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National Child Measurement Programme

Operational guidance for the 2012/13 school year

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National Child Measurement Programme

Operational guidance for the 2012/13 school year

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.

If you have queries about the NCMP, you can email the Department of Health (DH) at ncmp@dh.gsi.gov.uk. For queries about the Health and Social Care Information Centre's upload and feedback tools, please telephone **0845 300 6016** or email ncmp@ic.nhs.uk.

The Review of Central Returns (ROCR) Steering Committee approval for the NCMP data collection for the 2012/13 school year has been applied for.

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/services/the-review-of-central-returns-rocr/approved-data-collections

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Executive summary

*Healthy Lives, Healthy People: A call to action on obesity in England*¹ sets out the Government's commitment to tackling the public health challenge of excess weight. Delivery of the National Child Measurement Programme (NCMP) is a key element of this work and, from April 2013, the surveillance component of the NCMP will be a mandated function of local authorities.²

During the current transition year, the NHS will continue to be accountable for the delivery of all public health programmes including the NCMP and for working with local authority colleagues to ensure that these programmes transition successfully.³

Delivering a high-quality programme for the 2012/13 school year, which achieves the 85% participation rate, will be critical. High-quality, robust and reliable data on childhood obesity are fundamental to underpin and inform future obesity planning and commissioning decisions and to monitor the public health outcome indicator on child obesity.⁴

The annual results from the NCMP for the 2010/11 school year show that there is no room for complacency. Progress is being made in 4–5-year-old children (reception year), with a small, but significant, reduction in obesity and in overweight and obesity combined in this age group. While this is good news, it does not confirm a downward trend.⁵ By contrast, the results show a significant rise in obesity in 10–11-year-olds (Year 6), suggesting that we may be experiencing a small but statistically significant rising trend in obesity in older children, with almost one in five 10–11-year-olds (19%) being obese.⁵ There remains a strong correlation between obesity prevalence and deprivation and marked differences between children of different ethnic groups.

These changing trends reiterate the importance of the NCMP. The programme's recognition as a world-class source of public health intelligence and its UK National Statistics status are a result of the high participation rates secured locally through the efforts of those delivering the programme. We would like to thank everyone for working so hard to ensure its continuing success.

This annual guidance advises local providers of the NCMP on how the programme should be implemented. While there are no fundamental changes to the operational delivery of the NCMP from the previous school year (2011/12), 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 Introduction to the NCMP

This section provides the background and context to the National Child Measurement Programme (NCMP), provides the key findings from the 2010/11 data, and sets out the Government's commitment to the continuation of the programme.

1.1 Background

- 1.1.1 The NCMP was established in 2005, and involves the annual weighing and measuring of all eligible children in reception year and Year 6. Primary care trusts (PCTs) oversee the local delivery of the programme, which takes place in the school setting, and work with partners including the local authority, schools and the NHS to secure successful local delivery.
- 1.1.2 The NCMP's initial core purpose was to provide national-level surveillance data on child weight status. This was extended in 2008 to provide parents with feedback on their child's weight status. National evaluation and research have consistently shown that parents want to receive their child's result, and sharing a child's weight status with their parent is an effective mechanism for raising awareness of the potential associated health consequences. It also gives parents the opportunity to seek advice and support if they want it.
- 1.1.3 Local commitment to the delivery of the programme has meant that the robustness and coverage of the data have gone from strength to strength. To date, nearly 5 million children have been weighed and measured as part of the NCMP, and the programme now holds National Statistics status and is regarded as a world-class source of information.

1.2 Purpose

- 1.2.1 The NCMP has two key purposes:
 - a) **To provide child population public health surveillance data on weight status:** these data are used to understand obesity prevalence and trends at local and national levels, and to inform policy and practice on tackling obesity and its wider determinants; and
 - b) **To provide parents with feedback on their child's weight status:** to help them understand their child's current health status, and support and encourage behaviour change.

- 1.2.2 The NCMP is not a screening programme and is not overseen by the UK National Screening Committee.

1.3 NCMP surveillance data results for the 2010/11 school year

- 1.3.1 The latest available NCMP data are those from the 2010/11 school year. These results show a small, but significant, reduction in obesity and in overweight and obesity combined in 4–5-year-old (reception year) children. While this is good news, it does not confirm a downward trend as it is based on one year's worth of data only. Additionally, the levels are still far too high, with more than one in five 4–5-year-olds being classified as overweight or obese.⁵
- 1.3.2 A significant rise in obesity in 10–11-year-old (Year 6) children was also reported in 2010/11. This is a concern because these data, taken together with those from previous years, suggest that we may be experiencing a small but statistically significant rising trend in obesity in older children, with almost one in five 10–11-year-olds (19%) being obese.⁵
- 1.3.3 The exceptionally high participation rates (over 90%) achieved in recent years ensure that the data informing these findings are robust and reliable, and reflect the continued efforts of those delivering the programme at the local level.

NCMP 2010/11: Key findings⁵

- **Participation remains high, with 93% (more than 1 million) of eligible children measured during the 2010/11 school year.** This is the highest participation rate ever achieved over the past six years of the programme, demonstrating the high quality of the data and continued local commitment to the programme.
- **Prevalence of overweight and obesity is slightly, but significantly, lower than it was last year in 4–5-year-olds (22.6% vs 23.1%) and exactly same as it was last year in 10–11-year-olds (33.4%).**
- In reception year, over a fifth (22.6%) of the children measured were either overweight or obese. In Year 6, this proportion was one in three (33.4%).
- The percentage of obese children in Year 6 (19.0%) was more than double that of reception-year children (9.4%).
- **In reception year, obesity prevalence is statistically significantly lower than it was last year (9.4% vs 9.8%),** while the prevalence of overweight has remained about the same (13.2% vs 13.3%).
- **Conversely, in Year 6, obesity prevalence is statistically significantly higher than it was last year (19% vs 18.7%),** while there has been a drop in the prevalence of overweight children (14.4% vs 14.6%).

- As in previous years, **correlation between obesity prevalence and deprivation is very strong**, with prevalence roughly double in the most deprived areas compared with the least deprived; for Year 6 children, there is a difference of 10 percentage points. **There are also marked differences between ethnic groups, with the highest obesity levels seen in black children and the lowest in Chinese children.**

Further detailed analysis of the NCMP data is available at: www.ic.nhs.uk/ncmp

1.4 Feedback to parents

- 1.4.1 The number of areas providing routine feedback continues to grow. A recent review of the NCMP highlighted that 75% of local areas now provide all parents of children participating in the programme with routine feedback, with 88% using the Department of Health's letter template to do so. The feedback comprises a letter summarising their child's height, weight and BMI (body mass index) centile, and often local areas also enclose healthy living information with the letter, most usually in the form of a Change4Life leaflet and information on local services.⁶
- 1.4.2 The Department of Health (DH) has also encouraged local areas to provide proactive follow-up in addition to routine feedback, involving action to engage families with children classified as overweight or very overweight. More than 56% of local areas now report offering proactive feedback, which comprises a phone call with or without a meeting to provide advice, support and, where appropriate, referral to a local service.⁶

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. A longitudinal study on the impact of providing result letters to parents on parental attitudes and behaviours in relation to child obesity is currently under way. The findings of this study are due later in 2012 and will be made available to inform local practice and national policy decisions about the programme.

