



Public Health
England

Protecting and improving the nation's health

Best start in life and beyond: Improving public health outcomes for children, young people and families

Guidance to support the commissioning of the Healthy Child Programme 0 to 19: Health visiting and school nursing services

Commissioning guide 3: Measuring performance and outcomes

Contents

Introduction	2
Section 1: Performance and outcome monitoring	3
Table 2: Outcome measures for the health visiting and school nursing delivery model	13
References.....	22

Introduction

This document forms part of a series of 3 supporting guides to assist Local Authorities in the commissioning of health visiting and school nursing services to lead and co-ordinate delivery of public health for children aged 0 to 19.

Section 1: Performance and outcome monitoring

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting the transition to parenthood and the early weeks	Under 18 conception rate	Conceptions in women aged under 18 per 1,000 females aged 15 to 17	Number of conceptions that occur within women aged under 18 that result in either one or more live or stillbirths or a legal abortion under the Abortion Act 1967.	Number of women aged 15 to 17 living in the area	Crude rate per 1,000 population	Collection is through routinely collected maternity and abortion figures. Quarterly and annual reporting by the Office for National Statistics at local authority level. Also in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles
Supporting the transition to parenthood and the early weeks	Smoking status at time of delivery	The number of mothers known to be smokers at the time of delivery as a percentage of all maternities.	Number of women known to smoke at time of delivery	Number of maternities where smoking status is known.	Percentage	Collection is by provider trusts' maternity services. Quarterly reporting by NHS Digital at CCG level and then annually in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles including for local authorities.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting the transition to parenthood and the early weeks	Low birth weight of term babies	Live births with a recorded birth weight under 2,500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.	Number of live births at term (≥ 37 gestation weeks) with low birth weight ($< 2,500\text{g}$)	Number of live births at term (≥ 37 weeks) with recorded birth weight	Percentage	Collection is through routinely collected birth registration data. Annual reporting by Public Health England in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles .
Supporting the transition to parenthood and the early weeks	Infant mortality	Infant deaths under 1 year of age per 1,000 live births	Number of deaths of infants under one year, registered in the relevant period	Number of live births occurring in the relevant period	Rate per 1,000	Reporting is via Office for National Statistics, Public Health England and in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles .
Supporting breastfeeding	Breastfeeding at 6 to 8 weeks	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks	Number of infants at the 6 to 8 week check who are totally or partially breastfeeding	Number of infants due a 6 to 8 week health review	Percentage	Collection via PHE's interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting healthy weight and physical activity	Reception: Prevalence of overweight (including obesity)	Proportion of children aged 4 to 5 classified as overweight or obese.	Number of children in Reception (aged 4 to 5 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their body mass index is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Number of children in Reception (aged 4 to 5 years) measured in the National Child Measurement Programme attending participating state maintained schools in England.	Percentage	Collection is via local authority public health teams reporting to the National Child Measurement Programme . Annual reporting by the National Child Measurement Programme and in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles .
Improving health literacy; reducing accidents and minor illnesses	A&E attendances (0 to 4 years)	A&E attendance rate per 1,000 population aged 0 to 4 years.	A&E attendances for all children aged 0 to 4 years.	Mid-year population estimates: Single year of age and sex for local authorities in England and Wales; estimated resident population (ages 0 to 4 years)	Crude rate per 1,000 population	Collection is via trusts' routine reporting arrangements, and requires no action by Local Authorities. Annual reporting in the Child and Maternal Health Profiles

