2009/10 school year*, December 2010: www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/ncmp/NCMP_2009-10_report.pdf

Figure 1: Prevalence of underweight, overweight and obese children by school year, England, 2006/07 to 2009/10



Notes:

1. All percentages are rounded to one decimal place.

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset

- Major differences still exist between different groups within the population. For example, a marked relationship exists with deprivation, with obesity prevalence increasing as socioeconomic deprivation increases, especially in year 6. There are also marked differences between ethnic groups.
- The prevalence of underweight, healthy weight, overweight and obese is shown in Table 1 for boys and girls in each age-group.

Table 1: Prevalence of underweight, healthy weight, overweight and obese children by school year and sex, England, 2009/10

		Numbers/ Percentages										
		Underweight		Healthy Weight		Overweight		Obese		Overweight and obese combined		Number measured
Reception	Boys	3,066	1.1%	200,692	74.5%	37,340	13.9%	28,148	10.5%	65,488	24.3%	269,246
	Girls	1,819	0.7%	199,277	77.5%	32,572	12.7%	23,585	9.2%	56,157	21.8%	257,253
	Both	4,885	0.9%	399,969	76.0%	69,912	13.3%	51,733	9.8%	121,645	23.1%	526,499
Year 6	Boys	2,826	1.1%	164,077	63.9%	37,628	14.6%	52,317	20.4%	89,945	35.0%	256,848
	Girls	3,606	1.5%	162,640	66.9%	35,441	14.6%	41,332	17.0%	76,773	31.6%	243,019
	Both	6,432	1.3%	326,717	65.4%	73,069	14.6%	93,649	18.7%	166,718	33.4%	499,867

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset

1.4 Future of the NCMP

- 1.4.1 The recent public health White Paper *Healthy Lives, Healthy People* sets out a bold vision for public health that puts local authorities in the driving seat, makes a commitment to ring-fence local public health budgets, and empowers local communities to come together to tackle the challenges they face.
- 1.4.2 Within this new approach, the Government has prioritised tackling obesity. The Secretary of State has confirmed that the NCMP will continue, providing essential information about levels of overweight and obesity in children to inform the planning and commissioning of local services.
- 1.4.3 As part of the proposals concerning the transition of responsibility for public health to local authorities, the recent consultation on the funding and commissioning routes for public health proposed that responsibility for delivering the NCMP will pass to local authorities. The recent update to the White Paper⁸ confirms this and highlights the Government's plan to prescribe the delivery of NCMP by local authorities.
- 1.4.4 With the transition of responsibility for public health to local authorities and the granting of new freedoms for local areas, the role of the NCMP in providing local data and intelligence on child obesity prevalence and trends will become even more essential. Local areas will need a robust, reliable source of data with which to convince new audiences of the importance of tackling child obesity and on which to base future obesity planning and commissioning decisions.
- 1.4.5 Furthermore, the Government has recently consulted on the possibility of adopting a child healthy weight outcome indicator within the proposed public health outcomes framework. The NCMP is currently the only source of reliable data on child obesity prevalence in a local area, and so may also be used by local areas, in the future, as evidence of the achievement of any healthy weight outcome indicator that may be adopted.

Transition

- 1.4.6 The 2011/12 NHS Operating Framework⁹ sets out very clearly that during the transition year (2011/12) the NHS must continue to lead on improvements to public health, ensuring that public health services are in the strongest possible position when responsibilities are devolved to local authorities. Therefore,

8 HM Government, *Healthy Lives, Healthy People: Update and way forward*, July 2011: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128333.pdf

9 Department of Health, *The Operating Framework for the NHS in England 2011/12*, December 2010: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738

during the interim period it will remain the responsibility of PCTs to continue to deliver the NCMP.

- 1.4.7 The 2011/12 NHS Operating Framework states that NHS organisations will continue to be held to account against the existing public health indicators. Child obesity, underpinned by NCMP data, can be considered to be a public health indicator. Furthermore, the framework sets out that underperformance of existing public health indicators will trigger proportional action that may include intervention from the centre.

1.5 Evaluating the NCMP

- 1.5.1 To inform future development of the NCMP, DH is committed to listening to local areas' needs and to building the evidence base for effective delivery of the programme. To this end, DH has recently commissioned a number of studies, the findings of which will be made available to local areas to assist with informing practice, and will also be used to inform policy decisions about the programme at the national level.
- 1.5.2 The guidance in this document seeks to advise practitioners in line with the evidence from the reviews. We have attempted to address a number of the issues raised by the reviews in this guidance, by providing additional information where possible. We will consider how to address other issues in the forthcoming year.

Rapid review

- 1.5.3 In early 2011, an independent rapid review of the NCMP was completed in order to take stock of its progress. The review was asked to report on the challenges faced by the programme since its launch in England in 2005, drawing together new and existing information, and to reflect on how the NCMP might look in the new public health system.
- 1.5.4 The review was completed by the Thomas Coram Research Unit, Institute of Education, in March 2011,¹⁰ and involved the analysis of existing DH commissioned research; a rapid literature review; interviews with 17 stakeholders representing national, regional and local organisations; and an online survey completed by 215 local practitioners involved strategically or operationally with the delivery of the NCMP. The key findings from the review are set out in the following box.

¹⁰ Thomas Coram Research Unit, Institute of Education, University of London, *Taking Stock: A rapid review of the National Child Measurement Programme*, April 2011: <http://eprints.ioe.ac.uk/6743/>

NCMP rapid review: Key findings

Achievements and benefits

- The NCMP has been important in raising the profile of child obesity, by providing evidence of the scale of the problem both locally and nationally.
- Local practitioners report that the data provide a key opportunity to initiate a dialogue with local partners and make the case for the prioritisation of child obesity in service planning.

Future delivery

- Local funding and staff capacity were cited as being important for ensuring the future delivery of the NCMP.

Local delivery arrangements

- DH guidance and systems to support data upload and generate result letters were judged to have been of help by more than 80% of respondents.
- Being able to share the NCMP results with schools was reported as a key factor in securing their engagement. Some areas wanted to be able to share identifiable data with schools to aid further engagement.

Routine feedback

- Almost 75% of respondents stated that routine feedback was provided to all parents of children taking part in the NCMP.
- Two-thirds of practitioners thought that the benefits of providing routine feedback outweighed the negative impacts.
- Most local practitioners supported the notion that the routine feedback letters should continue to be sent to all weighed and measured children, not just those with an unhealthy body mass index (BMI) centile, but a minority held strong views against this.
- In areas where letters were sent, 88% of respondents said that the DH routine feedback letter template was used. Almost all made minor amendments to the letter. Retaining a set approach to the contents of the letter while allowing local modifications was seen as important.
- Practitioners reported that raising parental awareness and providing the opportunity to engage with parents in relation to their child's weight were key benefits of providing routine feedback.
- A wide range of information is sent out with the routine feedback letter, the most common leaflet being the DH Change4Life resource.

- Most practitioners reported handling calls from parents as being the most common negative impact of routine feedback alongside the resource implications.
- Staff felt that training on how to handle calls from parents was important.

Proactive follow-up

- Nearly two-thirds of practitioners thought that proactive follow-up in the form of a telephone call or visit was essential for very overweight (obese) children, although fewer than half felt proactive follow-up was needed for overweight and underweight children. Many practitioners felt that follow-up was desirable but not possible because of the resources it would require.
- Over half of practitioners reported offering proactive follow-up in their area, although in some instances these were small-scale pilots.
- In those areas offering proactive follow-up:
 - all did so with very overweight children;
 - half did so with overweight or underweight children;
 - the predominant method was by telephone;
 - school nurses were the ones most likely to undertake it;
 - lack of capacity was reported as the main barrier to delivery; and
 - local practitioners identified the need for evidence regarding the impact and effectiveness of proactive follow-up in order to inform commissioning.
- Although almost all of those offering proactive follow-up felt that the benefits outweighed the negative aspects, there were mixed views about the impact of proactive follow-up, with a third reporting no negative impact and a quarter reporting a negative impact (usually on practitioners rather than on families).

IT issues

- There was support for the continued provision of national IT tools, advice and user support.
- There was a call for the IT system to be able to extract data from other systems used locally for the initial data collection, such as the child health system.

Data analysis and data sharing

- There was considerable support for and value attributed to the analysis of data and production of an annual local report as being useful elements of the NCMP.
- Local areas most commonly share aggregated data with schools and health professionals, followed by planning services and leisure services.

Evidence synthesis on feeding back child weight status to parents

1.5.5 There is limited research evidence on the impact and effectiveness of sharing the results of children's height and weight measurements with their parents. DH has undertaken a rapid evidence synthesis on this subject, based on 11 papers identified during a literature search. The list below sets out the key findings.

- Parents generally do not have an accurate perception of their child's weight status.
- Parents generally support child weighing and measuring programmes and see feedback as a good idea.
- Parents want feedback to be phrased positively.
- Parents of overweight or obese children are more likely to be dissatisfied with the information or find the letter unhelpful.
- There was evidence that parents with children identified as overweight or obese were more likely to make changes to diet and physical activity, but follow-up suggests these changes were not maintained.
- There was no evidence of any particular feedback mechanism being better or worse than any others; however, there was a preference for feedback by letter.
- Some parents who received feedback saying their child was obese or overweight reported feeling shocked, angry, worried and upset. Feedback of child's weight status may have unintended consequences such as parents restricting their child's eating. Child obesity can be interpreted as a criticism of poor parenting practices and choices.