1.6 Future of the NCMP

- 1.6.1 *Healthy Lives, Healthy People: A call to action on obesity in England*¹ sets out the Government's commitment to tackling the public health challenge of excess weight. Continuing to deliver the NCMP is a key element of this work, which will be secured by mandating the surveillance component of the NCMP when responsibility for public health transitions to local authorities in April 2013.²

- 1.6.2 As a mandated public health programme, provision to resource the delivery of the NCMP from April 2013 will be made through the ring-fenced public health budget for local authorities. Estimates of the 2010/11 baseline spend, and how this would be distributed across local authorities for their new public health responsibilities, have been published.⁷
- 1.6.3 With the transition of responsibility for public health to local authorities, 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 and reliable source of data to inform the Joint Strategic Needs Assessment and underpin obesity planning and commissioning decisions. Data from the NCMP will also support the public health outcome indicator on excess weight in children.⁴

1.7 Transition

- 1.7.1 By the end of the 2012/13 financial year, the NHS landscape and commissioning responsibilities and practices will have been transformed. Local authorities, alongside the new Public Health England (PHE), will take the lead role in public health. Central to this will be the establishment of local health and wellbeing boards that will have a key role in overseeing the development and implementation of a clear local public health strategy, and the integration of local commissioning across the NHS, public health and social care.³
- 1.7.2 The NHS Operating Framework highlights that, during this transition year, the NHS will be accountable for delivering a successful transition of public health responsibilities to local authorities, and will need to do so in collaboration with local authority colleagues. PCT clusters will need to work with local authorities on the transfer of responsibility for public health commissioning and maintain appropriate investment in public health services, including the continued monitoring of obesity, throughout the transition.³
- 1.7.3 While some areas may transition public health responsibilities into the local authority in the coming 12 months, the legal responsibility for delivery of the NCMP, as set out in the NCMP Regulations, will remain with the PCTs until the 31 March 2013. After that date, legal responsibilities will transition to local authorities.

2 Guidance summary

This section sets out the purpose of the guidance and provides an overview of the programme and key dates for the 2011/12 and 2012/13 school years.

2.1 Purpose of this guidance

2.1.1 This guidance has been updated following input and feedback from those delivering the programme and takes account of lessons learnt in previous years. It sets out best practice for the local implementation of the NCMP, including:

- What to do before the measurements are taken (**section 3**);
- Completing the measurements (**section 4**); and
- What to do after the measurements are taken (**sections 5, 6 and 7**).

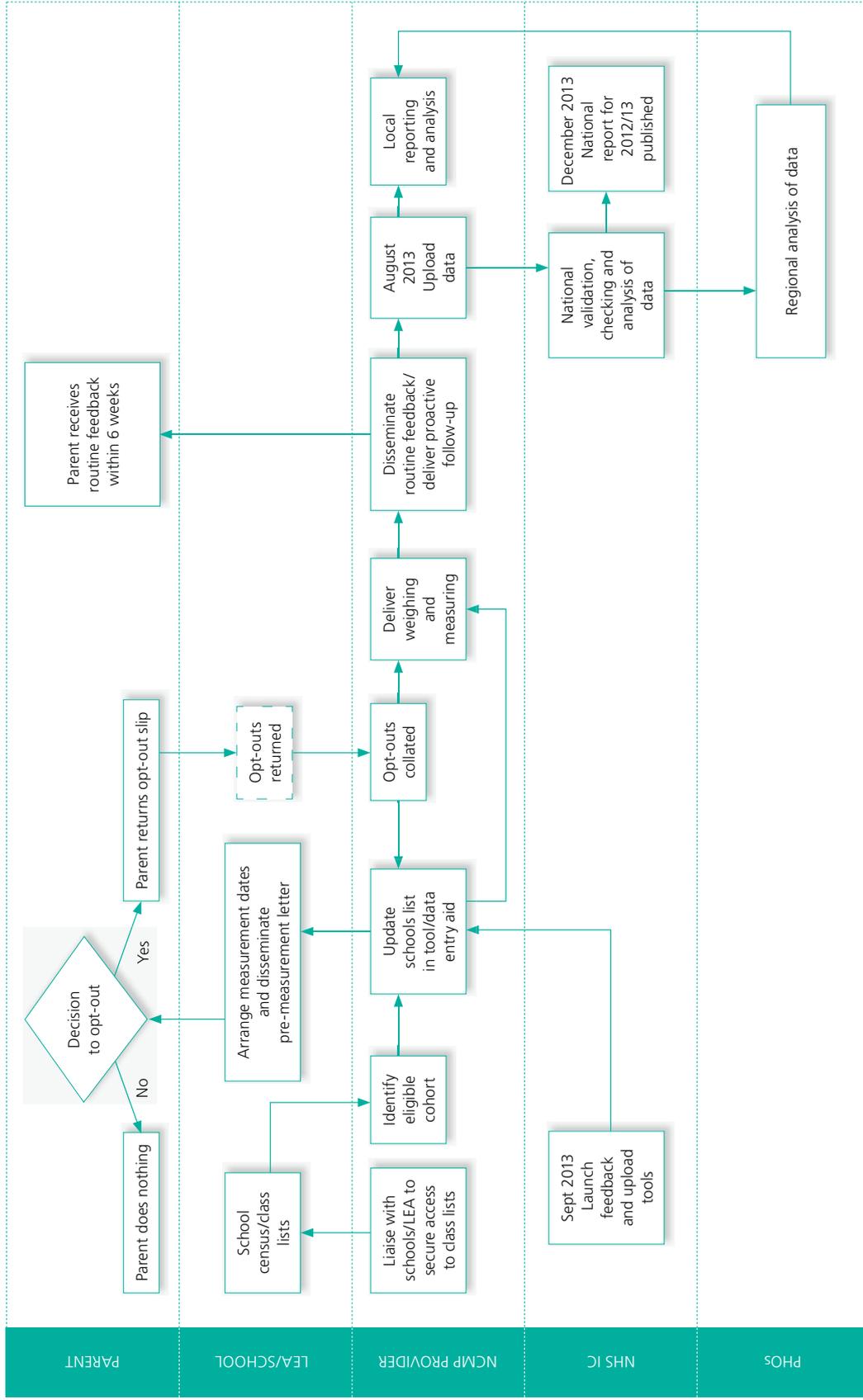
2.1.2 This is best-practice guidance and is not statutory. The National Child Measurement Programme Regulations 2008,⁸ which provide for the weighing and measuring of children in schools by PCTs, are made under the National Health Service Act 2006 and outline certain provisions, set out in **sections 3.3.4, 3.4.1, 3.8.2, 7.2.1** and **7.3.2**, that must be adhered to.

2.1.3 Updated guidance for schools for 2012/13 will be available in summer 2012.

2.2 Overview of the NCMP

2.2.1 **Figure 1** provides a high-level overview of the NCMP and the key delivery elements.

Figure 1 Overview of the NCMP and the key delivery elements



2.3 Key dates for 2011/12 and 2012/13

2.3.1 **Table 1** outlines the expected key dates for the NCMP in the 2011/12 and 2012/13 school years.

