



Public Health
England

National Child Measurement Programme

Operational guidance for
the 2013/14 school year

August 2013

The primary audience for this guidance is local authority public health staff with responsibility for commissioning the National Child Measurement Programme, and staff in provider organisations. Whether you are new to the National Child Measurement Programme, or you have been involved in previous years, it is important that you familiarise yourself with this year's edition.

If you have queries about the National Child Measurement Programme, you can email Public Health England at ncmp@phe.gov.uk. For queries about the return of data to the Health and Social Care Information Centre, or the use of the National Child Measurement Programme IT system, please telephone 0845 300 6016 or email ncmp@hscic.gov.uk

© Crown copyright 2013

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/ or email psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to Public Health England, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or email ncmp@phe.gov.uk. This publication is available from our website at www.gov.uk/phe

Contents

Contents	1
Executive summary	3
1. Introduction to the NCMP	5
1.1 NCMP in the new public health system	5
1.2 Changes to the NCMP for the 2013/14 school year	5
1.3 Background	6
1.4 Purpose	6
1.5 NCMP surveillance data results for the 2011/12 school year	7
1.6 Feedback to parents	8
1.7 Evaluating the NCMP	8
2. Guidance summary	11
2.1 Purpose of this guidance	11
2.2 Overview of the NCMP	11
2.3 Key dates for 2012/13 and 2013/14	13
3. Planning the measurements	14
3.1 Securing local engagement	14
3.2 Maximising delivery	16
3.3 Information needed before the measurements	17
3.4 Staffing	17
3.5 Training	18
3.6 Equipment	19
3.7 Which schools should be included?	20
3.8 Which children should be measured?	20
3.9 Data to be collected	21
3.10 Planning the measurements: checklist	22
4. Doing the measurements	23
4.1 Setting up	23
4.2 Measuring weight and height	23

4.3 Doing the measurements: checklist	26
5. After the measurements: result letters and proactive follow-up	27
5.1 Routine feedback	27
5.2 Producing result letters	28
5.3 Proactive follow-up	29
5.4 After the measurements: checklist	31
6. Data upload and validation	32
6.1 Submitting your data to the HSCIC	32
6.2 Data upload and validation: checklist	32
7. Use the NCMP data	34
7.1 Use of data by the HSCIC	34
7.2 Data use at a local level	34
7.3 Providing results to schools	35
7.4 Data use at a local level: checklist	36
References	37
Annex 1: NCMP resources	40
Annex 2: Specimen letter to head teacher and board of governors	44
Annex 3: Specimen letter to inform primary care practitioners about the NCMP	45
Annex 4: Healthy weight tools and resources	48
Annex 5: Specimen pre-measurement letter to parents and carers	50
Annex 6: Specimen letter to parents of children unable to be measured unaided	51
Annex 7: Data to be collected	52
Annex 8: Specimen result letter to parents and carers	54
Annex 9: Delivery summary checklist	59

Executive summary

The National Child Measurement Programme (NCMP) is recognised as being a world-class source of data that is fundamental to efforts to tackle childhood obesity in England. Local public health teams have emphasised the important role the NCMP has in raising awareness of childhood obesity, by providing much needed evidence of the scale of the problem and informing action to address this. Parents also generally regard the programme positively.¹

*Healthy Lives, Healthy People: A call to action on obesity in England*² sets out the government's commitment to tackling the public health challenge of excess weight. NCMP is a key element of this work and, from April 2013, Public Health England (PHE) took on responsibility for national oversight of the programme from the Department of Health (DH). At the same time, the surveillance component of the NCMP became a mandated function of local authorities.³

Delivering a high-quality programme for the 2013/14 school year, which achieves at least an 85% participation rate, will be critical. High-quality, robust and reliable data on childhood obesity are fundamental to underpin and inform future local and national obesity planning and commissioning decisions and to monitor the public health outcomes framework indicator on excess weight in children.⁴

The NCMP data show that more is to be done if the government's ambition for "a sustained downward trend in prevalence of excess weight in childhood by 2020" is to be achieved. Assessed over all six years of NCMP measurements, two different trends in obesity prevalence appear to be emerging. In reception year obesity prevalence seems to be decreasing among boys although for girls there is no strong evidence of any change. In Year 6 the data show a pattern of increasing obesity prevalence over the period covered by the NCMP for both boys and girls.⁵ There remains a strong correlation between prevalence and deprivation, with obesity prevalence among children living in the 10% most deprived areas around the country nearly twice that of children living in the 10% least deprived areas. The socioeconomic inequalities of child obesity are widening, with obesity prevalence increasing in the most deprived areas while remaining relatively stable in the least deprived areas for both reception year and Year 6 children.⁵

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

This annual guidance advises local commissioners and providers of the NCMP on how the programme should be implemented. The guidance defines the statutory surveillance elements of the programme, while also describing good practice in relation to the non-statutory elements of the programme. The guidance also provides key information about changes to the programme for the 2013/14 school year including: the requirement to return data to the Health and Social Care Information Centre (HSCIC) according to upper tier and unitary local authority boundaries to reflect the new public health landscape; the new IT system for recording measurements, producing result letters for parents and submitting data to the HSCIC; and the inclusion of the NHS number as an optional data field in the central return to the HSCIC to facilitate longitudinal analysis of the NCMP data at a national level.

1 Introduction to the NCMP

This section sets out the changes to the NCMP for the 2013/14 school year and the government's commitment to the continuation of the programme, provides the background and context to the NCMP, and provides the key findings from the 2011/12 data.

1.1 NCMP in the new public health system

- 1.1.1 PHE's *Our Priorities for 2013/14*⁶ sets out the commitment to tackling the public health challenge of excess weight, and to giving children the best start in life. The continued delivery of the NCMP across England is a key element of this work, secured through making the surveillance component of the programme a mandatory public health function of local authorities.⁷
- 1.1.2 As a mandated public health programme, provision to resource the delivery of the NCMP from April 2013 is made through the ring-fenced public health grant for local authorities.⁸
- 1.1.3 The transition of responsibility for public health to local authorities means that the role of the NCMP in providing local data and intelligence on child obesity prevalence and trends is even more essential. The robust and reliable local level data that the NCMP provides will be crucial for informing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies,⁹ and underpinning obesity planning and commissioning decisions. Data from the NCMP will also support the public health outcome indicator on excess weight in children.⁴

1.2 Changes to the NCMP for the 2013/14 school year

- 1.2.1 The 2013/14 programme will see a number of changes. These changes draw on the findings of a review and evaluation of the NCMP, expert and stakeholder input, and the changed public health landscape.

New regulations

- 1.2.2 Before April 2013, the legal basis for the NCMP, and key elements of how the programme should be delivered and the resulting data processed, was set out in the NCMP Regulations 2008.¹⁰ New regulations are now in effect which place a duty on local authorities to deliver the surveillance elements of the programme,¹¹ and provide a legal basis for local authorities or provider organisations they commission to deliver the programme on their behalf to collect and process the NCMP data.⁷ The surveillance elements are the local measurement of all eligible children, and the return of the relevant data to the HSCIC.

New IT system for local production of result letters and return of data to the HSCIC

- 1.2.3 Transfer of the programme to local authorities, and the abolition of primary care trusts (PCTs), means that from the 2013/14 school year, NCMP data must be returned to the HSCIC by local authorities or the provider organisations. This has required the development of a new IT system for the return of the data to the HSCIC and facilitation of locally

produced result letters to parents. The upgraded system will be faster and easier for users than the previous system, and will allow greater flexibility in use of local template letters.

Addition of the NHS Number to central data return

1.2.4 For 2013/14, the NHS Number should be included in the data return to the HSCIC where it is available from the local authority, school class list, or from the Child Health Information System. The inclusion of the NHS Number in the return will enable longitudinal analysis of the NCMP data by the HSCIC, and will greatly enhance the public health value of NCMP data for planning and delivering effective childhood obesity services and strategies, for example by informing intelligence about how obesity tracks through childhood.

1.3 Background

- 1.3.1 The NCMP was established in 2005, and involves the annual weighing and measuring of all eligible children in reception year and Year 6 at state-maintained primary and middle schools including academies. Local delivery of the programme was previously overseen by PCTs, and from April 2013, following reforms to the NHS and public health system,² the programme became a public health function of local authorities, with the surveillance elements being mandated.⁷
- 1.3.2 The NCMP's initial core purpose was to gather local-level surveillance data on child weight status across England. This was extended in 2008 to provide parents with feedback on their child's weight status. National evaluation and research have consistently shown that parents want to receive their child's result, and sharing a child's weight status with their parent is an effective mechanism for raising awareness of the potential associated health consequences. It also gives parents the opportunity to seek further advice and support if they want it.
- 1.3.3 Local commitment to the delivery of the programme has meant that the robustness and coverage of the data has gone from strength to strength. To date, nearly 7 million children have participated in the NCMP, and the programme holds National Statistic status and is regarded as a world-class source of information.

1.4 Purpose

- 1.4.1 The NCMP has two key purposes:
- to provide robust public health surveillance data on child weight status: to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds
 - to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight and obese children (delivery of this element of the programme is not mandated)
- 1.4.2 The NCMP is not a screening programme and is not overseen by the UK National Screening Committee.

1.5 NCMP surveillance data results for the 2011/12 school year

- 1.5.1 The latest available published NCMP data are those from the 2011/12 school year. These results show that across the whole period covered by the NCMP, obesity prevalence has decreased among boys in reception year, but remained stable for girls of this year group. Over the same period, obesity prevalence has increased for boys and girls in Year 6.⁵
- 1.5.2 The exceptionally high participation rates (over 90%) achieved in recent years ensure that the data informing these findings are robust and reliable, and reflect the continued efforts of those delivering the programme at the local level.

NCMP 2011/12: Key findings^{5, 12}

- **participation remains high**, with 93% (more than 1 million) of eligible children measured during the 2011/12 school year. The high participation rates demonstrate the high quality of the data and continued local commitment to the programme
- **the data show that obesity prevalence roughly doubles from 9.5% of children at the start of primary school to 19.2% at the end of primary school** (that is between reception year and Year 6)
- in reception year, over a fifth (22.6%) of the children measured were of excess weight (either overweight or obese). In Year 6, this proportion was one in three (33.9%)
- for Year 6 children, the data shows a trend of increasing obesity prevalence for both boys and girls between 2007/08 and 2011/12
- for reception year boys, there is a significant decrease in obesity prevalence since 2010/11 and evidence of a downward trend over the period covered by the NCMP
- for reception year girls, there is a significant increase in obesity prevalence since 2010/11, but over the whole period covered by the NCMP there is no statistically significant trend
- **correlation between obesity prevalence and deprivation is very strong**, with prevalence roughly double in the most deprived areas compared with the least deprived (12.3% vs 6.8% in reception year and 24.3% vs 13.7% in Year 6)
- **socioeconomic inequalities in obesity prevalence have widened over the period covered by the NCMP**. In reception year obesity prevalence is decreasing among children living in the least deprived areas, but remaining broadly the same in the most deprived areas. In Year 6 the most deprived areas are seeing increases in obesity prevalence whereas prevalence remains relatively stable in the least deprived areas

1.6 Feedback to parents

- 1.6.1 The number of areas providing routine feedback of results to parents has continued to grow. A 2011 review of the NCMP highlighted that 75% of local areas provided all parents of children participating in the programme with routine feedback, with 88% using the national template letter to do so. The feedback comprises a letter summarising their child's weight, height and BMI (body mass index) category, and often local areas also enclose healthy living information with the letter, most usually in the form of a Change4Life leaflet and information on local services.¹
- 1.6.2 Provision of proactive follow-up is encouraged in addition to routine feedback, involving action to engage families with children classified as overweight or very overweight. The 2011 review showed that more than 56% of local areas offered proactive feedback, which consisted of a phone call with or without a meeting to provide advice, support, and where appropriate, referral to a local service.¹

1.7 Evaluating the NCMP

- 1.7.1 PHE is committed to listening to local area needs and building the evidence base for effective delivery of the programme, to inform local practice and national decisions about the programme.
- 1.7.2 Towards this aim, a longitudinal study on the impact of providing weight feedback to parents on parental attitudes and behaviours in relation to child obesity was undertaken by the London School of Hygiene and Tropical Medicine.¹³ The principal aims of the study were:
- to estimate the effects of NCMP feedback on parental recognition of childhood overweight, parental perceptions of the health risks associated with their child's weight status, and weight-related lifestyle behaviours and health service use
 - to identify barriers and levers to behaviour change and health service use, particularly among deprived and ethnic minority groups
 - to produce preliminary data on NHS costs associated with NCMP feedback
 - to compare the effects of different feedback approaches (letter versus proactive)

The study involved a series of questionnaire surveys to 3,397 parents of children enrolled in the NCMP in 2010-2011 from five PCTs in England. Parents received questionnaires before the NCMP measurement (baseline), and at one and six months after the NCMP feedback (follow-up). Qualitative interviews were performed with 52 parents of overweight and obese children.

