



Public Health
England

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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 2018/19

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. 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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Published June 2018

PHE publications
gateway number: 2018168

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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 2018/19. 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 visiting 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) formerly the Children and Young Peoples (CYPHS) data set) 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 Community Services data set is operational and reporting has begun, providers are at different stages of maturity with their submissions or readiness to flow the data therefore it is expected to take some additional time for this data set to reach sufficient coverage for reporting purposes.

Therefore it has been agreed that the PHE interim reporting arrangements will continue. 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 either continue to submit the CSDS data set or commence this submission. The submission of CSDS data to NHS Digital is legally mandated for all providers of public funded services and will become the preferred method for reporting just as soon as it covers the whole country and data quality is robust.

In order to secure this longer term solution 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 (<https://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 on a monthly basis.
- 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 part of the Health Visiting model known as the Health Visiting '4-5-6 model' which is described in Appendix 1.

The decision to continue interim reporting in 2017/18 for a further 2 years was used as an opportunity to extend the reporting from the Ages and Stages Questionnaire (ASQ) to cover child development outcomes aged 2 years. These outcome indicators are in development for inclusion into the Public Health Outcomes Framework in 2018. In addition to reporting the coverage of ASQ these metrics were extended in 2017/18 to include the number and percentage of children at or above the expected level of development (scoring above the threshold) 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. 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.

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 2¹/₂ 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 <u>first</u> 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)
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
C6i: Percentage of 2 to 2½ year reviews completed	Percentage of children who received a 2 to 2½ year review	Total number of children, due a 2 to 2½ year review by the end of the quarter, who received a 2 to 2½ year review by the time they turned 2½ years.
		Total number of children aged 2½ years in the quarter.
C6ii: Percentage of 2 to 2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3).	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
		Total number of children who received a 2 to 2½ year review by the end of the quarter Please note this is not the same as the denominator for C6i
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 at or above the expected level in communication skills	Total number 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. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.
		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. Please note this should be the same as the numerator for C6ii
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 at or above the expected level in gross motor	Total number 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. The exact threshold applied depends on whether the 24

	skills	month, 27 month or 30 month questionnaire was applied.
		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. Please note this should be the same as the numerator for C6ii
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 at or above the expected level in fine motor skills	Total number 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 fine motor skills. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.
		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. Please note this should be the same as the numerator for C6ii
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 at or above the expected level in problem solving skills	Total number 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. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.
		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. Please note this should be the same as the numerator for C6ii
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 at or above the expected level in personal-social skills	Total number 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 personal-social skills. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.
		Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ 3 was

		<p>completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii</p>
C6viii 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 at or above the expected level of development in all 5 domains	<p>Total number 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.</p>
		<p>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. 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.

Units of reporting

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 is still work being undertaken 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 Public Health England

The interim national reporting system remains voluntary. This is a sensible and pragmatic way to continue and local areas are requested to support this arrangement.

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 2017/18 data and Submission of Q1 2018/19 data	Submission of Q2 2018/19 data	Submission of Q3 2018/19 data (plus refresh of Q1 and Q2 if required)	Submission of Q4 2017/18 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 PHE is open	10 September 2018	19 November 2018	18 February 2019	20 May 2019
COLLECTION WINDOW CLOSES Local authorities collate and submit their quarterly data (plus any data for previous quarter)	19 October 2018	14 December 2018	15 March 2019	14 June 2019
PHE publishes the quarterly data as official statistics	28 November 2018 (Q1 2018/19 and 2017/18 annual)	30 January 2019 (Q2 2018/19)	24 April 2019 (Q3 2018/19)	24 July 2019 (Q4 2018/19)

PHE will publish annual official statistics for 2018/19 on 23 October 2019

Please Note:

The first reporting period will be an opportunity to refresh any 2017/18 data previously submitted.

Data is submitted on a quarterly basis with each submission containing all the relevant activity for the reporting period. Two types of submission are possible: a primary submission and a refresh. A primary submission is the first submission of data for the current period. A refresh is a resubmission of data from a previous period or entry.

A primary submission must be undertaken for each quarter. A refresh is optional if a local authority wishes to update data it has already submitted. This is something a local authority might wish to do if there is improved data quality for a previous quarter or to include additional data not available at the time of the primary submission.

Preparing for data submission to the national solution 2018/19

To submit data for health visiting activity and outcomes to the national interim reporting solution from Quarter 1 2018/19 onwards each local authority will need to use a unique link. Each local authority will be provided with a new unique organisation link for 2018/19 which needs to be used by the nominated representative (lead analyst / commissioner) to submit your organisation's data onto the system. This unique link will be sent to each local authority analyst and Director of Public Health / Director of Children's Services registered on the Local Government reporting module.

If you do not receive or cannot track down your unique organisation link for 2018/19 please let the central Public Health England team know by emailing interimreporting@phe.gov.uk.

Once you have your unique link you can submit refreshed data for 2017/18 and data for Quarter 1 18/19 when the collection window opens 10 September 2018.

