



Public Health
England

Protecting and improving the nation's health

Children's public health – 0 to 5 years

Interim national reporting process for the universal health visiting service

Full guidance for local authority members of staff 2019/20

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.

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Purpose of the document

This document explains in detail what analysts and commissioners in your local authority need to do to submit health visiting activity and outcomes data to Public Health England (PHE) for 2019/20. Reading this guidance should give your local team all the technical detail they need to submit your aggregate data to the central system.

Background to the interim national reporting process established for health visitor metrics and outcome indicators

From 1 October 2015 the responsibility for commissioning of universal health visitor reviews for children transferred to local authorities as part of their public health function. It is important that we can collectively understand and track performance.

The longer-term strategic solution for data collection and reporting for these metrics is the Community Services data set (CSDS), which is operated by NHS Digital. Providers of publicly-funded community services are legally mandated to collect and submit community health data, as set out by the Health and Social Care Act 2012.

Whilst the CSDS is operational and reporting is underway, providers remain at different stages of maturity with their submissions and additional time is required for this data set to reach sufficient coverage for reporting purposes.

Therefore, it has been agreed that the Public Health England (PHE) interim reporting arrangements will continue for 2019/20 data and until such time that the data submitted via the CSDS is sufficient for reporting purposes. During this time PHE will continue to support NHS Digital in its work to improve the coverage and quality of CSDS submissions.

This interim reporting allows you to gain a clear picture of the delivery of universal health visiting services in your area and make comparisons to other parts of the country. The data also helps secure standardised information to demonstrate improvements in commissioning, aid future local planning of service provision and enable benchmarking across populations to detect trends in 0 to 5 year olds' public health.

PHE's interim reporting will remain a voluntary data submission and we would appreciate your ongoing support in submitting data. We would also appreciate your support, through your local commissioning contracts, to ensure your providers continue to submit the CSDS and work to improve data coverage and quality.

To secure reporting via the CSDS, it is recommended that local commissioners:

- utilise the 4 supporting commissioning guides (updated March 2018) for the Healthy Child Programme 0 to 19: health visiting and school nursing services to assist 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, available from

www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

- ensure their local service provider benefits from the operation of a Child Health Information System (or equivalent) and that the standardised data required is entered into this system
- ensure that NHS Digital is informed of every health visiting service provider commissioned by your local authority (including when this changes) so coverage of CSDS data submissions can be monitored and uptake supported
- ensure that the standardised data flows from the local Child Health Information System (or equivalent) to NHS Digital via the CSDS flows monthly.
- ensure that local information sharing agreements are in place for the sharing of performance data between providers and commissioners where necessary

The 5 universal health visitor reviews which comprise the universal health visiting service are now mandated in perpetuity in line with other mandated public health services.

The 5 universal health visitor reviews form of part of the Health Visiting model known as the Health Visiting '4-5-6 model' which is described in Appendix 1.

Interim reporting includes reporting from the Ages and Stages Questionnaire (ASQ) to cover child development outcomes aged 2 years. These metrics are available through the Early Years section on Fingertips (<https://fingertips.phe.org.uk/profile/child-health-profiles>) and cover the number and percentage of children at or above the expected level of development in each of the domains of development (communication, gross motor, fine motor, problem solving, personal-social), as well as the number of children at or above the expected level of development (scoring above the threshold) in all 5 domains.

Of those, the following have been included in the Public Health Outcomes Framework:

- child development - percentage of children achieving the expected level in communication skills at 2 to 2½ years
- child development - percentage of children achieving the expected level in personal-social skills at 2 to 2½ years
- child development - percentage of children achieving a good level of development at 2 to 2½ years

Commissioners are asked to review the data submitted by their provider and support them where necessary to improve the quality and coverage of this ASQ data. The licence held for ASQ-3 allows for the individual domain scores to be recorded in local IT systems and transmitted to NHS Digital.

Data requirements

The metrics include coverage of the 5 elements of service described in legislation as universal health visitor reviews. They also contain information about health outcomes as they are described in the Public Health Outcomes Framework, where the data for the indicator flows directly from health visiting activities. These include breastfeeding at 6 to 8 weeks and child development outcomes aged 2 to 2½ years. It is understood that these metrics and indicators are the main key performance indicators outlined within local commissioning contracts. A list of the metrics, indicators, their definitions and the exact data items proposed for collection can be found below.

