Public Health England

Protecting and improving the nation's health

# National Child Measurement Programme

## Operational guidance 2018

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

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# The importance of the National Child Measurement Programme

The World Health Organization (WHO) considers that childhood obesity is reaching alarming proportions in many countries and poses an urgent and serious challenge.[1] Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than healthy weight children. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.[2] In England, the health problems associated with being overweight or obese cost the NHS more than £5billion every year.[3]

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

The NCMP data is also used to analyse and further understand childhood obesity: Data from a small sample of 4 local authorities was analysed longitudinally to examine how weight status tracks between Reception and Year 6. A model has been developed by Public Health England (PHE) as part of this report, to be used by local authorites to predict weight status in Year 6 children (see **Appendix 2**). The findings suggest that excess weight is likely to persist or worsen during primary school and that children from lower socio-economic backgrounds and certain BME communities may be at higher risk of retaining or gaining an unhealthy weight.[5]

The publication of Chapter 2 of the Childhood Obesity Plan: A Plan for Action,[6] in June 2018 shows that tackling child obesity is a priority for the government. The plan aims to halve childhood obesity rates by 2030 and to significantly reduce health inequalities. Local authorities also rate childhood obesity as one of their most important health issues.[7]

The NCMP collection is a mandated service and key to monitoring the progress of the government's Childhood Obesity Plan. It provides the data for the Public Health Outcomes Framework indicators on "excess weight in children aged 4 to 5 years and 10 to 11 years."[8] Because the data is valid at local level, it can also be used to inform the development and monitoring of local childhood obesity strategies.

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

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

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

# 1. Introduction

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

## Background

**1.1** The NCMP was established in 2006 and involves measuring the height and weight of Reception and Year 6 children at mainstream state-maintained schools, including academies, in England. Every year, more than one million children are measured and annual participation rates are consistently high (around 95%), with over 99% of eligible schools (approximately 17,000 schools) taking part.[9]

**1.2** Delivery of the surveillance elements of the NCMP; completing the height and weight measurements and returning relevant data to NHS Digital; is a statutory function of local authorities set out in legislation.[10,11] PHE has responsibility for national oversight of the programme.

**1.3** The purpose of the NCMP is:

**To provide robust public health surveillance data on child weight status:**
to understand and monitor obesity prevalence and trends at national and local levels, inform obesity planning and commissioning, and underpin the Public Health Outcomes Framework indicators on excess weight in 4 to 5 and 10 to 11 year olds.

**1.4** Each year, NHS Digital produces a report[12] showing key findings from the NCMP. PHE also publishes reports, local profiles and data visualisation tools, including data at Medium Super Output Areas (MSOA) and Ward levels, as well as a range of other resources to facilitate the wide use of the NCMP data to inform action at all levels to tackle child obesity (see **Appendix 2**: NCMP resources).

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

1.5.1 Evidence[13] shows that, as being overweight is becoming the norm, parents and even health professionals struggle to identify overweight children by sight alone; with half (50.7%) of parents underestimating their children's overweight/obese status. NCMP result letters give parents a professional assessment of their child's weight status. Research[14] in relation to the programme has consistently shown that parents want to receive their child's NCMP results and 87% find the feedback helpful. There is a duty of

care to share information with parents that could promote and improve their child's health[15].

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

1.5.3 Research[16] has also shown that after receiving NCMP feedback most parents (72%)[17] reported an intention to change health-related behaviours and just over half of parents (55%) reported positive behaviour change for their children, including improved diet, less screen-time, health service use and increased physical activity. The letters provide parents with the opportunity to seek further advice and support if they want.

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

## The NCMP IT system

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

**1.7** The system allows:

- multiple users to be assigned locally with access to schools and pupil data based on their role in the programme
- direct entry and upload of locally collected data for Reception and Year 6 children measured each year
- automated calculation of information, including BMI centile and weight status
- data export for the production of the result letters to parents
- progress reporting to assist in monitoring the measurement exercise, for example, schools visited, number of pupils measured, children who have been sent feedback letters
- data quality reporting to allow monitoring throughout the collection year to ensure complete and accurate data is submitted

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

**1.9** Further information on the NCMP IT system, including user guidance, education materials and frequently asked questions, can be found on the NHS Digital website

# 2. Overview of NCMP deliverables

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

## Key NCMP deliverables

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

## NCMP dates

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

**Table 1: Key NCMP dates**

| Activity | Timing |
|---|---|
| The academic year starts and local areas can measure children throughout the school year | September onwards |
| NHS Digital publishes its national report summarising the key NCMP findings from the previous school year | October |
| Local authorities are able to access their final validated datasets | October |
| PHE publishes MSOA, Ward and CCG obesity and excess weight data | May |
| PHE publishes the updated NCMP Local Authority Profile Tool | January |
| PHE publishes the updated Child Obesity Data slide Set | February |
| PHE publishes detailed trends report | Summer |
| PHE publishes NCMP Guidance for data sharing and analysis | June |
| PHE issues school feedback reports to LAs for onward sharing with schools | Spring |
| All NCMP data must be submitted to NHS Digital | August |

**2.3.** The deliverables and timings may vary from year to year, and PHE will communicate any changes and specific dates to local authorities as appropriate.

# 3. Planning the measurements

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

## NCMP and the General Data Protection Regulation

The GDPR became UK law on 25 May 2018. All processing of personal data – meaning all aspects of the collection, analysis and dissemination of data about identifiable individuals[1] – must have a lawful basis under the GDPR.

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

**Consent is <u>not</u> the lawful basis for the processing of NCMP data under the GDPR.** However, parents must still be provided with:

- information about the processing of their children's height and weight measurements, AND
- provided with the opportunity to withdraw their child from the measurements (see section 3.32).

**No change** is needed to the way the NCMP data is processed by local authorities for the 2018/19 school year onwards for this to be lawful under the GDPR.

As consent is not the lawful basis for processing NCMP data, **there is no requirement for schools to obtain the consent of parents** for childen's personal information to be used to manage the height and weight measurements. This includes the provision of class lists to school nursing teams and other providers undertaking the measurements on behalf of the local authority (see section 3.25).

[1] https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/

## Securing local engagement

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

### Local authority colleagues

**3.2** Local authority public health teams should ensure council members are familiar with the programme. The NCMP Briefing for Elected Members answers frequently asked questions about the programme.

**3.3** It can be helpful to engage with other local authority colleagues. Education officers may be able to assist with obtaining contacts for schools or class-list information. They or others may also be able to facilitate the opportunity for engagement and raise awareness of the programme with head teachers and school staff.

**3.4** Liaising with communications teams and children's services may be useful to identify existing processes used to provide information to schools. Making such contact may also offer an opportunity to raise awareness of the programme and share good news stories via direct communication channels, such as local authority and school social media accounts, school websites or through local press to residents.

### Primary care professionals

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

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

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

An editable specimen letter is provided for local areas to use to inform primary care practitioners about the NCMP.

## Providers

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

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

## Schools: Engaging schools

**3.9** Evidence shows that in the school setting, action at a whole school level is the most appropriate and effective way to support children to achieve and maintain a healthy weight. Maintaining a healthy weight is important not only for a child's physical, social and mental wellbeing, but they are also likely to achieve better academically.[18]

**3.10** Introduced in September 2016, a pack of Change4Life resources called 'Our Healthy Year' is available for head teachers, Reception and Year 6 teachers, and NCMP providers to help them teach pupils about leading healthy lifestyles in the years in which they are weighed and measured as part of the NCMP. The resources include ideas for whole school activities and suggestions for engaging parents. The resources are available to download from the Change4Life School Zone where users can subscribe to keep up to date with new materials and campaigns. Change4Life is the government's flagship childhood obesity brand which supports families with children aged 3-11 to eat well and move more.

**3.11** State-maintained schools have statutory duties to promote children's health and wellbeing. The Ofsted common inspection framework[19] evaluates the extent to which schools proactively support students with the knowledge of how to keep themselves emotionally and physically healthy. Securing the support of schools in delivering the NCMP and having a good working relationship is essential.

**3.12** Although school involvement in the NCMP is voluntary, schools understand well the connections between pupils' health and their educational achievements, and play a vital role as promoters of health and wellbeing in the local community.[20,21]

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

**3.14** The benefits of the NCMP may be maximised through local efforts to promote whole school approaches to health and wellbeing as advocated by the "Healthy Schools" model. The 2016 Childhood Obesity Plan[22] set out to ensure that schools adopt evidence-based initiatives that would lead to improving pupil's health and wellbeing. In Chapter 2[23] of the plan, further commitment in supporting schools to create environments which encourage pupils to eat healthily and be physically active are included. Details of resources to support schools are given in **Appendix 4**.

**3.15** PHE has published information for schools that explains the purpose of the programme and what schools can do to support delivery. A specimen letter has also been developed to inform boards of governors and head teachers of the programme and can be sent in advance of the measurement process.

**3.16** PHE issues a school feedback letter for each school, which can be distributed by the local authority to head teachers. This school level information is intended to inform action at a whole school rather than individual level and provides average overweight and obesity results from the past 3 years.

## Eligible schools

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

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

For further information on eligible school types see **Appendix 6**.

**3.18** The NCMP IT system contains a list of eligible schools for each local authority, updated annually using information received from the Department for Education. Local authorities and/or the NCMP provider should check at the start of the academic year that all schools are correctly allocated. 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. Each school should only appear on the list once so old schools should be removed if they have changed type of school status. The process of submitting data requires confirmation and an explanation as to the reasons why schools are removed from the list. Examples, of reasons could be if, a school is being included by another local authority, it is no longer open, or is confirmed as ineligible.

**3.19** If the class lists are obtained directly from schools a local data sharing protocol may be needed to ensure personal information is transferred securely. This should be discussed with the local Information Governance lead.

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

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

## Parents and children

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

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

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

### Maximising delivery through links with school health and nursing services

**3.24** In planning the delivery of the NCMP, it is helpful to consider how impact can be maximised through positioning the programme as an integral part of the school health and nursing services provided to children in schools. Some local authorities align the NCMP with priorities recommended in the Healthy Child Programme,[24] such as health assessment at school entry, preventative and screening or other activities with Year 6 children.

## Information needed before the measurements

### Class-list and delivery arrangements

**3.25** Legislation provides requirements for local authorities to make arrangements with schools to measure children's height and weight in their area. Before the measurements take place, class list details of all children in Reception and Year 6 eligible to participate should be obtained. As consent is not the lawful basis for processing NCMP data under the GDPR, **there is no requirement for schools to obtain the consent of parents** in order to provide class lists to school nursing teams and NCMP providers.

**3.26** The information required for each child includes their name, date of birth, sex, ethnicity, address, NHS number and parental contact details (email address and telephone number if digital communication methods are being used and proactive feedback calls are planned). The names of children who have been withdrawn by their parents in each age group should also be collected. The NCMP provider should also check with the school if any other requests to withdraw children from the measurements have been received following the distribution of the pre-measurement letter.

**3.27** The inclusion of a child's NHS number is recommended as it will allow longitudinal analysis of trends in child weight status by enabling the linkage of children's Reception and Year 6 measurements and the cross-referencing with other health datasets to provide a better understanding of how obesity tracks through childhood and into adulthood, and how this impacts on their health.

**3.28** It is also useful to include the weight, height and BMI data on a child's local health record so it is of value to the local health service.

**3.29** 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. Contact the Local Education Officer to gain access to this information. If the information is required earlier

in the academic year it can be can requested directly from schools but this must be carried out in compliance with data security and protection requirements.[25] A local data sharing protocol may be needed to ensure personal information is transferred securely. This should be discussed with the local Information Governance lead.

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

**3.31** When engaging with a school, it may be helpful to establish a single named contact to liaise with and share the information for schools resources. It can also be helpful to use this engagement opportunity to agree arrangements for the delivery of the programme in the school, including a date, time and use of a room or screened-off area in which to conduct the measurements.

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

**3.32 The legislation relating to the NCMP makes provision for the programme to operate without parental consent being needed for the processing of children's personal data for this purpose to be lawful under the GDPR.** However, local authorities must take steps to ensure parents are informed that information about their child will be processed as part of the NCMP, and to provide parents with a reasonable opportunity to withdraw their child from participating in the programme.

**3.33** Under GDPR, no change is required to the way in which parents are provided with the opportunity to withdraw their child from the NCMP. PHE has developed a specimen pre-measurement letter which ensures that the information provided to parents on the processing of their children's height and weight data meets the requirements of the GDPR. This letter also provides parents with the opportunity to withdraw their child from participating in the programme. The letter must be sent to all children eligible to take part in the NCMP. Parents must be sent this letter at least 2 weeks before the measurements are scheduled to take place.

**3.34** For many schools, the routine method of communication with parents is via email, and as such, it is recommended that the pre-measurement letter is sent to parents via email. This will enable parents to directly use the hyperlinks to obtain further information online about what happens to their child's data, and to access Change4Life information. The local NCMP provider should liaise with individual schools to agree the approach for ensuring the pre-measurement letters are circulated 2 weeks before the planned measurement day. When sending out pre-measurement letters, it is recommended that

the pre-measurement information leaflet for parents is attached as it includes information about the programme and why it is important for children to take part.

**3.35** Where local areas choose to send hard copy pre-measurement letters, copies of the leaflet can be downloaded from the Campaign Resources Centre for local printing. Requests for a high resolution version of the leaflet please contact ncmp@phe.gov.uk (see **Appendix 2**).

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

## Staffing

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

**3.38** Although a registered medical practitioner, registered nurse, or registered dietitian must oversee the programme, the measuring may be undertaken by a healthcare assistant, children's nursery nurse or similar grade member of staff with appropriate competencies and support.

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

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

## Staff Training Measuring and Recording Data

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

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

## Staff Training: Taking calls from parents and delivering proactive follow-up

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

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

**3.45** Training staff is the responsibility of the local area. It is recommended the training topics listed in 3.43 and 3.44 should be covered. See also **Appendix 2** for additional training and development.

## Equipment

**3.46** Accurate measurements depend on the correct use of good quality equipment. Class III scales must be used for measuring weight and should be properly calibrated. Scales must be CE marked with the last 2 digits of the year of manufacture (for example, CE09 for a product manufactured in 2009), have a black "M" on a green background and have a 4-digit number identifying the notified body.

**3.47** Class III scales purchased after 1 January 2003 should be checked to their full capacity annually either by recognised Weighing Federation members or by electro-biomedical engineering (EBME) technicians using traceable weights. If the scales display weights within in-service tolerances, they should then be usable throughout the year. If not, they must be taken out of service and returned to an approved body for calibration and verification. If at any time there is reason to believe the weighing equipment may be inaccurate, it should be recalibrated.

**3.48** 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.

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

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

**3.51** Trading Standards is a local authority regulatory and consumer protection service which, as part of its statutory weights and measures functions, will provide support to check the accuracy, calibration and suitability of weighing and measuring equipment. You can find the nearest trading standards service on the Chartered Trading Standards Institute website.[26]

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

- entered directly through the online browser-based system

This requires internet access at the point of measurement. The system will allow multiple users per local authority area so it can be used by people measuring in different schools at the same time.

- entered into the Excel spreadsheet-based tool

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

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

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

only become evident when entering data onto the NCMP IT system and at this point it will be quite difficult to investigate and correct the data. In comparison, if an extreme measurement is identified using one of the other 2 methods then it is easy to quickly re-measure the child to confirm whether the original measurement is correct.

## Which children should be measured?

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

**3.54** The NCMP IT system will not accept information for children outside the usual age range for Reception or Year 6, because their date of birth will be outside of the accepted range for the programme. Local authorities may wish to still measure these children so they do not feel excluded or singled out. Their BMI category can be obtained via an online NHS Choices BMI Healthy Weight Calculator[27] and fed back to parents in the same way as other children receiving their results. The BMI Centiles and weight categories in the NCMP IT system align with those in the NHS Choices BMI Healthy Weight Calculator.

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

**3.56** The legislation relating to NCMP states that only children able to stand on weighing scales and height measures unaided should be measured. Children who are unable to do so should not be included. They should also be excluded from the total eligible for measurement in that school.

**3.57** Any additional health needs should be taken into account when considering whether a child should participate, even if their parent or carer has not withdrawn them. It is important to ensure that the child is content with being measured and is given the chance not to take part if they do not want to. They should be reassured about confidentiality.

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

**3.59** The IT system flags heights and weights that are outside the expected range. While this is done mainly for data quality purposes rather than identifying a child who may have a growth disorder, it can provide an opportunity for health practitioners to refer or follow up the child if the weight or height are outside the expected range.

Concerns about a child's measurements should be followed up in line with local care pathways.

**3.60** Children with Down syndrome should be included in the NCMP activity on measurement day as appropriate. However, data recorded for children with Down syndrome should not be submitted to NHS Digital. This is because specialist Down syndrome growth charts[28] should be used to assess weight status. As such, the specialist charts should be used locally with appropriate information shared with parents.

**3.61** Care should be taken to avoid stigmatising any children who are unable to participate in the programme and to deal sensitively with any children who have particular needs. For matters relating to gender identity, please refer to toolkits for school nurses[29] and guidance for trans equality in schools[30]. Local authorities should make reasonable adjustments in the way they commission and deliver public health services to children with physical disabilities and special educational needs and should work closely with schools to plan alternative provisions.

**3.62** The small number of children who are unable to take part in the programme due to a disability should be offered alternative arrangements, since their parents or carers can still benefit from receiving information and lifestyle advice, including specialist advice appropriate to the child's circumstances. The PHE specimen letter can assist with this.

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

## Data to be collected

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

**3.65** It is advisable to populate some of the NCMP IT system data fields before the measurements. These include every child's name, sex, date of birth, home address and postcode, ethnicity and NHS number. School names and unique reference numbers are already provided within the NCMP IT system, although any amendments can be made if required, for example, if schools have opened, closed or changed name. The information required to pre-populate records can be requested from local authorities, schools, or obtained from the child health information system in advance of the measurements. It should not be obtained by asking pupils, or assigned during the measurement process.

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

## Planning the measurements: checklist

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

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

Copies are available from PHE's Campaign Resource Centre at:
https://campaignresources.phe.gov.uk/resources/campaigns/17/resources/2286

# 4. Doing the measurements

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

## Setting up

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

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

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

## Measuring height and weight

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

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

**4.6** All anxieties should be appropriately addressed during the measurements and children's privacy, dignity and cultural needs should be respected at all times. Under no circumstances should a child be coerced into taking part, or be measured if their parents have opted out.

**4.7** It is important to consider the personal circumstances of a child, such as additional health needs that might make weight a particularly sensitive issue and in some circumstances make measuring inappropriate. See information on considerations to be taken into account when planning the measurements (see section 3. Which children should be measured?).

**4.8** Some children may be able to stand unaided on scales and the height measure, but have medical conditions that mean accurate results cannot be taken, for example, cerebral palsy, a prosthetic leg, a leg in plaster, or a growth disorder such as dwarfism. Practitioners should use their professional judgement in deciding whether to measure such children so that they do not feel excluded from the activity and so that the child's views on being included are taken into account. Any measurements for these children should not be uploaded to the NCMP IT system. This is because the use of BMI centile is unlikely to be appropriate.

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

**4.10** Individual results should **not** be:

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

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

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

## Measuring weight

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

- ask the child to remove their shoes and coat. They should be weighed in normal light, indoor clothing
- ask the child to stand still with both feet in the centre of the scales record the weight in kilograms to the first decimal place, that is the nearest 0.1kg (for example 20.6kg) using the NCMP IT system. Measurements to 2 decimal places are also acceptable. Measurements should not be rounded to the nearest whole or half kilogram. There is a data quality measure built into the NCMP IT system to look at the number of whole

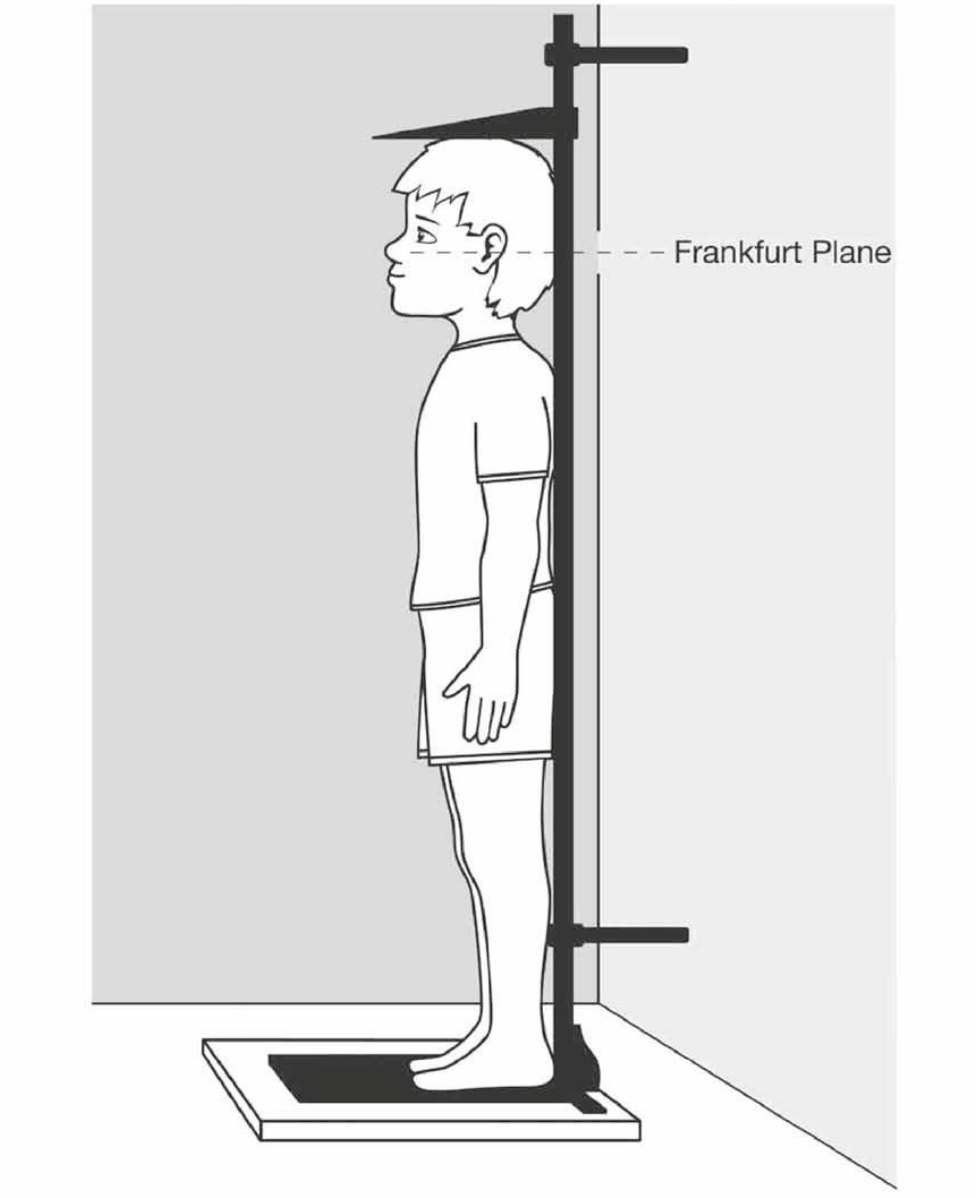
and half kilogram measurements. This will also be part of the national report and local authorities with a high number of these measurements will be highlighted.

## Measuring height

**4.14** The following actions should be taken when measuring a child's height:

- ask the child to remove their shoes and any heavy outdoor clothing that might interfere with taking an accurate height measurement
- ask the child to stand on the height measure with their feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed and their bottom and shoulders should touch the vertical measuring column
- to obtain the most reproducible measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal (Figure 2) and the measuring arm of the height measure should be lowered gently but firmly onto the head, flattening the hair before the measurer positions the child's head in the Frankfurt Plane
- where a hairstyle does not allow for an accurate measurement, a respectful request to change the hairstyle is recommended; if this is not possible, an attempt to record the most accurate measurement within the circumstances, and to make a note of this is advised
- ideally, one practitioner will ensure that the child maintains the correct position while the other reads the measurement
- record the height in centimetres to the first decimal place, that is the nearest 0.1cm (for example 120.4cm) using the NCMP IT system.
- Measurements should not be rounded to the nearest whole or half centimetre; as with weights, there is a data quality measure built into the NCMP IT system to look at the number of whole and half centimetre measurements.
- This will also be part of the national report and local authorities with a high number of these measurements will be highlighted
- whenever possible, measurements should be repeated to ensure accuracy.

**Figure 2: The Frankfurt Plane**




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

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

## Doing the measurements: checklist

**4.15** You can use this checklist as a prompt to ensure you have completed all critical tasks before you start the measurements:

Decide on your preferred method for recording results (either the online browser-based system or the offline Excel spreadsheet)

If you are using the online browser-based system:

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

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

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

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

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

Ensure that a private room or screened-off area is available within the school for the measurements.

Arrange equipment in the measurement area so that the results cannot be seen by anyone apart from the person recording the measurements.

Follow the protocol set out in **Chapter 4** when measuring children and recording the results.

Use professional judgement to decide whether to measure children with growth disorders or medical conditions, such as cerebral palsy, a leg in plaster or a prosthetic leg.

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

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

## Feedback of results to parents

**5** While it is not a mandated component of the programme, local authorities will want to consider if and how they share information with parents that could promote and improve a child's health. Research shows that 87% parents find the feedback helpful, and nearly 75% reported an intention to make positive lifestyle changes following NCMP feedback.[31] Experience from parents, local NCMP teams and behavioural insights work strongly suggests that any information given to parents should be done positively and sensitively, avoiding stigmatising terms such as 'obese', 'fat' and 'morbidly obese'. Under no circumstances should the results information be given directly to a child as it is a matter for the parent to decide if and how such information will be shared.

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

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

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

**5.4** This is the approach recommended by the National Institute for Health and Care Excellence (NICE)[32,33] and Scientific Advisory Committee on Nutrition (SACN)/Royal College of Paediatrics and Child Health (RCPCH)[34] which advises that a child's BMI centile is used to assess the weight status of children. The NICE clinical guidelines include information on follow up of children over the 91$^{st}$ and 98$^{th}$ centiles that should be considered by local areas.

**5.5** Despite factors such as fitness, ethnic origin and puberty which can alter the relation between BMI and body fatness, NICE, RCPCH and SACN all recommend that BMI (adjusted for age and sex) be used as a practical estimate of adiposity in children and young people. Comparison of a child's height and weight centile to assess whether they are overweight or very overweight is not reliable, and this method should not be used. Children should be assessed using age-specific and sex-specific BMI centiles as described above. The NCMP IT system automatically classifies children using the recommended approach. Copies of the Growth Charts along with education and training resources are available on the RCPCH website.

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

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

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

*As defined in UK90 BMI Chart, RCPCH[35] and Cole and Preece (1990).[36]

## Children falling on BMI centile thresholds

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

**5.8** When talking to parents whose children fall close to the thresholds of weight categories, practitioners should consider explaining this to the parent, and highlighting that a subsequent measurement in a few months' time may be helpful in checking whether the child is moving towards a healthy weight category.

## Children identified at extreme BMI centiles

**5.9** Children identified on or above the 99.6$^{th}$ centile are classified as severely obese. The immediate and long term cardiovascular, metabolic and other health consequences of severe paediatric obesity are likely to require specialist treatment.[37,38,39] Children on or below the 0.4$^{th}$ centile may indicate under-nutrition. They are likely to have additional problems and should be referred for further assessment and support.[40] We recommend that local authorities have a duty of care to provide proactive follow up to those children identified at extreme BMI centiles (see Section 5.1 and Proactive follow up section in this chapter). The national template result letters for parents will continue to automatically classify all children who fall on or above the 98$^{th}$ centile as 'very overweight' and all children who fall on or below the 0.4$^{th}$ centile as 'underweight'. See Table 2 and section below 'Producing the result letters' for further guidance.

**5.10** To identify children falling on the extreme BMI centiles it is possible to view a child's centile in the pupil grid under 'Clinical Category (Centile)' this will identify children 'below the 1$^{st}$' or '99$^{th}$'. To view the BMI centiles (p-score) to 4 decimal places, download the 'Combined data file'. Refer to the NCMP IT System user guide 3 (p.30) for guidance on how to do this for a school, or for all pupils in a local authority.

## Producing result letters

**5.11** The NCMP IT system should be used to generate result letters for parents using the editable national template letters (refer to NCMP IT System User Guide part 4; Generating Feedback Letters). The national template result letters have been developed taking into account feedback from child health and behavioural insights experts, NCMP practitioners and parents. The national template letters are editable so the content can be amended to meet the needs of local areas.

**5.12** When editing the national template letters, or developing local letters, it is important to consider that parents receiving the letters may be sensitive to the information and feel their parenting skills are being criticised. As such, and as far as possible, the letters should be non-judgemental and positively phrased.

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

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

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

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

**5.17** As with other health information being sent to a child's parents, the national template letters are addressed to the 'Parent/carer of [child name]'. This is because it is unlikely that the name of the parent or carer will be known, and it is at parents' discretion as to whether they share the results with their child.

**5.18** It is recommended that the Change4Life post-measurement leaflet is enclosed with result letters to parents. This provides relevant Change4Life messaging and

signposts to the Change4Life website for further information. This leaflet can be ordered or downloaded from the PHE Campaign Resource Centre: Change4Life.

**5.19** For underweight children, some areas choose to enclose locally developed information more specific to underweight children. It is advisable to check local care-pathways and referral routes with providers and/or clinical teams for advice and onward assessment if required. Further information and tips for parents of underweight children are available on the NHS Choices webpages.[41,42] These weblinks are also available in the link to the change4Life 'Your Child's Weight' pages included in the national specimen result letter to parents of underweight children.

**5.20** Local authorities may also want to consider including the Chief Medical Officers' physical activity infographic[43] in the information sent to parents.

## Proactive follow-up

**5.21** Refer back to sections 3.44 and 3.45 for information on what local training should cover to enable staff to maximise the opportunity to Make Every Contact Count (MECC)[44] when contacting parents following the receipt of the NCMP results letter.

**5.22** NCMP provider organisations are in a unique position to deliver brief interventions with children and families through MECC. Research shows that brief interventions can help individuals decide to change their health behaviours. MECC training as part of Continual Professional Development, such as motivational interviewing techniques can equip staff to both recognise the opportunities as well as facilitate healthy conversations with parents. Additionally, PHE have developed a step-by-step guide to conversations about weight management with children and families for health and care professionals[45]

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

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

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

5.25.1 Identify the range of tier 1 and tier 2 child weight management services available and determine if it is adequate to provide support to children, parents and families who will be contacted. It is not helpful to contact parents to discuss their child's weight status if no further support or services can be offered.

5.25.2 Decide which groups of parents are going to be contacted eg parents of all children falling outside the healthy BMI centile range; parents of children on or over the 98$^{th}$ centile, or on or under the 2$^{nd}$ centile; or only those parents whose children are at the extreme ends of the BMI range, or a specific year group; Reception or Year 6. If staff resource is limited targeting high risk (often the most deprived) areas with the highest overweight and obesity prevalence rates is advisable. Ward level data and the local authority demographic profiles can be used to help identify areas and determine the actual number of children falling into the different categories to ensure the best use of staff time.

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

5.25.4 It is also recommended that all children on or above the 99.6$^{th}$ centile are followed up. These children are more likely to be suffering from health and wellbeing problems as a result of their weight and may require specialist support. Following a discussion with the parent, and ensuring that both the emotional and physical wellbeing of the child is considered, an onward referral to a child's GP, paediatrician, dietitian or specialist Tier 3 paediatric weight management service may be required. It is advisable to check local care pathways and referral routes.

5.25.5 Check that a parental telephone number (and email) was collected as part of the class list information, or whether it is available on the local child health system. If not available through these methods, the NCMP Provider will need to contact the relevant schools once the target cohort is identified to gather this information.

5.25.6 The local authority and NCMP provider need to establish how many contact attempts will be made by phone and/or follow-up with a letter via post or email eg up to 3. The method of recording the outcomes of the call and contact attempts also needs

to be established to enable effectiveness of the intervention to be assessed. For example, using a log to capture the outcome of a discussion with a parent such as:

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

5.25.7 A useful overall performance indicator for childhood obesity is to monitor if there is an increase in the uptake of local child weight management services.

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

## After the measurements: checklist

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

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

# 6. Data upload and validation

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

## Submitting your data to the NHS Digital

**6.1** Once the mandatory and supplementary data has been collected and validated using the NCMP IT system, data must be finalised by the local authorities NCMP Lead by the August deadline. NHS Digital will advise a specific date for final data submission each year. NCMP IT System User Guidance (part 6: Data Submission) is available on the NHS Digital website to support use of the system.

**6.2** Before finalising the data all records with validation warnings must be checked and either amended (if data is incorrect), or confirmed. It is not possible to finalise the dataset if there are unconfirmed warnings. The NCMP IT system data quality indicators should also be checked (see Progress and Data Quality Monitoring Guide Part 5 on the NHS Digital website)

**6.3** After the deadline date, NHS Digital undertakes additional data validation. If deemed necessary, NHS Digital may contact the local authority to address any validation anomalies. These are likely to be minimal due to the enhanced validation incorporated prior to this. Information about the validation process is available from the ‘Related information’ links section on the NHS Digital website

# 7. Use of the NCMP data

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

## Use of data by NHS Digital

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

**7.2** To support the national report, NHS Digital also makes available a non-disclosive version of the national NCMP data on the NHS Digital website[46]. This reduced version has several fields removed and others altered to ensure there is no risk of any child being identified.

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

**7.4** Organisations such as academic institutions may submit a request to NHS Digital for access to extracts of NCMP data that have not been made completely non-disclosive for research purposes. These could be provided under a data sharing contract and agreement to control the small risk of children being re-identified. Any requests for data extracts such as this are considered on a case-by-case basis by the Independent Group Advising on the Release of Data (IGARD[47]).

## Use of data at a local level

### Managing and protecting data locally

**7.5** The legislation relating to NCMP allows for local authorities and those acting on their behalf to process NCMP data for the purposes of research, monitoring, audit, the planning of services, or for other public health purposes. Local authorities may also provide the NCMP data to others such as researchers provided it is disclosed in a form in which no child can be identified. Local authorities are responsible for ensuring that appropriate processes are in place to manage any such data sharing but it is

recommended that they refer to the Information Commissioner's Office Anonymisation Code of Practice[48] and the NHS anonymisation standard[49].

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

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

This could be, for example, the child's GP or a family weight management service. Where this is done, information about the data sharing should be included in the pre-measurement letter to parents, and a local data sharing agreement should be in place between the local authority and the parties with whom the data is being shared to ensure it is shared securely.

**7.7** As personal information such as children's names, dates of birth and school numbers are collected as part of the NCMP, local authorities must ensure that processes are in place to protect confidentiality and comply with data protection legislation and the requirements of the Information Governance Toolkit.[25]

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

**7.9** The Information Governance Alliance provides guidance[50] for the minimum retention period for the Child Health Record. Local authorities are advised to ensure their records retention schedule and disposal schedule is updated to include policy for the management of child health records.

**7.10** Where local authorities employ a third party to manage or analyse the NCMP data on their behalf, a contract must be in place to ensure that this data processor complies with the requirements of data protection legislation. Local authorities are advised to ensure that any provider has achieved satisfactory compliance with the IG Toolkit or another appropriate standard, as described in **Chapter 7**.

## Local data analysis

**7.11** Guidance for datasharing and analysis of the NCMP dataset is available on the obesity section of the PHE website.

**7.12** Each year, following the completion of validation, local authorities can obtain their final validated NCMP data by extracting it from the NCMP IT system[2]. Note that the NCMP IT system is not a data storage facility so the **data must be extracted before it is deleted early in the following calendar year.** NHS Digital will give notice to local authorities before deleting the data.

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

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

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

## Population analysis

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

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

## Providing results to schools

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

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

**7.19** Each year, PHE makes available individual school feedback letters to local authority for onward forwarding to schools. The letters include non-identifiable aggregated NCMP data relating to:

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

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

**7.21** The guidance for local analysis[51] and guidance for small area analysis[52] are useful resources if considering sharing any additional information with schools. If local authorities or schools receive requests for additional school-level data under the Freedom of Information Act, it is important to ensure there is no risk of identifying individual children in the released information.

## Data use at a local level: checklist

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

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

# Appendices

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

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

Appendix 5 is a collation of the delivery summary checklists, which can also be located at the end of chapters 3-5, and 7. Appendix 6 is a list of the types of schools eligible for inclusion in the NCMP.

## Appendix 1: The lawful basis for processing NCMP data under the GDPR

| Advice for local authorities and service providers |
|---|

- All local authorities in England are required to collect information on the height and weight of Reception and Year 6 school children.
- The statutory authority for processing NCMP data is provided by The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.[10, 11]
- This statutory authority for the NCMP means that the lawful basis for processing this data is considered to be provided by the following Articles of the GDPR:
    - **Article 6(1)(c):** processing is necessary for compliance with a legal obligation to which the controller is subject
    - **Article 6(1)(e):** processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller
    - **Article 9(2)(h):** processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services
    - **Article 9(2)(i):** processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

- Although there are 2 possible legal bases under Articles 6 and 9, Article 6(1)(c) and Article 9(2)(h) are considered to be the most appropriate bases for the processing of NCMP data.

- Consent is **not** the lawful basis for the processing of NCMP data; 'compliance with a legal obligation' and 'provision of health or social care' together are considered to provide this.

**Useful links**

European Union GDPR Portal: Site Overview. Available here: https://www.eugdpr.org/

Information Commissioner's Office: Guide to the GDPR. Available here: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr

NHS Digital. GDPR Guidance. Available here: https://digital.nhs.uk/information-governance-alliance/General-Data-Protection-Regulation-guidance

## Appendix 2: NCMP resources

| Resource | Description and availability |
|---|---|
| Research | |
| Changes in the weight status of children between the first and final years of primary school | This report published by PHE in 2017 examines how weight status tracks in individual children during primary school using the NCMP data from 4 local authorities.<br>Local authorities can use the model developed as part of this report to predict weight status in Year 6 children. |
| Predictors of health-related behaviour change in parents of overweight children in England | Study showing how parents of overweight children respond to receiving NCMP result letters. After feedback, 72.1% of parents reported an intention to change; 54.7% reported positive behaviour change. Parents of older and non-white children were more likely to report behaviour changes than parents of younger or white children. |
| Taking Stock: a Rapid Review of the National Child Measurement Programme | A report by the University of London's Institute of Education on the findings from the rapid review of the delivery of the NCMP undertaken in 2011. |

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| Marketing and raising awareness | |
| Briefing for elected members | This briefing paper is jointly produced by the Local Government Association and Public Health England. It provides key information about the NCMP for local authority elected members. |
| NCMP pre-measurement leaflet for parents: school height and weight measurements | This leaflet for parents contains information about the NCMP along with Change4Life tips to help families lead a healthy lifestyle. This leaflet is available for download only from the PHE Campaign Resource Centre:<br>Please note: an account will need to be set up on the Campaign Resource Centre to view this resource |
| Staff training and development | |
| Growth charts | The Royal College of Paediatrics and Child Health website has education and training materials to support the use of the 2-18 growth chart. Copies of the growth chart can also be downloaded from the website. |
| Health Education England e-learning modules | Childhood obesity e-learning modules. |
| Lets Talk about Weight: a step-by-step guide to conversations about weight management with children and families for health and care professionals | Practical advice and tools to support health and care professionals have conversations about weight management with children and their families. |
| Data analysis and sharing NCMP data | |
| Childhood obesity patterns and trends: presentation | These PowerPoint slides present key data and information on child obesity and excess weight in clear, easy to understand charts and graphics. They have been produced by the Obesity Risk Factors Intelligence team in the Health Improvement Directorate and can be used freely with acknowledgement to 'Public Health England'. |
| Regional patterns and trends in child obesity: presentations | Presentations of the latest data on child obesity at regional level |
| NCMP child obesity | Prevalence of underweight, healthy weight, overweight, |

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|---|---|
| LA profile tool | obesity and severe obesity for children in Reception (age 4-5 years) and Year 6 (age 10-11 years) can be examined at local authority level. Data quality indicators are also available in this tool, for example rate of participation in the NCMP. Five years worth of data combined for obesity prevalence provides inequalities data for sex, deprivation and ethnic group by local authority. |
| Child obesity and excess weight: small area level data, | This data publication is a series of Excel spreadsheets providing trend data for the prevalence of child excess weight (overweight including obesity) from 2010-11 to 2015-16 and child obesity from 2008-09 to 2015-16. The spreadsheets present 3 years of aggregated data from the NCMP for these 4 geographies separately:<br>• middle super output areas (MSOA): 2011<br>• electoral wards: 2015<br>• clinical commissioning groups (CCG): 2015<br>• local authorities (LA) and England: 2013 |
| Guidance for data sharing and analysis | This guidance is designed to support those local authorities and other organisations that wish to undertake additional investigation of the data. Includes guidance on data sharing, data protection and disclosure |
| NCMP guidance for small-area analysis. Published July 2011 | 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. |
| PHE Obesity Intelligence Knowledge Hub | Reports, data and tools available on PHE Obesity Intelligence Knowledge Hub (no need to join). Or sign up on https://khub.net/ and join the PHE Obesity Intelligence group. |
| NHS Digital NCMP IT system, user guidance<br>NHS Digital NCMP Key Findings reports | Guidance and education resources to support use of the NCMP IT system, and information about the process NHS Digital uses to validate NCMP data<br>These annual reports summarises the key NCMP findings |

# Appendix 3: Change4Life resources

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

## Appendix 4: Other Healthy Weight Resources

| Resource | Description and availability |
|---|---|
| National Institute for Health and Care Excellence (NICE) guidance | |
| Obesity prevention (CG43) | This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years' settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations. Published: December 2006 Last updated: March 2015 |
| Obesity: identification, assessment and management (CG189) | This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. Published: November 2014 |
| Obesity: working with local communities (PH42) | This guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this. Published: November 2012 Last updated: June 2017 |
| Local government public health briefings: preventing obesity and helping people to manage their weight (LGB9) | This briefing summarises NICE's recommendations for local authorities and partner organisations on preventing people becoming overweight and obese and helping them to manage their weight. It is particularly relevant to health and wellbeing boards. Published: May 2013 |
| Weight management: lifestyle services for overweight or obese children and young people (PH47) | This guideline covers lifestyle weight management services for children and young people aged under 18 who are overweight or obese. It advises how to deliver effective weight management programmes that support children and young people to change their lifestyle and manage their weight. Published date: October 2013 |
| Other relevant resources | |
| The government's Child Obesity Plan for Action: chapter 2 | Childhood obesity: a plan for action: Chapter 2: The government's plan for action to significantly reduce childhood obesity by supporting healthier choices. Published date: June 2018 |
| All Our Health: Childhood Obesity | All Our Health is a 'Call to Action' for all health and care professionals to embed and extend prevention, health protection and promotion of wellbeing and resilience into |

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|---|---|
| | practice. All Our Health provides a framework and tools and resources to support this 'health promoting practice' with quick links to evidence and impact measures and top tips on what works. All Our Health topic guides are available on a number of public health challenges where health promoting practice can make a real difference. |
| Tier 2 lifestyle weight management service specifications<br><br>Weight management: guidance for commissioners and providers | DH has produced good practice information for public health commissioners on developing tier 2 lifestyle weight management service specifications. This includes 2 example service specifications – one for adults and one for children.<br><br>Guides to support the commissioning and delivery of tier 2 weight management services for children, families and adults. |
| Making obesity everybody's business: A whole systems approach to obesity<br><br>Healthy weight, healthy futures: local government action to tackle childhood obesity | This briefing focuses on the Whole Systems Obesity programme, which will provide local authorities with a different approach to tackling obesity. The programme is exploring the evidence and local practice to develop guidance and tools to help councils set up a whole systems approach to obesity in their local area.<br><br>Local Government Assocation's briefing showcasing the wide variety of ways and different partners are undertaking to tackle childhood obesity. |
| Healthy Schools Toolkit | Schools play an important role in supporting the health and wellbeing of children and young people. Healthy Schools continues to offer a practical, 'plan-do-review' approach to improving health and wellbeing in children and young people. The complete toolkit contains school examples, adaptable templates and information. |
| NHS Choices Healthy Weight Calculator and iphone App tracker | The NHS Choices Healthy Weight calculator calculates a child's BMI centile in line with the approach used by the NCMP and that recommended by NICE and the RCPCH.<br><br>An iphone App version of the calculator, which allows weight status to be tracked over time, is available to download free from the Apple App Store. |

# Appendix 5: Delivery summary checklists

## Planning the measurements: checklist

| **Planning the measurements** | | |
|---|---|---|
| 1. | plan to raise awareness and understanding of the programme with elected members, other local authority colleagues, primary care professionals, head teachers/school governors, parents and children | ☐ |
| 2. | engage with local authority education officers, or directly with schools to arrange for class lists to be provided | ☐ |
| 3. | liaise and engage with schools to gain their support in delivering the NCMP and to agree dates for measurement and book an appropriate room | ☐<br>☐ |
| 4. | send the pre-measurement letter to parents at least 2 weeks before measurements take place ensuring that any necessary local amendments have been made | ☐ |
| 5. | liaise with schools to collate any children that have been withdrawn and identify other children for whom it may not be appropriate to participate | ☐ |
| 6. | identify staff with the necessary mix of clinical, administrative and data skills to deliver the programme | ☐ |
| 7. | provide staff with the necessary training and support to ensure they are competent to complete the measurements, and record and upload the data | ☐ |
| 8. | ensure all staff involved in the weighing and measuring have an Enhanced Disclosure and Barring Service Check | ☐ |
| 9. | have appropriate and calibrated scales | ☐ |
| 10. | consider making alternative arrangements for children who cannot take part in the programme due to physical disabilities or for medical reasons | ☐ |
| 11. | send electronic copies of the pre-measurement leaflet to parents, or alternatively download the leaflet for local printing when sending the pre-measurement letters. Copies available from PHE's Campaign Resource Centre at: https://campaignresources.phe.gov.uk/resources/campaigns/17/resources/2286 | ☐ |

## Doing the measurements: checklist

| **Doing the measurements** | | |
|---|---|---|
| 1. | decide on your preferred method for recording results (either the online browser-based system or the offline Excel spreadsheet) | ☐ |
| 2. | if you are using the online browser-based system:<br>• ensure you will have internet access at the point of measurement<br>• if you plan to use a school's wireless network connection or operate over a 3G or 4G network then you should check that the room in which you will carry out the exercise has adequate network coverage | ☐<br>☐ |
| 3. | if you are using the Excel spreadsheet, before you visit the school:<br>• download the pupil details for your visit to the spreadsheet<br>• ensure that the laptop used to hold the spreadsheet is encrypted and password protected | ☐<br>☐ |
| 4. | ensure that a private room or screened-off area is available within the school for the measurements | ☐ |
| 5. | arrange equipment in the measurement area so that the results cannot be seen by anyone apart from the person recording the measurements | ☐ |
| 6. | follow the protocol set out in chapter 4 when measuring children and recording the results | ☐ |
| 7. | use professional judgement to decide whether to measure children with growth disorders or medical conditions, such as cerebral palsy, a leg in plaster or a prosthetic leg | ☐ |

## After the measurements: checklist

| **After the measurements** | | |
|---|---|---|
| 1. | access the NCMP IT system and download the editable national template result letters, making amendments as required | ☐ |
| 2. | make arrangements to send result letters to families within 6 weeks of the measurements | ☐ |

| | | |
|---|---|---|
| 3. | make provision to deliver proactive follow-up to locally agree cohort (this can be done before result letters are sent to the parent) | ☐ |
| 4. | provide individual feedback and advice to parents based on the British 1990 BMI growth reference (UK90) clinical thresholds as automatically done through the NCMP IT system. | ☐ |

## Data use at a local level: checklist

| **Data use at a local level** | | |
|---|---|---|
| 1. | extract the data from the NCMP IT system before it is deleted | ☐ |
| 2. | make provision for the data to be held and released in a way that complies with the Local Authority Regulations and for information to be given to parents about how the data will be used | ☐ |
| 3. | send the school feedback cover letter and information sheet to schools before the end of the school year | ☐ |
| 4. | draw on aggregated local NCMP analysis to inform joint strategic needs assessments | ☐ |

## Appendix 6: Types of schools

| **Type of establishment** | **Definition** |
|---|---|
| Academies | State-funded |
| Academy Converter | State-funded |
| Academy Sponsor Led | State-funded |
| Community School | State-funded |
| Foundation School | State-funded |
| Free Schools | State-funded |
| Voluntary Aided School | State-funded |
| Voluntary Controlled School | State-funded |
| Community Special School | Independent |
| Foundation Special School | Independent |
| LA Nursery School | Independent |
| Non-Maintained Special School | Independent |
| Other Independent School | Independent |
| Other Independent Special School | Independent |
| Pupil Referral Unit | Independent |
| Academy Special School | Independent |

| | |
|---|---|
| Academy Alternative Provision Converter | State-funded |
| Academy Special Converter | State-funded |
| Academy Special Sponsor Led | State-funded |
| Free Schools - Alternative Provision | State-funded |
| Free Schools Special | Independent |
| Academy 16-19 Converter | State-funded |
| Academy 16-19 Sponsor Led | State-funded |
| Academy Alternative Provision Sponsor Led | Independent |
| City Technology College | State-funded |
| Free Schools - 16-19 | State-funded |
| Studio Schools | State-funded |
| University Technical College | State-funded |

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