1.6 NCMP key dates for 2010/11 and 2011/12

1.6.1 Below is a table outlining the expected key dates for the NCMP in the 2010/11 and 2011/12 school years.

Table 2: Key dates

Date	NCMP 2010/11	NCMP 2011/12
July 2011		NCMP guidance for local areas issued NCMP guidance for schools issued
September 2011	2 September 2011 – last day to upload NCMP 2010/11 data	Academic year starts. Local areas can weigh and measure children throughout the school year
October 2011		NHS IC feedback software available NHS IC upload software and DH editable template result letter available
December 2011	2010/11 NHS IC national report and online mapping of results published	
January 2012	Public Health Observatories (PHOs) provided with data by NHS IC, and PCTs to have access to their own final validated dataset from their PHO	
August 2012		17 August 2012 – last day to upload NCMP 2011/12 data
December 2012		2011/12 national report and online mapping of results published
January 2013		PHOs provided with data by NHS IC, and PCTs to have access to their own final validated dataset from their PHO

2 Before the measurements

This section sets out the data that PCTs need to collect as part of the NCMP, which schools and children should be included and the staff training and equipment that are recommended.

2.1 Data to be collected by the PCT

- 2.1.1 As part of the weighing and measuring process, PCTs should collect the essential and supplementary data elements listed at **annex 1**.
- 2.1.2 To ensure that the information collected provides an accurate picture of the population, PCTs and local authorities should work to maximise participation in the NCMP. PCTs, working with partners, should aim to achieve or maintain participation rates by eligible children in the region of at least 85% and, where possible, build on higher participation rates achieved previously.
- 2.1.3 We encourage PCTs, where possible, to use electronic (e.g. a Microsoft Excel spreadsheet) rather than paper records when recording height and weight, to reduce errors when transferring data. Heights and weights should be recorded on to a record that is pre-populated with the appropriate data fields – i.e. school name and unique reference number and pupil name, sex, date of birth, date of measurement and home address and postcode. Ethnicity should be collected where available from the school or child health records.

2.2 Which children should be measured?

- 2.2.1 PCTs should measure all children in reception year (generally aged 4–5 years) and year 6 (generally aged 10–11 years) who are pupils within the eligible schools in their area.
- 2.2.2 Whichever type of school they attend – whether mainstream, independent or special – **the NCMP Regulations¹¹ state that only children able to stand on weighing scales and height measures unaided should be weighed and measured for the NCMP; children who are unable to do so are legally exempt from participation and should not be included.** They should also be excluded from the total eligible for measurement in that school.
- 2.2.3 Care should be taken to avoid stigmatising any children who are unable to participate in the NCMP, and to deal sensitively with any children who have particular needs (further information is provided in **section 3** of this

¹¹ National Health Service, England: The National Child Measurement Programme Regulations 2008, January 2009: www.legislation.gov.uk/uksi/2008/3080/made

guidance). PCTs have a duty to make reasonable adjustments in the way they deliver health services to children with physical disabilities and special educational needs,¹² and should work closely with schools to offer alternative provisions.

- 2.2.4 The small number of children who are unable to take part in the NCMP due to their disability should be offered alternative arrangements using the letter in **annex 2**, as the parents or carers can still benefit from receiving information and lifestyle advice, including specialist advice appropriate to the child's circumstances.
- 2.2.5 Children's existing medical and mental health conditions should be taken into account when considering if they should participate, even if their parent or carer has not withdrawn them. Care should be taken to ensure that the child is content to be measured and is given the chance not to take part if they do not want to. Where possible you may wish to liaise with the school before taking measurements to identify children who might be particularly sensitive about being measured, for example, those with diagnosed eating disorders.

2.3 Which schools should be included?

Maintained schools within the PCT boundary

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

Independent and special schools and children with physical disabilities or medical conditions

- 2.3.3 Measurement in independent and special schools is encouraged where possible. Data from these schools will be included in the national database and provided back to PCTs. However, since some PCTs do not have established relationships with these schools, they will not be included when calculating participation rates, nor will they be included in the national report.

¹² Equality Act 2010: www.legislation.gov.uk/ukpga/2010/15/contents

2.4 Working with schools and parents/carers

Schools

- 2.4.1 The good working relationships between PCTs and schools with respect to the NCMP is reflected in the fact that more than 99% of state-maintained primary and middle schools across the country take part in the programme. Experience gained over past years of the NCMP shows that PCTs with close working relationships with schools have achieved the highest participation rates.
- 2.4.2 Although school involvement in the NCMP is voluntary, participation helps schools contribute to the improvement of the health and wellbeing of pupils, which, as stated in the schools White Paper, *The Importance of Teaching*,¹³ is something that good schools do without being told.
- 2.4.3 PCTs may wish to liaise with their local authorities about contacting schools in their area, or contact the schools directly. If engaging with a school directly, PCTs might find it helpful to establish a single named contact to liaise with. The PCT should agree plans for the NCMP in the school, including arranging a date and time for the measurements to be done and asking schools to prepare the class list for the PCT.
- 2.4.4 PCTs will need class list details of all children in reception and year 6 who are participating in the NCMP, as well as the number of children who have been opted out of the programme by their parents in each age-group. This information can be provided directly by the school, or may be available from the local authority. However, the school is most likely to have the most up-to-date information, and the local authority may not have address information until after the school census takes place in January.
- 2.4.5 A specimen letter for PCTs to send to school head teachers and boards of governors is provided at **annex 3**.
- 2.4.6 PCTs and schools should continue to work together to ensure that parents and carers are informed about the NCMP and have the opportunity for their children to participate or opt out. They should do this by ensuring that letters are sent to parents and carers at least two weeks before the measurements are scheduled to take place. A specimen letter is provided at **annex 4**.
- 2.4.7 PCTs may want to undertake the measurements as part of other Healthy Child Programme activities in the school, such as the recommended health assessment at school entry or other activities with year 6.

13 Department for Education, *The Importance of Teaching*, November 2010: www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%207980#downloadableparts

- 2.4.8 From April 2011 the Healthy Schools Programme became schools-led, with support to schools being given through simplified online tools and guidance available on the Department for Education website.¹⁴ Recent consultation undertaken with a sample of head teachers indicates that there is ongoing demand for many aspects of Healthy Schools. Where it continues to be delivered, the Healthy Schools Programme has an important role in supporting delivery of the NCMP.
- 2.4.9 Separate NCMP guidance for schools will be available in summer 2011.

Parents and carers

- 2.4.10 The NCMP Regulations make provision for the NCMP to be operated without explicit consent from parents. However, PCTs must take steps to ensure that parents understand the value of having their child measured but have reasonable opportunity to withdraw their child. This can be done using the pre-measurement letter at **annex 4**.
- 2.4.11 When sending out the pre-measurement letters, we recommend that PCTs also send parents and carers the 'Why your child's weight matters' leaflet (which can be ordered from DH Publications Orderline (www.orderline.dh.gov.uk, quoting reference number 277810) or downloaded at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078411).
- 2.4.12 PCTs and schools can help to maximise participation by:
- taking time to ensure that parents and year 6 pupils understand the process and the reasons for being weighed and measured. This could be achieved through a presentation at a school assembly before the measurements take place and explained as part of a session about healthy lifestyles;
 - ensuring that parents and carers are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process;
 - reassuring parents and carers that their child's measurements will not be revealed to anyone else in the school;
 - emphasising the context of promoting healthy lifestyles, especially healthy eating, physical activity and healthy weight; and
 - using the DH child's A3 poster and stickers to encourage participation. (See **annex 5** for information about how to order these.)

¹⁴ Department for Education, *Healthy Schools: Tools and planning aids*, 2011: www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/a0075278/healthy-schools

Good practice tip

Nottingham County has developed a short film shown in schools and GP surgeries and available on its website for parents to view, which explains the purpose and what to expect from the NCMP and how it might help families.

The film can be viewed here:
www.nhs.uk/Video/Pages/national-child-measurement-programme.aspx

2.5 Staff, training and equipment

Staff

- 2.5.1 The NCMP Regulations¹⁵ state that the arrangements for the programme must be managed by a relevant health professional on behalf of the PCT. In practice, this means that a health professional, such as a school nurse lead or a dietitian, should oversee the whole programme by co-ordinating and training staff, engaging with schools and ensuring that the data are submitted to the NHS IC on time.
- 2.5.2 Although health professionals, such as a school nurse, must oversee the NCMP, the actual weighing and measuring can be undertaken by a healthcare assistant or similar grade member of staff with appropriate training and provided with adequate support.
- 2.5.3 In planning the staffing resource needed to complete the weighing and measuring, best practice dictates that at least two staff members should run each measurement session to help ensure that the measurements are recorded accurately.
- 2.5.4 All staff who weigh and measure children as part of the NCMP should have Enhanced Criminal Records Bureau clearance, in keeping with current safeguarding legislation requirements.

¹⁵ National Health Service, England: The National Child Measurement Programme Regulations 2008, January 2009: www.legislation.gov.uk/uksi/2008/3080/made

Training

Weighing and measuring

- 2.5.5 Before commencing the weighing and measuring, staff should have been provided with appropriate training on how to complete the measurements, record and upload data.
- 2.5.6 To assist with this, a five-minute web-based training resource is available at: www.dh.gov.uk/en/Publichealth/Obesity/DH_103939

Using the feedback and upload tools

- 2.5.7 Staff using the parental feedback and upload tools for producing result letters or submitting data to the national database should be competent and confident in using Microsoft Excel.

Taking calls from parents and undertaking proactive follow-up

- 2.5.8 Staff responsible for taking calls from parents following the sending of result letters, or for proactively following up children after the measurements, should be competent in their awareness of child obesity, its impact on children's health and its management. Staff should also be competent in talking to parents about child weight issues and discussing lifestyle and behaviour change with families. Ideally, staff will be trained in motivational interviewing (MI).
- 2.5.9 The training of staff is the responsibility of the local area; however, DH has produced a number of resources that can assist local areas in providing training:
- **MI training resources**, including a YouTube film of an NCMP-specific MI taster course 'From anger to engagement' and accompanying slide pack, are available on the Obesity Learning Centre website (**annex 5**).
 - **Four audio-learning podcasts** are available free of charge on the BMJ Learning website (**annex 6**). They were developed by BMJ Learning in collaboration with DH and cover discussions with clinicians working in obesity, providing information on:
 - the importance of a healthy weight and the health implications of being overweight for adults and children;
 - how to raise the issue of weight sensitively and confidently;
 - delivering brief interventions;

- care pathways; and
- multidisciplinary teams and management of healthy weight.
- **Four learning modules** are available on the Obesity Learning Centre website (**annex 6**). For NHS staff with an Electronic Staff Record the learning can also be accessed via the National Learning Management System.
- **A directory of obesity training providers** is available from the Obesity Learning Centre (**annex 6**). This resource is for people working in PCTs and local authorities who commission public health services.