Metric/Indicator name	Metric/Indicator definition	Aggregate data items for collection
C1: Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above
C2: Percentage of New Birth Visits (NBVs) completed within 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days by a health visitor	Total number of infants who turned 30 days in the quarter who received a face-to-face NBV within 14 days from birth, by a health visitor with mother (and ideally father)
		Total number of infants who turned 30 days within the quarter
C3: Percentage of New Birth Visits (NBVs) completed after 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) after 14 days by a health visitor	Total number of infants who turned 30 days in the quarter who received a face-to-face NBV after 14 days from birth, by a health visitor with mother (and ideally father)

Metric/Indicator name	Metric/Indicator definition	Aggregate data items for collection
C8i: Percentage of 6 to 8 week reviews completed	Percentage of children who received a 6 to 8-week review by the time they were 8 weeks	Total number of infants, due a 6 to 8-week review by the end of the quarter, who received a 6 to 8-week review by the time they turned 8 weeks
		Total number of infants due a 6 to 8 week review by the end of the quarter
C8ii: Breastfeeding prevalence at 6 to 8 weeks after birth	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks.	The number of infants recorded as being totally breastfed at 6 to 8 weeks
		The number of infants recorded as being partially breastfed (receiving both breast milk and formula) at 6 to 8 weeks
		The number of infants being recorded as not breastfed at 6 to 8 weeks
C4: Percentage of 12-month development reviews completed by the time the child turned 12 months	Percentage of children who received a 12-month review by the time they turned 12 months	Total number of children who turned 12 months in the quarter, who received a 12-month review, by the age of 12 months
		Total number of children turning 12 months during the quarter
C5: Percentage of 12-month development reviews completed by the time the child turned 15 months	Percentage of children who received a 12-month review by the time they turned 15 months	Total number of children who turned 15 months in the quarter, who received a 12-month review, by the age of 15 months
		Total number of children turning 15 months during the quarter

Metric/Indicator name	Metric/Indicator definition	Aggregate data items for collection
C6i: Percentage of 2 to 2 ¹ / ₂ year reviews completed	Percentage of children who received a 2 to 2 ¹ / ₂ year review	Total number of children, due a 2-2 ¹ / ₂ year review by the end of the quarter, who received a 2-2 ¹ / ₂ year review by the time they turned 2 ¹ / ₂ years.
		Total number of children aged 2 ¹ / ₂ years in the quarter.
C6ii: Percentage of 2-2 ¹ / ₂ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	Percentage of children who received a 2-2 ¹ / ₂ year review using Ages and Stages Questionnaire (ASQ- 3).	Total number of children who received a 2-2 ¹ / ₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2 ¹ / ₂ year review
		Total number of children who received a 2-2 ¹ / ₂ year review by the end of the quarter Please note this is not the same as the denominator for C6i

Metric/Indicator name	Metric/Indicator definition	Aggregate data items for collection
<p>C6iii Percentage of children who were at or above the expected level in communication skills</p>	<p>Percentage of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills</p>	<p>Total number of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills. The exact threshold applied depends on whether the 24-month, 27-month or 30 month questionnaire was applied.</p>
		<p>Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2¹/₂ year review. Please note this should be the same as the numerator for C6ii</p>
<p>C6iv Percentage of children who were at or above the expected level in gross motor skills</p>	<p>Percentage of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in gross motor skills</p>	<p>Total number of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in gross motor skills. The exact threshold applied depends on whether the 24-month, 27-month or 30 month questionnaire was applied.</p>
		<p>Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2¹/₂ year review. Please note this should be the same as the numerator for C6ii</p>

Metric/Indicator name	Metric/Indicator definition	Aggregate data items for collection
<p>C6v Percentage of children who were at or above the expected level in fine motor skills</p>	<p>Percentage of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills</p>	<p>Total number of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills. The exact threshold applied depends on whether the 24-month, 27-month or 30 month questionnaire was applied.</p>
		<p>Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2¹/₂ year review. Please note this should be the same as the numerator for C6ii</p>
<p>C6vi Percentage of children who were at or above the expected level in problem solving skills</p>	<p>Percentage of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills</p>	<p>Total number of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills. The exact threshold applied depends on whether the 24-month, 27-month or 30 month questionnaire was applied.</p>
		<p>Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2¹/₂ year review. Please note this should be the same as the numerator for C6ii</p>