Processes for local aggregation of data

Local areas will have access to the same standardised collation spreadsheets to support local reporting between providers and commissioners as in 2017/18. These include breastfeeding at 6 to 8 weeks and child development outcomes at 2 to 2¹/₂ years and are focussed on local authority reporting by residence.

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 Public Health England?

Step 1: Select local information flow model

In advance of the first submission for 2018/19, review how arrangements for 2017/18 have worked and make any decisions with regard to 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. PHE has provided a summary collation spreadsheet to help with this exercise which you may choose to use. 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. You may want to carry out additional checks. This 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 PHE.

Step 4: Local data validation for each quarter

Address any issues discovered through data validation with your providers or other local authorities and resolve them to your satisfaction. PHE is unable to issue specific guidance on how to validate data you have received but it is hoped local authorities will work together to identify issues that may relate to specific providers. The source of errors can be identified using sense-checking and comparison against previous submissions.

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 (LGA))

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 will be saved they will NOT be submitted until you reach the final page and press forward to finalise your return.

It is important that you complete and keep up to date the contact information and 'sign off' authorisation details on the LGA web-based data entry system so that we are able to 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. This includes the ability to save your data at any time and return to continue the submission at any time during the collection window.

While submitting data for each quarter, you will have the opportunity to add or amend any data for a previous quarter in 2018/19.

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 PHE's interim reporting as well as submit Community Services dataset (CSDS) directly to NHS Digital?

A: Yes. The extension of interim reporting should in no way distract your provider from making submissions to CSDS formerly the Children and Young People's (CYPHS) data set. The Public Health England 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 in order 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.

Q: How long is interim reporting being extended for?

A: The current plans are to extend interim reporting at least until the annual statistics for 2018/19 are published. This will include 4 quarterly submissions during 2018/19 and 1 in Q1 2019/20. The Q1 2019/20 will only be used to allow the option for revision of Q1 to 4 2018/19 data and not to collect Q1 2019/20 data. Interim reporting can be 'switched off' just as soon as comprehensive statistics are being published from CSDS by NHS Digital. If interim reporting is to be stepped down before this time you will be notified at the earliest opportunity

Q: Why was the reporting of the Ages and Stages Questionnaire extended to include child development outcomes at 2 to 2¹/₂ years?

A: The decision to continue interim reporting for a further 2 years provided an opportunity to extend the reporting of the Ages and Stages Questionnaire (ASQ) to include child development outcomes at 2 to 2¹/₂ years. In addition to reporting the coverage of ASQ we included the reporting of the number and percentage of children at or above the expected level of development in each of the domains (communication, gross motor, fine motor,

problem solving, personal-social), as well as the number of children at or above the expected level of development in all 5 domains.

These indicators for child development outcomes at age 2 to 2¹/₂ years, which sit alongside those for school readiness at age 5, have been designed to track the impact of universal services and early intervention on health and wellbeing outcomes in the early years.

Q: Why has the CYPHS data set changed into the Community dataset?

A: The community Services Data Set (CSDS) was published on 20th April 2017 and can be found on the [NHS Digital website](#). The CSDS was an update to the Children and Young People's Health Services (CYPHS) data set so that data can be captured about patients of all ages. Providers of publicly-funded community services should review the scope of the new data set as set out in the Requirements Specification, even if they were not within scope of the CYPHS data set, to ensure that CSDS submissions are made for the relevant services. The CSDS replaced the CYPHS data set, and CSDS submissions will contain data for all patients (adults and children). If you only cover services for children then the data you submit will have remained the same. If you provide services for adults then you should have started collecting the additional CSDS data for adults locally from 1st October 2017, and central submissions of October data began in November 2017.

Q: This is the technical guidance for 2018/19. Will there be more guidance for 2019/20?

A: At this stage it is not anticipated that there will be updated technical guidance for 2019/20 as the current plan is to only have one reporting period in Q1 2019/20 which will be to refresh the 2018/19 data. However if the decision is made to continue with interim reporting in 2019/20 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.

Q: Why has the technical guidance been refreshed for 2018/19?

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: Yes previously entered data can be saved which can then be updated by accessing the system again during the same reporting window.

Q: If I complete a primary submission for a period and then submit a refresh submission which submission will be used?

A: Any subsequent file for the same reporting period that has been successfully processed will automatically become the 'last good file', overwriting all previous submissions, assuming you have moved through all the screens and clicked the final 'submit' button.

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.

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 2018/19?

A: Yes the unique organisational link provided to you and will be the same link for the whole financial year of 2018/19. This will be different from the link you were provided for data submission in 2017/18.

Q: What is the difference between the denominators of C6i (Percentage of 2 to 2½ year reviews completed) and C6ii (Percentage of 2 to 2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire))?

A: The denominator for C6i is the number of children turning 2½ during the period. The denominator for C6ii is the number of 2 to 2½ 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 2½. (160 using ASQ)
- 6 children turned 2½ 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 2½ 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.
- 6 children turned 2¹/₂ at the beginning of the quarter and had their review after that point, still during Quarter 2 (review carried out after the child turned 2¹/₂)
- 4 children had had their review in Quarter 1
- 15 children who are due a review in Quarter 3 have their 2 to 2¹/₂ year reviews in Quarter 2 (11 using ASQ) (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
- ✗ 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 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.”