Table 1: Key dates for 2011/12 and 2012/13

Date	NCMP 2011/12	NCMP 2012/13
April 2012		NCMP guidance for local areas issued
July 2012 August 2012	17 August 2012 – last day to upload NCMP 2011/12 data to the Health and Social Care Information Centre (IC)	NCMP guidance for schools issued
September 2012		IC feedback tool available. IC upload tool and DH editable template result letter available. Academic year starts. Local areas can weigh and measure children throughout the school year
September–November 2012		NCMP workshops
December 2012	2011/12 IC national report and online mapping of results published	
January 2013	Public health observatories (PHOs) provided with data by the IC, and PCTs to have access to their own final validated dataset from their PHO	

Date	NCMP 2011/12	NCMP 2012/13
April 2013		1 April 2013 – responsibility for local delivery of the NCMP is mandated and transitions to local authorities
August 2013		16 August 2013 – last day to upload NCMP 2012/13 data
December 2013		2011/12 national report and online mapping of results published
January 2013		PHOs provided with data by the IC, and PCTs to have access to their own final validated dataset from their PHO

3 Planning the measurements

This section provides an overview of the planning that needs to take place before beginning the weighing and measuring. It identifies key local stakeholders whose assistance can help to improve the delivery of the programme, lists the data and information that need to be collected, the staff training and equipment necessary to implement the programme, and which schools and children should be included.

3.1 Securing local engagement

3.1.1 The successful local delivery of the NCMP is dependent on the support of its stakeholders, including primary care, local authorities, schools, parents and the children themselves. Engaging with these stakeholders can help to ensure that they understand the purpose, benefits and outcomes of the programme. In turn, this can help to maximise benefits and minimise challenges to the successful delivery of the programme.

Local authority

3.1.2 With responsibility for the NCMP transitioning to local authorities, it will be important to ensure that council members are aware of the programme and its purpose and benefits. A factsheet about the programme aimed at local government officers, councillors and elected members is in development and will be available in the summer of 2012.

3.1.3 It can be helpful to develop contacts with officers working for the local authority; for example, officers in the education department may assist with obtaining contacts for schools or class-list information. They or others may also be able to facilitate the opportunity for engagement and raising awareness of the NCMP with local head teachers – for example, by providing an update slot as part of an inset training day or a local education conference.

3.1.4 Liaising with officers in the local authority's communications team may also be useful in identifying existing processes used to provide information to schools. Making such contact may also offer an opportunity to raise awareness of the programme and share good-news stories via a direct communication channel, such as a residents' newsletter or through the local press to residents.

Schools

- 3.1.5 The good working relationship with schools with respect to the on-going delivery of 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 the highest participation rates are where close working relationships with schools have been achieved. It may be helpful to liaise with local authority officers about contacting schools in the area, as they may have access to existing channels for doing so; alternatively, schools can be contacted directly. Either way, securing the support of schools in delivering the NCMP is essential.
- 3.1.6 Helping the board of governors and head teacher understand the benefits of the programme can be a positive first step in getting the school on board. A factsheet that can be sent to school head teachers and boards of governors about the programme is in development in addition to the DH letter template which is provided at **Annex 1**.
- 3.1.7 Although school involvement in the NCMP is voluntary, participation helps schools contribute to the improvement of the health and wellbeing of pupils. As was set out in the White Paper, *The Importance of Teaching*,⁹ 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 achievements.
- 3.1.8 Changes to the education system mean that the number of primary academy schools across the country is increasing. Academy schools continue to be eligible for inclusion in the NCMP, and academy pupil numbers will count towards a local area's eligible population. Academies should be engaged in the programme in the same way as schools under local authority control are.

Parents/carers and children

- 3.1.9 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 and DH has produced a communications pack to support local areas in securing positive media stories. Information on how to access this pack can be found in **Annex 2**.

- 3.1.10 Participation in the programme can be maximised by engaging with parents and children in advance of delivering the programme. Prior engagement will:
- ensure that parents and carers are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process;
 - reassure parents and carers that their child's measurements will not be revealed to anyone else in the school;
 - emphasise the context of promoting healthy lifestyles, especially healthy eating, physical activity and healthy weight; and
 - promote use of the DH A3 poster and DVD on the NCMP to encourage participation (see **Annex 2** for information about how to order these).

Good practice tip: Before the weighing and measuring process begins in Newcastle and Northumberland, staff attend school assemblies to explain the process to children, helping to alleviate any concerns children may have about being measured. They also convey important health messages and improve awareness and understanding of the programme with teachers.

Primary care professionals

- 3.1.11 Because the NCMP requires multidisciplinary teamwork, it is important to ensure that key staff groups in the NHS are aware of the programme and their role within it. This can be achieved by engaging with GPs, practice nurses and health visitors to ensure that:
- they are aware of the NCMP;
 - they are informed of local prevalence and trends in child obesity;
 - they know how to assess child BMI centiles; and
 - they are made aware of plans for sharing the results with parents and carers.
- 3.1.12 It is important that these professionals are informed in advance of sharing a child's result with their parents so that they can provide appropriate assessment, advice and signposting should a parent or carer contact them after receiving their child's results. To assist with this, a factsheet to primary care professionals about the NCMP is in development in addition to the DH letter template, which is available at **Annex 3**.

3.2 Maximising delivery

- 3.2.1 In planning the delivery of the NCMP, it may be helpful to consider whether there is benefit in integrating the delivery of the weighing and measuring 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. Additionally, where it continues to be delivered, it can be helpful to maximise impact of the NCMP through the Healthy Schools Programme.

3.3 Information needed before the measurements

Class list and delivery arrangements

- 3.3.1 The NCMP Regulations⁸ provide for **PCTs to make arrangements with local education authorities to weigh and measure children in their area**. Before the weighing and measuring take place, the class-list details of all children in reception year and Year 6 eligible to participate in the NCMP, as well as the names and number of children who have been opted out of the programme by their parents in each age group, should be obtained.
- 3.3.2 Class-list information is available from the school census, every January, which is statutory for all maintained primary, secondary, middle-deemed primary, middle-deemed secondary, special and non-maintained special schools, academy schools, alternative-provision academies and city technology colleges in England. The information can be obtained, in the case of academies, directly from the school, and for schools without academy status, the data can be secured either directly from the school or from the local authority.
- 3.3.3 If engaging with a school directly, it may be helpful to establish a single named contact to liaise with and to share the current NCMP guidance for schools. It can also be helpful to use this engagement opportunity to agree arrangements for the delivery of the NCMP in the school, including a date and time for the measurements to be undertaken and the use of a room or screened-off area in which to conduct the weighing and measuring.

Parental consent

- 3.3.4 The NCMP Regulations⁸ make provision for the programme to operate without explicit consent from parents. However, the Regulations require PCTs to **take steps to ensure that parents understand the value of having their child measured and have reasonable opportunity to withdraw their child**. This should be done by ensuring that letters are sent to parents and carers at least two weeks before the measurements are scheduled to take place using the template pre-measurement letter at **Annex 4**.
- 3.3.5 When sending out the pre-measurement letters, we recommend that parents and carers are also sent the 'Why your child's weight matters' leaflet. Printed copies of this leaflet can be ordered on a first come first served basis, or downloaded for printing locally from the DH Publications Orderline (www.orderline.dh.gov.uk), quoting reference number 277810.