Metric/Indicator name	Metric/Indicator definition	Aggregate data items for collection
<p>C6vii Percentage of children who were at or above the expected level in personal-social skills</p>	<p>Percentage of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills</p>	<p>Total number of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills. The exact threshold applied depends on whether the 24-month, 2-month or 30 month questionnaire was applied.</p>
		<p>Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2¹/₂ year review. Please note this should be the same as the numerator for C6ii</p>
<p>C6viii Percentage of children who were at or above the expected level in all 5 areas of development</p>	<p>Percentage of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development in all 5 domains</p>	<p>Total number of children who received a 2 to 2¹/₂ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development on all 5 domains</p>
		<p>Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2¹/₂ year review. Please note this should be the same as the numerator for C6ii</p>

Please see Appendix 2 for full indicator specifications data collection process and validation rules.

Reporting geography

The collection is based on the local authority of residence of each child. This matches the structure of the public health grant and the legislation describing the universal health visitor reviews.

It is acknowledged that there may still be work ongoing in a few areas to refine reporting by resident population due to mixed economy of local IT systems and local ownership. Record level data in Child Health Information Systems (or equivalent) records both GP Practice of registration and local authority of residence for each child.

Requirement for reporting health visiting metrics and outcome indicators to PHE

Voluntary submission of this data by local authorities enables the following important functions

Population of the Public Health Dashboard for Best Start in Life

Three out of the 4 indicators in the bundle come from this data collection. The **Public Health Dashboard** is part of the accountability assurance for the public health grant. It provides transparency by which local authority elected members can benchmark performance on the main elements of the public health grant in order to hold their local councils to account. The indicators affected are new birth visits, breastfeeding at 6-8 weeks and coverage of the use of ages and stages questionnaire at the 2 to 2¹/₂ year health visitor review.

Population of the Public Health Outcomes Framework with key indicators relating to Best Start in Life

The Public Health Outcomes Framework (PHOF) is published as Official Statistics. The indicators affected are breastfeeding at 6-8 weeks and child development at age 2 to 2¹/₂ in communication skills, in personal-social skills and in all domains of the ASQ (achieving a good level of development at 2 to 2¹/₂ years).

Generate new indicators for the 2019 refresh of the PHOF

These are designed to strengthen the surveillance of child development outcomes for the strategic priority of Best Start in Life. The indicators affected are

- percentage of completed new birth visits
- percentage of children at or above expected level of development in all 5 areas of development at 2 to 2¹/₂ years
- percentage of children at or above expected level of development in communication skills at 2 to 2¹/₂ years
- percentage of children at or above expected level of development in personal-social skills at 2 to 2¹/₂ years

Produce a baseline for the government's social mobility strategy

This is intended to be the percentage of children at or above the expected level of development in communication skills at 2-2¹/₂ years. It is the starting point for the ongoing investment in the identification of speech language and communication needs and early intervention by health visitors at the 2-2¹/₂ year health visitor review.

Monitor compliance with the regulations for the mandated Universal Health Visitor Reviews

This includes coverage of the antenatal visit, new birth visit, 6-8-week review, 1-year review and 2-2¹/₂ year review.

Submission dates

Data submissions are required quarterly. The timetable for submission is shown below.

Reporting period	Period 1	Period 2	Period 3	Period 4
Data to be collected	Refresh of all quarters of 2018/19 data and submission of Q1 2019/20 data	Submission of Q2 2019/20 Data (plus refresh of Q1 if required)	Submission of Q3 2019/20 data (plus refresh of Q1 and Q2 if required)	Submission of Q4 2019/20 data (plus refresh of Q1, Q2 and Q3 if required)
Collection window opens Email sent to local authority contacts to say the collection window for submission to Public Health England is open	19 August 2019	18 November 2019	10 February 2020	18 May 2020
Collection window closes Local authorities collate and submit their quarterly data (plus any data for previous quarter)	20 September 2019	13 December 2019	6 March 2020	12 June 2020
Public Health England publishes the quarterly data as official statistics	5 November 2019 (Q1 2019/20 and 2018/19 annual)	29 January 2020 (Q2 2019/20)	22 April 2020 (Q3 2019/20)	22 July 2020 (Q4 2019/20)

Public Health England will publish annual official statistics for 2019/20 on 28 October 2020.