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Improving health literacy; reducing accidents and minor illnesses	Emergency admissions (0 to 4 years)	Emergency admissions (rate per 1,000 population) aged 0 to 4	The number of finished emergency admissions (episode number = 1, admission method starts with 2) in children (aged 0 to 4 years). Admissions are only included if they have a valid local authority code.	Total population of the relevant age	Crude rate per 1,000 population	Collection is via trusts' routine reporting arrangements, and requires no action by local authorities (Hospital Episode Statistics are the source for this indicator). Annual reporting in the Child and Maternal Health Profiles .
Improving health literacy; reducing accidents and minor illnesses	Hospital admissions unintentional and deliberate injuries in children (aged 0 to 4 years).	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population aged under 5 years.	The number of finished emergency admissions (episode number = 1, admission method starts with 2), with one or more codes for injuries and other adverse effects of external causes (ICD 10: S00-T79 and/or V01-Y36) in any diagnostic field position, in children (aged 0 to 4 years).	Local authority figures: Mid-year population estimates: Single year of age and sex for local authorities in England and Wales; estimated resident population (ages 0 to 4 years).	Crude rate per 10,000 population.	Collection is via trusts' routine reporting arrangements and requires no action by local authorities (Hospital Episode Statistics are the source for this indicator) Annual reporting in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles .

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'.	Children with one or more decayed, missing or filled teeth.	Percentage of children with one or more obviously decayed, missing (due to decay) and filled teeth.	Number of children with one or more obviously decayed, missing (due to decay) and filled teeth. The survey population is defined as all those children attending state maintained primary schools within the local authority who have reached the age of five, but have not had their 6th birthday on the date of examination (excluding special schools).	Estimated population of 5-year-old children.	Percentage	Collected and reported through the National Dental Epidemiology Programme for England. Commissioned by Local Authorities as described in Statutory Instrument 3094 and as detailed in the single data list . Also reported in the Public health Outcomes Framework and Child and Maternal Health Profiles .
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'.	Hospital admissions for dental caries (0 to 5 years).	Finished consultant episodes for dental caries among children aged 0 to 5, rate per 100,000.	Finished consultant episodes for all persons aged 0 to 5 years with primary operation F09 or F10 and primary diagnosis codes K021, K025, K028,	ONS mid-year population estimates.	Crude rate per 100,000 population aged 0 to 5 years.	NHS Outcomes Framework

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
			K029, K040, K045, K046 or K047.			
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'	Population vaccination coverage - MMR for two doses (5 years old)	All children for whom the local authority is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period.	Total number of children whose fifth birthday falls within the time period who received two doses of MMR on or after their first birthday and at any time before their fifth birthday.	Total number of children whose fifth birthday falls within the time period.	Percentage	Collected through the COVER programme. Reported in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles .
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'.	Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review.	Percentage of children who received a 2 to 2½ year review in the period for whom the ASQ-3 is completed as part of their 2 to 2½ year review.	Total number of children for which the ASQ-3 is completed as part of their 2 to 2½ year review.	Total number of children who received a 2 to 2½ year review by the end of the period.	Percentage	Collection via PHE's interim reporting arrangements. Reported and in the Child and Maternal Health Profiles .

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'	Child development: percentage of children achieving the expected level in communication skills at 2 to 2½ years.	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills	All 2 to 2½ year reviews which have a score within the domain, where the scores are at or above the domain- and questionnaire-specific threshold.	All 2 to 2½ year reviews which have a score within the domain.	Percentage	Collection via PHE's interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles .
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'	Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years.	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in gross motor skills.	All 2 to 2½ year reviews which have a score within the domain, where the scores are at or above the domain- and questionnaire-specific threshold.	All 2 to 2½ year reviews which have a score within the domain.	Percentage	Collection via PHE's interim reporting arrangements. Reported in the Child and Maternal Health Profiles .
Supporting health, wellbeing and development.	Child development: percentage of children	Percentage of children who	All 2 to 2½ year reviews which have a score within the domain, where the	All 2 to 2½ year reviews which have a score	Percentage	Collection via PHE's interim reporting arrangements. Reported

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Ready to learn, narrowing the 'word gap'.	achieving the expected level in fine motor skills at 2 to 2½ years	received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills.	scores are at or above the domain- and questionnaire-specific threshold.	within the domain.		and in the Child and Maternal Health Profiles .
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'	Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years.	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills.	All 2 to 2 ½ year reviews which have a score within the domain, where the scores are at or above the domain- and questionnaire-specific threshold.	All 2 to 2 ½ year reviews which have a score within the domain.	Percentage	Collection via PHE's interim reporting arrangements. Reported and in the Child and Maternal Health Profiles .
Supporting health, wellbeing and development.	Child development: percentage of children	Percentage of children who received a 2 to 2½ year review	All 2 to 2 ½ year reviews which have a score within the domain, where the	All 2 to 2 ½ year reviews which have a score	Percentage	Collection via PHE's interim reporting arrangements. Reported in the Public Health

