



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 0-19: Health visiting and school nursing services

Commissioning guide 3: Measuring performance and outcomes

Revised March 2018

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, 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 to advise and support government, local authorities and the NHS in a professionally independent manner.

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Key partners

This guidance has been developed with our key partners, including SOLACE, the Local Government Association, and Association of Directors of Public Health.



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Introduction

This document forms part of a series of 4 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 0-19.

Section 1: Performance and outcome monitoring

Table 1: Outcome measures for the transformed health visiting service model

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Transition to parenthood and the early weeks	Under 18 conceptions	Conceptions in women aged under 18 per 1,000 females aged 15-17	Number of conceptions that occur to women aged under 18 that result in either one or more live or still births or a legal abortion under the Abortion Act 1967	Number of women aged 15-17 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 Early Years Profiles

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Transition to parenthood and the early weeks	Smoking at time of delivery	Proportion of pregnant women who smoke at the time of delivery	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 Early Years Profiles
Transition to parenthood and the early weeks	Low birth weight of term babies	Live births with a recorded birth weight under 2500g 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 Early Years Profiles

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Transition to parenthood and the early weeks	Infant mortality	Rate of infant deaths under one year per 1,000 live births	Number of deaths of infants under one year, registered in the calendar years	Number of live births occurring in the calendar year	Rate per 1,000	Reporting is via Office for National Statistics, NHS Digital and Public Health England; and in the Public Health Outcomes Framework and in the Early Years Profiles
Maternal (perinatal) mental health	Maternal mental health (Placeholder)	In development. No requirement for data collection until national definition is finalised				Public Health Outcomes Framework and in the Early Years Profiles
Breastfeeding	Breastfeeding at 6 to 8 weeks	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks	Number of infants totally breastfed and number of infants partially breastfed	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 Early Years Profiles

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Healthy weight	Excess weight at 4-5 years	Proportion of children aged 4-5 classified as overweight or obese.	Number of children in Reception (aged 4-5 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 4-5 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 Early Years Profiles
Managing minor illnesses and reducing accidents	A&E attendances (0-4 years)	A&E attendance rate per 1,000 population aged 0-4 years.	Attendances at any A&E department by a child aged under 5 years resident in the area	Children aged 0-4 years resident in the area, based on the Office for National Statistics mid-year estimate	Crude rate per 1,000 population	Collection is via trusts' routine reporting arrangements, and requires no action by Local Authorities. Annual reporting in the Early Years Profiles

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Managing minor illnesses and reducing accidents	Emergency hospital admissions (0-4 years)	Rate of emergency hospital admissions of children aged under 5 years	Emergency hospital admission as an inpatient (at any hospital) by a child aged less than 5 years resident in the area	Children under 5 years resident in the area, based on the Office for National Statistics mid-year estimate	Crude rate per 1,000 population	Collection is via trusts' routine reporting arrangements, and requires no action by Local Authorities. Annual reporting in the Early Years Profiles
Managing minor illnesses and reducing accidents	Hospital admissions unintentional and deliberate injuries (0-4 years)	Rate of emergency hospital admissions of children aged under 5 years for unintentional and deliberate injuries	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 0-4 years).	Children aged under 5 years resident in the area, based on the Office for National Statistics mid-year estimate	Crude rate per 10,000 population	Collection is via trusts' routine reporting arrangements, and requires no action by Local Authorities. Annual reporting in the Public Health Outcomes Framework and in the Early Years Profiles

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Health wellbeing and development	Decaying 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 5, but have not had their sixth birthday on the date of examination (excluding special schools)	Total number of examined 5 year old children in area	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 Early Years Profiles and a related indicator in Public Health Outcomes Framework (4.02 – percentage of 5 year olds who are free from obvious dental decay)

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Health wellbeing and development	Decaying teeth	Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under	The number of finished consultant episodes for extraction of tooth where the primary diagnosis is dental caries and the patient is aged 10 years or under	ONS mid-year population estimates	Crude rate	NHS Outcomes Framework
Health wellbeing and development	Vaccine history check: MMR 2 doses (5 years)	Percentage % of eligible children who have received two doses of MMR vaccine on or after their first birthday and at any time up to their fifth birthday	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 Early Years Profiles
Health wellbeing and development	Child development outcomes at 2-2½ year (use of ASQ-3)	Percentage of children who received a 2-2½ year review in the period for whom the ASQ-3 is completed as part of their 2-2½ year review	Total number of children for which the ASQ-3 is completed as part of their 2-2½ year review	Total number of children who received a 2-2½ year review by the end of the quarter	Percentage	Reported in the Public Health Outcomes Framework and in the Early Years Profiles

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Health wellbeing and development	Child development outcomes at 2-2½ years – communication skills	Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills	Total number of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills.	Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review.	Percentage	Collection via PHE’s interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Early Years Profiles
Health wellbeing and development	Child development outcomes at 2-2½ years – gross motor skills	Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in gross motor skills	Total number of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in gross motor skills.	Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review.	Percentage	Collection via PHE’s interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Early Years Profiles

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Health wellbeing and development	Child development outcomes at 2-2½ years – fine motor skills	Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills	Total number of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills	Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review	Percentage	Collection via PHE’s interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Early Years Profiles
Health wellbeing and development	Child development outcomes at 2-2½ years – problem solving skills	Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills	Total number of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills	Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review	Percentage	Collection via PHE’s interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Early Years Profiles

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Health wellbeing and development	Child development outcomes at 2-2½ years – personal-social skills	Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills	Total number of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills	Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review	Percentage	Collection via PHE’s interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Early Years Profiles
Health wellbeing and development	Child development outcomes at 2-2½ years – all five domains	Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development in all five domains	Total number of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development in all five domains	Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review	Percentage	Collection via PHE’s interim reporting arrangements. Reported in the Public Health Outcomes Framework and in the Early Years Profiles

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High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Health wellbeing and development	School readiness	Percentage of children achieving a good level of development at the end of reception year	<p>All children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS).</p> <p>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</p>	All children eligible for the EYFS Profile in the area	Percentage	Published by Department for Education and available in Public Health Outcomes Framework and in the Early Years Profiles

Table 2: Outcome measures for the transformed school nursing service model

High Impact Area	Reference	Definition	Numerator	Denominator	Method of measurement	Collection and reporting responsibility and arrangements
Building resilience and emotional wellbeing	Hospital admissions as a result of self-harm (10 to 24 years)	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 Health Profiles
Building resilience and emotional wellbeing	Hospital admissions as a result of self-harm (10 to 14 years)	Rate of finished admission episodes for self-harm per 100,000 population aged 10 to 14 years	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	Young people's profiles
Building resilience and emotional wellbeing	Hospital admissions as a result of self-harm (15 to 19 years)	Rate of finished admission episodes for self-harm per 100,000 population aged 15 to 19 years	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	Young people's profiles

<p>Building resilience and emotional wellbeing</p>	<p>Emotional well-being of looked after children</p>	<p>Average total difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March</p>	<p>Total difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March</p>	<p>Number of children looked after continuously for at least 12 months and aged 5 to 16 with an SDQ score</p>	<p>Mean of scores</p>	<p>Public Health Outcomes Framework</p>
<p>Reducing risk from harm and improving safety</p>	<p>Children killed or seriously injured in road traffic accidents</p>	<p>Rate of children aged 0 to 15 years who were killed or seriously injured in road traffic accidents</p>	<p>The number of children aged 0 to 15 years that were killed or seriously injured in road traffic collisions over a 3 year period</p>	<p>ONS mid-year population estimates for ages 0 to 15 years</p>	<p>Crude rate per 100,000 population</p>	<p>Child Health Profiles</p>