Please note: the first reporting period for Q1 2019/20 will be an opportunity to refresh any 2018/19 data previously submitted.

Data should be submitted on a quarterly basis with each submission containing all the relevant activity for the reporting period. Each submission allows you to also optionally revise any data for a previous quarter in that year, if required, for example if errors in data have been identified and corrected for a previous quarter.

Preparing for data submission to the national solution 2019/20

To submit data for health visiting activity and outcomes to the national interim reporting solution from Quarter 1 2019/20 onwards each local authority will need to use a unique link. Each local authority will be provided by email with a new unique organisation link for each quarterly reporting period in 2019/20 which needs to be used by the nominated representative (lead analyst / commissioner) to submit your organisation's data onto the system.

Please note: this is a new arrangement for 2019/20.

If you have any trouble with your new unique organisation links for 2019/20 please let the central Public Health England (PHE) team know by emailing interimreporting@phe.gov.uk.

Once you have your unique links you can submit refreshed data for 2018/19 and data for Quarter 1 2019/20 when the collection window opens on 19 August 2019.

Processes for local aggregation of data

Data items required should be extracted directly from the appropriate local information systems such as Child Health Information System (CHIS), Health Visiting systems and Patient Administration Systems (PAS) as appropriate.

How do I submit aggregate data to PHE?

Step 1: Select local information flow model

In advance of the first submission for 2019/20, review how arrangements for 2018/19 have worked and make any decisions regarding continuing with established flows or making changes to improve them. You will need to ensure that robust arrangements are still in place to collect the data through commissioning arrangements ensuring that your providers can submit data based on where every child lives (residence of child).

Step 2: Receiving data from your provider each quarter

Following the end of the quarter you will start to receive data from your provider/s and if you receive data from your provider/s which relates to other local authorities, you will need to disseminate it amongst the appropriate local authorities.

Step 3: Collating figures for each quarter

Collate your own local authority figures for each metric required, by bringing together all the data files you have received. This includes suggested validation processes focusing on checking numbers make sense as they are entered, as well as 'sense-checking' denominators against recent population estimates. The collation spreadsheet allows extra fields to be added, if you wish to record additional data items which you collect locally. Any validation rules for these will need to be applied locally and you will not be able to submit these to Public Health England (PHE).

Step 4: Local data validation for each quarter

Perform local data validation to identify issues and address them with your providers or other local authorities and resolve them to your satisfaction. Use the collation spreadsheet, comparison to previous submissions, and the definitions in this technical guidance to sense-check your data. It is hoped that local authorities will work together to identify issues that may relate to specific providers.

Step 5: Local authorities 'sign off' data each quarter

Arrive at a final, agreed value for each metric representing activity delivered to children living in your local authority (residents), going through any internal approvals processes your local authority requires.

Step 6: Submission of data to PHE (via the Local Government Association)

Following the end of the quarter the collection window for submission to PHE opens. You (or the nominated individual in your local authority if it is someone different) will click the link provided which will take you to a number of data entry screens. Complete these screens for the current quarter and as you navigate away from each page, your answers are saved. Although your answers can be saved they will not be submitted until you reach the final page and finalise your return. Once you have submitted the data, you cannot revise it in the same submission period, so please make sure you are happy with the data before you click to complete the process.

It is important that you complete and keep up to date the contact information and 'sign off' authorisation details on the Local Government Association (LGA) web-based data entry system so that we can maintain contact with you.

When you use your unique link, you will see the first page of the data upload screen which has instructions about navigating through the return.

While submitting data for each quarter, you will have the opportunity to add or amend any data for previous quarters in 2019/20.

Step 7: Publication of official statistics

Approximately 2 months after the end of the submission window PHE publish the quarterly statistics as official statistics. This will include updated statistics for previous quarter.