Equipment

- 2.5.10 Accurate measurements depend on the correct use of good quality equipment. Scales should be properly calibrated.
- 2.5.11 If PCTs are using or planning to buy scales, they should ensure that the product is CE marked with the last two digits of the year of manufacture (e.g. CE09 for a product manufactured in 2009), has a black 'M' on a green background and has a four-digit number identifying the notified body.¹⁶
- 2.5.12 For calibration purposes, Class III scales purchased after 1 January 2003 should be checked to their full capacity annually either by recognised Weighing Federation members or by electro-biomedical engineering (EBME) technicians using traceable weights. If the scales display weights within in-service tolerances, they should then be usable throughout the year. If not, they must be taken out of service and returned to an approved body for calibration and verification. If at any time there is reason to believe that the weighing equipment may be inaccurate, it should be recalibrated.
- 2.5.13 Scales purchased before 1 January 2003, and therefore falling outside the criteria of EU Directive 90/384/EEC, can be checked and/or calibrated annually by EBME workshop staff with access to traceable weights. If you have traceable weights, you could consider more frequent checks but, in general, scales checked annually can be confidently used for the rest of the year.
- 2.5.14 In May 2008 and again in March 2010, DH issued an alert regarding the need to use Class III scales in certain settings. This applies to the NCMP, so all PCTs should be using Class III scales. If equipment with switchable readings (i.e. imperial and metric) is in use, the switching facility should be disabled to ensure that only the metric reading is available. If weighing equipment with

¹⁶ If you are uncertain about the suitability of scales, contact your local Trading Standards office for further advice. Go to www.tradingstandards.gov.uk and enter your postcode for the nearest Trading Standards office.

dual readings is in use which cannot be converted to metric reading only, it should be replaced as a priority.

- 2.5.15 Height should be measured with a correctly assembled stand-on height measure that shows height in centimetres and millimetres. Wall-mounted, sonic or digital height measures should not be used.
- 2.5.16 Measurements should be entered directly into a Microsoft Excel spreadsheet rather than being recorded on paper. We recommend using the 'data entry aid' available at <https://ncmp.ic.nhs.uk/> to record measurements. Once complete, the data can then be imported into the NHS IC's Parental Feedback software (see **section 4.2**).

2.6 Securing engagement locally

Primary care professionals

- 2.6.1 Because the NCMP requires multidisciplinary team work, it is important to ensure that key staff groups in the PCT are aware of the programme and their role within it. PCTs should engage with GPs, practice nurses and health visitors to ensure that they are aware of the NCMP; the way the results are calculated at a national, local and individual child level; and the PCT's plans for sharing results with parents and carers.
- 2.6.2 It will be important that these groups are informed and can provide appropriate signposting should a parent or carer contact them after receiving their child's results. To assist with this, a template letter for providing information to primary care professionals is available at **annex 7**.

Parents and the wider public

- 2.6.3 To facilitate delivery of the NCMP, it is important that parents and the wider public are aware of the issue of child obesity and understand the purpose of the NCMP. The media, such as local newspapers and radio, can be used to help to achieve this. We have produced a communications pack to support local areas in securing positive media stories (**annex 5**).

2.7 Before the measurements: checklist

You can use this checklist as a prompt to ensure that you complete all the critical tasks before you start to deliver your weighing and measuring programme.

- Identify the appropriate staff to conduct the weighing and measuring and plan the timings for undertaking the measurements.
- Provide staff with the necessary training and support to ensure that they are competent to complete the measurements, record and upload the data.
- CRB-check any staff involved in the weighing and measuring.
- Have appropriate and calibrated scales.
- Send letter to head teachers/school governors.
- Engage with the local authority or directly with schools to make arrangements for class lists to be provided.
- Liaise and engage with schools to elicit their support in delivering the NCMP and to agree dates for measurement and book an appropriate room within the school.
- Send the pre-measurement letter to parents and carers at least two weeks before measurement takes place, ensuring that any necessary local amendments have been made.
- Liaise with the school to collate any opt-outs and identify other children for whom it may not be appropriate to participate.
- Consider making alternative arrangements for children who cannot take part in the NCMP due to physical disabilities or for medical reasons.
- Order copies of the 'Top tips for top kids' leaflet from the DH Publications Orderline to include with the result letter.

3 Doing the measurements

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

3.1 Setting up

- 3.1.1 The measurements should be done in a room or screened-off area¹⁷ where the results are secure and cannot be seen or heard by anyone who is not directly involved in taking the measurements. With the school's help, locate a private setting in which to do the measurements. In the exceptional case that a separate room is not available, a screened-off area of the classroom can be used.
- 3.1.2 Practitioners should ensure that the height measure is correctly assembled and is placed on a firm, level surface with its stabilisers resting against a vertical surface (such as a wall or door) to ensure maximum rigidity. They should also 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.
- 3.1.3 The height and weight displays on the measurement equipment should not be visible or audible to anyone apart from the person recording measurements. Measurements should not be shared with teaching staff.
- 3.1.4 Staff taking the measurements should be provided with an encrypted, password-protected laptop to enable them to enter the data directly into the 'data entry aid' (a prepared Microsoft Excel spreadsheet available at: <https://ncmp.ic.nhs.uk/>). We encourage PCTs to avoid the use of paper records, as the need to transfer data to electronic records may give rise to the introduction of errors.

3.2 Measuring weight and height

- 3.2.1 Children respond pragmatically and positively to being weighed and measured if the measurements are carried out sensitively.¹⁸ Privacy while being measured is important to parents, carers and children.¹⁹ Staff should be aware that children can be sensitive about their height, weight, or both, and should

¹⁷ National Health Service, England: The National Child Measurement Programme Regulations 2008, January 2009: www.legislation.gov.uk/uksi/2008/3080/made

¹⁸ National Children's Bureau, *A report for the Children's Commissioner's Office on NCB's consultations with primary school children on measuring children's height and weight in school*, December 2005: www.childrenscommissioner.gov.uk/content/publications/content_132.

¹⁹ Department of Health, *Research into parental attitudes towards the routine measurement of children's height and weight*, prepared for DH by BMRB Social Research, March 2007: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080600

recognise that weighing and measuring children could accentuate these sensitivities, particularly for older children.

- 3.2.2 All anxieties should be appropriately and sensitively 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.
- 3.2.3 It is important to consider the personal circumstances of the child, such as a medical condition, that might make weight a particularly sensitive issue and in some circumstances may make measuring inappropriate. See **sections 2.2.2–2.2.5** for information on considerations to be taken into account when planning the weighing and measuring.
- 3.2.4 Some children may be able to stand unaided on scales and the height measure but have medical conditions that mean accurate results cannot be taken, for example cerebral palsy, or have a leg in plaster or a prosthetic leg. Staff may wish to include these children in the measurement process so that they do not feel excluded from the activity. However, their measurements should not be included in the upload to the NHS IC nor should the results be sent to their parents, since the results are unlikely to establish the child's true BMI.
- 3.2.5 Measurements for children with growth disorders, such as dwarfism, should not be included in the upload to the NHS IC. This is because use of BMI centile is not applicable to children with growth disorders. However, staff should use their professional judgement when deciding whether or not to measure such children, taking into account the child's views on being included. If a child with a growth disorder has been measured, the result should not be fed back using the DH national template result letter and feedback tool. Instead, an appropriate letter, providing the raw height and weight information (without the BMI calculation) would need to be developed locally and sent with appropriate healthy eating and physical activity information.
- 3.2.6 Local areas should agree a policy for whether a child's result should be verbally disclosed to them and discussed during the measuring. Children in year 6 should not be given their result letter during the measuring process, as there is a risk that the child could open the letter in an unsupported environment, and that the letter would not reach their parents. This also helps to minimise stigmatisation of the child and to ensure the confidentiality of the data. Any concerns about a child's weight status should be followed up via the parents according to local care pathways (**section 4**).
- 3.2.7 Currently, NCMP regulations do not make provision for individual (identifiable) results to be given to school staff.

Measuring weight

- Ask the child to remove their shoes and coat. They should be weighed in normal light indoor clothing.
- Ask the child to stand still with both feet in the centre of the scales.
- Record the weight in kilograms to the first decimal place – i.e. the nearest 0.1 kg (e.g. 20.6kg). **Measurements should not be rounded to the nearest whole or half kilogram.**
- Individual results should not be fed back directly to the school (see **section 6.5**) and children should never be told the measurements of other children. A local policy should be developed to decide whether or not children are told their results at the time of measurement.

Good practice tip

Maximising participation

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

Measuring height

- Ask the child to remove their shoes and any heavy outdoor clothing that might interfere with taking an accurate height measurement.
- Ask the child to stand on the height measure with their feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed, and their bottom and shoulders should touch the vertical measuring column.
- To obtain the most reproducible measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal (see Figure 2). The measuring arm of the height measure should be lowered gently but firmly on to the head before the measurer positions the child's head in the Frankfurt Plane.
- Ideally, one staff member will ensure that the child maintains the correct position while the other reads the measurement.
- **Record the height in centimetres to the first decimal place** – i.e. nearest millimetre (e.g. 120.4cm). Measurements should not be rounded to the nearest whole or half centimetre.
- Whenever possible, measurements should be repeated to ensure accuracy.
- Individual results should not be fed back directly to the school and children should never be told the measurements of other children. A local policy should be developed to decide whether or not children are told their results at the time of measurement.