Reducing risk from harm and improving safety	Hospital admissions caused by injuries in children (0 to 14 years)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 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 estimate for the relevant year for children aged 0 to 14 years, unrounded populations	Per 10,000 resident population	Public Health Outcomes Framework
Reducing risk from harm and improving safety	Hospital admissions caused by injuries in young people (15 to 24 years)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 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 young people (aged 15 to 24 years)	Mid-year population estimate for the relevant year for young people (aged 15 to 24 years), unrounded populations	Per 10,000 resident population	Public Health Outcomes Framework
Reducing risk from harm and improving safety	HPV vaccination coverage	All girls aged 12-13 years who have received the first (priming) dose of the HPV vaccine within each local authority as a percentage of all girls aged 12-13 years within each area	Number of females in school year 8 (aged 12-13) who have received the first dose of HPV vaccine within each LA	Number of females in year 8 (aged 12-13) resident within each reporting area	Percentage	Public Health Outcomes Framework

Improving lifestyles	Prevalence of smoking	Prevalence of smoking among 15 year olds – regular smokers	The number of persons aged 15 who are regular smokers (at least 1 cigarette per week)	Total number of respondents (with valid recorded smoking status) aged 15	Percentage (weighted)	Statistics on Smoking, NHS Digital, 2017, Public Health Outcomes Framework.
Improving lifestyles	Children aged 10 to 11 years classified as obese or overweight	Prevalence of obesity and overweight children in year 6 pupils (defined using UK 1990 Body Mass Index (BMI) thresholds)	Number of primary school age children in year 6 (age 10 to 11) with valid height and weight recorded who are classified as obese or overweight	Total number of primary school age children in year 6 (age 10 to 11 years) with valid height and weight recorded	Percentage	Collection is via National Child Measurement Programme, NHS Digital Public Health Outcomes Framework
Improving lifestyles	Chlamydia detection rate	Chlamydia detection rate (15-24 year olds)	Number of diagnoses of chlamydia among 15-24 year olds	Office for National Statistics mid-year resident population estimate for age 15-24 years	Crude rate per 100,000 population aged 15-24 years	Public Health Outcomes Framework

Managing health and maximising school attendance	School attendance	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
Managing health and maximising school attendance	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 Health Profiles
Supporting additional health and wellbeing needs	Hospital admission for children and young people aged under 18 for alcohol specific conditions	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 0-17 year olds	Per 100,000 population	Child Health Profiles

Supporting additional health and wellbeing needs	Hospital admissions due to substance misuse	Rate of hospital admission for substance misuse 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 Health Profiles
Supporting additional health and wellbeing needs	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
Supporting additional health and wellbeing needs	First time entrants to the Youth Justice System	Rates of juveniles receiving their first reprimand, warning or conviction by local authority of residence	Number of juveniles (10 to 17 year olds) receiving their first conviction, caution or youth caution	Mid-year populations (10 to 17 year olds)	Per 100,000 10 to 17 year old population	Public Health Outcomes Framework

<p>Seamless transition and preparing for adulthood</p>	<p>Attainment at age 16</p>	<p>The average of the points allocated according to the grades pupils achieve for all 8 subjects at the end of Key Stage 4, by local authority of residence</p>	<p>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</p>	<p>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</p>	<p>Average score</p>	<p>Child Health Profiles.</p> <p>Please note that at the time of publication of this guide, the Profiles still present the historic indicator of attainment 'GCSEs achieved (5A*-C including English & Maths)'.</p>
<p>Supporting additional health and wellbeing needs</p>	<p>16 to 17 year olds not in education, employment or training (NEET), or whose activity is not known</p>	<p>Proportion of NEET or whose activity is not known at the end of the year</p>	<p>The estimated number of 16-17 year olds not in education, employment or training or whose activity is not known</p>	<p>The total number of 16 to 17 year olds known to the local authority</p>	<p>Percentage</p>	<p>Public Health Outcomes Framework</p>

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

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