Frequently asked questions and answers

Here are a few frequently asked questions and answers you might find useful. If you still have any unanswered questions please let us know via interimreporting@phe.gov.uk

Q: Does our service provider need to submit aggregate data to their respective local authority for use in Public Health England's (PHE's) interim reporting as well as submit Community Services dataset (CSDS) directly to NHS Digital?

A: Yes. The continuation of interim reporting should in no way distract your provider from making submissions to CSDS data set. The PHE interim collection is voluntary for local authorities and the CSDS collection is mandatory for providers. PHE via interim reporting are asking local authorities for the aggregate data which they would be expected to have available to monitor their local commissioning contracts. Local authorities are requested to continue to collaborate with PHE's interim collection regardless of whether their provider/s are making CSDS submissions or not.

It is acknowledged in some areas where the CSDS has been implemented and regular reports submitted by service providers that duplication of the health visitor service delivery metrics may be published. This is a temporary position until all service providers are submitting CSDS so that full coverage for the country is achieved and the data quality is robust. A reconciliation exercise was undertaken in 2019 and will be repeated each year to monitor the improvements in data coverage and data quality of CSDS. This will identify when national reporting can be sourced from the CSDS submissions and interim reporting stopped. If you haven't seen the results of this reconciliation exercise for your area, or have questions about it, please contact us on interimreporting@phe.gov.uk.

Q: How long is interim reporting being extended for?

A: The current plans are to extend interim reporting for the foreseeable future and to continue until such times as CSDS matures. Interim reporting can be 'switched off' as soon as comprehensive statistics are being published from CSDS by NHS Digital. If interim reporting is to be stepped down you will be notified at the earliest opportunity.

Q: This is the technical guidance for 2019/20. Will there be more guidance for 2020/21?

A: If the decision is made to continue with interim reporting in 2020/21 and beyond we will review the technical guidance and publish as a refreshed document. The maintenance of the interim reporting arrangements will depend on the maturity of returns via CSDS. The decision to continue with interim reporting will be reviewed on an annual

basis with the results of the reconciliation exercise the results of which will be shared with local authorities.

Q: Why has the technical guidance been refreshed for 2019/20?

A: Revising this guidance provides an opportunity to incorporate lessons learnt and also to strengthen the guidance to ensure it includes details on those areas where additional questions and queries have been received on the same subject. This revised guidance will also incorporate any changes to policy that may occur.

Q: Is it possible to enter and save data in the web-based data entry system prior to making a formal submission?

A: Please note: this is a change for 2019/20. Previously entered data can be saved and then updated by accessing the system again during the same reporting window. However, once the submission is made in the quarter it cannot be refreshed until the next quarters reporting window.

Q: What are the submission periods / windows?

A: This is the period during which the national web based data entry system will accept uploads and submissions for the reporting period. Data entry cannot be made once the submission period / window is closed, or once you have completed your submission.

Q: Are universal health visitor reviews undertaken by a Family Nurse Practitioners to be collected in the total figures of reviews undertaken?

A: Yes, the number of health visitor reviews that the Family Nurse Practitioners undertake should be included in the total number of reviews reported.

Q: Will our unique organisational link be the same for all the reporting quarters in 2019/20?

A: Please note: this is a change for 2019/20. No, you will be issued via interim reporting a new unique link for each quarterly submission. These will be different from the link you were provided for data submission in 2018/19.

Q: What is the difference between the denominators of C6i (Percentage of 2 to 2^{1/2} year reviews completed) and C6ii (Percentage of 2 to 2^{1/2} year reviews completed using ASQ- 3 (Ages and Stages Questionnaire))?

A: The denominator for C6i is the number of children turning 2¹/₂ during the period. The denominator for C6ii is the number of 2 to 2¹/₂ year reviews that were carried out during the period.

So, for example:

200 children are due a review in Quarter 2. Of these:

- ✓ 190 receive their review in the quarter, and before they turned 2¹/₂ (160 using ASQ)
- ✓ 6 children turned 2¹/₂ at the beginning of the quarter and had their review after that point, still during Quarter 2 (2 using ASQ)
- ✓ 4 children had had their review in Quarter 1 (3 using ASQ)

In addition, 15 children who are due a review in Quarter 3 have their 2 to 2¹/₂ year reviews in Quarter 2 (11 using ASQ).