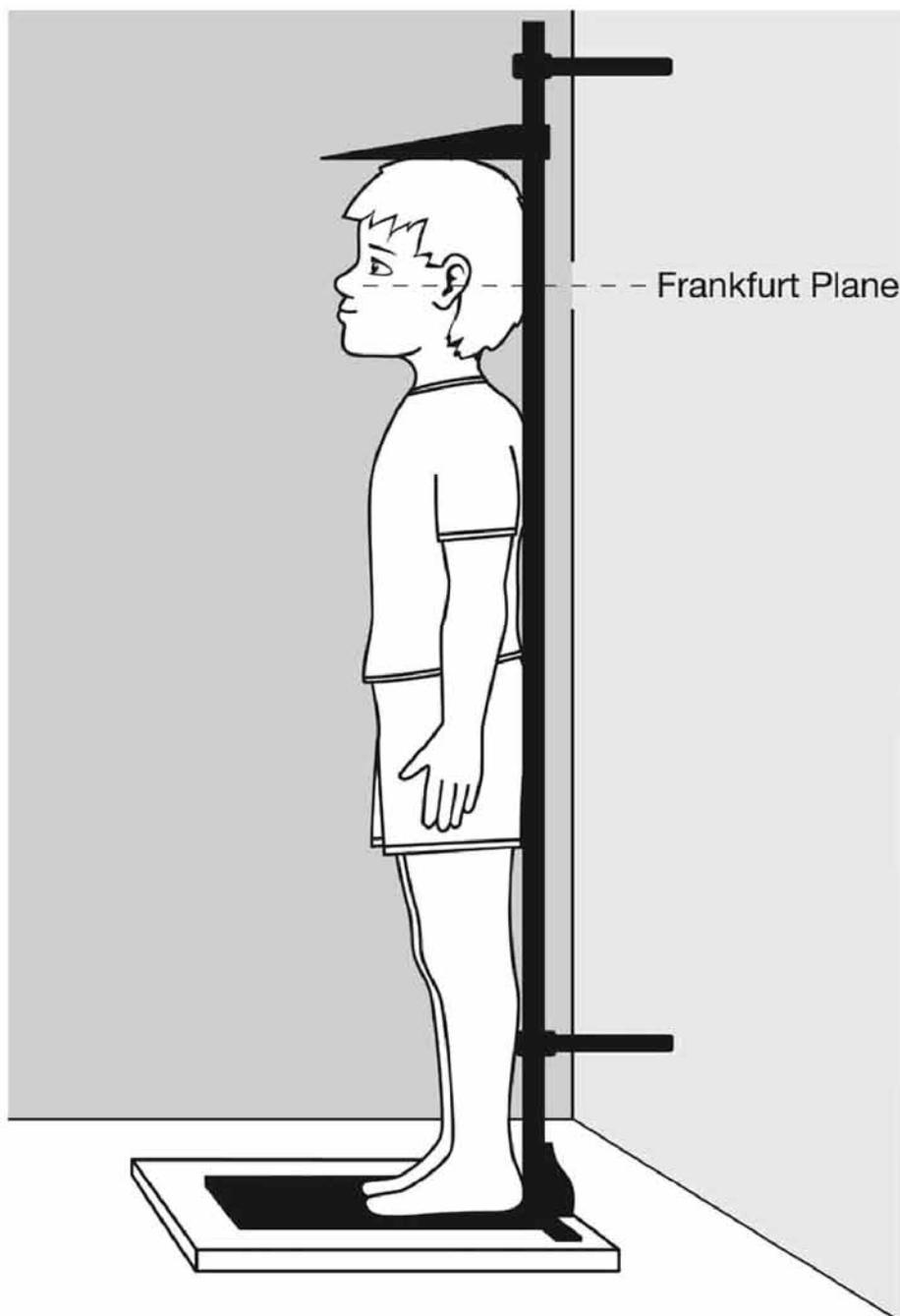
Good practice tip

Measuring children with headwear

Children aged up to 10–11 years tend to have topknots rather than turbans. In children with topknots, the measuring arm can be put down just to one side of the topknot to obtain an accurate reading.

Figure 2: The Frankfurt Plane

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



3.3 Doing the measurements: checklist

You can use this checklist as a prompt to ensure that you have completed all the critical tasks before you start the weighing and measuring.

- Develop electronic or paper forms including all the necessary fields (**annex 1**) ready to be used during the weighing and measuring.
- Ensure that laptops used to input measurements electronically are encrypted and password-protected and that data inputted on a desktop PC can be saved to a secure network.
- Ensure that a private room or screened-off area is available within the school for the weighing and measuring.
- Arrange equipment in the weighing and measuring area so that the results cannot be seen by anyone apart from the person recording the measurements.
- Follow the protocol set out in **section 3.2** when weighing and 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, or a leg in plaster or a prosthetic leg, for example.

4 After the measurements: result letters and proactive follow-up

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

4.1 Routine feedback

- 4.1.1 We encourage all areas to implement routine feedback to all children measured for the 2011/12 NCMP. We recommend that PCTs use the NHS IC's Parental Feedback software with the DH template letter to do this (**annex 8**). This software uses the UK 1990 Growth Reference charts to assign a BMI centile to every child's record. The clinical BMI centile thresholds, which are used for the purposes of individual assessment and feedback of results, place each child in one of four categories.²⁰

Table 3: Child BMI centile classifications

	BMI centile range
Underweight (children may be healthy at this BMI centile)	Below 2nd BMI centile
Healthy weight	Between 2nd and 90th BMI centiles
Overweight	Between 91st and 97th BMI centiles
Very overweight (doctors call this clinically obese)	At or above 98th BMI centile

- 4.1.2 This approach is in line with guidance from the National Institute for Health and Clinical Excellence, which advises that a child's BMI centile is used to assess whether a child is overweight or obese.
- 4.1.3 Comparison of a child's height and weight centile to assess whether they are overweight or obese is not accurate and this method should not be used. In children over 2 years, overweight or obesity must be assessed by calculating BMI and plotting it on to a sex-specific BMI chart (UK 1990 chart for children

²⁰ National Obesity Observatory, *National Child Measurement Programme 2009/10: Guidance for analysis*, March 2011:
www.noo.org.uk/uploads/doc/vid_10612_0910_NCMP_PHO_Analysis_Guidance.pdf

aged over 4 years²¹ and the UK-WHO growth chart for children aged 2–4 years²²). However, for the NCMP, you should be using the NHS IC's Parental Feedback software, which will accurately and quickly calculate the BMI centile based on the height and weight entered.

4.1.4 Outside the NCMP, an alternative to using a BMI chart is to use the BMI 'look up' on the UK-WHO growth charts. Plotting the child's height and weight centiles on to the 'look-up' gives a BMI centile to enable you to determine if the child is overweight or obese.

4.1.5 The 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.

4.2 Producing result letters

4.2.1 We recommend that PCTs use the NHS IC's Parental Feedback software and DH's template result letter to generate result letters for parents. The template letter and software will be available on the NHS IC software downloads page at <https://ncmp.ic.nhs.uk/> from October 2011, along with guidance on using the software.

4.2.2 The letter has been developed in consultation with parents and child health experts, taking account of feedback from PCTs. Specific components of the letter can be edited so that the content meets the needs of local areas. (The template letter is shown at **annex 8**.) When editing the wording in the result letter, it is important to consider that evidence suggests that parents receiving the letter may be sensitive to the information and feel that their parenting skills are being criticised. As such, as far as possible the letter should be non-judgemental and positively phrased.

4.2.3 It is recommended that, when producing result letters, PCTs check approximately one out of every 10 letters printed against the information entered into the tool to ensure that the information has come through as expected (e.g. checking that the BMI centile and assigned category are correct and that the correct date of birth and address for the child are shown).

4.2.4 It is best practice to post the result letters to parents and carers, particularly for year 6 pupils, rather than using pupil post. This is to mitigate the risk of the

21 National Institute for Health and Clinical Excellence, *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*, December 2006: www.nice.org.uk/nicemedia/live/11000/30365/30365.pdf.

22 Royal College of Paediatrics and Child Health, UK-WHO growth charts early years: www.reph.ac.uk/what-we-do/college-projects/research-projects/uk-who-growth-charts-early-years/uk-who-growth-charts

letters getting into the hands of children's peers, leading to comparisons of results and, potentially, bullying.

- 4.2.5 To ensure that they are meaningful, result letters should be sent to parents and carers as soon as possible – and at most within six weeks – after the measurements.

Good practice tip

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

- 4.2.6 The editable template result letter is addressed to the 'Parent/carer of [child name]'. This is because PCTs are unlikely to be able to access the name of the parent or carer, and it is at the parents' discretion as to whether or not they share the results with their child.

Accompanying information

- 4.2.7 We recommend that PCTs include the 'Top tips for top kids' leaflet, which is aligned to the messages of Change4Life, when sending results to parents. PCTs can order this leaflet from the DH Publications Orderline (www.orderline.dh.gov.uk, quoting reference number C4L205) or download it at www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101585.pdf
- 4.2.8 Examples of locally developed resources are available on the DH website at www.dh.gov.uk/en/PublicHealth/Obesity/index.htm under 'NCMP resources for delivery: leaflets, flyers, film clips'.

Resources for practitioners

- 4.2.9 DH provides a number of resources to support the sharing of a child's result with parents, including:
- DH template result letter (**annex 8**);
 - NHS IC Parental Feedback Tool, available from October 2011;
 - Post-measurement Change4 Life leaflet (**annex 5**);
 - Conversation guide for responding to parents (**annex 5**);

- MI training resources from the Obesity Learning Centre (**annex 5**); and
- Communications pack (**annex 5**).