The findings are summarised on the next page.

Parental perception of child overweight and the associated health risk: General knowledge about the future health risks of child overweight was high at baseline and increased further following NCMP feedback. Parents of overweight and obese children had a lower level of knowledge than parents of healthy weight children, as did parents of non-white children compared to parents of white children. Before the NCMP feedback, less than a quarter of parents of overweight and obese children recognised overweight in their own child; this proportion increased following feedback, with a greater increase noted among the parents of obese children. The proportion of parents who recognised their own child's weight-related health risks almost doubled following feedback. Qualitative interviews with parents of overweight and obese children highlighted several barriers to recognition of overweight and the associated health risks including parents viewing their child's health in terms of the child's physical and social functioning rather than their weight; and parents comparing their child with other children or extreme examples of overweight as a way of monitoring their child's weight.

Action following feedback

Seeking information: More than a third of parents sought further help or information following NCMP feedback; the most frequently reported sources of information were friends and family, the internet, and the GP. In interviews, parents described a lack of knowledge about local services and perceived high cost of services as barriers to seeking help. Some parents also cited receiving conflicting advice from health professionals as a barrier, for example some parents had been informed their child was overweight through NCMP feedback but were later told by a GP that their child was a healthy weight.

Lifestyle behaviour change: Parent reported changes in lifestyle behaviours were minimal and limited to an increase in the proportion of obese children attaining recommended levels (60minutes/day) of physical activity. However, there may have been increases in physical activity up to less than 60 minutes a day that were not detected through this research. Interviews identified barriers to change including parents feeling that they were already providing their child with a healthy lifestyle, a lack of parental knowledge about what constitutes a healthy lifestyle, and parents' difficulties in controlling all aspects of their child's lifestyle.

Harmful effects of NCMP feedback: On children: NCMP feedback had no detectable harmful effects on parent-reported child self-esteem or weight-related teasing. **On parents:** Although some parents of overweight or obese children reported feeling upset or surprised by the NCMP result, the majority of parents found the NCMP feedback to be 'somewhat or very' helpful, and in interviews many reported that it had acted as a 'wake-up call' for them. Most parents were happy to encourage future participation in the NCMP for their child or child's siblings, while less than 2% would withdraw their child from the programme in the future.

Proactive feedback was delivered to parents of obese children in three of the five PCTs studied. Approximately 60% of phone calls resulted in successful contact with parents. Proactive feedback was generally well received, and the increase in parental recognition of overweight status was greater in parents of obese children receiving proactive feedback than in those parents who received only the letter. Proactive feedback also improved parents' recall of their child's NCMP weight status, but did not offer additional benefit for lifestyle behaviour change. The cost of providing proactive feedback was estimated at £9.50 per child for a telephone call and £41 per child for a face-to-face appointment, compared with £1.24 per child for letter feedback. Parental preferences for future feedback showed an overwhelming preference for feedback by letter.

2 Guidance summary

This section sets out the purpose of the guidance and provides an overview of the programme and key dates for the 2012/13 and 2013/14 school years.

2.1 Purpose of this guidance

2.1.1 This guidance sets out best practice for the local implementation of the NCMP, including:

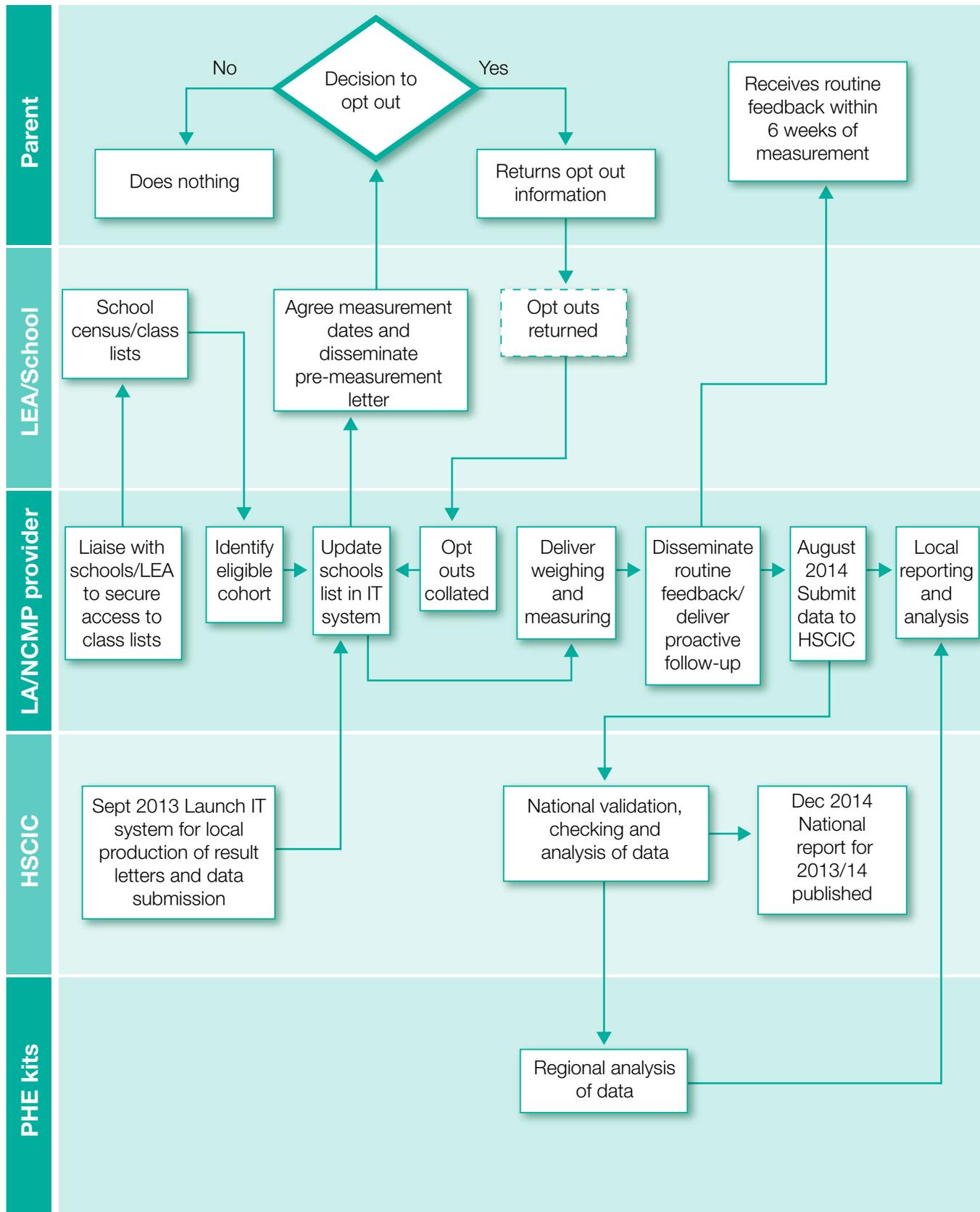
- what to do before the measurements are taken (section 3)
- completing the measurements (section 4)
- what to do after the measurements are taken, including information governance around processing of the data (sections 5, 6 and 7)

2.1.2 Sections 3, 4 and 6 describe how the statutory surveillance elements of the programme should be delivered,^{7,11} and should be followed closely. Sections 5 and 7 set out good practice guidance around sharing results with parents and are not statutory.

2.2 Overview of the NCMP

2.2.1 **Figure 1** (on the next page) provides a high-level overview of the NCMP and the key delivery elements.

Figure 1 Overview of the key delivery elements of the NCMP



2.3 Key NCMP dates for 2012/13 and 2013/14 school years

2.3.1 Table 1 outlines the expected key dates for the NCMP in the 2012/13 and 2013/14 school years.

Table 1: Key dates for 2012/13 and 2013/14

Date	NCMP 2012/13	NCMP 2013/14
August 2013	16 August 2013 – last day to upload NCMP 2012/13 data to the HSCIC	NCMP guidance for local authorities, provider organisations and schools issued
September 2013		HSCIC new IT system available for production of parental result letters and return of data to HSCIC Academic year starts Local areas can weigh and measure children throughout the school year
September–November 2013		NCMP workshops
December 2013	2012/13 HSCIC national report and online mapping of results published	
January 2014	PHE receives data from HSCIC and local authorities have access to their own final validated dataset from their PHE Knowledge and Intelligence Team PHE publishes detailed NCMP trends report	
August 2014		15 August 2014 – last day to submit NCMP 2013/14 data to the HSCIC
December 2014		2013/14 HSCIC national report and online mapping of results published
January 2015		PHE receives data from HSCIC and local authorities have access to their own final validated dataset from their PHE Knowledge and Intelligence Team PHE publishes detailed NCMP trends report

3 Planning the measurements

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

3.1 Securing local engagement

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

Local authority colleagues

- 3.1.2 Having taken on responsibility for the NCMP, it will be important that local authority public health teams ensure elected members and officers are aware of the programme and its purpose and benefits. A factsheet about the programme aimed at local government officers, councillors and elected members is available (**Annex 1**).
- 3.1.3 It can be helpful to develop contacts with officers working in other sections of the local authority, for example officers in the education department may assist with obtaining contacts for schools or class-list information. They or others may also be able to facilitate the opportunity for engagement and raising awareness of the NCMP with local head teachers, for example by providing an update slot as part of an inset training day or a local education conference.
- 3.1.4 Liaising with officers in the local authority's communications team may also be useful in identifying existing processes used to provide information to schools. Making such contact may also offer an opportunity to raise awareness of the programme and share good-news stories via a direct communication channel, such as a residents' newsletter or through the local press to residents.

Good practice tip

Now that local authorities are responsible for the NCMP, ChaMPs Public Health Collaborative Service has developed a film about the NCMP as a way to raise awareness and understanding of the programme among stakeholders in Cheshire and Merseyside. The film features the Director of Public Health for Knowsley talking about the purpose and value of the programme and a local head teacher comments on how the programme is more effectively run through schools.

www.champspublichealth.com/tv/tackling-childhood-obesity-national-child-measurement-programme

www.network-c.co.uk/tv/tackling-childhood-obesity-national-child-measurement-programme

Schools

- 3.1.5 The good working relationship with schools in relation to the on-going delivery of the NCMP is reflected in the fact that more than 99% of state-maintained primary and middle schools across the country take part in the programme every year. Experience gained over past years of the NCMP shows that the highest participation rates are where close working relationships with schools have been achieved. It may be helpful to liaise with local authority officers in the education department about contacting schools in the area, as they may have access to existing channels for doing so; alternatively, schools can be contacted directly, and a template letter (**Annex 2**) has been developed which can be sent to head teachers and boards of governors in advance of starting the NCMP.
- 3.1.6 Helping the board of governors and head teacher understand the benefits of the programme can be a positive first step in getting the school on board, for example by providing an update slot as part of an inset training day or a local education conference, or through a local authority newsletter to head teachers.
- 3.1.7 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.¹⁴
- 3.1.8 Changes to the education system mean that the number of primary academy schools across the country is increasing. Academy schools continue to be eligible for inclusion in the NCMP, and academy pupil numbers will count towards a local area's eligible population. Academies should be engaged in the programme in the same way as schools which are under local authority control.