The denominator for C6i is the children due a review in the quarter (200 children). The numerator for C6i is:

“Total number of children, due a 2 to 2¹/₂ year review by the end of the quarter, who received a 2 to 2¹/₂ year review by the time they turned 2¹/₂ years.”

- ✓ 190 receive their review in the quarter, and before they turned 2¹/₂
 - X 6 children turned 2¹/₂ at the beginning of the quarter and had their review after that point, still during Quarter 2 (*not included as review carried out after the child turned 2¹/₂*)
 - ✓ 4 children had had their review in Quarter 1
 - X 15 children who are due a review in Quarter 3 have their 2 to 2¹/₂ year reviews in Quarter 2 (11 using ASQ) (*not included as review not due in Quarter 2*)
- =194

The denominator for C6ii is:

“Total number of children who received a 2 to 2¹/₂ year review by the end of the quarter.”

- ✓ 190 receive their review in the quarter, and before they turned 2¹/₂.
 - ✓ 6 children turned 2¹/₂ at the beginning of the quarter and had their review after that point, still during Quarter 2
 - X 4 children had had their review in Quarter 1 (*not included as reviews not carried out in Quarter 2*)
 - ✓ 15 children who are due a review in Quarter 3 have their 2 to 2¹/₂ year reviews in Quarter 2
- =211

The numerator for C6ii is:

“Total number of children who received a 2 to 2^{1/2} year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2^{1/2} year review.”

- ✓ 190 receive their review in the quarter, and before they turned 2^{1/2}. (160 using ASQ)
 - ✓ 6 children turned 2^{1/2} at the beginning of the quarter and had their review after that point, still during Quarter 2 (2 using ASQ)
 - X 4 children had had their review in Quarter 1 (3 using ASQ) (*not included as reviews not carried out in Quarter 2*)
 - ✓ 15 children who are due a review in Quarter 3 have their 2 to 2^{1/2} year reviews in Quarter 2 (11 using ASQ)
- =173

Useful links

The [data published](#) by NHS Digital from the CSDS.

Public Health England interim reporting data from local authorities and [reporting](#) quarterly and annually on levels of health visitor service delivery and outcomes for children aged 0-5 since 2015.

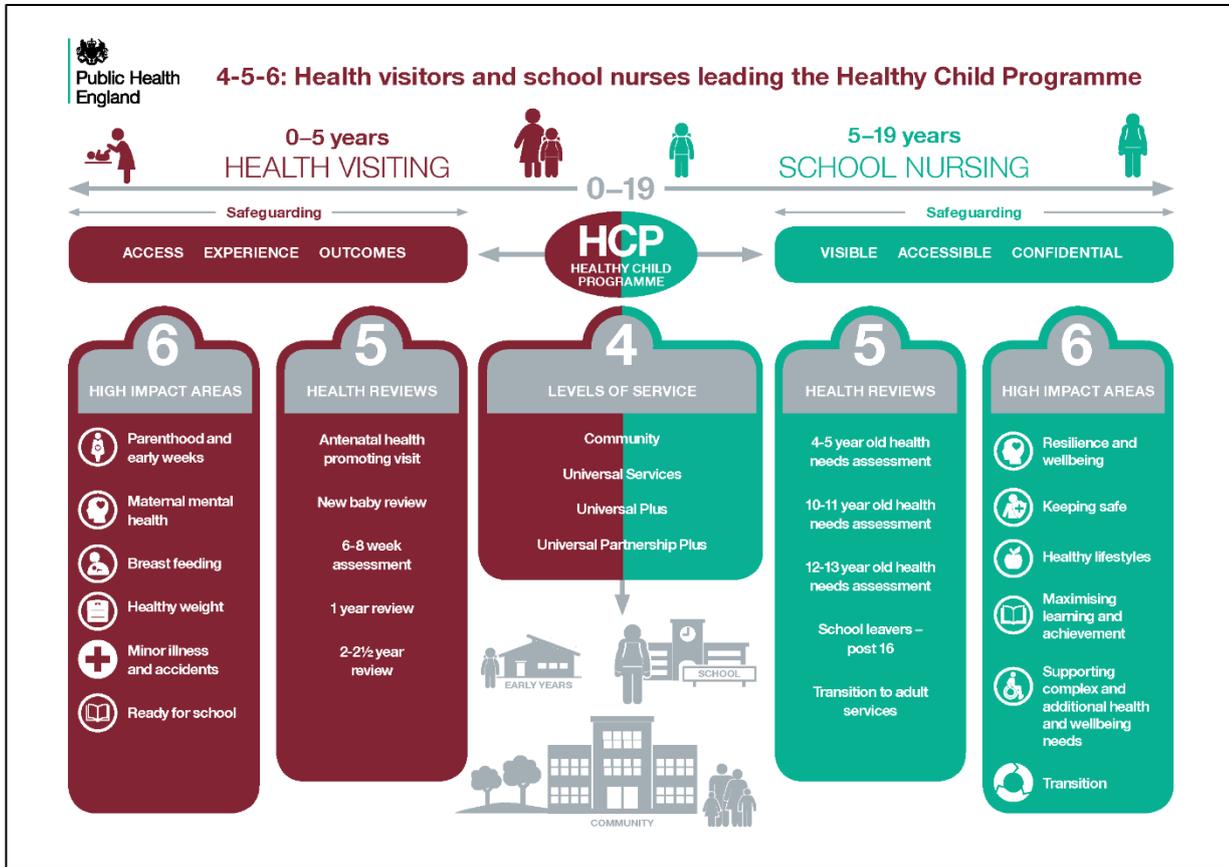
The definitions for interim reporting health visitor metrics are available [here](#).