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Ready to learn, narrowing the 'word gap'	achieving the expected level in personal-social skills at 2 to 2½ years.	using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills.	scores are at or above the domain- and questionnaire-specific threshold.	within the domain.		Outcomes Framework and in the Child and Maternal Health Profiles.
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'.	Child development: percentage of children achieving a good level of development at 2 to 2½ years.	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development in all 5 Domains.	All 2 to 2 ½ year reviews which have a score within all five domains, where the scores are at or above the domain- and questionnaire-specific threshold.	All 2 to 2 ½ year reviews which have a score within all 5 domains.	Percentage	Collection via PHE's interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Child and Maternal Health Profiles.
Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'	School readiness: percentage of children achieving a good level of development at	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a	All children defined as having reached a good level of development at the end of the EYFS by local authority.	All children eligible for the EYFS Profile by local authority.	Percentage	Published by Department for Education and available in Public Health Outcomes Framework and in the Child and Maternal Health Profiles.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
	the end of reception.	percentage of all eligible children.	Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; communication and language) and the early learning goals in the specific areas of mathematics and literacy.			

Table 2: Outcome measures for the health visiting and school nursing delivery model

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting Resilience and wellbeing	Hospital admissions as a result of self-harm (10 to 24 years).	Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10 to 24 years.	Number of finished admission episodes in children aged between 10 and 24 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm).	Mid-year population estimates: single year of age and sex for Local Authorities in England and Wales (ages 10 to 24 years).	Directly standardised rate per 100,000 population.	Child and Maternal Health Profiles.
Supporting Resilience and wellbeing	Hospital admissions as a result of self-harm (10 to 14 years).	Crude rate of finished admission episodes for self-harm per 100,000 population.	Number of finished admission episodes in children aged between 10 and 14 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm).	Mid-year population estimates: single year of age and sex for Local Authorities in England and Wales (ages 10 to 14 years).	Crude rate per 100,000 population.	Child and Maternal Health Profiles.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting Resilience and wellbeing	Hospital admissions as a result of self-harm (15 to 19 years)	Crude rate of finished admission episodes for self-harm per 100,000 population.	Number of finished admission episodes in children aged between 15 and 19 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm).	Mid-year population estimates: single year of age and sex for Local Authorities in England and Wales (ages 15 to 19 years).	Crude rate per 100,000 population.	Child and Maternal Health Profiles.
Improving health behaviours and reducing risk taking	Children killed and seriously injured (KSI) on England's roads.	Crude rate of children aged 0 to 15 years who were killed or seriously injured in road traffic accidents per 100,000 population.	The number of children aged 0 to 15 years that were killed or seriously injured in road traffic collisions over a 3-year period.	ONS mid-year population estimates for ages 0 to 15 years.	Crude rate per 100,000 population.	Child and Maternal Health Profiles.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Improving health behaviours and reducing risk taking	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years).	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years per 10,000 resident population aged under 15 years.	The number of finished emergency admissions, with one or more codes for injuries and other adverse effects of external causes (ICD 10: S00-T79 and/or V01-Y36) in any diagnostic field position, in children (aged 0 to 14 years).	Mid-year population estimates: Single year of age and sex for local authorities in England and Wales; estimated resident population (ages 0 to 14 years).	Crude rate	Public Health Outcomes Framework.