Case study: School engagement in Gloucestershire

Gloucestershire County Council has launched a programme known as 'Gloucestershire Healthy Living and Learning' (GHLL) to help local schools capture the essence of what it means for them to be a healthy school and recognise areas for improvement.

Local schools can apply to become a GHLL Healthy School online. The first step involves schools completing a review to assess how they are doing across five key areas: School/College a) Ethos and Environment b) Promoting Health and Wellbeing, Teaching and Learning, Healthy Eating, Physical Health and Wellbeing, Emotional Health and Wellbeing. The review comprises a range of questions including whether they participate in the NCMP; NCMP participation is required to meet the criteria for the Healthy Weight domain.

Schools are then required to identify at least two areas where they want to make improvements, one of which needs to focus on Healthy Weight and one needs to focus on a vulnerable group of pupils. Following this one or more Leading Teachers, funded by Gloucestershire County Council, will support and work with schools to plan and implement targeted interventions.

After achieving the award, schools can retain GHLL status for three years and through the programme's review tool they can maintain a good understanding of their progress and where further attention may be needed.

Gloucestershire hopes to succeed in using local priorities and data from the tool to improve health related outcomes. Further details on GHLL can be found at www.ghll.org.uk

Parents/carers and children

- 3.1.9 To facilitate delivery of the NCMP, it is important that parents and the wider public are aware of the issue of child obesity and understand the purpose of the NCMP. The media, such as local newspapers and radio, can be used to help to achieve this. An updated NCMP media pack will be available later in 2013 to support local areas in securing positive media stories.
- 3.1.10 Participation in the programme can be maximised by engaging with parents and children in advance of delivering the programme. Prior engagement will:
- ensure parents and carers are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process
 - reassure parents and carers that their child's measurements will not be revealed to anyone else in the school
 - provide an opportunity to contextualise healthy weight as an integral aspect of valuing and promoting child health and wellbeing

Good practice tip

Before the weighing and measuring process begins in Newcastle and Northumberland, staff members attend school assemblies to explain the process to children, helping to alleviate any concerns children may have about being measured. They also use this as an opportunity to convey important health and wellbeing messages and to improve awareness and understanding of the programme with teachers.

Primary care professionals

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

3.2 Maximising delivery

- 3.2.1 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 wider efforts to improve the health and educational outcomes of school-aged children. For example, consideration might be given to aligning with priorities recommended within the Healthy Child Programme¹⁵ such as health assessment at school entry or other activities with Year 6 children. Additionally impact of the NCMP can be maximised through local efforts to promote whole school approaches to health and wellbeing as advocated by a "Healthy Schools" approach. Details of a Healthy Schools toolkit are given in **Annex 4**.

3.3 Information needed before the measurements

Class list and delivery arrangements

- 3.3.1 Regulations¹¹ provide for local authorities to make arrangements with schools to weigh and measure children in their area. Before the measurements take place, the class-list details of all children in reception year and Year 6 eligible to participate in the NCMP (including their NHS Number where available) and the names of children who have been opted out of the programme by their parents in each age group, should be obtained.
- 3.3.2 Class-list information is available from the school census every January, which is statutory for all maintained primary, secondary, middle-deemed primary, middle-deemed secondary, special and non-maintained special schools, academy schools, alternative-provision academies, and city technology colleges in England. The information can be obtained, in the case of academies, directly from the school, and for schools without academy status, the data can be secured either directly from the school or from the local authority.
- 3.3.3 If engaging with a school directly, it may be helpful to establish a single named contact to liaise with and to share the current NCMP guidance for schools. It can also be helpful to use this engagement opportunity to agree arrangements for the delivery of the NCMP in the school, including a date and time for the measurements to be undertaken and the use of a room or screened-off area in which to conduct the weighing and measuring.

Parental consent

- 3.3.4 Regulations¹¹ make provision for the programme to operate without explicit consent from parents. However, the Regulations require local authorities to take steps to ensure that parents understand the value of having their child measured and have reasonable opportunity to withdraw their child. This should be done by ensuring that letters are sent to parents and carers at least two weeks before the measurements are scheduled to take place using the template pre-measurement letter at **Annex 5**.
- 3.3.5 When sending out the pre-measurement letters, we recommend that parents and carers are also sent the *Why your child's weight matters* leaflet. Printed copies of this leaflet can be ordered on a first come first served basis, or downloaded from the Health and Social Care Publications Orderline (www.orderline.dh.gov.uk) quoting reference number **277810**.

3.4 Staffing

- 3.4.1 In planning the staffing resource needed to complete the weighing and measuring, the NCMP Regulations¹¹ dictate that the arrangements for the programme must be managed by a relevant health professional. In practice, this means that a health professional, such as a school nurse or a dietitian, should oversee the whole programme by coordinating and training staff, engaging with schools, and ensuring that the data are submitted to the HSCIC on time.
- 3.4.2 Although a health professional must oversee the NCMP, the weighing and measuring itself may be undertaken by a healthcare assistant or similar grade member of staff with appropriate competencies and provided with adequate support.

- 3.4.3 The successful delivery of the programme depends not only on the completion of accurate weighing and measuring, but on the achievement of several other tasks, such as engaging with stakeholders, and entering and validating data. As such, maximising the effective delivery of the NCMP is dependent on a mixture of skills and expertise, including communication, administration, management, data management and analysis, and IT skills, as well as clinical knowledge.
- 3.4.4 All staff who weigh and measure children as part of the NCMP should have Enhanced Criminal Records Bureau clearance, in keeping with current safeguarding legislation requirements.

3.5 Training

Weighing and measuring

- 3.5.1 Before commencing the weighing and measuring, staff should have been trained on how to accurately complete the measurements and record and submit the data.

Using the HSCIC IT system

- 3.5.2 The IT tool previously used for the collection and submission of data has been upgraded for the 2013/14 school year. It now consists of an online browser-based system plus an offline Excel spreadsheet-based tool. Staff using the online system should be competent and confident in doing so. Educational resources and guidance to support use of the system will be available from September from www.hscic.gov.uk/ncmp. Staff using the offline Excel spreadsheet-base tool should be competent in entering and saving data in an Excel spreadsheet.

Taking calls from parents and delivering proactive follow-up

- 3.5.3 Staff responsible for taking calls from parents following the sending of result letters, or for proactively following up with parents after the measurements, should be competent in their awareness of child obesity, its impact on children's health and its management. Staff should also be competent in talking to parents about child weight issues, discussing lifestyle and behaviour change with families, and should be aware of all local weight management and physical activity services available to children in their area including pathways for referral into them. Ideally, staff will be trained in motivational interviewing (MI).
- 3.5.4 The training of staff is the responsibility of the local area; however, a number of resources are available to assist local areas in providing training. These include:
- MI training resources, including a YouTube film of an NCMP-specific MI taster course 'From anger to engagement' and accompanying slide pack. These are available on the Obesity Learning Centre website (**Annex 1**)
 - four audio-learning podcasts available free of charge on the British Medical Journal (BMJ) Learning website (**Annex 4**). These were developed by BMJ Learning in collaboration with DH and cover discussions with clinicians working in obesity, providing information on:
 - the importance of a healthy weight and the health implications of being overweight for adults and children

- how to raise the issue of weight sensitively and confidently
- delivering brief interventions
- care pathways
- multidisciplinary teams and management of healthy weight
- four learning modules available on the Obesity Learning Centre website (**Annex 4**). NHS staff with an electronic staff record can also access the learning via the National Learning Management System
- a directory of obesity training providers available from the Obesity Learning Centre (**Annex 4**). This resource is for staff responsible for commissioning public health services

3.6 Equipment

- 3.6.1 Accurate measurements depend on the correct use of good quality equipment. Scales should be properly calibrated.
- 3.6.2 Class III scales must be used for measuring weight as part of the NCMP. Scales used for the weighing of children must be CE marked with the last two digits of the year of manufacture (for example, CE10 for a product manufactured in 2010), have a black “M” on a green background, and have a four-digit number identifying the notified body.ⁱ
- 3.6.3 For calibration purposes, Class III scales purchased after 1 January 2003 should be checked to their full capacity annually either by recognised Weighing Federation members or by electro-biomedical engineering (EBME) technicians using traceable weights. If the scales display weights within in-service tolerances, they should then be usable throughout the year. If not, they must be taken out of service and returned to an approved body for calibration and verification. If at any time there is reason to believe that the weighing equipment may be inaccurate, it should be recalibrated.
- 3.6.4 Scales purchased before 1 January 2003, and therefore falling outside the criteria of EU Directive 90/384/EEC, can be checked and/or calibrated annually by EBME workshop staff with access to traceable weights. If you have traceable weights, you could consider more frequent checks but, in general, scales checked annually can be confidently used for the rest of the year.
- 3.6.5 If equipment with switchable readings (imperial and metric) is in use, the switching facility should be disabled to ensure that only the metric reading is available. If weighing equipment with dual readings is in use which cannot be converted to metric reading only, it should be replaced as a priority.
- 3.6.6 Height should be measured with a correctly assembled stand-on height measure that shows height in centimetres and millimetres. Old and new model components of height measurement devices should not be used together. If a component breaks, the whole device should be replaced.

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

- 3.6.7 Wall-mounted, sonic or digital height measures should not be used. During set up, height measures should be calibrated using a measure of known length, such as a metre rule before each measuring session to ensure correct assembly.
- 3.6.8 The HSCIC's new IT system will allow results to be recorded at the point of measurement in three 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
 - entered into the Excel spreadsheet-based tool. Before the school visit, the spreadsheet must be pre-populated with pupil 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
 - entered onto pre-prepared paper-based records. Before the school visit, any paper-based records must be printed with pupil details through the online-browser based tool. After the visit, they can then be input through the online browser-based system
- 3.6.9 Use of the paper records 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 IT system. This approach has been provided for use in circumstances where the first two options are not achievable.

3.7 Which schools should be included?

- 3.7.1 Every state-maintained primary and middle school, including academies, within the local authority boundary should be included in the 2013/14 programme. A list of schools eligible for inclusion will be included for each local authority in the HSCIC's NCMP IT system. Schools can be added or removed from this list to take account of local changes, for example where schools have closed or new schools have opened. The process of submitting the data requires confirmation that schools removed from the pre-populated list are being included by another local authority or that they are no longer open or are confirmed as ineligible.
- 3.7.2 Measurement in non-state-maintained and special schools is encouraged where possible. Data from these schools will be included in the national database and returned to local authorities. 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 independent and special schools mean that the data are unlikely to be representative.

3.8 Which children should be measured?

- 3.8.1 In delivering the NCMP, local areas should plan to weigh and measure all eligible children in reception year (generally aged 4–5 years) and Year 6 (generally aged 10–11 years) who are pupils within state-maintained schools.
- 3.8.2 Whichever type of school they attend, the NCMP regulations¹¹ state that only children able to stand on weighing scales and height measures unaided should be weighed

and measured for the NCMP; children who are unable to do so are legally exempt from participation and should not be included. They should also be excluded from the total eligible for measurement in that school.

- 3.8.3 Care should be taken to avoid stigmatising any children who are unable to participate in the NCMP, and to deal sensitively with any children who have particular needs (further information is provided in section 4 of this guidance). Local authorities should make reasonable adjustments¹⁵ in the way they deliver public health services to children with physical disabilities and special educational needs, and should work closely with schools to plan alternative provisions.
- 3.8.4 The small number of children who are unable to take part in the NCMP due to their disability should be offered alternative arrangements using the letter in **Annex 6**, as their parents or carers can still benefit from receiving information and lifestyle advice, including specialist advice appropriate to the child's circumstances.
- 3.8.5 Children's existing medical and mental health conditions should be taken into account when considering whether they should participate, even if their parent or carer has not withdrawn them. Care should be taken to ensure that the child is content to be measured and is given the chance not to take part if they do not want to. Where possible it may be helpful to liaise with the school before taking measurements to identify children who might be particularly sensitive about being measured or where measurement might not be appropriate, for example those with diagnosed eating or growth disorders.