Routine feedback case study

4.2.10 The case study below was featured in *The Sun* newspaper on Monday 13 December 2010, giving an example of a positive experience of a parent who had received their child's results from the programme.

My View – By Christina Harper

Mum of William, 10, of Nottingham

William was weighed and measured by the local NHS.

When I received the letter saying he was clinically obese, I was shocked and upset. It had never occurred to me, and was a real wake-up call. I felt I was the one making him this way.

It turned out it wasn't what I was feeding him, but how much. The NHS Helpline helped my family make simple lifestyle and diet changes and we all lost weight.

My advice to any worried parent is to allow your child to be weighed. They are just trying to help your child with positive advice and support.

4.2.11 A short film, produced by NHS Nottinghamshire County and featuring the same mother, is available on NHS Choices:
www.nhs.uk/Video/Pages/national-child-measurement-programme.aspx

4.3 Proactive follow-up

- 4.3.1 In addition to routine feedback of results to parents, many areas are proactively following up children identified as being underweight, overweight or obese. Proactive follow-up involves contacting the parents of those children to offer them advice and services to help control their child's weight.
- 4.3.2 We strongly urge PCTs to proactively contact parents of children identified as having a potential weight issue to offer personalised advice and support, even in the absence of local weight management services and care pathways, in order to raise awareness, minimise resistance to feedback and build understanding of the impact of an unhealthy weight.

- 4.3.3 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 and that parents may feel that their parenting skills are being criticised.

Proactive follow-up case study

- 4.3.4 Hull PCT has been conducting proactive follow-up since the NCMP was first launched in 2005. A detailed case study of how proactive follow-up was done in NHS Hull in 2010 is available at: www.dh.gov.uk/en/Publichealth/Obesity/DH_110447, and a summary is provided on the next page.

4.4 After the measurements: checklist

You can use this checklist as a prompt to ensure that you have completed all the critical tasks before you start sending result letters and delivering proactive feedback.

- Download the NHS IC's Parental Feedback Tool and make any amendments to the DH template result letter, reflecting local needs.
- Make arrangements to send the result letter to families within six weeks of weighing and measuring.
- Make provision to deliver proactive follow-up to underweight, overweight and very overweight children.
- Apply the UK 1990 BMI Growth Reference clinical thresholds when providing individual feedback of results and proactive follow-up.

Proactive follow-up in Hull PCT

Hull PCT has been conducting proactive follow-up since the NCMP was first launched in 2005. The whole NCMP, from the weighing and measuring to proactive follow-up, is provided by City Health Care Partnership – a social enterprise organisation which was previously the PCT's provider arm.

School nurses delivering proactive follow-up have been provided with local NCMP guidance as well as additional training in how to approach parents. Further support is given as needed by team leaders through shadowing arrangements, monthly supervision and forum sessions to ensure that nurses have the confidence and skills to effectively implement proactive follow-up.

All children in reception year and year 6 who are identified as overweight or very overweight, as determined by BMI centile, through the NCMP are included in the proactive follow-up programme. This involves the school nursing team calling their parents, sometimes assisted by other members of the community nursing teams in their locality, before all parents receive the routine result letter.

Hull PCT recognises that there is no 'one-size-fits-all' approach to following up families; school nurses are given the freedom during the proactive follow-up call to discuss with the family the most appropriate course of action for them. This could include reweighing and measuring the child in three months to chart their progress, a further telephone discussion about diet and exercise, or a home visit from a member of the school nursing team. During this initial follow-up call interested families can be immediately referred to the Eat Well Do Well (EWDW) team funded by the PCT's public health budget.

The EWDW team acts as a single point of access for weight management programmes for children and young people. The team delivers personalised sessions with a member of the dietetics team, or group weight management programmes according to family preference. The team offers a number of programmes tailored to the age-group of the child concerned.

Hull PCT also employs an EWDW officer who is responsible for the Food in Schools programme, and has a Specialist Practitioner for Healthy Lifestyles who conducts health fairs and awareness-raising sessions in schools. These schemes are open to all.

5 Data upload and validation

This section sets out how PCTs should submit data to the NHS Information Centre.

5.1 Submitting your data to the NHS IC

- 5.1.1 The NHS IC manages the central collation and validation of NCMP data, and PCTs should aim to collect and submit to the NHS IC the essential and supplementary data elements listed at **annex 1**.
- 5.1.2 PCTs will need to use the NHS IC's upload software to submit their data before the deadline of **17 August 2012**.
- 5.1.3 Uploading data to the NHS IC should be undertaken by someone with a good knowledge of Microsoft Excel. When using the upload software, a computer with plenty of free memory and closing down all other programmes will help to ensure that the tools runs quickly. Detailed guidance on using the software is available on the NHS IC NCMP downloads page:
<https://ncmp.ic.nhs.uk>
- 5.1.4 **Pre-upload data checking:** once the data have been entered into the upload software, PCTs will need to check and validate it before submitting it to the NHS IC.
- Records with variables that do not meet the required conditions will be flagged for correction.
 - A report will provide PCTs with a range of indicators to check the quality of the whole dataset.
- 5.1.5 Once the PCT has checked and validated all flagged records, the data can be uploaded to the NHS IC.
- 5.1.6 During the upload, identifiable fields will not be sent to the NHS IC. The NHS IC receives only anonymised information: postcode and date of birth are converted to lower super output area and age in months respectively before the upload process, and names are not sent.
- 5.1.7 After upload, PCTs will receive an automated email providing a link to the summary report of their data and be given the opportunity to confirm they are satisfied with their final dataset, or to make any final changes within a given timeframe. The closer to the upload deadline that PCTs submit their data, the less time will be available for them to make amendments to their uploaded data. Data submitted on the deadline day will be treated as the PCT's final

submission and the PCT will not have an opportunity to confirm it is satisfied with the final dataset following the receipt of an automated summary report.

- 5.1.8 **Post-upload data checking:** after a PCT has submitted data to the NHS IC, the two contacts provided by the PCT will receive an email notifying them that a data quality report is ready to view on the NHS IC website. The PCT contacts should log on to the NCMP website and click the 'Check your uploaded data' tab at the top to view the following:
- the number of records held in the NCMP database for that PCT;
 - a list of the records that will be removed because they are an extreme and therefore likely to have been misreported; and
 - a range of data-quality indicators for PCT checking.
- 5.1.9 After viewing the report, the PCT will be able to make any necessary changes or corrections to the data before resubmitting it to the NHS IC. A PCT can do this any number of times within the given timeframe, up to the day before the deadline.
- 5.1.10 Once the PCT is satisfied with the data held by the NHS IC and has completed the necessary data-quality checks, it must confirm that its data are 'final' on the website where the report is held. If the PCT does not confirm this by the day before the deadline, the NHS IC will use the dataset submitted on the assumption that the PCT is content with the data.
- 5.1.11 On receiving PCT confirmation, the NHS IC will do some final checks on the data. It may be necessary for the NHS IC to contact PCTs regarding any validation issues that arise. Some of these checks only happen in the analysis for the report and do not involve feedback or a chance to make changes.
- 5.1.12 Full details of the NHS IC's data cleaning and validation process are available in the document *National Child Measurement Programme: NHS Information Centre validation process for NCMP data*.²³ A flowchart summarising the validation process is provided at **annex 9** of this document.
- 5.1.13 Full guidance on using the 2011/12 tool will be available on the NHS IC website at <https://ncmp.ic.nhs.uk/> once the tool is available in October 2011. Further details about using the tool and the data upload and validation processes can be obtained from the NHS IC contact centre by emailing ncmp@ic.nhs.uk or by calling **0845 300 6016**.

23 NHS Information Centre, *National Child Measurement Programme: NHS Information Centre validation process for NCMP data*, September 2010: www.ic.nhs.uk/ncmp/validation

5.2 Data upload and validation: checklist

You can use this checklist as a prompt to ensure that you complete all the critical tasks before you start to upload your data.

- Download the NHS IC's upload software and arrange for a member of staff who is competent at using Microsoft Excel to enter the data into the software, validate and upload it.
- Check and validate data before uploading it to the NHS IC by 17 August 2012.
- Check data after receiving the upload notification email from the NHS IC and confirm that the data are 'final'.

6 Information governance

This section sets out the information governance aspects of the NCMP, including the collection and sharing of NCMP data, including sharing with schools.

6.1 Local data collection

- 6.1.1 The NCMP Regulations provide for PCTs to make arrangements with local education authorities to weigh and measure children in their area. PCTs should request class list information from schools in advance of the measurements to enable the essential and supplementary data shown at **annex 1** to be submitted to the NHS IC.
- 6.1.2 Collection of ethnicity and postcode data is considered to be a necessary part of the NCMP, since it enables detailed analysis of population groups according to ethnicity and socioeconomic group and is used to inform assessments of health inequalities between different population groups. Postcodes and ethnicity codes should be obtained from schools or child health systems and should not be obtained by asking pupils or assigned by the observer.
- 6.1.3 Due to the commitment of frontline staff to achieve high-quality data, 83% of records included a valid ethnic code, and 99% of records included a valid home postcode in the 2009/10 NCMP, which is a great achievement.

6.2 Submission of data to the NHS IC

- 6.2.1 **Annex 1** shows the essential and supplementary data fields that PCTs must submit to the NHS IC. The NHS IC receives only anonymised information: postcode and date of birth are converted to lower super output area and age in months respectively before upload.

6.3 Use of data by the NHS IC

- 6.3.1 As part of the NCMP, the NHS IC will produce an annual report summarising the key findings from the programme, including participation rates and prevalence trends. This report presents only aggregated information down to PCT and upper-tier local authority level, so that no individual child can be identified.
- 6.3.2 Additionally, as part of the NCMP and within a data-sharing agreement, the NHS IC provides the PHOs with the national dataset to enable them to undertake detailed local analysis, collaborating with PCTs and other partners in the region to ensure that any analysis undertaken meets local needs. Like the NHS IC's own report, any reports produced must present only aggregated information so that no individual child can be identified.

6.3.3 As part of the NCMP, the NHS IC also makes a reduced non-identifiable version of the NCMP data available through the UK Data Archive at www.data-archive.ac.uk/. This reduced version has several fields, with all sub-PCT-level geographical markers and ethnicity excluded.

6.4 Data use at a local level

PCT holding of data

6.4.1 The NCMP Regulations make provision for PCTs to:

- process identifiable data: to provide results to parents; to provide follow-up advice, information and support for children who are underweight, overweight or obese; or for the purposes of the NCMP; and
- release anonymised data to a relevant health professional or person who owes an equivalent duty of confidentiality for the purposes of surveillance, research, monitoring or audit and the planning of health services.

6.4.2 Data can be held locally on the PCT child health record for as long as is necessary for the purposes set out above, and must be stored securely according to local information governance standards and in accordance with the Data Protection Act.²⁴

PCT releasing of data

6.4.3 The NCMP Regulations make provision for PCTs to release identifiable data directly to a parent, or to an organisation acting on behalf of the PCT, for the purpose of providing the results and follow-up advice to parents.

6.4.4 Non-identifiable data can be released to another organisation for the purposes of surveillance, research, monitoring or audit and the planning of health services, where the organisation can **demonstrate a duty of confidentiality equivalent to that of a healthcare professional** and in accordance with good practice.

Local use

6.4.5 PCTs may already have protocols on how information will be appropriately gathered, exchanged and securely stored and for what purposes it will be used in accordance with the Data Protection Act. Where these already exist, PCTs should ensure that they cover NCMP data.

²⁴ Data Protection Act 1998: www.legislation.gov.uk/ukpga/1998/29/contents

- 6.4.6 Guidance for PHOs and PCTs on analysis of the 2009/10 dataset is available on the National Obesity Observatory (NOO) website at www.noo.org.uk/ncmp. PCTs can obtain final validated 2009/10 data for their PCT from their PHO. Final and validated 2010/11 data are expected to be released by the NHS IC to PHOs in January 2012.
- 6.4.7 PCTs and local authorities should work together to use this local analysis to support the Joint Strategic Needs Assessment, the Director of Public Health annual report and other delivery plans to promote healthy weight and to track progress at a local level. PCTs may wish to use the data collected to evaluate the delivery of the NCMP locally. This is permissible under the NCMP Regulations and the Data Protection Act as long as such data use is set out in the pre-measurement letter to parents.

6.5 Providing feedback of results to schools

- 6.5.1 We strongly encourage PCTs to share non-identifiable aggregated NCMP data with schools in their area to help engage them in promoting healthy weight. PCTs should work with their PHO to create letters using the Microsoft Excel School Feedback Tool provided to PHOs by the NOO.
- 6.5.2 PCTs must not provide an individual child's result to schools or provide school-level prevalence figures. This is because only non-identifiable information can be passed to schools.
- 6.5.3 The School Feedback Tool allows feedback using the following approach.
- It provides the participation rates by school year and sex at national, regional, PCT and school level – e.g. 90% of eligible children in reception year (89% of girls and 91% of boys) and 88% of children in year 6 (87% of girls and 89% of boys) participated in the NCMP.
 - It provides prevalence rates for England, the region and the PCT for each school year showing the proportion of children measured who were underweight, overweight and obese (e.g. the prevalence of obesity for the PCT/region was 10% in reception year and 20% in year 6). Prevalence should not be combined for school year groups in analyses because prevalence of overweight and obesity varies by age.
 - It states how the school's underweight, overweight and obesity prevalence compares with PCT, regional or England levels using one of the following four categories (one for each school year):
 - significantly higher than the PCT/regional/national levels;
 - significantly lower than the PCT/regional/national levels;

- not significantly different from the PCT/regional/national levels; or
- insufficient data available to make a meaningful comparison.

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

6.5.5 If PCTs or schools receive requests for school-level data under the Freedom of Information Act, the format outlined in **section 6.5.3** should be used to ensure that there is no risk of identifying individual children.

6.6 Data use at a local level: checklist

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

- Share feedback with schools using the NOO Schools Feedback software and in line with the NOO small area analysis guidance.
- 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.
- Draw on aggregated local NCMP analysis to inform the Joint Strategic Needs Assessment.

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Annex 1: Data to be collected

Essential data

Data collected by the PCT	Used by
Department for Education (DfE) school unique reference number (six-digit number – note that this is a number to identify the school and is not the unique pupil number)	PCT and NHS IC
Pupil first name	PCT
Pupil last name	PCT
Sex (one character: M for male; F for female)	PCT and NHS IC
Date of birth (DD/MM/YYYY)	PCT (NHS IC only receives age in months)
Date of measurement (DD/MM/YYYY)	PCT and NHS IC
Height (in centimetres, to first decimal place – i.e. measured to the nearest millimetre)	PCT and NHS IC
Weight (in kilograms, to first decimal place – i.e. measured to the nearest 100 grams)	PCT and NHS IC
Full home address	PCT
Full home postcode (eight-character string) Valid formats (A = letter, N = number):	PCT (NHS IC only receives lower super output area)
<ul style="list-style-type: none"> • AN NAA • ANN NAA • AAN NAA • ANA NAA • AANN NAA • AANA NAA • ANNAA • ANNNAA • AANNAA • ANANAA • AANNNAA • AANANAA 	

Data collected by the PCT	Used by
<p>Ethnicity (single-character NHS code, four-character DfE extended code, RiO Child Health System (CHS) compliant code or SystemOne CHS compliant code)</p> <p>To be left blank if not available from school information management system or child health records. Mother's ethnicity should not be used</p>	PCT and NHS IC

Supplementary data

Data collected	Used by
<p>Name and contact information of the PCT obesity lead (or other person responsible for the NCMP)</p>	All data items sent to the NHS IC
<p>Where data has been stored (i.e. loaded directly into the NHS IC NCMP tool, previously stored in child health record, or other)</p>	
<p>Number of children withdrawn from the measurement and reason (at PCT level)</p> <ul style="list-style-type: none"> • parental opt-out; • child opt-out; • child unable to stand on scales or height measure unaided; • child absent on the day of measurement; or • other reason 	
<p>Numbers of pupils eligible for measurement at each school and reason for any differences between the PCT's pupil number denominators and those supplied within the upload tool (e.g. list of schools incorrect, school's pupil numbers incorrect)</p>	

Data collected	Used by
<p>Whether the PCT has routinely sent results to all parents and carers, or sent results only to parents and carers who requested them</p> <ul style="list-style-type: none"> • If routine feedback: <ul style="list-style-type: none"> – to all children measured; – to year 6 only; – to reception year only; or – other • If request only: <ul style="list-style-type: none"> – number of requests by parents and carers for feedback 	

Annex 2: Specimen letter to parents of children unable to be measured unaided

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

An editable Microsoft Word version of this letter is available at: www.dh.gov.uk/en/Publichealth/Obesity/DH_073787 under 'Template letters'.

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

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

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

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

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

Annex 3: Specimen letter to head teacher and board of governors

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

This letter should be sent to head teachers in advance of starting the NCMP for the 2011/12 school year.

An editable Microsoft Word version of this letter is available at: www.dh.gov.uk/en/Publichealth/Obesity/DH_073787 under 'Template letters'.

As was set out in the 2010 schools White Paper, good schools play a vital role as promoters of health and wellbeing in the local community, understanding well the connections between pupils' health and their educational achievement.

We would like to thank you for supporting pupil wellbeing by participating in the National Child Measurement Programme (NCMP) last year, and ask for your continued support for the programme, which is an important part of work in our local area to tackle child obesity, and which involves the annual measurement of all children in reception year and year 6 in schools.

More than 99% of state-maintained primary and middle schools across England now take part in the programme. This means that robust data are collected, providing valuable information about the trends in underweight, healthy weight, overweight and obesity in children in our area, which we use to help plan and deliver services. The programme can help us engage with families about healthy lifestyles through sharing children's results with their parents and carers and offering follow-up advice and support where appropriate.

A report on last year's results for England is available at: www.ic.nhs.uk/ncmp. Your local primary care trust (PCT) also sent you the results for your school, indicating how your school compares with local, regional and national averages.

If you have been involved in the NCMP in previous years, you will be aware of what is involved. If you are new to the programme, you might like to read the guidance for schools on the Department for Education website at www.education.gov.uk. In summary, the programme is led by PCTs, with support from schools by:

A. identifying any children who are unable to participate because of disability, medical condition or other reason

- B. sending letters to parents and carers to inform them about the NCMP – the PCT will provide the letter to be given to pupils to go to their parents**
- C. collating names of any children who have been withdrawn from the programme by their parents**
- D. providing class lists of relevant year groups**
- E. identifying a room or area where measurements can be taken privately**
- F. arranging for staff to help to bring children to and from the measurement area.**

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

Yours sincerely

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

[Insert name]
Director of Children's Services
[Name of local authority]

Annex 4: Specimen pre-measurement letter to parents and carers

PCTs should send this letter out to all parents and carers of children eligible for inclusion in the NCMP 2011/12.

An editable Microsoft Word version of this letter is available at: www.dh.gov.uk/en/Publichealth/Obesity/DH_073787 under 'Template letters'.

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

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

We recommend that a copy of the leaflet for parents and carers 'Why your child's weight matters' is enclosed with this letter (**annex 5**).

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

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

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

Routine data, such as your child's name, sex, address, postcode, ethnicity and date of birth, will also be collected. This information will then be used within the PCT to help us understand and plan interventions for weight-related problems for children in your area. We may store the information on your child's health record. No child's height or weight measurements will be given to school staff or other children.

The records of children's heights and weights will be submitted for analysis in a way that means your child cannot be directly identified. National and local level summaries of the data will be published. All information and results will be treated confidentially.

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

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

Opting your child out of the programme

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

Yours faithfully

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

[Insert name]
Director of Children's Services
[Insert name of local authority]

Annex 5: NCMP resources

Resource	Description and availability
NCMP research: <i>Early experiences of routine feedback to parents of children's height and weight</i>	A report of the findings of a small study by the University of London's Institute of Education to explore the impact and views of parents on receiving their children's results from the 2008/09 NCMP. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111126.pdf
Pre-measurement leaflet: 'Why your child's weight matters'	This leaflet for parents contains information about the NCMP along with Change4Life tips to help their family lead a healthy lifestyle. Copies are available from the DH Publications Orderline by calling 0300 123 1002 and quoting code 277810, or via www.orderline.dh.gov.uk www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078411
Post-measurement leaflet: 'Top tips for top kids'	PCTs should send this Change4Life leaflet to parents with the result letters. The leaflet includes eight key behaviour changes to help children eat well and be active. Copies are available from the DH Publications Orderline by calling 0300 123 1002 and quoting code C4LO34 or via www.orderline.dh.gov.uk www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101585.pdf

Resource	Description and availability
Staff training: film clips	<p>Two short films, which act as a resource for people working on the NCMP:</p> <ul style="list-style-type: none"> • <i>How to measure: for PCT and school staff</i> – this film is intended for use by PCT staff to complement practical training and should be used in conjunction with the NCMP guidance. The film is also for use by school staff to see what will happen as part of the programme in their school. • <i>Being measured: for children</i> – this film is designed for use with children taking part in the NCMP to help prepare them for what will be expected of them when they are weighed and measured. <p>PCTs can view or download the film clips from: www.dh.gov.uk/en/Publichealth/Obesity/DH_103939</p>
Children's information flyer	<p>This flyer is for year 6 children to help them understand what will happen when they are weighed and measured as part of the NCMP. It will also help PCTs and schools engage with parents and children about the programme.</p> <p>Copies of the A3 poster can be ordered from the DH Publications Orderline by calling 0300 123 1002 and quoting 286904 or via www.orderline.dh.gov.uk.</p> <p>Or the flyer can be printed in any size by downloading it at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103998.pdf</p>
Children's stickers	<p>We have developed children's stickers for you to use as part of the NCMP. You will be able to order these from the DH Publications Orderline. Product codes are 291017 (apple) and 289222 (orange).</p>
Conversation guide for responding to parents	<p>A DH-produced resource to assist local area practitioners when responding to parents about their child's NCMP results.</p> <p>Available by emailing ncmp@dh.gsi.gov.uk</p>
Communications pack	<p>A DH-produced resource for assisting local areas in achieving positive media coverage about their work to tackle child obesity and how to handle media queries about the NCMP, with a Q and A for use with parents.</p> <p>Available via NHS Comms Link or by emailing ncmp@dh.gsi.gov.uk</p>

Resource	Description and availability
MI-based training resources	<p>Short film and slide pack from MI-based training commissioned by DH on 'From anger to engagement' about handling queries from parents who have received their child's NCMP result letter.</p> <p>Available on the Obesity Learning Centre website at: www.obesitylearningcentre-nhf.org.uk/resources/resources-directory/?entryid8=6272</p>

Annex 6: Obesity tools and resources

Resource	Description and availability
<i>A toolkit for developing local strategies</i>	<p>Helps PCTs and local authorities plan, co-ordinate and implement comprehensive healthy weight strategies. Provides information and tools including statistics, practical initiatives, evidence of effectiveness, checklists, frameworks and examples of promising practice.</p> <p>www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968</p>
National Institute for Health and Clinical Excellence (NICE) guidance on obesity	<p>NICE has developed clinical care pathways for children and adults for use by healthcare professionals.</p> <p>Guidance and quick reference guides can be downloaded from the NICE website at: http://guidance.nice.org.uk</p>
<i>Directory of obesity training providers</i>	<p>This directory, published in April 2009, lists training providers that are running courses on the prevention and management of obesity. It is a resource for those in PCTs and local authorities who commission public health services.</p> <p>www.obesitylearningcentre-nhf.org.uk/elearning-training/training-directory/?locale=en</p>
Audio learning on BMJ Learning	<p>Four audio podcasts on obesity. Aimed at NHS and local authority staff, these podcasts are designed to provide you with a valuable learning resource.</p> <p>They cover how to raise the issue of weight, guidance on first-line interventions to assist with weight management, and information about multi-disciplinary and specialist interventions.</p> <p>Register at www.learning.bmj.com and search 'obesity'.</p>
Learning on the NHS National Learning Management System and the Obesity Learning Centre website	<p>Will be available from autumn 2011 at: www.obesitylearningcentre-nhf.org.uk/elearning-training/elearning/</p>

Resource	Description and availability
<i>Commissioning weight management services for children and young people</i>	Supports local areas in commissioning weight-management services for children and young people. www.dh.gov.uk/en/publicationsandstatistics/publications/PublicationsPolicyAndGuidance/DH_090113
<i>Child weight management programme and training providers framework</i>	A framework agreement with nine provider organisations to support local commissioning of weight-management services for children and young people. This guidance provides information on each of the providers, details of how PCTs and partner organisations can 'call off' services from these providers, and a set of template documents to support commissioners. www.dh.gov.uk/en/Publicationsandstatistics/publications/DH_097297
Change4Life	Information and resources on the Change4Life programme are available from: www.nhs.uk/change4life

Annex 7: Specimen letter to inform primary care practitioners about the NCMP

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

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

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

An editable Microsoft Word version of this letter is available at www.dh.gov.uk/en/Publichealth/Obesity/DH_073787 under 'Template letters'.

National Child Measurement Programme: information for primary care practitioners

What is the NCMP?

The National Child Measurement Programme (NCMP) is an important national programme to tackle obesity in the population. As part of this programme, children in reception year (aged 4–5 years) and year 6 (10–11 years) are weighed and measured during the school year.

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

How might you be involved?

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

This letter contains information which will help you to be prepared to respond to parents' queries if they attend your practice.

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

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

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

You can enter a child's details into the calculator at the link below to get an interpretation of whether they are a healthy weight for their height, sex and age. Unlike most online calculators, which work for adults only, this one calculates accurate results for children: www.nhs.uk/tools/pages/healthyweightcalculator.aspx. A free iPhone App version of the calculator will be available for download from the iTunes App Store in autumn 2011.

BMI centiles are worked out as follows.

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

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

Underweight	Healthy weight	Overweight	Obese (called 'very overweight' in result letter to parents)
is the 2nd centile or lower	is from above the 2nd to the 90th centile	is from above the 91st to the 97th centile	is at or above the 98th centile

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

Local services

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

Local NCMP contact details

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

National resources

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

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

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

The *Directory of obesity training providers* is a resource for those in PCTs and local authorities who commission public health services. See www.obesitylearningcentre-nhf.org.uk/elearning-training/training-directory/?locale=en.

NCMP key findings

We now have four years' worth of high quality data with which to monitor progress towards tackling obesity. Results from the four years can be viewed at: www.ic.nhs.uk/ncmp. Data are being used by the NHS at local level to target resources to those most at need.

How is the data collected and what happens to it?

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

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

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

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

Consent for the programme

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

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

Suggested annexes to include

Annex A: Template of result letter used locally

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

Annex C: Copy of UK 1990 BMI charts and information about where a GP can order these

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

Annex 8: Specimen result letter to parents and carers

PCTs should use this letter template when sending children's NCMP results to their parents and carers. PCTs can edit the letter to suit local needs.

The letter should be created with the appropriate software, which will be available from the NHS Information Centre, along with detailed guidance on how to use it to produce the letters, in October 2011 at <https://ncmp.ic.nhs.uk/>

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

We recommend that a copy of the leaflet 'Top tips for top kids' is enclosed with this letter when sending it to parents (**annex 5**).



PCTName
 Address_Line1
 Address_Line2
 Address_Line3
 Address_Line4
 Address_Line5
 PCT_Postcode

Telephone: PCT_Telephone
 Email address: PCTEmail

Private and confidential

Parent/Carer of Child_Firstname Child_Surname
 Child_Address1
 Child_Address2
 Child_Address3
 Child_Address4
 Child_Postcode

[Date]

NHS Number [Optional]

Dear Parent/Carer,

We recently measured your child's height and weight at school as part of the National Child Measurement Programme. A letter about this was sent to you before the measurements were taken. Your child's results are shown below.

Your child's results:

Date measured	Date of birth	Height	Weight	Body mass index centile
DateofMeasurement	DateofBirth	Height2	Weight2	BMIPercentile2 (see table overleaf)

(Child summary paragraph goes here [see page 3])

Yours sincerely,

PCTLeadContact (PCTLeadContactTitle)

If you want this document in other formats, please contact your local NHS on the number above.

What is body mass index (BMI) centile?

BMI centile is a good way of finding out whether a child is a healthy weight and is used by healthcare professionals.

By comparing your child's weight with their height, age and sex, we can tell whether they're growing as expected. This is something you may have done when your child was a baby, using the growth charts in the Personal Child Health Record.

Once your child's BMI centile has been calculated, they will be in one of four categories:

	BMI centile range
Underweight	Below 2nd BMI centile
Healthy weight	Between 2nd and 90th BMI centile
Overweight	Between 91st and 97th BMI centile
Very overweight (doctors call this clinically obese)	At or above 98th BMI centile

Most children should fall in the healthy weight range, with fewer than one in ten in the overweight or very overweight range.

Research shows that children who are overweight or very overweight have higher risk of ill health during childhood and in later life.

Some medical conditions or treatment that your child is receiving may mean that BMI centile is not the best way to measure for your child. Your GP or other health professional caring for your child will be able to discuss this with you.

For more information about BMI centiles, visit www.nhs.uk/tools/pages/healthyweightcalculator.aspx

[Underweight]

Your child's result is in the underweight range.

We wanted to let you know your child's result because it is an important way of checking how your child is growing.

Many underweight children are perfectly healthy, but sometimes it can mean they have a health problem.

Some parents find it helpful to re-check their child's BMI after a few months, to see if they have moved into the healthy range as they grow. You can do this using the Healthy Weight tool at www.nhs.uk/tools/pages/healthyweightcalculator.aspx.

If you would like to speak to us about your child's result, please phone the number at the top of this letter.

[Healthy]

Your child's result is in the healthy range.

We wanted to let you know your child's result because it is an important way of checking how your child is growing.

Children of a healthy weight are more likely to grow into healthy adults. To keep growing healthily, it is important that your child eats well and is active.

Some parents find it helpful to re-check their child's BMI after a few months, to see if they remain in the healthy range as they grow. You can do this using the Healthy Weight tool at www.nhs.uk/tools/pages/healthyweightcalculator.aspx.

Many parents have found the tips in the enclosed leaflet and at www.nhs.uk/change4life useful in helping them make changes to help their child grow healthily. If you would like more advice about your child's eating or activity, visit www.nhs.uk/change4life, or phone the number at the top of this letter.

[Overweight]

You may be surprised that your child's result is in the overweight range.

It can sometimes be difficult to tell if your child is overweight as they may look similar to other children of their age, but more children are overweight than ever before.

Research shows that if your child is overweight now, they are more likely to grow up to be overweight as an adult. This can lead to health problems. So this measurement is an important way of checking how your child is growing.

Many parents have found the tips in the enclosed leaflet and at www.nhs.uk/change4life useful in helping them make small lifestyle changes to keep their child in the healthy weight range.

Some parents also find it helpful to re-check their child's BMI after a few months, to see if they have moved into the healthy range as they grow. You can do this using the Healthy Weight tool at www.nhs.uk/tools/pages/healthyweightcalculator.aspx

If you are concerned about the result and would like further information and to find out about local activities, please phone us on the number at the top of this letter.

[If PCT is proactively following up overweight children: We will also contact you soon to offer you further information.]

[Very overweight]

Your child's result is in the very overweight range. Doctors call this clinically obese. We wanted to let you know your child's result because it is an important way of checking how your child is growing.

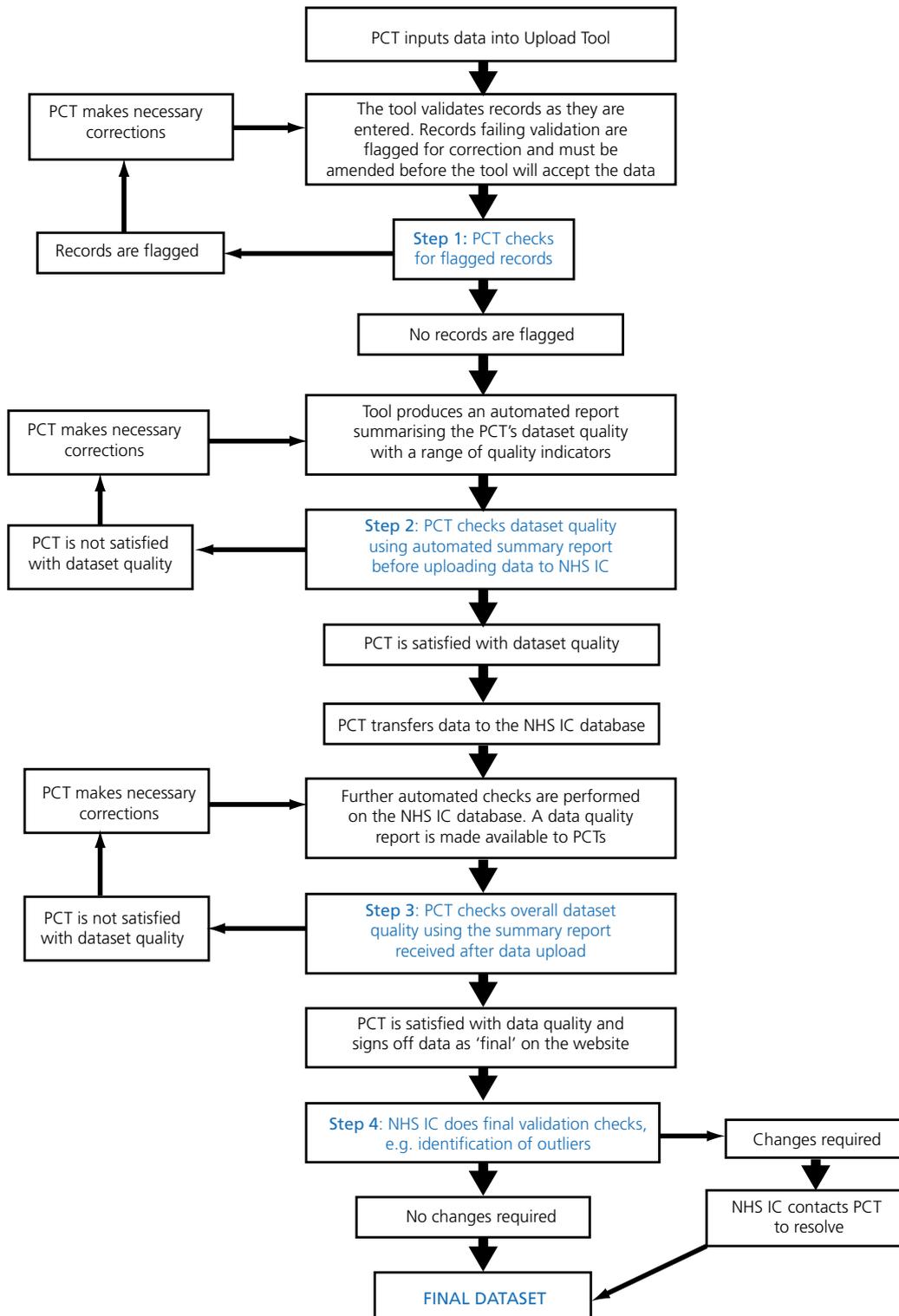
Children who are very overweight are more likely to have health problems at a young age, such as high blood pressure, early signs of type 2 diabetes and low self-confidence. Later in life, they are more likely to have illnesses like heart disease and some types of cancer.

Small lifestyle changes started now can help your child to grow healthily. Many parents have found the tips in the enclosed leaflet and at www.nhs.uk/change4life useful in helping them make changes to help their child grow healthily.

Some parents also find it helpful to re-check their child's BMI after a few months, to see if they have moved towards the healthy range as they grow. You can do this using the Healthy Weight tool at www.nhs.uk/tools/pages/healthyweightcalculator.aspx

If you are concerned about the result and would like further information, please phone us on the number at the top of this letter. **[If PCT is proactively following up overweight children: We will also contact you soon to offer you further information.]**

Annex 9: Stages of validation for NCMP data



Annex 10: Delivery summary checklist

You can use this checklist as a prompt to ensure that you have completed all the critical tasks needed for delivery of the NCMP.

Before the measurements (see section 2)

- Identify the appropriate staff to conduct the weighing and measuring and plan the timings for undertaking the measurements.
- Provide staff with the necessary training and support to ensure that they are competent to complete the measurements, record and upload the data.
- CRB-check any staff involved in the weighing and measuring.
- Have appropriate and calibrated scales.
- Send letter to head teachers/school governors.
- Engage with the local authority or directly with schools to make arrangements for class lists to be provided.
- Liaise and engage with schools to elicit their support in delivering the NCMP and to agree dates for measurement and book an appropriate room within the school.
- Send the pre-measurement letter to parents and carers at least two weeks before measurement takes place, ensuring that any necessary local amendments have been made.
- Liaise with the school to collate any opt-outs and identify other children for whom it may not be appropriate to participate.
- Consider making alternative arrangements for children who cannot take part in the NCMP due to physical disabilities or for medical reasons.
- Order copies of the 'Top tips for top kids' leaflet from the DH Publications Orderline to include with the result letter.

Doing the measurements (see section 3)

- Develop electronic or paper forms including all the necessary fields (annex 1) ready to be used during the weighing and measuring.
- Ensure that laptops used to input measurements electronically are encrypted and password-protected and that data inputted on a desktop PC can be saved to a secure network.

- Ensure that a private room or screened-off area is available within the school for the weighing and measuring.
- Arrange equipment in the weighing and measuring area so that the results cannot be seen by anyone apart from the person recording the measurements.
- Follow the protocol set out in **section 3.2** when weighing and 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, or a leg in plaster or a prosthetic leg, for example.

After the measurements (see section 4)

- Download the NHS IC's Parental Feedback Tool and make any amendments to the DH template result letter, reflecting local needs.
- Make arrangements to send the result letter to families within six weeks of weighing and measuring.
- Make provision to deliver proactive follow-up to underweight, overweight and very overweight children.
- Apply the UK 1990 BMI Growth Reference clinical thresholds when providing individual feedback of results and proactive follow-up.

Data upload and validation: checklist (see section 5)

- Download the NHS IC's upload software and arrange for a member of staff who is competent at using Microsoft Excel to enter the data into the software, validate and upload it.
- Check and validate data before uploading to the NHS IC by 17 August 2012.
- Check data after receiving the upload notification email from the NHS IC and confirm that the data are 'final'.

Data use at a local level (see section 6)

- Share feedback with schools using the NOO Schools Feedback software and in line with the NOO small area analysis guidance.
- 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.
- Draw on aggregated local NCMP analysis to inform the Joint Strategic Needs Assessment.

Department for
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www.dh.gov.uk/en/Publichealth/Obesity/index.htm