3.4 Staffing

- 3.4.1 In planning the staffing resource needed to complete the weighing and measuring, the NCMP Regulations⁸ dictate that the arrangements for the programme must be managed by a relevant health professional. In practice, this means that a health professional, such as a school nurse or a dietitian, should oversee the whole programme by coordinating and training staff, engaging with schools, and ensuring that the data are submitted to the IC on time.
- 3.4.2 Although a health professional must oversee the NCMP, the weighing and measuring may be undertaken by a healthcare assistant or similar grade member of staff with appropriate competencies and provided with adequate support.
- 3.4.3 The successful delivery of the programme depends not only on the completion of accurate weighing and measuring, but on the achievement of several other tasks, such as engaging with stakeholders, and entering and validating data. As such, maximising the effective delivery of the NCMP is dependent on a mixture of skills and expertise, including communication, administration, management, data management and analysis, and IT skills, as well as clinical knowledge.
- 3.4.4 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.

3.5 Training

Weighing and measuring

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

Using the feedback and upload tools

- 3.5.2 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. Short tutorials developed by the IC on using the tools can be found at: <https://ncmp.ic.nhs.uk>

Taking calls from parents and delivering proactive follow-up

- 3.5.3 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).

3.5.4 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. These include:

- **MI training resources**, including a YouTube film of an NCMP-specific MI taster course 'From anger to engagement' and accompanying slide pack. These are available on the Obesity Learning Centre website (**Annex 2**).
- **Four audio-learning podcasts** available free of charge on the British Medical Journal (BMJ) Learning website (**Annex 5**). 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** available on the Obesity Learning Centre website (**Annex 5**). 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** available from the Obesity Learning Centre (**Annex 5**). This resource is for people working in PCTs and local authorities who commission public health services.

3.6 Equipment

3.6.1 Accurate measurements depend on the correct use of good-quality equipment. Scales should be properly calibrated.

3.6.2 Scales used for the weighing of children must be CE-marked with the last two digits of the year of manufacture (e.g. CE09 for a product manufactured in 2009), have a black 'M' on a green background, and have a four-digit number identifying the notified body.^a

3.6.3 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

^a 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.

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.

- 3.6.4 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.
- 3.6.5 In May 2008 and again in March 2010, DH issued an alert regarding the need to use Class III scales in certain settings. This alert applies to the NCMP. 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 dual readings is in use which cannot be converted to metric reading only, it should be replaced as a priority.
- 3.6.6 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.
- 3.6.7 Measurements should be entered directly into a Microsoft Excel spreadsheet using an encrypted, password-protected laptop rather than being recorded on paper. We do not recommend the use of paper records, as the need to transfer data to electronic records may give rise to the introduction of errors. Instead, use of the 'data-entry aid' (available at <https://ncmp.ic.nhs.uk>) to record measurements, is recommended. Once complete, the data can then be imported into the IC's parental feedback tool (see **section 5**).

3.7 Which schools should be included?

- 3.7.1 Every state-maintained primary and middle school, including academies, within the **PCT boundary** should be included in the 2012/13 programme. A list of maintained schools within the PCT boundary will be included in the IC's upload tool. Schools can be added or removed from this list to take account of local changes – for example, where schools have closed or new schools have opened. The process of submitting the data requires confirmation that schools removed from the pre-populated list are being included by another PCT or that they are no longer open.

- 3.7.2 When the data are submitted, the schools list will be checked centrally and any schools that have not been selected will be assigned according to the PCT boundary within which they fall.
- 3.7.3 Measurement in non-state-maintained and special schools is encouraged where possible. Data from these schools will be included in the national database and returned to PCTs. However, since established relationships with these schools vary between areas, they will not be included when calculating participation rates, nor will they be included in the national report. This is because the low participation rates from independent and special schools mean that the data are unlikely to be representative.

3.8 Which children should be measured?

- 3.8.1 In delivering the NCMP, local areas should plan to weigh and measure all eligible children in reception year (generally aged 4–5 years) and Year 6 (generally aged 10–11 years) who are pupils within state-maintained schools.
- 3.8.2 Whichever type of school they attend, **the NCMP Regulations⁸ 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.
- 3.8.3 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 4** of this 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,¹⁰ and should work closely with schools to plan alternative provisions.
- 3.8.4 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 6**, as the parents or carers can still benefit from receiving information and lifestyle advice, including specialist advice appropriate to the child's circumstances.
- 3.8.5 Children's existing medical and mental health conditions should be taken into account when considering whether 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 it may be helpful 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.

3.9 Data to be collected

- 3.9.1 The essential and supplementary data should be collected as part of the weighing and measuring process and submitted to the IC as detailed at **Annex 7**. Additionally, this year, the NHS number and home phone number have been included as supplementary fields for local collection. Where available, the NHS number should be included on the result letter to parents, and the home phone number may be useful for enabling proactive follow-up (**section 5**).
- 3.9.2 It can be helpful to produce a record for use at the time of measurement which is pre-populated with the necessary data fields – i.e. the name and unique reference number (URN) of the school, and the following information for each eligible child: name, sex, date of birth, date of measurement, home address and postcode, ethnicity and home phone number. Alternatively the IC's data-entry aid can be used, although it does not make provision for the collection of home phone numbers.
- 3.9.3 The information required to pre-populate records should be requested from schools or the local authority in advance of the measurements, or be obtained from the child health information system, and should not be obtained by asking pupils or be assigned during the weighing and measuring. Once opt-outs have been collected, details of the children who have been withdrawn should also be added to the record to ensure that they are not included in the measurements.
- 3.9.4 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 by **aiming to achieve or maintain participation rates by eligible children at 85%** and, where possible, build on higher participation rates achieved previously.
- 3.9.5 Where possible, during the weighing and measuring, PCTs should plan to use a computer, rather than making a paper record when recording height and weight. This reduces the risk of errors when transferring data and enables a higher level of security in the storage of personal identifiable data.

Good practice tip: Every year East Sussex Healthcare NHS Trust School Nursing Service aims to achieve a higher than 85% participation rate in the NCMP. To achieve this, catch-up sessions are delivered so that children absent on the first day of measurement are included.

3.10 Planning the measurements: checklist

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

- Plan to promote the programme and raise awareness and understanding by writing to head teachers/school governors, publishing newsletters and using local media sources.
- Plan to promote the programme and raise awareness and understanding by engaging with primary care professionals.
- Engage with the local authority or directly with schools to arrange 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.
- Identify staff with the necessary mix of administrative, data and clinical skills to deliver the programme.
- Provide staff with the necessary training and support to ensure that they are competent to complete the measurements, and record and upload the data.
- CRB-check any staff involved in the weighing and measuring.
- Have appropriate and calibrated scales.
- 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.

4 Doing the measurements

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

4.1 Setting up

- 4.1.1 The measurements should be done in a room or screened-off area⁸ 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.
- 4.1.2 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.
- 4.1.3 The height and weight displays on the measurement equipment should not be visible or audible to anyone apart from the person recording the measurements. Staff should record the measurements on electronic forms or use the data-entry aid (**section 3.6.7**) to record measurements into an encrypted, password-protected laptop. Measurements should not be shared with teaching staff.

4.2 Measuring weight and height

- 4.2.1 Children respond pragmatically and positively to being weighed and measured if the measurements are carried out sensitively.¹¹ Privacy while being measured is important to parents, carers and children.¹² Staff should be aware that children can be sensitive about their height, weight or both, and should recognise that weighing and measuring children could accentuate these sensitivities, particularly for older children.
- 4.2.2 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.
- 4.2.3 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 **section 3.8**

for information on considerations to be taken into account when planning the weighing and measuring.

- 4.2.4 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 IC nor should the results be sent to their parents, since the results are unlikely to establish the child's true BMI.
- 4.2.5 Measurements for children with growth disorders, such as dwarfism, should not be included in the upload to the IC. This is because use of the BMI centile is not applicable to children with growth disorders. However, staff should use their professional judgement in deciding whether 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, it may be appropriate to provide a letter with the raw height and weight information (without the BMI calculation) along with appropriate healthy eating and physical activity information.
- 4.2.6 Individual results should not be:
- fed back directly to the school (**see section 7.3**) or to teachers;
 - given to individual children, in Year 6, in the form of the feedback letter, 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; or
 - revealed to other children.
- 4.2.7 Local areas should agree a policy for whether a child's result should be verbally disclosed to them and discussed during the measuring, having considered the best way of minimising stigmatisation of the child and ensuring data confidentiality. Any concerns about a child's weight status should be followed up via the parents according to local care pathways (**section 5**).

Measuring weight

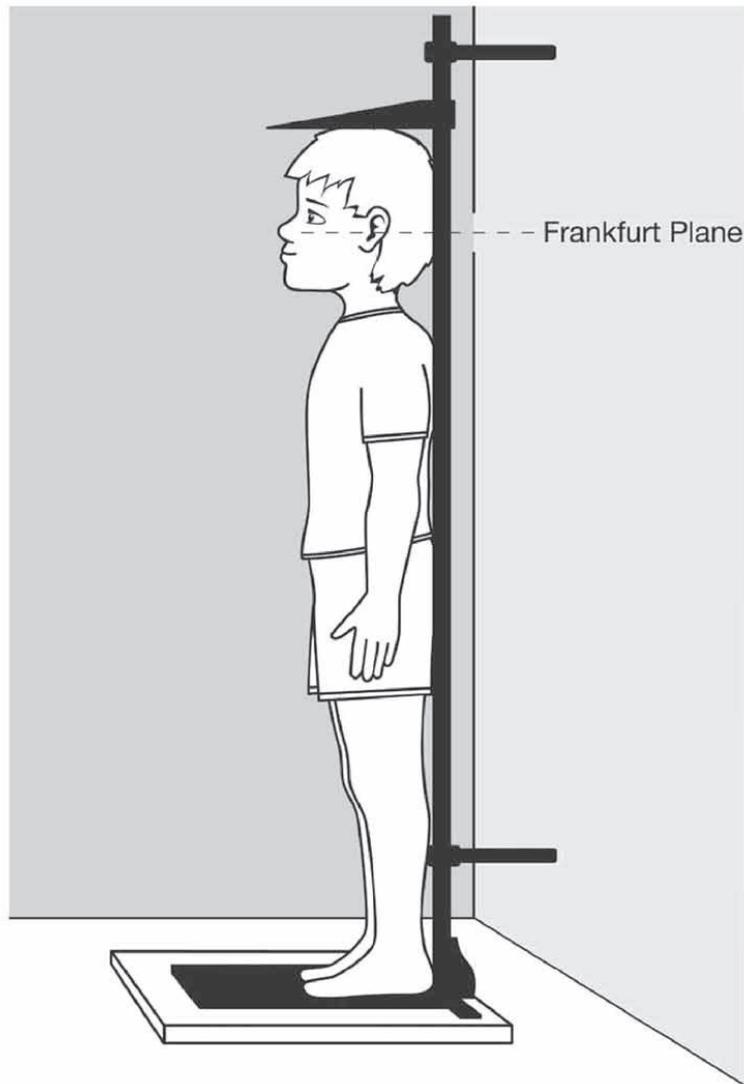
- Ask the child to remove their shoes and coat. They should be weighed in normal light indoor clothing.
- Ask the child to stand still with both feet in the centre of the scales.
- **Record the weight in kilograms to the first decimal place** – i.e. the nearest 0.1kg (e.g. 20.6kg). Measurements should not be rounded to the nearest whole or half kilogram.

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 onto 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. the nearest 0.1cm (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.

Good practice tip: Measuring children with headwear

Sikh children aged up to 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.



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

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 aligned with the bottom of the eye socket. This position will allow the crown of the head to raise the measuring arm of the height measure to the child's true height.

4.3 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.

- Access the 'data-entry aid' available at <https://ncmp.ic.nhs.uk> to record measurements or develop electronic forms including all the necessary fields (**Annex 7**) 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 4.2** 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.

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

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

5.1 Routine feedback

5.1.1 We encourage all areas to implement routine feedback to all children measured for the 2012/13 NCMP. We recommend that the IC's parental feedback tool along with the DH template letter (**Annex 8**) is used to do this. Detailed guidance and tutorials on using the tool can be downloaded from: <https://ncmp.ic.nhs.uk>. This tool 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 (see **Table 2**).¹³

Table 2: 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

5.1.2 This approach is in line with guidance from the National Institute for Health and Clinical Excellence (NICE), which advises that a child's BMI centile is used to assess whether a child is overweight or obese.

5.1.3 Calculating 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 onto an age- and sex-specific BMI chart (UK 1990 chart for children aged over 4 years¹⁴ and the UK-World Health Organization (WHO) growth chart for children aged 2–4 years¹⁵).

However, for the NCMP, you should be using the IC's parental feedback tool, which will accurately and quickly calculate the BMI centile based on the height, weight, gender and age entered. Outside the NCMP, an alternative to using a BMI chart is the BMI calculator on NHS Choices (see **Annex 5**).

- 5.1.4 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.

5.2 Producing result letters

- 5.2.1 We recommend that the IC's parental feedback tool and DH's template result letter are used to generate result letters for parents. The template letter and tool will be available on the IC downloads page at <https://ncmp.ic.nhs.uk> from September 2012, along with guidance and training on using the tool.
- 5.2.2 The letter has been developed in consultation with parents and child health experts, taking account of feedback from local NCMP practitioners. 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 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.
- 5.2.3 When producing the letters, all NHS organisations should ensure that the NHS number is included.¹⁶ It is also the responsibility of local areas, when producing result letters, to 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 – for example, checking that the BMI centile and assigned category are correct, and that the correct date of birth and address for the child are shown.
- 5.2.4 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 letters getting into the hands of children's peers, leading to comparisons of results and, potentially, bullying.
- 5.2.5 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.
- 5.2.6 The editable template result letter is addressed to the 'Parent/carer of [child name]'. This is because it's unlikely that the name of the parent or carer will

be known, and it is at the parents' discretion as to whether they share the results with their child.

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.

Accompanying information

- 5.2.7 We recommend that the 'Top tips for top kids' leaflet, which is aligned to the messages of the Change4Life leaflet, is enclosed with the result letter to parents. These leaflets can be ordered or downloaded from the DH Publications Orderline (www.orderline.dh.gov.uk), quoting reference number C4L232.
- 5.2.8 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'.

5.3 Proactive follow-up

- 5.3.1 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.
- 5.3.2 We strongly urge PCTs to consider proactively contacting parents of children identified as having a potential weight issue to offer personalised advice and support. This should be done 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.
- 5.3.3 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. See **section 3.5.4** for information on available training materials.

5.4 Routine feedback and proactive follow-up case study

NHS Wirral has been delivering routine feedback to all parents of children participating in the NCMP, including those who are a healthy weight, using an amended version of the Department of Health's letter template since 2009. The PCT recognises that parents aren't able to tell, just by looking at their child, what their weight status is, and that the increasing prevalence of child obesity means that some parents, when comparing their child to others, may be concerned that they are underweight. Providing feedback to all children is considered to be important in assisting families of underweight, overweight or very overweight children to make lifestyle changes and helping families with children of a healthy weight maintain healthy growth.

NHS Wirral is now also implementing a programme of proactive follow-up, phoning parents of all children in reception year and Year 6 identified as very overweight before sending out the routine feedback letters. Proactive follow-up involves a member of the nursing support team, trained in MI and using the DH conversation guide, calling parents to provide feedback on their child's weight status and supporting and guiding families to consider how they might make lifestyle changes, including accessing locally available child weight management services. Early indications are that this process has increased referrals to the weight management services and has been positively received by parents.

5.5 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 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.

6 Data upload and validation

This section sets out how the NCMP data should be submitted to the Health and Social Care Information Centre (IC).

6.1 Submitting your data to the IC

- 6.1.1 Once the essential and supplementary data, listed at **Annex 7**, have been collected, the IC's upload tool should be used to submit the data, before the deadline of **16 August 2013**. As in previous years, the data will need to be submitted according to PCT boundary.
- 6.1.2 Uploading data to the IC should be undertaken by someone with a good knowledge of Microsoft Excel. When using the upload tool, choose a computer with plenty of free memory and close down all other programs to help ensure that the tool runs quickly. Detailed guidance and new online tutorials on using the tool are available from the IC, and more information is contained in **Annex 2**.
- 6.1.3 Once the data have been entered into the upload tool, a **pre-upload data check** will need to be performed. The tool will automatically flag records with variables that do not meet the required conditions. Those individuals entering the data should validate all flagged records by making any necessary corrections to the data. The data can then be uploaded to the IC.
- 6.1.4 During the upload, identifiable fields will not be sent to the IC. The 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.
- 6.1.5 After upload, an automated email will be sent to the contact who uploaded the data. This provides a link to the summary report of the data and the contact will be asked to complete a **post-upload data check** by clicking on the link 'Check your uploaded data'. This check involves reviewing:
- the number of records held in the NCMP database for their PCT;
 - a list of the records that will be removed because the standardised height and/or weight and/or BMI score represents an extreme value and is therefore likely to have been misreported; and
 - a range of data-quality indicators which can be used to identify any anomalies (e.g. the school-list report can be used to identify schools where the number of pupils measured exceeds the number reported to be eligible).

- 6.1.6 An opportunity to confirm that the data submitted are satisfactory or to make further changes and resubmit within a given timeframe is then provided. Once the PCT is content that the data held by the IC are satisfactory, users should 'sign-off' their data by pressing the 'FINAL' button on the website. The closer to the upload deadline the data are submitted, the less time will be available to make any amendments and resubmissions. At the end of the deadline day, all data will be treated as signed-off and final, regardless of when the initial submission was made or whether users have indicated their sign-off by pressing the 'FINAL' button. We therefore encourage all PCTs to plan to submit data well in advance of the deadline.
- 6.1.7 After the deadline, a second level of manual and more sophisticated data checking is carried out by analysts at the IC. If deemed necessary, the IC may get in touch with the PCT contact after the submission to address any remaining issues that were not resolved through the initial post-upload data check. For example, this might occur where a large number of records are thought to have been coded to the wrong school URN (unique reference number), or where a large proportion of measurements are recorded as having taken place at the weekend (which would not normally be expected to happen).
- 6.1.8 Full details of the IC's data cleaning and validation process are available in the document *National Child Measurement Programme: NHS Information Centre validation process for NCMP data*.¹⁷ A flowchart summarising the validation process is provided at **Annex 9** of this document.
- 6.1.9 Full guidance on using the 2012/13 tool will be posted on the IC website at <https://ncmp.ic.nhs.uk> once the tool is available in September 2012. Further details about using the tool and the data upload and validation processes can be obtained from the IC contact centre by emailing ncmp@ic.nhs.uk or by calling **0845 300 6016**.

6.2 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 IC's upload tool and arrange for a member of staff who is competent at using Microsoft Excel to enter, validate and upload the data.
- Check and validate the data before uploading to the IC by 16 August 2013.
- Check the data after receiving the upload notification email from the IC and confirm that the data are 'final'.

7 Using the NCMP data

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

7.1 Use of data by the IC

- 7.1.1 As part of the NCMP, the 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.
- 7.1.2 Additionally, as part of the NCMP and within a data-sharing agreement, the IC provides the public health observatories (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 IC's own report, any reports produced must present only aggregated information so that no individual child can be identified.
- 7.1.3 As part of the NCMP, the 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.

7.2 Data use at a local level

Holding of data

- 7.2.1 The NCMP Regulations⁸ make provision for PCTs to:
- Process identifiable data: to provide results to parents; 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 healthcare 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.

- 7.2.2 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 (DPA) 1998.

PCT releasing data

- 7.2.3 The NCMP Regulations⁸ 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.
- 7.2.4 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

- 7.2.5 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 DPA. Where these already exist, PCTs should ensure that they cover NCMP data.
- 7.2.6 Guidance for PHOs and PCTs on analysis of the 2010/11 dataset is available on the National Obesity Observatory (NOO) website (see Annex 2). PCTs can obtain their final validated 2010/11 data from their PHO. Final and validated 2011/12 data are expected to be released by the IC to PHOs in January 2013.
- 7.2.7 PCTs and local authorities should work together to use this local analysis to support the Joint Strategic Needs Assessment, the Director of Public Health's 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 Regulations⁸ and the DPA as long as such data use is set out in the pre-measurement letter to parents.

7.3 Providing results to schools

- 7.3.1 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 NOO school feedback tool.
- 7.3.2 The NCMP Regulations⁸ **do not** currently make provision for an individual child's result or school prevalence figures to be given directly to schools; however, non-identifiable information can be shared with schools.

7.3.3 The school feedback tool uses 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.

7.3.4 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.

7.3.5 If PCTs or schools receive requests for school-level data under the Freedom of Information Act, the format outlined in **section 7.3.3** should be used to ensure that there is no risk of identifying individual children.

7.4 Data use at a local level: checklist

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

- Share feedback with schools using the NOO school feedback tool 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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Annexes

- Annex 1** Specimen letter to head teacher and board of governors
- Annex 2** NCMP resources
- Annex 3** Specimen letter to inform primary care practitioners about the NCMP
- Annex 4** Specimen pre-measurement letter to parents and carers
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- Annex 6** Specimen letter to parents of children unable to be measured unaided
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Annex 1: 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 2012/13 school year.

As was set out in the White Paper, *The Importance of Teaching*, 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 achievements.