3.9 Data to be collected

- 3.9.1 The essential and supplementary data should be collected as part of the weighing and measuring process and submitted to the HSCIC as detailed at **Annex 7**. Additionally, this year, the NHS number has been included as a field for central return, where available locally. The NHS number can be included on the result letter to parents, and be used to facilitate longitudinal analysis of NCMP data by the HSCIC (**section 5**).
- 3.9.2 It can be helpful to use the HSCIC's IT system to prepare records for use at the time of measurement which are pre-populated with the necessary data fields – that is, the name and unique reference number (URN) of the school, and the following information for each eligible child: name, sex, date of birth, date of measurement, home address and postcode, ethnicity, NHS Number and home phone number.
- 3.9.3 The information required to pre-populate records should be requested from schools or the local authority in advance of the measurements, and/or be obtained from the child health information system, and should not be obtained by asking pupils or be assigned during the weighing and measuring. Once opt-outs have been collected, details of the children who have been withdrawn should also be added to the record to ensure that they are not included in the measurements.
- 3.9.4 To ensure that the information collected provides an accurate picture of the population, local authorities should work to maximise participation in the NCMP by aiming to achieve or maintain participation rates by eligible children at 85% and, where possible, build on higher participation rates achieved previously.

3.9.5 When recording weight and height measurements, use of paper records should be avoided, and electronic records should be maintained. This reduces the risk of errors when transferring data and enables a higher level of security in the storage of personal identifiable data. It also allows data to be validated at the point of measurement to support accuracy.

Good practice tip:

To achieve as high as possible participation rate in the NCMP, many areas deliver catch-up sessions so that children absent on the first day of measurement are included.

3.10 Planning the measurements: checklist

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

- plan to promote the programme and raise awareness and understanding by writing to head teachers/school governors, publishing newsletters and using local media sources
- plan to promote the programme and raise awareness and understanding by engaging with primary care professionals
- engage with the local authority education officers or directly with schools to arrange for class lists to be provided
- liaise and engage with schools to elicit their support in delivering the NCMP and to agree dates for measurement and book an appropriate room within the school
- if you are using the online system, check that the room in which you will carry out the measurements has adequate 3G or wifi coverage
- send the pre-measurement letter to parents and carers at least two weeks before measurement takes place ensuring that any necessary local amendments have been made
- liaise with the school to collate any opt-outs and identify other children for whom it may not be appropriate to participate
- identify staff with the necessary mix of administrative, data and clinical skills to deliver the programme
- provide staff with the necessary training and support to ensure that they are competent to complete the measurements, and record and upload the data
- CRB-check any staff involved in the weighing and measuring
- have appropriate and calibrated scales
- consider making alternative arrangements for children who cannot take part in the NCMP due to physical disabilities or for medical reasons
- order copies of the *Top tips for top kids* leaflet from the Health and Social Care Publications Orderline (www.orderline.dh.gov.uk) quoting reference number C4L301 to include with the result letter.

4 Doing the measurements

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

4.1 Setting up

- 4.1.1 The measurements should be done at the school and in a room or screened-off area¹¹ where the results are secure and cannot be seen or heard by anyone who is not directly involved in taking the measurements. With the school's help, locate a private setting in which to do the measurements. In the exceptional case that a separate room is not available, a screened-off area of the classroom can be used.
- 4.1.2 Practitioners should ensure that the 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 that the height measure is correctly assembled and is placed on a firm, level surface with its stabilisers resting against a vertical surface (such as a wall or door) to ensure maximum rigidity. 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 rule.
- 4.1.3 The weight and height displays on the measurement equipment should not be visible or audible to anyone apart from the person recording the measurements. Staff should record the measurements using the HSCIC electronic NCMP IT system in its online or offline (Microsoft Excel based) form into an encrypted, password-protected laptop. Measurements should not be shared with teaching staff.

4.2 Measuring weight and height

- 4.2.1 Children respond pragmatically and positively to being weighed and measured if the measurements are carried out sensitively.¹⁷ Privacy while being measured is important to parents, carers and children.¹⁸ Staff should be aware that children can be sensitive about their weight, height or both, and should recognise that weighing and measuring children could accentuate these sensitivities, particularly for older children.
- 4.2.2 Any anxieties should be appropriately and sensitively addressed during the measurements and children's privacy, dignity and cultural needs should be respected at all times. Under no circumstances should a child be coerced into taking part.
- 4.2.3 It is important to consider the personal circumstances of the child, such as a medical condition, that might make weight a particularly sensitive issue and in some circumstances may make measuring inappropriate. See **section 3.8** for information on considerations to be taken into account when planning the weighing and measuring.
- 4.2.4 Some children may be able to stand unaided on scales and the height measure but have medical conditions that mean accurate results cannot be taken, for example cerebral palsy, or have a leg in plaster or a prosthetic leg or a growth disorder, such as dwarfism. However,

staff should use their professional judgement in deciding whether to measure such children so that they do not feel excluded from the activity, taking into account the child's views on being included. Any measurements for these children should not be included in the upload to the HSCIC. This is because use of the BMI centile is unlikely to be appropriate. The result should not be fed back to parents using the national template result letter and IT system. Instead, it may be appropriate to provide a letter with the raw weight and height information (without the BMI calculation) along with appropriate healthy eating and physical activity information.

4.2.6 Individual results should not be:

- fed back directly to the school (**section 7.3**) or to teachers
- given to individual children in the form of the feedback letter, as there is a risk that the child could open the letter in an unsupported environment, and that the letter would not reach their parents
- revealed to other children

4.2.7 Local areas should agree a policy for whether a child's result should be verbally disclosed to them and discussed during the measuring, having considered the best way of minimising stigmatisation of the child and ensuring data confidentiality. Any concerns about a child's weight status should be followed up via the parents according to local care pathways (**section 5**).

Measuring weight

- ask the child to remove their shoes and coat. They should be weighed in normal light indoor clothing
- ask the child to stand still with both feet in the centre of the scales
- record the weight in kilograms to the first decimal place, that is the nearest 0.1kg (for example, 20.6kg). Measurements to two decimal places are also acceptable. Measurements should not be rounded to the nearest whole or half kilogram

Measuring height

- ask the child to remove their shoes and any heavy outdoor clothing that might interfere with taking an accurate height measurement
- ask the child to stand on the height measure with their feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed and their bottom and shoulders should touch the vertical measuring column
- to obtain the most reproducible measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal (**Figure 2**). The measuring arm of the height measure should be lowered gently but firmly onto the head before the measurer positions the child's head in the Frankfurt Plane
- ideally, one staff member will ensure that the child maintains the correct position while the other reads the measurement.
- record the height in centimetres to the first decimal place, that is the nearest 0.1cm (for example, 120.4cm). Measurements should not be rounded to the nearest whole or half centimetre
- whenever possible, measurements should be repeated to ensure accuracy

Good practice tip: Measuring children with headwear

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

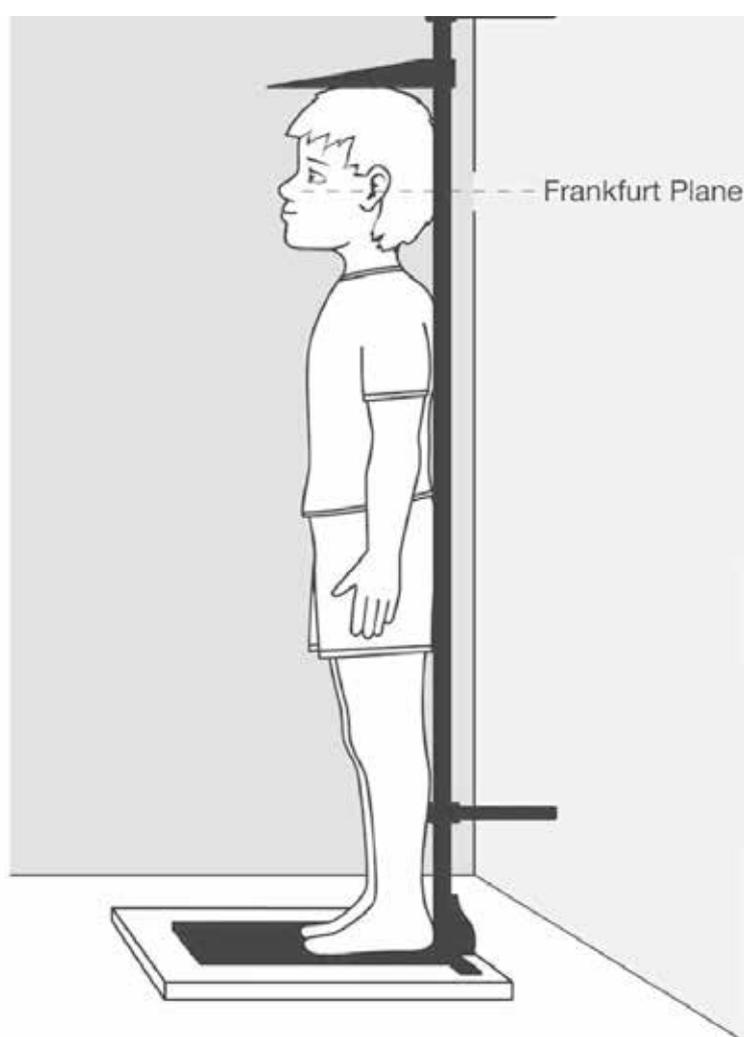


Figure 2: The Frankfurt Plane

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

4.3 Doing the measurements: checklist

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

- decide on your preferred method for recording results, for example, via either the online browser-based system or offline 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 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 offline 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):
 - 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 weighing and measuring
- arrange equipment in the weighing and measuring area so that the results cannot be seen by anyone apart from the person recording the measurements
- follow the protocol set out in **section 4.2** when weighing and measuring children and recording the results
- use professional judgement to decide whether to measure children with growth disorders or medical conditions, such as cerebral palsy, or a leg in plaster or a prosthetic leg

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

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

5.1 Routine feedback

5.1.1 While it is not a mandated component of the programme, local authorities are encouraged to implement routine feedback to all children measured for the 2013/14 NCMP. It is recommended that the HSCIC's NCMP IT system is used to facilitate this, along with either the national template letter (**Annex 8**) or a locally developed letter. Educational materials and guidance on use of the HSCIC's NCMP IT system are available from www.hscic.gov.uk/ncmp. The NCMP system uses the UK 1990 Child Growth Reference to assign a BMI centile to every child's record. The clinical BMI centile thresholds, which are used for the purposes of individual assessment and feedback of results, place each child in one of four categories (**Table 2**).¹⁹

Table 2: Child BMI centile classifications

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

- 5.1.2 This approach is in line with guidance from the National Institute for Health and Care Excellence (NICE), which advises that a child's BMI centile is used to assess whether a child is overweight or obese.²⁰
- 5.1.3 Comparison of a child's height and weight centile to assess whether they are overweight or obese is not accurate and this method should not be used. In children over 2 years, overweight or obesity must be assessed by using age-specific and sex-specific BMI centiles and interpreted using the Royal College of Paediatrics and Child Health (RCPCH) UK- World Health Organization (WHO) growth charts for children aged 2-4 years,²¹ and the RCPCH UK 2-18 years growth for children aged over 4 years.²² The growth charts, along with education and training resources are available on the RCPCH website (**Annex 5**).