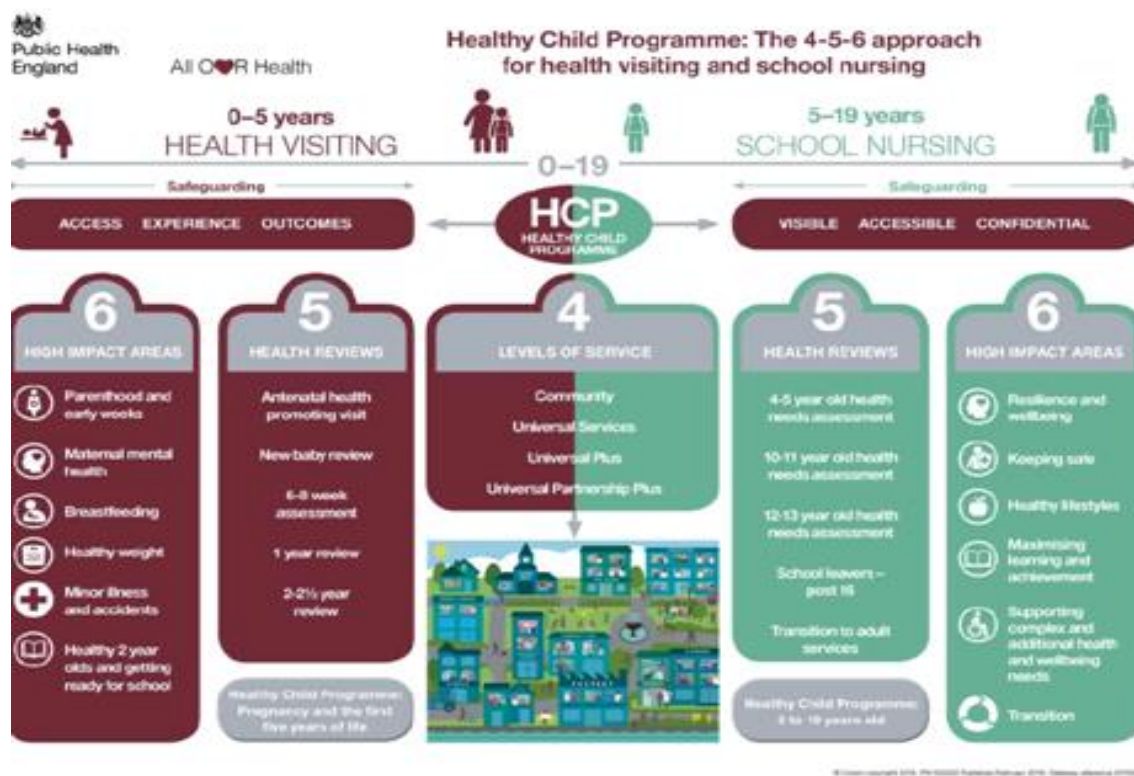
- 190 receive their review in the quarter, and before they turned 2¹/₂. (✓160 using ASQ)
- 6 children turned 2¹/₂ at the beginning of the quarter and had their review after that point, still during Quarter 2 (✓2 using ASQ)
- 4 children had had their review in Quarter 1 (✗ 3 using ASQ) (*not included 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
- (✓11 using ASQ)

=173

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 HCP 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.
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	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

Reference	Definition	Numerator	Denominator	Method	Validation
		father)			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.
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 <i>plus</i> 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	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. Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8 week reviews) The

Reference	Definition	Numerator	Denominator	Method	Validation
					annual figures are divided by 4 to provide quarterly estimates Stage 3. Numerator/denominator between 95% (85% for England) and 100%.
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

Reference	Definition	Numerator	Denominator	Method	Validation
					estimates.
C6i-% 2 to 2½ year reviews	Percentage of children who received a 2 to 2½ year review	Total number of children, due a 2 to 2½ year review by the end of the quarter, who received a 2 to 2½ year review by the time they turned 2½ years.	Total number of children aged 2½ 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 2½ year reviews). The annual figures are divided by 4 to provide quarterly estimates.
C6ii-% 2 to 2½ year reviews using ASQ 3	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3).	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.	Total number of children who received a 2 to 2½ 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.
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: - Had the 24 month questionnaire and scored above 25.17	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
		<ul style="list-style-type: none"> - 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			
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
C6v - Percentage of children who were at or above the expected level in fine	Percentage of children who received a 2-2½ year review using Ages	Number of children who received a 2 to 2½ year review using Ages and Stages	Total number of children who received a 2 to 2½ year review by the	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator

Reference	Definition	Numerator	Denominator	Method	Validation
motor skills	and Stages Questionnaire (ASQ-3), who were above the threshold in the fine motor skills domain.	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 	end of the quarter for which the ASQ 3 was completed as part of their 2 to 2½ year review.		<=denominator Stage 2 Indicator denominator is equal to the numerator for C6ii
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 2-2½ 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 	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
		in the problem solving skills domain			
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