The [data published](#) by NHS Digital from the CSDS contains a sheet on provider data quality ('Data Quality').

How can I make an enquiry or provide feedback?

If you have any questions or suggestions, please contact us via interimreporting@phe.gov.uk

Appendix 1: Health visitor 4-5-6-model



Health visiting services use a 4-tiered progressive model to build community capacity to support children. This involves building community capacity to support parents of young children; universal reviews to identify need for early intervention and targeted services; targeted packages of care to meet identified need for example on early attachment, maternal mental health or breastfeeding or nutrition, and contributing and/or leading packages of integrated care for those identified as having complex needs or being at risk, including troubled families and safeguarding.

The 5 evidence-based reviews are the mandated Healthy Child Programme health and development assessments, reviews forming the basis for a range of preventive and early intervention services to meet need: the antenatal health promoting visit; new baby review; 6 to 8 week (health visiting) assessment; one year assessment and 2 to 2½ year review.

The 6 high impact outcomes of health visiting and 0 to 5 services contribute to setting the foundation for future health and wellbeing set out above. These 6 are the transition to parenthood and supporting early attachment; maternal mental health; breastfeeding;

healthy weight; preventing accidents and managing minor illness; and development at age 2, underpinning school readiness.

Appendix 2: Full indicator specifications data collection process and validation rules

Reference	Definition	Numerator	Denominator	Method	Validation
C1-Mothers receiving antenatal visit	Mothers who received a first face- to-face antenatal contact with a health visitor at 28 weeks or above	Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	N/A	Due to difficulties in establishing a reliable denominator this is a count	No validation performed
C2 -% New birth visits<= 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days by a health visitor	Total number of infants who turned 30 days in the quarter who received a face- to-face NBV within 14 days from birth, by a health visitor with mother (and ideally father)	Total number of infants who turned 30 days within the quarter	Percentage reported to one decimal point	The combined numerators of C2 and C3 (all babies who received a new birth visit) and denominator (total number of infants who turned 30 days in the quarter) are integers, and combined numerators of C2 and C3 <= denominator.

Reference	Definition	Numerator	Denominator	Method	Validation
C3-% New birth visits > 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) after 14 days by a Health Visitor	Total number of infants who turned 30 days in the quarter who received a face- to-face NBV after 14 days from birth, by a health visitor with mother (and ideally father)	Total number of infants who turned 30 days in the quarter	Percentage reported to one decimal point	The combined numerators of C2 and C3 (all babies who received a new birth visit) and denominator (total number of infants who turned 30 days in the quarter) are integers, and combined numerators of C2 and C3 <= denominator.
C8i- % 6-8 Week Review	Percentage of children who received a 6 to 8 week review by the time they were 8 weeks	Total number of infants, due a 6 to 8 week review by the end of the quarter, who received a 6 to 8 week review by the time they turned 8 weeks	Total number of infants due a 6 to 8 week review by the end of the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator <= denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8 week reviews). The annual figures are divided by 4 to provide quarterly estimates.