- 5.1.4 The HSCIC's NCMP IT system accurately and quickly calculates the BMI centile using the method described in section 5.1.3, and based on the height, weight, sex and age entered for each child. Outside the NCMP, an alternative to using a BMI chart is the BMI calculator on NHS Choices (see **Annex 5**).
- 5.1.5 The child's height centile can be useful in addition to the BMI centile, as it can provide an indication of the cause of a child's obesity. If an obese child is tall, the obesity is likely to be "nutritional" in origin, whereas if the child is short, an endocrine or genetic cause should be considered.

5.2 Producing result letters

- 5.2.1 The HSCIC's NCMP IT system should be used to generate result letters for parents using the national template letter or a locally developed letter. The template letter and IT system will be available on the HSCIC website at www.hscic.gov.uk/ncmp from September 2013, along with guidance and training on use of the resource.
- 5.2.2 The national template letters (**Annex 8**) have been revised taking account of feedback from parents, child health experts and local NCMP practitioners. The national template letters are editable so that the content can be changed to meet the needs of local areas. When editing the wording in a result letter, or when developing a local letter, it is important to consider that parents receiving the letter may be sensitive to the information and feel that their parenting skills are being criticised. As such, as far as possible the letters should be non-judgemental and positively phrased.
- 5.2.3 When producing the letters, the NHS number should be included. It is the responsibility of local areas to check approximately one out of every 10 letters printed against the information entered into the IT system to ensure that the information has come through as expected, for example checking that the height, weight and assigned weight status category are correct, and the correct date of birth and address for the child are shown.
- 5.2.4 It is best practice to post the result letters to parents and carers, particularly for Year 6 pupils, rather than using pupil post. This is to mitigate the risk of the letters getting into the hands of children's peers, leading to comparisons of results and, potentially, bullying. Sending the result via electronic means should also be considered where this meets local electronic communication guidelines, as a means of achieving a paperless approach to the NCMP, in line with the government's digital strategy.²³

Case study: Introducing online parental feedback in Manchester

September 2013 sees the launch of Manchester's innovative on-line parental feedback system. The system project is headed by the informatics team at Central Manchester Foundation Trust and is part funded by Public Health Manchester. It is supported by several stakeholders within Manchester's Healthy Weight Strategy: Tackling Overweight and Obesity – primarily, the School Health Team, the Child Health Information system, Public Health Manchester and the Children and Family Weight Management Service.

Continued

Manchester recognises the importance of informing parents whenever their child is weighed and measured in school and of helping them to understand the results and to be aware of the support and local services available to them, and also the significance of communicating this information in a positive, sensitive and consistent manner.

From September, any weight and height measurements, including those for NCMP, taken by the School Health Team will be collected electronically and sent directly to the Child Health Information System. Parents will be invited to register with the on-line system and to view their child's results. Children's weight status will be stratified according to BMI centiles and appropriate support will be offered dependent on the weight status of the child.

Parents without internet access, or who would prefer to speak with a health professional directly, will be given this option. Evaluation of the project will help to direct the future efforts of Manchester's Healthy Weight Strategy: Tackling Overweight and Obesity.

- 5.2.5 To ensure that they are meaningful, result letters should be sent to parents and carers as soon as possible – and at most within six weeks – after the measurements.
- 5.2.6 The editable template result 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 the parents' discretion as to whether they share the results with their child.

Good practice tip:

When sending results to parents via post, the words 'Private and Confidential' should be included on the envelope containing the result letter, along with a return address.

Accompanying information

- 5.2.7 It is recommended that the Change4Life *Top tips for top kids* leaflet, is enclosed with the result letter to parents. This leaflet can be ordered or downloaded from the DH Publications Health and Social Care Publications Orderline (www.orderline.dh.gov.uk), quoting reference number **C4L301**.

5.3 Proactive follow-up

- 5.3.1 In addition to routine feedback of results to parents, many areas proactively follow up children identified as being underweight, overweight or obese. Proactive follow-up involves contacting the parents/carers of those children to offer them personalised advice and services to help control their child's weight.
- 5.3.2 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 obese children.¹³ Improving parental acceptance of the result may assist in minimising resistance to feedback and support understanding of the impact of an unhealthy weight and encourage access to and uptake of services.

- 5.3.3 When local practitioners are speaking to parents about a child's result, a sensitive, motivational approach should be used, with an awareness of the sensitivities surrounding the subject and that parents may feel that their parenting skills are being criticised. See **section 3.5.4** for information on available training materials.

Case study: Proactive follow up in Wirral

In Wirral, routine feedback continues to be delivered to all parents of children participating in the NCMP, including those who are a healthy weight, using an amended version of the national template letter. Wirral public health staff believe that parents are not always able to tell from looking at their child what their weight status is, and the increasing prevalence of child obesity means that some parents, when comparing their child to others, may even be concerned that they are underweight. Providing feedback to all parents is therefore considered to be important in assisting families of underweight, overweight or very overweight children to make lifestyle changes and helping families with children of a healthy weight maintain healthy growth.

Wirral continues to be engaged in proactive follow-up, phoning parents of all children in reception year and Year 6 identified as very overweight before sending out the routine result letters. Proactive follow-up involves a member of the school nurse support team, trained in motivational interviewing and using the nationally produced NCMP conversation guide, telephoning parents to provide feedback on their child's weight status and supporting and guiding families to consider how they might make lifestyle changes, including accessing locally available child weight management services.

Wirral's service provider, the school nurse support team, reports that the telephone calls have been received positively by parents, with over 40% of parents requesting further information about local Lifestyle and Weight Management Services in 2012. Early indications suggest this process may have increased referrals to these services. An evaluation is being undertaken working with John Moore's University to explore the effectiveness of the process for service providers and to explore the impact on service uptake. The number of complaints received by the service provider has fallen from a high of 80 down to just two last year.

Case study: Repeat contact with parents in Bedfordshire

Public Health within Bedford Borough and Central Bedfordshire Councils operate a layered process for sharing NCMP results with parents. Initially, all parents/carers with children who are underweight, overweight or very overweight receive letters containing the child's NCMP information and Change4Life literature; contact details for the public health team are included and a number of parents/carers initiate contact.

In addition to these letters, parents whose children are very overweight receive a written invitation from the commissioned family weight management programme (BeeZee Bodies, a Community Interest Company) stating that a place has been held for them and welcoming them to call BeeZee Bodies directly to agree booking details. Staff at BeeZee Bodies do not have access to the NCMP data list, however, they have been trained in motivational interviewing and behaviour change techniques and are accustomed to managing challenging telephone calls.

These parents are sent one additional letter if they have not contacted or booked onto a BeeZee Bodies programme after two weeks advising that the place will be lost if they do not book. After this point there is no further contact although the parent/carer has details and may choose to initiate contact at a time when they are ready to engage change.

5.4 After the measurements: checklist

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

- access the HSCIC's NCMP IT system and download the national template result letter, making any amendments as required, or develop own template to reflect local preferences
- make arrangements to send the result letter to families within six weeks of weighing and measuring
- make provision to deliver proactive follow-up to underweight, overweight and very overweight children
- apply the UK 1990 BMI Growth Reference clinical thresholds when providing individual feedback of results and proactive follow-up

6 Data upload and validation

This section sets out how the NCMP data should be submitted to HSCIC.

6.1 Submitting your data to the HSCIC

- 6.1.1 Once the essential and supplementary data, listed at **Annex 7**, have been collected and validated using the HSCIC's IT system, a final data submission should be made by the deadline of 15 August 2014. The IT system requires the data to be submitted according to upper tier and unitary authority boundaries.
- 6.1.2 Before submission, checks should be made to ensure data quality and completeness. To facilitate this, the HSCIC's IT system has been developed to incorporate several data quality indicators.
- 6.1.3 Once the data for the local authority area is considered to be complete it should be submitted using the facility in the HSCIC's IT system. Please note that changes cannot be made to data once it has been submitted. Any data entered into the IT system, but not confirmed as submitted by the 15 August deadline will be treated as submitted and further changes will not be possible.
- 6.1.4 After the deadline, the HSCIC undertakes additional and more detailed data validation. If deemed necessary, the HSCIC may contact the local authority or service provider to address any validation anomalies. We anticipate these will be minimal due to the enhanced validation that the upgraded IT system incorporates.
- 6.1.8 The HSCIC will make available full details of their data cleaning and validation process, along with education material and guidance on how to access and use the IT system from September at www.hscic.gov.uk/ncmp.

6.2 Data upload and validation: checklist

You can use this checklist as a prompt to ensure that you have completed all the critical tasks before you submit your data to the HSCIC.

- plan to promote the programme and raise awareness and understanding by writing to head teachers/school governors, publishing newsletters and using local media sources
- plan to promote the programme and raise awareness and understanding by engaging with primary care professionals
- engage with the local authority education officers or directly with schools to arrange for class lists to be provided
- liaise and engage with schools to elicit their support in delivering the NCMP and to agree dates for measurement and book an appropriate room within the school
- send the pre-measurement letter to parents and carers at least two weeks before measurement takes place ensuring that any necessary local amendments have been made

- liaise with the school to collate any opt-outs and identify other children for whom it may not be appropriate to participate
- identify staff with the necessary mix of administrative, data and clinical skills to deliver the programme
- provide staff with the necessary training and support to ensure that they are competent to complete the measurements, and record and upload the data
- CRB-check any staff involved in the weighing and measuring
- have appropriate and calibrated scales
- consider making alternative arrangements for children who cannot take part in the NCMP due to physical disabilities or for medical reasons

7 Use of the NCMP data

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

7.1 Use of data by the HSCIC

- 7.1.1 As part of the NCMP, the HSCIC will produce an annual report summarising the key findings from the programme, including participation rates and prevalence trends. This report presents only aggregated information down to upper-tier and unitary local authority level, so that no individual child can be identified. The addition of the NHS Number to the NCMP dataset held by the HSCIC will allow longitudinal analysis of the data to be undertaken over time, enhancing the public health value of the dataset.
- 7.1.2 Additionally, as part of the NCMP and within a data-sharing agreement, the HSCIC provides the Public Health England Knowledge and Intelligence Teams (PHE KITs) with the national dataset to enable them to undertake detailed regional analysis, collaborating with local authorities and other partners in the region to ensure that any analysis undertaken meets local needs. Like the HSCIC's own report, any reports produced must present only aggregated information so that no individual child can be identified.
- 7.1.3 As part of the NCMP, the HSCIC also makes available a reduced version of the NCMP data through the UK Data Archive at www.data-archive.ac.uk. This reduced version has several fields excluded to ensure no individual child can be identified.

7.2 Data use at a local level

Holding of data locally

- 7.2.1 Regulations¹¹ make provision for local authorities, and those acting on their behalf, to:
- gather and process the relevant identifiable data:
 - to provide results to parents; follow-up advice, information and support for children who are underweight, overweight or obese; or for the purposes of the NCMP
 - and share with a relevant healthcare professional or person who owes an equivalent duty of confidentiality to provide follow-up advice and support to the child and family
 - release anonymised NCMP data for the purposes of surveillance, research, monitoring or audit and the planning of health services
 - to return the relevant data to the HSCIC
- 7.2.2 The DH provides guidance and policy for the minimum retention period for the Child Health Record.²⁴ Local authorities are advised to ensure their authority's Records Retention Schedule is updated to include policy for the management of child health records.
- 7.2.3 As a data controller processing personal (health and social care) data, local authorities are obliged to ensure compliance with the Data Protection Act (DPA) 1998 and DH Information Governance Toolkit requirements, in particular the "Public Health Team" view of the toolkit.²²

- 7.2.4 Local authorities may already have protocols on how information will be appropriately gathered, exchanged and securely stored and for what purposes it will be used in accordance with the DPA. Where these already exist, local authorities should ensure that they cover NCMP data.
- 7.2.5 Where local authorities permit the processing of personal data by provider organisations (data processors), such as in the case of NCMP, a contract must be in place to ensure the provider complies with the DPA 1998 and that includes clear protocols governing the processing of personal data (including access rights) as set out in the DH Information Governance Toolkit requirements. Local authorities are advised to ensure that any provider is also compliant with an appropriate IG Toolkit view, as described in **section 7.2.3**.

Local data analysis

- 7.2.6 Guidance for local analysis of the NCMP dataset is available on the Obesity Knowledge and Intelligence Team (formerly the National Obesity Observatory) section of the Public Health England website (see **Annex 2**). Local authorities can obtain their final validated 2011/12 data from their PHE KITS. Final and validated 2012/13 data are expected to be released by the HSCIC to PHE KITS in January 2014.
- 7.2.7 Local authorities should use this local analysis to support the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy, the Director of Public Health's annual report and other delivery plans to promote healthy weight, and to track progress at a local level. Local authorities may wish to use the data collected to evaluate the delivery of the NCMP locally. This is permissible under Regulations¹¹ and the DPA as long as such data use is set out in the pre-measurement letter to parents.

7.3 Providing results to schools

- 7.3.1 The NCMP regulations¹¹ do not make provision for an individual child's result to be given directly to schools. However, non-identifiable information can be shared with schools, and we strongly encourage local authorities to share non-identifiable aggregated NCMP data with schools in their area to help engage them in promoting healthy weight. Local authority public health teams should work with their PHE KITS to create letters using the Obesity Knowledge and Intelligence team's NCMP school feedback tool.
- 7.3.2 The school feedback tool uses the following approach:
- it provides the participation rates by school year and sex at national, regional, local authority and school level; for example 90% of eligible children in reception year (89% of girls and 91% of boys) and 88% of children in Year 6 (87% of girls and 89% of boys) participated in the NCMP
 - it provides prevalence rates for England, the region and the local authority for each school year showing the proportion of children measured who were underweight, overweight and obese; for example the prevalence of obesity for the LA/region was 10% in reception year and 20% in Year 6. Prevalence should not be combined for school year groups in analyses because prevalence of overweight and obesity varies by age

- it states how the school's underweight, overweight and obesity prevalence compares with local, regional or England levels using one of the following four categories (one for each school year):
 - significantly higher than the local authority/regional/national levels
 - significantly lower than the local authority/regional/national levels
 - not significantly different from the local authority/regional/national levels, or
 - insufficient data available to make a meaningful comparison

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

7.3.5 If local authorities or schools receive requests for school-level data under the Freedom of Information Act, the format outlined in **section 7.3.2** should be used to ensure that there is no risk of identifying individual children.

7.4 Data use at a local level: checklist

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

- share feedback with schools using the PHE Obesity Knowledge and Intelligence Team NCMP school feedback tool and in line with the small-area analysis guidance
- make provision for the data to be held and released in a way that complies with the NCMP regulations¹¹ and for information to be given to parents about how the data will be used
- draw on aggregated local NCMP analysis to inform the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

References

- 1 Statham, J., Mooney, A., Boddy, J. and Cage, M for the Thomas Coram Research Unit. *Taking Stock: A Rapid Review of the National Child Measurement Programme*. 2011. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129372.pdf
- 2 Department of Health. *Healthy Lives, Healthy People: A call to action on obesity in England*. October 2011 www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130487.pdf
- 3 HM Government. *Healthy Lives, Healthy People: Update and way forward*. July 2011 www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129334.pdf3
- 4 Department of Health. *Public Health Outcomes Framework 2013 to 2016 and technical updates*. May 2013: www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
- 5 NOO trends report
- 6 Public Health England. *Our Priorities 2013/14*. April 2013 www.gov.uk/phe
- 7 Her Majesty's Stationery Office. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012. www.legislation.gov.uk/ukdsi/2012/9780111531679/pdfs/ukdsi_9780111531679_en.pdf
- 8 Department of Health. *Ring fenced public health grants to local authorities 2013-14 and 2014-15*. April 2013: www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15
- 9 Department of Health. *Joint Strategic Needs Assessment and joint health and wellbeing strategies explained*. December 2011: www.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf
- 10 Her Majesty's Stationery Office. The National Child Measurement Programme Regulations 2008: www.legislation.gov.uk/uksi/2008/3080/pdfs/uksi_20083080_en.pdf
- 11 Her Majesty's Stationery Office. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: www.legislation.gov.uk/uksi/2013/218/pdfs/uksi_20130218_en.pdf
- 12 Health and Social Care Information Centre. *National Child Measurement Programme - England, 2011-2012 school year*. December 2012: www.hscic.gov.uk/searchcatalogue?productid=10135&q=title%3a%22national+child+measurement+programme%22&sort=Relevance&size=10&page=1#top
- 13 Falconer, C L; Park, MH; Croker, H; et al. *The benefits and harms of providing parents with weight feedback as part of the National Child Measurement Programme*. In preparation, 2013.

- 14 Department for Education. *The Importance of Teaching: Schools White Paper*. November 2010 www.education.gov.uk/schools/toolsandinitiatives/schoolswhitepaper/b0068570/the-importance-of-teaching/
- 15 Department of Health. *Healthy Child Programme 0-19*. March 2012. www.gov.uk/government/news/supporting-partnership-working-for-delivery-of-healthy-child-programme
- 16 Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents
- 17 National Children's Bureau. *A report for the Children's Commissioner's Office on NCB's consultations with primary school children on measuring children's height and weight in school*. December 2005 www.childrenscommissioner.gov.uk/content/publications/content_132
- 18 Department of Health. *Research into parental attitudes towards the routine measurement of children's height and weight, prepared for DH by BMRB Social Research*. March 2007. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_08060013
- 19 National Obesity Observatory. *National Child Measurement Programme 2010/11: Guidance for analysis*. February 2012 www.noo.org.uk/uploads/doc/vid_14601_201011_NCMP_Guidance%20for%20Analysis.pdf
- 20 National Institute for Health and Clinical Excellence. *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*. December 2006 www.nice.org.uk/nicemedia/live/11000/30365/30365.pdf
- 21 Royal College of Paediatrics and Child Health. *UK-WHO growth charts early years*. www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts-early-years/uk-who-0-4-years-growth-charts-initi
- 22 Royal College of Paediatrics and Child Health. *UK 2-18 years growth chart* www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-growth-chart-resources-2-18-years/uk-2-18-yea
- 23 Cabinet Office. *Government Digital Strategy*. November 2012. www.publications.cabinetoffice.gov.uk/digital/strategy/#what-the-strategy-is-about
- 24 Department of Health. *Records Management: NHS Code of Practice Part 2*. January 2009: [www.gov.uk/government/uploads/system/uploads/attachment_data/file/200139/Records_Management - NHS Code of Practice Part 2 second edition.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200139/Records_Management_-_NHS_Code_of_Practice_Part_2_second_edition.pdf).
- 25 Information Governance Toolkit. www.igt.hscic.gov.uk/requirementsorganisation.aspx?tk=414546236495128&cb=f1b28fda-79d3-4ae1-bcba-bd3b923698e2&Inv=2&clnav=YES

Annexes

Annex 1	NCMP resources
Annex 2	Specimen letter to head teacher and board of governors
Annex 3	Specimen letter to inform primary care practitioners about the NCMP
Annex 4	Healthy weight tools and resources
Annex 5	Specimen pre-measurement letter to parents and carers
Annex 6	Specimen letter to parents of children unable to be measured unaided
Annex 7	Data to be collected
Annex 8	Specimen result letter to parents and carers
Annex 9	Delivery summary checklist

Annex 1: NCMP resources

Resource	Description and availability
Research	
Taking Stock: A Rapid Review of the National Child Measurement Programme	A report by the University of London Institute of Education on the findings from the rapid review of the delivery of the NCMP undertaken in 2011. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129372.pdf
NCMP: Assessing parents' ability to identify overweight and obesity	A study on the ability of parents to determine, visually, whether their child is overweight or obese. This report can be accessed through the NCMP learning network on the Obesity Learning Centre's website. www.obesitylearningcentre.org.uk/
NCMP: Early experiences of routine feedback to parents of children's height and weight	A report of the findings of a small study by the University of London Institute of Education to explore the impact and views of parents on receiving their children's results from the 2008/09 NCMP. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111126.pdf
Marketing and raising awareness	
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. www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3974583/PUBLICATION-TEMPLATE
Pre-measurement leaflet: <i>Why your child's weight matters</i>	This leaflet for parents contains information about the NCMP along with Change4Life tips to help families lead a healthy lifestyle. Copies are available, on a first come first served basis, from DH Publications by calling 08701 555 455 quoting the product code 277810, by emailing dh@prolog.uk.com or online from www.orderline.dh.gov.uk where these leaflets can also be downloaded.
Post-measurement leaflet: <i>Top tips for top kids</i>	Local authorities should send this Change4Life leaflet to parents when sending the results letters. The leaflet includes key behaviour changes to help children eat well and be active. Copies are available to order from DH Publications by calling 08701 555 455 quoting the product code C4L301, by emailing dh@prolog.uk.com , or online from www.orderline.dh.gov.uk where leaflets can also be downloaded.

Resource	Description and availability
Children's information	<p>Flyers for Year-6 children are available to help them understand what will happen when they are weighed and measured as part of the NCMP and to assist parental engagement.</p> <p>Copies of the flyer can be downloaded from www.orderline.dh.gov.uk and then printed locally.</p>
Staff training and development	
Growth charts	<p>The Royal College of Paediatrics and Child Health website has education and training materials to support the use of the 2-18 growth chart. Copies of the growth chart can also be downloaded from the website.</p> <p>www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-growth-chart-resources-2-18-years/uk-2-18-yea</p>
Conversation guide	<p>A PHE-produced resource to assist local-area practitioners when responding to parents about their child's NCMP results.</p> <p>Available through the NCMP learning network on the Obesity Learning Centre's website. www.obesitylearningcentre.org.uk/</p>
Motivational-interviewing-based training resources	<p>Short film and slide pack, commissioned by DH, entitled <i>From anger to engagement</i>. It provides an introduction on how to apply a motivational interviewing approach to handling queries from parents who have received their child's NCMP result letter.</p> <p>Available on the Obesity Learning Centre's website at: www.obesitylearningcentre.org.uk/resources/olc-resources-directory/?entryid43=20638&q=2050145~From+anger+to+engagement~&catid=1408</p>
NCMP learning network	<p>A virtual forum for practitioners working on the NCMP. It hosts a discussion page where local questions can be posted for discussion and where PHE will post updates and publications. Register as a user of the Obesity Learning Centre at www.obesitylearningcentre.org.uk/ and tick the box requesting access to the NCMP network.</p>

Resource	Description and availability
Data analysis and sharing NCMP data	
PHE Obesity Knowledge and Intelligence Team resources	<p>Guidance for analysis</p> <p>The NCMP guidance for analysis provides information on how the NCMP data can be shared with colleagues and partner organisations and on further analyses that may be undertaken on the NCMP datasets in order to:</p> <ul style="list-style-type: none"> • produce a local overview of the data • obtain a better understanding of the epidemiology of child obesity and overweight within local areas • feedback useful information to local authorities, school nursing teams, schools or other partners, ensuring confidentiality of the data help improve participation and data quality in future years of the NCMP. www.noo.org.uk/NCMP/analytical_guidance <p>Guidance for small-area analysis</p> <p>This paper provides advice for users of the NCMP dataset who wish to undertake analysis at small-area level, such as local neighbourhoods or communities. www.noo.org.uk/NCMP/analytical_guidance</p> <p>Ward and Middle Super Output Area data</p> <p>Obesity prevalence for reception year and Year 6 children by 2011 Electoral Ward and 2001 Middle Super Output Area (MSOA) of residence with local authority and England level data for comparison. www.noo.org.uk/visualisation</p> <p>Child obesity data factsheets and slide set</p> <p>The data factsheets provide up-to-date key information and data about obesity and its determinants in an easily readable format. www.noo.org.uk/NOO_pub/Key_data</p> <p>The PowerPoint slide set presents key data and information on child obesity in clear, easy to understand charts and graphics. The charts in the slide set can be used freely in publications and presentations with acknowledgement to Public Health England, Obesity Knowledge and Intelligence. www.noo.org.uk/slide_sets</p>

Resource	Description and availability
Health and Social Care Information Centre IT system, user guidance supporting resources	<p>NCMP IT system resources</p> <p>Guidance on how to use the new NCMP IT system to produce result letters for parents and return NCMP data to the HSCIC will be available from September 2013. Education resources to support use of the IT system, and information about the process that the HSCIC uses to validate NCMP data will also be available.</p> <p>2011/12 school year NCMP analysis</p> <p>This annual report summarises the key findings from the 2011/12 school year NCMP. www.hscic.gov.uk/searchcatalogue?productid=10135&q=title%3a%22national+child+measurement+programme%22&sort=Relevance&size=10&page=1#top</p>

Annex 2: Specimen letter to head teacher and board of governors Measuring height and weight of children in reception year and Year 6

This letter should be sent to head teachers in advance of starting the NCMP for the 2013/14 school year.

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

As a result of the changes to the NHS and public health system brought about through the Health and Social Care Act 2013, the National Child Measurement Programme (NCMP) is now a statutory public health function of local authorities. Your support for pupil wellbeing by participating in the NCMP last year is greatly appreciated. We would like to ask for your continued support for the programme, which is an important part of work in our local area to promote healthy weight in childhood. The programme involves the annual height and weight measurement of all children in reception year and Year 6 in schools.

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

A report on last year's results for England is available at: www.hscic.gov.uk/ncmp. The results for your school, indicating how your school compares with local, regional and national averages in 2012/13 are included with this letter.

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

- identifying any children who are unable to participate because of disability, medical condition or other reason;
- sending letters to parents and carers to inform them about the NCMP and the opt out process – the organisation delivering the NCMP in your area will provide the letter to be given to pupils to go to their parents/carers;
- collating names of any children who have been withdrawn from the programme by their parents;
- providing class lists of relevant year groups;
- identifying a room or area where measurements can be taken privately; and
- arranging for staff to help to bring children to and from the measurement area.

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

Yours sincerely

[Insert name]

Director of Public Health

[Name of Local authority]

[Insert name]

Director of Children's Services

[Name of local authority]

Annex 3: Specimen letter to inform primary care practitioners about the NCMP

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

Research on the NCMP suggests that 9% of parents of overweight or obese children are likely to contact their GP after receiving the result letter. It is therefore important that GPs are aware that the NCMP is taking place in their area; results are shared with parents; how the results are calculated; what services are available in the area for overweight or obese children and the referral routes available to them.

National Child Measurement Programme: information for primary care practitioners

What is the NCMP?

The National Child Measurement Programme (NCMP) is an important programme to tackle obesity in the population. As part of this programme, children in reception year (aged 4–5 years) and Year 6 (10–11 years) have their heights and weights measured during the school year. Locally, [inset Local Authority name] use our NCMP data to monitor progress on the Public Health Outcomes Framework Indicator on Excess weight in Children ages 4-5 and 10-11 years, and to inform planning of services to promote healthy weight in childhood. We also share each child's results with their parents or carers (see attached template letter) with the offer of further information, advice and support, which provides an opportunity for families to make lifestyle changes if they choose to.

How might you be involved?

We know that after receiving the feedback of NCMP results for their child, some parents visit their GP to discuss the findings. This letter contains information which will help you to be prepared to respond to parents' queries if they attend your practice, including how children's weight status is determined, and services available locally for children and families who are underweight, overweight or obese, to which you might want to refer children.

Yours sincerely

[Insert name]

Director of Public Health

[Name of local authority]

[Insert name]

Director of Children's Services

[Name of local authority]

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

Each child's NCMP result is based on a 'BMI centile', which provides information as to whether a child is a healthy weight for their height, age, and sex, according to standard growth charts. This is the approach recommended by the National Institute for Health and Care Excellence and the Royal College of Paediatrics and Child Health for assessing whether a child is overweight or obese.

- The RCPCH growth charts can be downloaded here: www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-growth-chart-resources-2-18-years/uk-2-18-yea
- An online BMI Centile calculator that accurately calculates child weight status is available here: www.nhs.uk/BMI
- A free NHS Choices iPhone app version of the calculator is available for download from the iTunes App Store.

Use of the charts, or the above electronic calculators, gives a BMI centile, which should be interpreted as follows:

Underweight	Healthy weight	Overweight	Obese (called 'very overweight' in the result letter to parents)
Below 2nd BMI (children may be healthy at this BMI centile)	Between 2nd and 90th BMI centile	Between 91st and 97th BMI centile	At or above 98th centile

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

Local services

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

Local NCMP contact details

- Contact for NCMP staff in the local authority public health team
[populate with local details here]

National resources

GP practices and healthcare professionals can use Change4Life's free support materials and toolkits to promote positive lifestyle changes to children and families. Change4Life support materials can be ordered from DH Publications (www.orderline.dh.gov.uk).

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

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

NCMP key findings

We now have six years' worth of high-quality data with which to monitor progress towards tackling obesity. Results from the past six years can be viewed at: www.hscic.gov.uk/ncmp. Data is used by local authorities to inform progress towards the Public Health Outcomes Framework Indicator on excess weight in children aged 4-5 and 10-11 years old, and to target resources to those most in need.

Annex A: Template of the result letter used locally along with any additional information that is sent with the result letter, for example, Change4Life's Top tips for top kids leaflet or other locally tailored leaflet.

Annex 4: Healthy weight tools and resources

Resource	Description and availability
National Institute for Health and Care Excellence (NICE) guidance	
Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)	This NICE clinical guideline on the prevention, identification, assessment and management of overweight and obesity in adults and children can be accessed here: www.nice.org.uk/CG43
Obesity - working with local communities (PH42)	This NICE guidance aims to support effective, sustainable and community-wide action to prevent obesity. It sets out how local communities, with support from local organisations and networks, can achieve this: http://guidance.nice.org.uk/PH42 The guidance is accompanied by an Obesity working with local communities pathway tool, which is a fast, easy summary view of the NICE guidance on , and can be accessed here: http://pathways.nice.org.uk/pathways/obesity-working-with-local-communities
Local government public health briefings: Preventing obesity and helping people to manage their weight	This NICE 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. http://publications.nice.org.uk/preventing-obesity-and-helping-people-to-manage-their-weight-phb9/what-nice-says
Overweight and obese children and young people - lifestyle weight management services (in progress)	NICE is developing guidance on lifestyle weight management services for overweight and obese children and young people. This resource is expected to be issued in October 2013. Further information is available here: www.nice.org.uk/guidance/index.jsp?action=byID&o=13506
Training resources	
Directory of Obesity Training Providers	This directory, new from January 2013, lists training providers running courses on the prevention and management of obesity. It is a resource for those in healthcare and local authorities who commission public health services and training. www.obesitylearningcentre.org.uk/elearning-training/?utm_source=UKHF+mailing+list&utm_campaign=43a612c3f9-OLC_News_May_20135_2_2013&utm_medium=email&utm_term=0_a21eedeaeb-43a612c3f9-284927633

Resource	Description and availability
Audio learning on BMJ Learning website	<p>Four audio podcasts on obesity. Aimed at NHS and local authority staff, these podcasts are designed to provide you with a valuable learning resource.</p> <p>They cover how to raise the issue of weight, guidance on first-line interventions to assist with weight management, and information about multidisciplinary and specialist interventions.</p> <p>Register at www.learning.bmj.com and search 'obesity'.</p>
Learning on E-learning for Healthcare and the Obesity Learning Centre's website	<p>Four modules including:</p> <ul style="list-style-type: none"> • an introduction to obesity • identifying unhealthy weight and risk factors for • weight gain • managing obesity: supporting behaviour change guiding and enabling behaviour change <p>These modules are available at: www.e-lfh.org.uk/projects/obesity/ and www.obesitylearningcentre-nhf.org.uk/elearning-training/elearning/nhs-elearning/nhs-elearning-modules/</p>
Other relevant resources	
Tier 2 lifestyle weight management service specifications	<p>The Department of Health has produced good practice information for public health commissioners on developing tier 2 lifestyle weight management service specifications. This includes two example service specifications – one for adults and one for children.</p> <p>www.dh.gov.uk/health/2013/03/guidance-commissioning-weight/</p>
Healthy Schools toolkit	<p>Schools play an important role in supporting the health and wellbeing of children and young people.</p> <p>Healthy Schools continues to offer a practical, 'plan-do-review' approach to improving health and wellbeing in children and young people.</p> <p>The complete toolkit contains school examples, adaptable templates, and information.</p> <p>http://media.education.gov.uk/assets/files/pdf/h/overview%20of%20the%20healthy%20schools%20toolkit.pdf</p>
NHS Choices BMI Calculator and iPhone App	<p>The NHS Choices BMI calculator calculates a child's BMI centile in line with the approach adopted by the NCMP, and that recommended by NICE and the RCPCH. www.nhs.uk/BMI</p> <p>An iPhone App version of the calculator is available to download from the Apple App Store.</p>
Change4Life	<p>Information and resources on the Change4Life programme are available from www.nhs.uk/change4life</p>

Annex 5: Specimen pre-measurement letter to parents and carers

Local public health teams delivering the NCMP should use this specimen letter to send to parents and carers of children eligible for inclusion in the 2013/14 NCMP.

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

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

*We recommend that a copy of the leaflet for parents and carers *Why your child's weight matters* is enclosed with this letter (see **Annex 2** for details).*

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

It is important to have a good understanding of how children are growing, so that the best possible advice and support can be provided for them and their families. Helping children to achieve a healthy weight is both a national and local priority.

Children in England in reception year and year 6 have their height and weight measured and your child's class will take part in this year's measurement programme. **The measurements will be supervised by trained healthcare professionals. Children are fully dressed except for their coats and shoes and the measurements will be done in a private area away from other pupils.**

Routine data, such as your child's name, sex, address, postcode, ethnicity and date of birth, will also be collected. This information will then be used within the local authority and NHS to help us plan the provision of advice and support for children and their families in your area. We may store the information on your child's health record. No child's height or weight measurements will be given to school staff or other children.

These data will also be submitted for national analysis and publication, in a way that means individual children cannot be directly identified. All information and results will be treated confidentially.

After the measurement, we will send you your child's results, as well as general advice on healthy eating and being active. **[where pro-active follow-up is implemented this should be identified]**

Opting your child out of the programme

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

Yours faithfully

[Insert name]
Director of Public Health

[Insert name]
Director of Children's Services

Annex 6: Specimen letter to parents of children unable to be measured unaided

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

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

It is important to have a good understanding of how children are growing, so that the best possible advice and support can be provided for them and their families. Helping children to achieve a healthy weight is both a national and local priority. As a result, children in England in reception year and Year 6 have their height and weight checked each year through the National Child Measurement Programme (NCMP).

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

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

A leaflet entitled *Why your child's weight matters* is enclosed to provide more information about the NCMP and tips on healthy eating and being active.

Annex 7: Data to be collected

Essential data

Data collected by the local authority	Used by
Department for Education (DfE) school unique reference number (six-digit number – note that this is a number to identify the school and is not the unique pupil number)	Local authority and HSCIC
Pupil's first name	Local authority
Pupil's last name	Local authority
Sex (one character: M for male; F for female)	Local authority and HSCIC
Date of birth (DD/MM/YYYY)	Local authority (HSCIC only uses age in months)
Date of measurement (DD/MM/YYYY)	Local authority and HSCIC
Height (in centimetres, to first decimal place – i.e. measured to the nearest millimetre)	Local authority and HSCIC
Weight (in kilograms, to first decimal place – i.e. measured to the nearest 100 grams)	Local authority and HSCIC
Full home address	Local authority
Full home postcode (eight-character string) Valid formats (A=letter, N=number): AN NAA ANN NAA AAN NAA ANA NAA AANN NAA AANA NAA AN NAA AANNNAA AANANAA	Local authority (HSCIC only uses lower super output area)

Data collected by the local authority	Used by
Ethnicity (single-character NHS code, four-character DfE extended code, Rio Child Health System (CHS) compliant code or SystemOne CHS compliant code) To be left blank if not available from school information management system or child's health records. Mother's ethnicity should not be used.	Local authority and HSCIC
NHS Number (to be provided where available)	Local authority and HSCIC

Supplementary data

Data collected by the LA	Used by
Name and contact information of the local authority lead and lead in the provider organisation	Local authority and HSCIC
Where data have been stored (i.e. loaded directly into the HSCIC NCMP IT system, previously stored in child's health record, or other)	
Number of children withdrawn from the measurement and reason (at local authority level) <ul style="list-style-type: none"> • parental opt-out • child opt-out • child unable to stand on scales or height measure unaided • child absent on the day of measurement • other reason 	
Numbers of pupils eligible for measurement at each school and reason for any differences between the local authorities' pupil number denominators and those supplied within the HSCIC NCMP IT system (e.g. list of schools incorrect, school's pupil numbers incorrect)	
The approach to feedback of results to parents used locally: <ul style="list-style-type: none"> • Feedback: <ul style="list-style-type: none"> - to all children measured - to Year 6 only - to reception year only - other • Feedback on request only: <ul style="list-style-type: none"> - number of requests by parents - and carers for feedback 	
Parental telephone number	Local authority
Parental email address	Local authority

Annex 8: Specimen result letter to parents and carers

These template result letters can be used by local authorities when sharing results with parents. The templates can be edited if required to suit local preferences. It is recommended that the HSCIC's NCMP IT system is used to generate the result letters, as this will assist with populating the templates with the relevant information for each child. The letters should be posted to parents as soon as possible (at most within six weeks of measurement).

Underweight

«LAName»
«Address_Line1»
«Address_Line2»
«Address_Line3»
«Address_Line4»
«Address_Line5»
«LA_Postcode»

Telephone: «LA_Telephone»
Email Address: «LAEmail»
Private and confidential
Parent / Carer of «Child_Firstname» «Child_Surname»
«Child_Address1»
«Child_Address2»
«Child_Address3»
«Child_Address4»
«Child_Postcode»

[Date]

NHS Number [Optional]

Dear Parent / Carer of «Pupil's first name» «Pupil's last name»,

We recently sent you a letter about measuring «Pupil's first name»'s height and weight in school as part of the National Child Measurement Programme. The measurements have now been done.

Seeing if your child's weight is within the healthy range for their age, sex and height can help you make informed choices about their lifestyle.

«Pupil's first name»'s results	
Height	«Height»
Weight	«Weight»
Date of measurement	«DOM

These results suggest that your child is underweight for their age, sex and height. Many underweight children are perfectly healthy, but some can develop health problems.

If you would like to speak to one of us about «Pupil's first name»'s result, please call on [insert phone number].

You can find out how «Pupil's first name»'s result was calculated, and check how they are growing over time, by going to www.nhs.uk/bmi.

This information has not been shared with «Pupil's first name», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially.

Thank you for reading this letter – we hope this information is useful to you. If you need any help or advice, please call us.

Yours sincerely,
[School nurse]

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

Healthy Weight

«LAName»
 «Address_Line1»
 «Address_Line2»
 «Address_Line3»
 «Address_Line4»
 «Address_Line5»
 «LA_Postcode»

Telephone: «LA_Telephone»
 Email Address: «LAEmail»
 Private and confidential
 Parent / Carer of «Child_Firstname» «Child_Surname»
 «Child_Address1»
 «Child_Address2»
 «Child_Address3»
 «Child_Address4»
 «Child_Postcode»

[Date]

NHS Number [Optional]

Dear Parent / Carer of «Pupil's first name» «Pupil's last name»,

We recently sent you a letter about measuring «Pupil's first name»'s height and weight in school as part of the National Child Measurement Programme. The measurements have now been done.

Seeing if your child's weight is within the healthy range for their age, sex and height can help you make informed choices about their lifestyle.

«Pupil's first name»'s results	
Height	«Height»
Weight	«Weight»
Date of measurement	«DOM»

These results suggest that your child is a healthy weight for their age, sex and height. To help «Pupil's first name» remain healthy, you can:

- Take a look at the tips on the next page / in the enclosed leaflet
- Go online for practical advice at:
 - o www.nhs.uk/change4life and
 - o www.nhs.uk/ncmp1

You can find out how «Pupil's first name»'s result was calculated, and check how they are growing over time, by going to www.nhs.uk/bmi. This information has not been shared with «Pupil's first name», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially.

Thank you for reading this letter – we hope this information is useful to you. If you need any help or advice, please call us on the number at the top of this letter.

Yours sincerely,
 [School nurse]

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

Overweight

«LAName»
 «Address_Line1»
 «Address_Line2»
 «Address_Line3»
 «Address_Line4»
 «Address_Line5»
 «LA_Postcode»

Telephone: «LA_Telephone»
 Email Address: «LAEmail»
 Private and confidential
 Parent / Carer of «Child_Firstname» «Child_Surname»
 «Child_Address1»
 «Child_Address2»
 «Child_Address3»
 «Child_Address4»
 «Child_Postcode»

[Date]

NHS Number [Optional]

Dear Parent / Carer of «Pupil's first name» «Pupil's last name»,

We recently sent you a letter about measuring «Pupil's first name»'s height and weight in school as part of the National Child Measurement Programme. The measurements have now been done.

Seeing if your child's weight is within the healthy range for their age, sex and height can help you make informed choices about their lifestyle.

«Pupil's first name»'s results	
Height	«Height»
Weight	«Weight»
Date of measurement	«DOM

These results suggest that your child is overweight for their age, sex and height. If your child is overweight now they are more likely to grow up to be overweight as an adult. This can lead to health problems.

You and «Pupil's first name» can make simple changes to be more active and eat more healthily. As a first step, please call us on [insert phone number] to find out how you can benefit from free local support.

You can also:

- Take a look at the tips on the next page / in the enclosed leaflet
- Go online for practical advice at:
 - o www.nhs.uk/change4life and
 - o www.nhs.uk/ncmp2

You can find out how «Pupil's first name»'s result was calculated, and check how they are growing over time, by going to www.nhs.uk/bmi. This information has not been shared with «Pupil's first name», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially.

Thank you for reading this letter – we hope this information is useful to you. Please do call us and take advantage of the free support we offer.

Yours sincerely
 [School nurse]

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

Very overweight

«LAName»
 «Address_Line1»
 «Address_Line2»
 «Address_Line3»
 «Address_Line4»
 «Address_Line5»
 «LA_Postcode»

Telephone: «LA_Telephone»
 Email Address: «LAEmail»
 Private and confidential
 Parent / Carer of «Child_Firstname» «Child_Surname»
 «Child_Address1»
 «Child_Address2»
 «Child_Address3»
 «Child_Address4»
 «Child_Postcode»

[Date]

NHS Number [Optional]

Dear Parent / Carer of «Pupil's first name» «Pupil's last name»,

We recently sent you a letter about measuring «Pupil's first name»'s height and weight in school as part of the National Child Measurement Programme. The measurements have now been done.

Seeing if your child's weight is within the healthy range for their age, sex and height can help you make informed choices about their lifestyle.

«Pupil's first name»'s results	
Height	«Height»
Weight	«Weight»
Date of measurement	«DOM»

These results suggest that your child is overweight for their age, sex and height. If your child is overweight now they are more likely to grow up to be overweight as an adult. This can lead to health problems.

You and «Pupil's first name» can make simple changes to be more active and eat more healthily. As a first step, please call us on [insert phone number] to find out how you can benefit from free local support.

You can also:

- Take a look at the tips on the next page / in the enclosed leaflet
- Go online for practical advice at:
 - o www.nhs.uk/change4life and
 - o www.nhs.uk/ncmp2

You can find out how «Pupil's first name»'s result was calculated, and check how they are growing over time, by going to www.nhs.uk/bmi. This information has not been shared with «Pupil's first name», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially.

Thank you for reading this letter – we hope this information is useful to you. Please do call us and take advantage of the free support we offer.

Yours sincerely
 [School nurse]

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

how many ways are you changing?

change
4 life
Eat well. Move more. Live longer.

1 5 a day

Our family are trying to eat 5 portions of fruit and veg every day.



2 cut back fat

I am changing how I cook to make our meals more healthy.



3 watch the salt

Even food that doesn't taste salty can have lots of salt inside. We're checking the label and trying not to add salt to our food.



4 sugar swaps

Our family are swapping sugary drinks for water, milk or unsweetened fruit juice.



5 get going every day

I'm getting the kids to spend at least 60 minutes walking, playing sport, running around or being active every day.



Want more tips to help you stay healthy and happy?

 Search Change4Life

Annex 9: Delivery summary checklist

You can use these checklists as a prompt to ensure that you complete all the critical tasks needed for delivery of the NCMP.

Planning the measurements (see section 3)

- plan to promote the programme and raise awareness and understanding by writing to head teachers/school governors, publishing newsletters and using local media sources
- plan to promote the programme and raise awareness and understanding by engaging with primary care professionals
- engage with the local authority education officers or directly with schools to arrange for class lists to be provided
- liaise and engage with schools to elicit their support in delivering the NCMP and to agree dates for measurement and book an appropriate room within the school
- send the pre-measurement letter to parents and carers at least two weeks before measurement takes place ensuring that any necessary local amendments have been made
- liaise with the school to collate any opt-outs and identify other children for whom it may not be appropriate to participate
- identify staff with the necessary mix of administrative, data and clinical skills to deliver the programme
- provide staff with the necessary training and support to ensure that they are competent to complete the measurements, and record and upload the data
- CRB-check any staff involved in the weighing and measuring
- have appropriate and calibrated scales
- consider making alternative arrangements for children who cannot take part in the NCMP due to physical disabilities or for medical reasons

order copies of the *Top tips for top kids* leaflet from the Health and Social Care Publications Orderline (www.orderline.dh.gov.uk), quoting reference number C4L301 to include with the result letter.

Doing the measurements (see section 4)

- decide on your preferred method for recording results; for example, via either the online browser-based system; the 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 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):
 - 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 weighing and measuring
- arrange equipment in the weighing and measuring area so that the results cannot be seen by anyone apart from the person recording the measurements
- follow the protocol set out in section 4.2 when weighing and measuring children and recording the results
- use professional judgement to decide whether to measure children with growth disorders or medical conditions such as cerebral palsy, or a leg in plaster or a prosthetic leg, for example

After the measurements (see section 5)

- access the HSCIC's NCMP IT system and download the national template result letter, making any amendments as required, or develop own template to reflect local preferences
- make arrangements to send the result letter to families within six weeks of weighing and measuring
- make provision to deliver proactive follow-up to underweight, overweight and very overweight children
- apply the UK 1990 BMI Growth Reference clinical thresholds when providing individual feedback of results and proactive follow-up

Data upload and validation (see section 6)

- Access the HSCIC's NCMP IT system
- Check data are complete and undertake validation before completing submission of final dataset by 15 August 2014

Data use at a local level (see section 7)

- share feedback with schools using the PHE Obesity Knowledge and Intelligence Team NCMP school feedback tool and in line with the small-area analysis guidance
- make provision for the data to be held and released in a way that complies with the NCMP regulations¹¹ and for information to be given to parents about how the data will be used
- draw on aggregated local NCMP analysis to inform the Joint Strategic Needs Assessment

This document is available in other
formats on request.

Please call: 020 8327 7018

or email: publications@phe.gov.uk

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
www.gov.uk/phe
Twitter: @PHE_uk

PHE Publications Gateway Number: 2013115

August 2013

© Crown copyright 2013



Corporate member of
Plain English Campaign
Committed to clearer communication

339