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's website at www.education.gov.uk. In summary, the programme is led by PCTs, with support from schools by:

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

- collating names of any children who have been withdrawn from the programme by their parents;
- providing class lists of relevant year groups;
- identifying a room or area where measurements can be taken privately; and
- 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 2: NCMP resources

Resource	Description and availability
Research	
<i>Taking Stock: A Rapid Review of the National Child Measurement Programme</i>	A report on the findings from the rapid review of the delivery of the NCMP undertaken in 2011. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129372.pdf
NCMP: Assessing parents' ability to identify overweight and obesity	A study on the ability of parents to determine, visually, whether their child is overweight or obese. This report can be accessed through the NCMP learning network on the Obesity Learning Centre's website.
NCMP: Early experiences of routine feedback to parents of children's height and weight	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
Marketing and raising awareness	
Pre-measurement leaflet: 'Why your child's weight matters'	This leaflet for parents contains information about the NCMP along with Change4Life tips to help families lead a healthy lifestyle. Limited stocks are available, on a first come first served basis, from DH Publications by calling 08701 555 455 quoting the product code 277810, by emailing dh@prolog.uk.com or online from www.orderline.dh.gov.uk where these leaflets can also be downloaded.
Post-measurement leaflet: 'Top tips for top kids'	PCTs should send this Change4Life leaflet to parents when sending the results letters. The leaflet includes eight key behaviour changes to help children eat well and be active. Copies are available to order from DH Publications by calling 08701 555 455 quoting the product code C4L232, by emailing dh@prolog.uk.com , or online from www.orderline.dh.gov.uk where leaflets can also be downloaded.

Resource	Description and availability
Children's information	<p>Flyers and posters for Year-6 children are available to help them understand what will happen when they are weighed and measured as part of the NCMP and to assist parental engagement.</p> <p>Copies of the A3 poster can be ordered from DH Publications by calling 08701 555 455 quoting the product code 286904, by emailing dh@prolog.uk.com or online from www.orderline.dh.gov.uk where these resources can also be downloaded.</p> <p>Pre-printed copies of the flyer are not available; however, the flyer can be downloaded from www.orderline.dh.gov.uk and then printed locally.</p>
Media pack	<p>A DH-produced resource for assisting local areas in achieving positive media coverage about their work to tackle child obesity, including how to handle media queries about the NCMP, and a Q-and-A section for use with parents.</p> <p>Available through the NCMP learning network on the Obesity Learning Centre's website.</p>
Staff training and development	
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 to expect 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>
Conversation guide	<p>A DH-produced resource to assist local-area practitioners when responding to parents about their child's NCMP results.</p> <p>Available through the NCMP learning network on the Obesity Learning Centre's website.</p>

Resource	Description and availability
Motivational-interviewing-based training resources	<p>Short film and slide pack, commissioned by DH, entitled 'From anger to engagement'. It provides an introduction on how to apply a motivational interviewing approach to handling queries from parents who have received their child's NCMP result letter.</p> <p>Available on the Obesity Learning Centre's website at: www.obesitylearningcentre-nhf.org.uk/resources/resources-directory/?entryid8=6272</p>
NCMP learning network	<p>A virtual forum for practitioners working on the NCMP. It hosts a discussion page where local questions can be posted for discussion and where DH will post updates and publications.</p> <p>Register first as a member of the Obesity Learning Centre at www.obesitylearningcentre-nhf.org.uk. Then email ncmp@dh.gsi.gov.uk requesting access to the NCMP learning network.</p>
Data analysis and sharing NCMP data	
National Obesity Observatory (NOO) analytical guidance	<p>Guidance for analysis</p> <p>The 2010/11 NCMP guidance for analysis provides information on further analyses that may be undertaken on the NCMP datasets in order to:</p> <ul style="list-style-type: none"> ● produce a regional or local overview of the data; ● obtain a better understanding of the epidemiology of child obesity and overweight within local areas; ● feedback useful information to PCTs, school nursing teams, schools or other partners, ensuring confidentiality of the data; and ● help improve participation and data quality in the 2011/12 NCMP. <p>www.noo.org.uk/NCMP/analytical_guidance.</p> <p>Guidance for small-area analysis</p> <p>This paper provides advice for users of the NCMP dataset who wish to undertake analysis at small-area level, such as local neighbourhoods or communities.</p> <p>www.noo.org.uk/NCMP/analytical_guidance.</p>

Resource	Description and availability
<p>Health and Social Care Information Centre upload and feedback tools and training</p>	<p>Upload and feedback tools guidance Guidance on how to use the upload and feedback tools can be accessed at: https://ncmp.ic.nhs.uk/</p> <p>New online training Launched in March 2012, the IC has developed a series of tutorials on using the NCMP parental feedback and upload tools. These can be used either as an introduction for individuals new to NCMP or as a refresher for colleagues already experienced in using the system. The tutorials are available at: https://groups.ic.nhs.uk/ncmptraining/default.aspx</p> <p>2010/11 school year NCMP analysis This annual report summarises the key findings from the 2010/11 school year NCMP data. www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/ncmp%202010-11/NCMP_2010_11_Report.pdf</p> <p>Information on the IC's NCMP data validation process This document provides more detail on the process that the IC uses to validate NCMP data. www.ic.nhs.uk/ncmp/validation</p>

Annex 3: 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 result 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.

National Child Measurement Programme: information for primary care practitioners

What is the NCMP?

The National Child Measurement Programme (NCMP) is an important 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) have their heights and weights measured during the school year.

NHS [DN: 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 [DN 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 visit 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.

Yours sincerely

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

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

Information on the NCMP

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 is available for download from the iTunes App Store.

BMI centiles are worked out as follows:

Step 1: BMI is calculated by dividing weight (in kilograms) by height (in metres) squared (weight/height²).

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% would be smaller.

Underweight	Healthy weight	Overweight	Obese (called 'very overweight' in the result letter to parents)
Below 2nd BMI centile	Between 2nd and 90th BMI centile	Between 91st and 97th BMI centile	At or above 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
[DN: populate with local details here]
- For overweight children
[DN: populate with local details here]
- For obese children
[DN: populate with local details here]

Local NCMP contact details

- Contact for NCMP staff and NHS [DN: insert contact details]
[DN: 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 can be ordered from DH Publications (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 five years' worth of high-quality data with which to monitor progress towards tackling obesity. Results from the five 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 in need.

How are the data collected and what happens to the data?

The measurements are undertaken by trained staff from [DN: insert organisation name] in an area away from other pupils. Children are weighed in normal indoor clothing.

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

Only anonymised records of children's heights and weights are received for analysis at a national level, but 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 [DN: insert 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's 'Top tips for top kids' leaflet or other locally tailored leaflet.

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

Primary care trusts (PCTs) should send this letter out to all parents and carers of children eligible for inclusion in the 2012/13 NCMP.

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 2**).

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

The NHS needs to have a good understanding across the country of how children are growing, 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 public health programme, delivered through schools, is now in its seventh 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 [DN: where proactive follow-up is implemented, this should be identified].

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: Obesity tools and resources

Resource	Description and availability
A toolkit for developing local strategies	<p>Helps PCTs and local authorities to 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>http://www.obesitylearningcentre-nhf.org.uk/elearning-training/training-directory/?locale=en</p>
Audio learning on BMJ Learning website	<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 multidisciplinary and specialist interventions.</p> <p>Register at www.learning.bmj.com and search 'obesity'.</p>

Resource	Description and availability
Learning on the NHS National Learning Management System and the Obesity Learning Centre's website	<p>Four modules including:</p> <ul style="list-style-type: none"> ● an introduction to obesity; ● identifying unhealthy weight and risk factors for weight gain; ● managing obesity: supporting behaviour change; and ● guiding and enabling behaviour change. <p>These modules are available at: www.obesitylearningcentre-nhf.org.uk/elearning-training/elearning/nhs-elearning/nhs-elearning-modules/</p>
Commissioning weight management services for children and young people	<p>Supports local areas in commissioning weight management services for children and young people.</p> <p>www.dh.gov.uk/en/publicationsandstatistics/publications/PublicationsPolicyAndGuidance/DH_090113</p>
NHS Choices BMI calculator	<p>The NHS Choices BMI calculator can be developed to ensure that it calculates a child's BMI centile in line with the approach adopted by the NCMP.</p> <p>http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx</p>
Change4Life	<p>Information and resources on the Change4Life programme are available from www.nhs.uk/change4life</p>

Annex 6: 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.

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

The NHS needs to have a good understanding across the country of how children are growing, 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 [DN: insert pupil's name] may not be able to participate. We would therefore like to offer you an alternative arrangement. [DN: 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 [DN: insert name] on [DN: insert contact details] to arrange an appointment at your convenience. You can also contact [DN: insert name and contact details] if you have any concerns or wish to discuss this matter further.

A leaflet entitled '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 7: 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 IC
Pupil's first name	PCT
Pupil's last name	PCT
Sex (one character: M for male; F for female)	PCT and IC
Date of birth (DD/MM/YYYY)	PCT (IC only receives age in months)
Date of measurement (DD/MM/YYYY)	PCT and IC
Height (in centimetres, to first decimal place – i.e. measured to the nearest millimetre)	PCT and IC
Weight (in kilograms, to first decimal place – i.e. measured to the nearest 100 grams)	PCT and IC
Full home address	PCT
Full home postcode (eight-character string) Valid formats (A=letter, N=number):	PCT (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 ● AN NAA ● 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's health records. Mother's ethnicity should not be used.</p>	<p>PCT and IC</p>

Supplementary data

Data collected by the PCT	Used by
<p>Name and contact information of the PCT obesity lead (or other person responsible for the NCMP)</p> <p>Where data have been stored (i.e. loaded directly into the IC NCMP tool, previously stored in child's 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>	<p>All data items sent to the IC</p>

Data collected by the PCT	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 	All data items sent to the IC
NHS number	PCT
Home telephone number	PCT

Annex 8: Specimen result letter to parents and carers



«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»)

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 health care 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 up to 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 the 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.

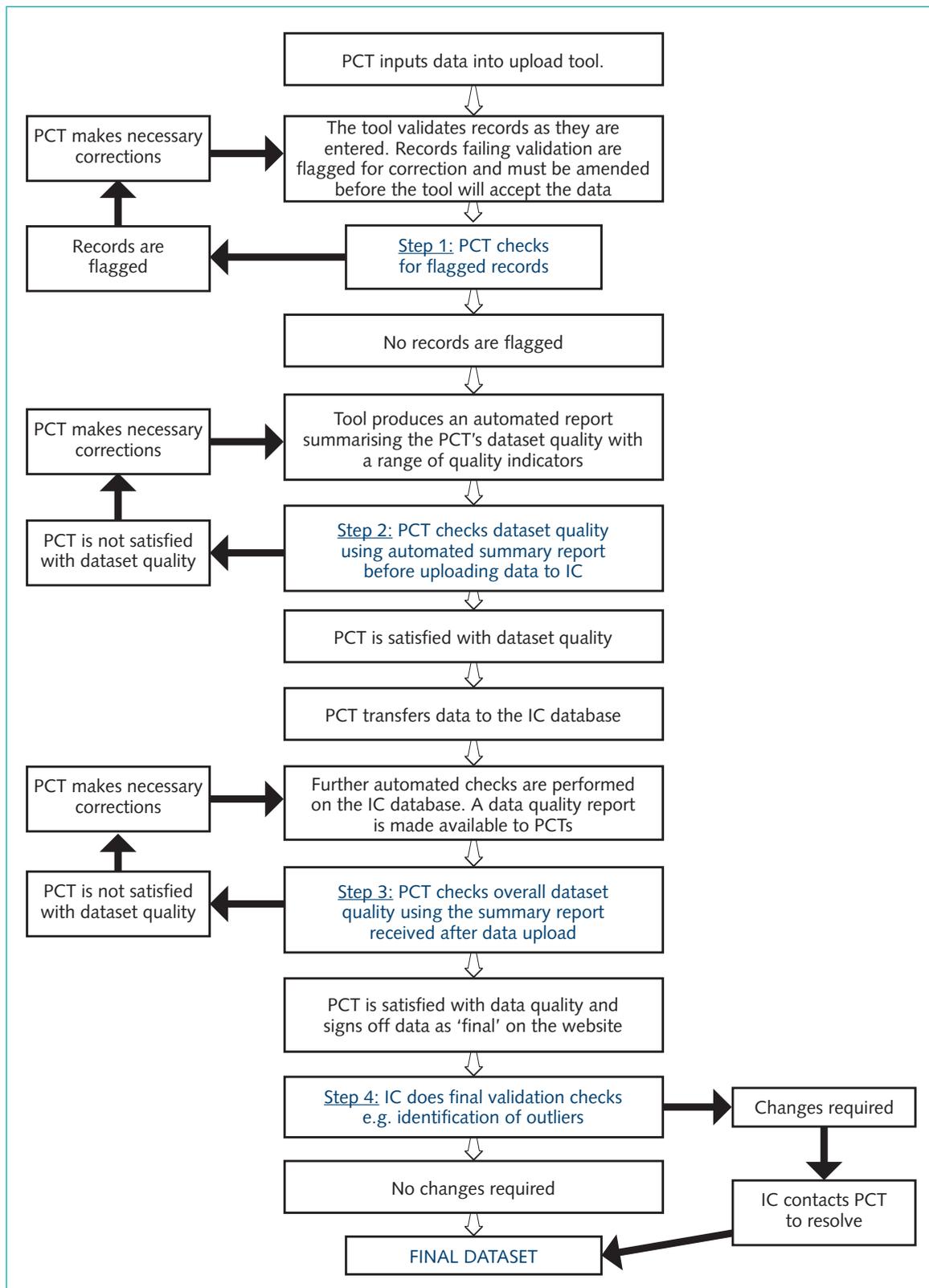
Children who are very overweight are more likely to have health problems at a young age, such as high blood pressure, early signs of type 2 diabetes and low self-confidence. Later in life, they are more likely to have illnesses like heart disease and some types of cancer.

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 complete all the critical tasks needed for delivery of the NCMP.

Planning the measurements (see section 3)

- Plan to promote the programme and raise awareness and understanding by writing to head teachers/school governors, publishing newsletters and using local media sources.
- Engage with the local authority or directly with schools to arrange 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.
- Identify staff with the necessary mix of administrative, data and clinical skills to deliver the programme.
- Provide staff with the necessary training and support to ensure that they are competent to complete the measurements, and record and upload the data.
- CRB-check any staff involved in the weighing and measuring.
- Have appropriate and calibrated scales.
- 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 4)

- Access the 'data-entry aid' available at <https://ncmp.ic.nhs.uk/> to record measurements or develop electronic forms including all the necessary fields (**Annex 7**) 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 4.2** 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 5)

- Download the 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 (see section 6)

- Download the IC's upload tool and arrange for a member of staff who is competent at using Microsoft Excel to enter, validate and upload the data.
- Check and validate data before uploading the data to the IC by 16 August 2013.
- Check data after receiving the upload notification email from the IC and confirm that the data are 'final'.

Data use at a local level (see section 7)

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

- Share feedback with schools using the NOO school feedback tool 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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