Supporting healthy lifestyles	Prevalence of smoking	Prevalence of smoking among 15 year olds – regular smokers.	Number of 15 year olds classified as regular smokers (at least one cigarette per week).	Number of 15 year olds surveyed in the Smoking, Drinking and Drug Use Among Young People in England survey.	Percentage (weighted)	Statistics on Smoking, NHS Digital, 2018, Public Health Outcomes Framework.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting healthy lifestyles	Year 6: Prevalence of overweight (including obesity).	Proportion of children aged 10 to 11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Number of children in Year 6 classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Number of children in Year 6 (aged 10 to 11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.	Percentage	Collection is via National Child Measurement Programme, NHS Digital Public Health Outcomes Framework.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting healthy lifestyles	Chlamydia detection rate	All chlamydia diagnoses in 15 to 24 year olds accessing specialist and non-specialist sexual health services (SHSs), who are residents in England, expressed as a rate per 100,000 population.	Number of diagnoses of chlamydia among 15 to 24 year olds.	Office for National Statistics mid-year resident population estimate for age 15 to 24 years.	Crude rate per 100,000 population aged 15 to 24 years.	Public Health Outcomes Framework.
Supporting vulnerable young people and improving health inequalities	Pupil absence	Percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence)	Number of sessions missed due to overall absence	Total number of possible sessions	Percentage	Public Health Outcomes Framework.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting vulnerable young people and improving health inequalities	Teenage mothers aged under 18 years	Percentage of delivery episodes where the mother is aged under 18 years.	Total number of maternal episodes, mother aged between 12 and 17 years.	Total number of maternal episodes	Percentage	Child and Maternal Health Profiles.
Supporting vulnerable young people and improving health inequalities	Admission episodes for alcohol-specific conditions - Under 18s	Admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Crude rate per 100,000 population.	The number of hospital admission episodes for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition.	ONS mid-year population estimates for 0 to 17 year olds. Three years are pooled.	Crude rate per 100,000 population.	Child and Maternal Health Profiles.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting vulnerable young people and improving health inequalities	Hospital admissions due to substance misuse (15 to 24 years)	Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15 to 24 years.	Number of hospital admissions where the primary diagnosis is one of substance misuse.	ONS mid-year population estimates aged 15 to 24 years.	Directly standardised rate per 100,000 population.	Child and Maternal Health Profiles.
Supporting vulnerable young people and improving health inequalities	Unplanned admission for asthmas, diabetes or epilepsy in under 19 years.	Rate for unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s.	The number of finished and unfinished continuous inpatient spells, excluding transfers for patients aged under 19 with an emergency method of admission and where asthma, diabetes or epilepsy was the primary diagnosis.	Registered patients aged under 19.	Directly age and sex standardised admission rate per 100,000 registered patients.	NHS Outcomes Framework.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting vulnerable young people and improving health inequalities	First time entrants to the Youth Justice System.	Rate of 10 to 17 year olds receiving their first reprimand, warning or conviction per 100,000 population.	Number of juveniles (10 to 17 year olds) receiving their first conviction, caution or youth caution.	Mid-year populations (10 to 17 year olds).	Crude rate	Public Health Outcomes Framework.
Supporting self-care and improving health literacy	Average Attainment 8 score.	Average Attainment 8 score for all pupils in state-funded schools, based on local authority of pupil residence.	Total Attainment 8 scores of pupils at the end of key stage 4 in all maintained secondary schools, academies and free schools, by local authority of pupil residence.	Number of pupils at the end of key stage 4 in all maintained secondary schools, academies and free schools, by local authority of pupil residence.	Average score	Child and Maternal Health Profiles.

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Supporting self-care and improving health literacy	16 to 17 year olds not in education, employment or training (NEET), or whose activity is not known.	Proportion of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known.	The estimated number of 16 to 17 year olds not in education, employment or training or whose activity is not known.	The total number of 16 to 17 year olds known to the local authority.	Percentage	Public Health Outcomes Framework.

References

ASQ-3

Cover of vaccination evaluated rapidly (COVER) programme, Public Health England

Child and maternal health profiles, Public Health England

National Child Measurement Programme, NHS Digital

Public Health Outcomes Framework, Public Health England, 2018

Single data list, Department for Communities and Local Government, 2017

About Public Health England

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

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

Website: www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

© Crown copyright 2021

OGL

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: February 2021

PHE gateway number: GW-1891



PHE supports the UN Sustainable Development Goals