Reference	Definition	Numerator	Denominator	Method	Validation
C8ii- % breastfeeding at 6 to 8 weeks	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks	The number of infants recorded as being totally breastfed at 6 to 8 weeks plus the number of infants recorded as being partially breastfed (receiving both breast milk and formula) at 6 to 8 weeks	Total number of infants due a 6 to 8 week review by the end of the quarter	Percentage reported to one decimal point	<p>Stage 1. Indicator numerator and denominator are integers, and numerator (combined values of number of infants totally breastfed and number of infants partially breastfed) <=denominator DK “Don’t Knows” automatically fail validation.</p> <p>Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8-week reviews)</p>

Reference	Definition	Numerator	Denominator	Method	Validation
C4-% 12 month reviews < 12 months	Percentage of children who received a 12 month review by the time they turned 12 months	Total number of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months	Total number of children turning 12 months during the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator <=denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (1 year for 12-month reviews). The annual figures are divided by 4 to provide quarterly estimates.
C5-%12 month reviews <15 months	Percentage of children who received a 12 month review by the time they turned 15 months	Total number of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months	Total number of children turning 15 months during the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator <=denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (1 year for 12 month reviews). The annual figures are divided by 4 to provide quarterly estimates.

Reference	Definition	Numerator	Denominator	Method	Validation
C6i-% 2 to 2 ^{1/2} year reviews	Percentage of children who received a 2 to 2 ^{1/2} year review	Total number of children, due a 2 to 2 ^{1/2} year review by the end of the quarter, who received a 2 to 2 ^{1/2} year review by the time they turned 2 ^{1/2} years.	Total number of children aged 2 ^{1/2} years in the quarter.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <= denominator. Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (2 years for 2 to 2 ^{1/2} year reviews). The annual figures are divided by 4 to provide quarterly estimates.
C6ii-% 2 to 2 ^{1/2} year reviews using ASQ 3	Percentage of children who received a 2 to 2 ^{1/2} year review using Ages and Stages Questionnaire (ASQ- 3).	Total number of children who received a 2 to 2 ^{1/2} year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2 ^{1/2} year review.	Total number of children who received a 2 to 2 ^{1/2} year review by the end of the quarter	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <= denominator. Stage 2 Indicator denominator is within 20% of the numerator of indicator C6i.

Reference	Definition	Numerator	Denominator	Method	Validation
C6iii - Percentage of children who were at or above the expected level in communication skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in the communication skills domain.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who either: <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 25.17 • had the 27 month questionnaire and scored above 24.02 • had the 30 month questionnaire and scored above 33.30 in the communication skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii

Reference	Definition	Numerator	Denominator	Method	Validation
C6iv - Percentage of children who were at or above the expected level in gross motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in the gross motor skills domain.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who either: <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 38.07 • had the 27 month questionnaire and scored above 28.01 • had the 30 month questionnaire and scored above 36.14 in the gross motor skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii

Reference	Definition	Numerator	Denominator	Method	Validation
C6v - Percentage of children who were at or above the expected level in fine motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the fine motor skills domain.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who either: <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 35.16 • had the 27 month questionnaire and scored above 18.42 • had the 30 month questionnaire and scored above 19.25 in the fine motor skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii

Reference	Definition	Numerator	Denominator	Method	Validation
C6vi - Percentage of children who were at or above the expected level in problem solving skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the problem solving skills domain	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who either <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 29.78 • had the 27 month questionnaire and scored above 27.62 • had the 30 month questionnaire and scored above 27.08 in the problem solving skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii

Reference	Definition	Numerator	Denominator	Method	Validation
C6vii - Percentage of children who were at or above the expected level in personal-social skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in the personal-social skills domain.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who either: <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 31.54 • had the 27 month questionnaire and scored above 25.31 • had the 30 month questionnaire and scored above 32.01 in the personal-social skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii
C6iv - Percentage of children who were at or above the expected level in all 5 areas of development	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in all 5 domains.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who scored above the threshold in all 5 domains of the ASQ.	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator <=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii