



Public Health  
England

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## Health Visitor Service Delivery Metrics

Quarter 3, 2016/17

Statistical commentary (April 2017 release, published in June 2017)

This statistical commentary should be considered alongside the 2016/17 Quarter 3 Health Visitor Service Delivery Metrics statistical release, which can be found at [www.chimat.org.uk/transfer](http://www.chimat.org.uk/transfer).

Please treat the figures contained in this report with caution.

Where totals are presented for England and PHE centres, these are aggregate totals of the areas that submitted information and passed initial validation (see the section 'Validation rules' below for further details).

Local authorities have the opportunity to re-submit data for previous quarters. This means that any reference to data from previous quarters will relate to 'refreshed' figures provided in the latest reporting quarter.

Where no reference to a particular quarter is mentioned it should be assumed that the data refers to the most recent quarter's data.

## Main findings

Indicator	Quarter 1 England value	Quarter 2 England value	Quarter 3 England value	Quarter 4 England value	2016/17 England value
<b>C2: New Birth Visits (NBVs) completed within 14 days %</b>	87.9% (87.7 - 88.1)	88.6% (88.4 - 88.7)	88.7% (88.5 - 88.8)		
<b>C3: New Birth Visits (NBVs) completed after 14 days %</b>	9.6% (9.5 - 9.8)	9.4% (9.3 - 9.5)	9.3% (9.1 - 9.4)		
<b>C8i: 6-8 week reviews completed %</b>	81.4% (81.2 - 81.6)	82.0% (81.8 - 82.1)	83.9% (83.7 - 84.0)		
<b>C4: 12 month reviews completed by the time the child turned 12 months %</b>	73.8% (73.6 - 74.0)	75.4% (75.2 - 75.6)	74.8% (74.6 - 75.0)		
<b>C5: 12 month reviews completed by the time the child turned 15 months %</b>	81.7% (81.5 - 81.9)	82.5% (82.3 - 82.7)	82.7% (82.5 - 82.9)		
<b>C6i: 2-2½ year reviews completed %</b>	76.0% (75.8 - 76.2)	78.1% (77.9 - 78.3)	78.2% (78.0 - 78.4)		
<b>C6ii: 2-2½ year reviews completed using ASQ-3 %</b>	86.4% (86.2 - 86.6)	89.3% (89.2 - 89.5)	90.6% (90.5 - 90.8)		

Percentages are based on local authorities that made submissions and passed initial validation. Confidence intervals are shown in brackets.

## Background

In October 2015, the responsibility for commissioning children's public health for the 0-5 years' population transferred from NHS England to local authorities. It is essential to monitor and report a number of key performance indicators associated with these services. NHS Digital collects data on these performance indicators as part of the Maternity and Children's Dataset (MCDS).

The MCDS infrastructure supports the flow of standardised information on children's health from local IT systems to NHS Digital on a monthly basis. The Children and Young People's Health Services data set infrastructure (which is part of the MCDS) was made available in October 2015 and the first report from the CYPHS data set was published on 29 September 2016. The publication is available from the following link:

<http://content.digital.nhs.uk/maternityandchildren/CYPHSreports>.

It is expected to take some time for all providers of children's and young people's services to flow complete and accurate data, so an interim reporting system was set up to collect health visiting activity at a local authority resident level.

The health visiting information in this publication has been obtained via the interim reporting system. It was submitted to PHE by local authorities on a voluntary basis. It covers Quarter 3 of 2016/17, which is the seventh reporting period. The full data can be found at [www.chimat.org.uk/transfer](http://www.chimat.org.uk/transfer).

The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. This is achieved through health and development reviews, health promotion, parenting support and screening and immunisation programmes.

The health visiting service consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families, including first time mothers and fathers with complex needs.

The health visitor service delivery metrics currently cover the antenatal contact, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year review and report on the following indicators:

- C1: 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
- C3: Percentage of New Birth Visits (NBVs) completed after 14 days
- C8i: Percentage of 6-8 week reviews completed

- C4: Percentage of 12-month development reviews completed by the time the child turned 12 months
- C5: Percentage of 12-month development reviews completed by the time the child turned 15 months
- C6i: Percentage of 2-2½ year reviews completed
- C6ii: Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)

These metrics are presented as management information and are reported by local authority, PHE centre and England level.

## Data collection method

An interim reporting system is hosted on the Local Government Association (LGA) website to collect the data on health visiting indicators. The reporting window for Quarter 3 data (along with refreshed data for previous quarters) was 20 February to 17 March 2017.

To support local authorities in submitting data, detailed guidance was published to explain how analysts and commissioners in local authorities should submit health visiting indicators (this can be found at [www.chimat.org.uk/transfer](http://www.chimat.org.uk/transfer)). A dedicated mailbox ([interimreporting@phe.gov.uk](mailto:interimreporting@phe.gov.uk)) is also in place to respond to questions and comments.

Once the collection window closes the data received is centrally collated, validated and reported. This process will be repeated quarterly.

Validation rules applied may be subject to change in future quarters. There was a small change to the validation of the data published in Quarter 4, 2015/16.

## Joint submissions

Following publication of Quarter 2, 2015/16 (January release), it was confirmed that Hackney and City of London would be submitting data jointly and that any data submitted in previous quarters for Hackney also included City of London residents.

As the data submitted for the Isles of Scilly showed very small numbers, which in some cases would have needed to be suppressed, these have been combined with Cornwall. They have been treated within the publication as a joint submission.

## Revision of data from Norfolk

In February 2017 Norfolk advised of a significant error in data covering Q3-Q4 2015/16 and Q1-Q2 2016/17. The errors primarily relate to breastfeeding data, but the numbers of infants due a 6-8 week check have been revised. The changes for 2015/16 are detailed below:

	Q3 2015/16		Q4 2015/16		2015/16	
	Original	Revised	Original	Revised	Original	Revised
<b>Norfolk</b>	2,165	2,167	2,200	2,193	8,864	8,859
<b>East of England</b>	19,598	19,600	18,190	18,183	75,264	75,629
<b>England</b>	168,402	168,404	159,067	159,060	645,463	645,458

The changes to these figures have been incorporated into this publication and will be used in future publications.

## Data quality

The following data relates to Quarter 3, 2016/17.

A total of 146 reporting local authorities submitted a return for the interim reporting system for Quarter 3, 2016/17. The four local authorities that did not submit data are Stockport, Wirral, Southwark, and Windsor and Maidenhead.

## Validation rules

A set of validation rules was applied to each health visiting metric.

Validation Stage	Definition
Stage 1	Indicator numerator and denominator are integers, and numerator <= denominator.
Stage 2 for all indicators other than C6ii	Indicator denominator is within 20% of the resident population of the relevant age (0 years for new baby visits and 6-8 week reviews, 1 year for 12 month reviews, and 2 years for 2½ year reviews). The annual figures are divided by 4 to provide quarterly estimates.
Stage 2 for indicator C6ii	Indicator denominator is within 20% of the numerator for indicator C6i

Each local authority has to pass both stages 1 and 2 in order for its values to be shown.

The values for areas that did not pass stage 1 validation are excluded from their respective PHE centre and the England aggregated calculations.

A comprehensive breakdown of the results following the application of the validation can be found in the publication at: [www.chimat.org.uk/transfer](http://www.chimat.org.uk/transfer).

In a change to the validation that was applied for publications prior to Q4 2015/16, the Stage 2 validation is based on the 2015 mid-year ONS population estimates by local authority, as these became available in June 2016 and are more relevant to the denominators being considered.

## Summary of Quarter 3 data

### **Indicator C1: Number of mothers who received a first face-to-face antenatal contact with a health visitor**

- this is unable to be collected as a percentage due to the difficulties in defining an adequate denominator
- based on the 146 local authorities that did provide a value (including two that reported '0' zero), there were 68,042 antenatal contacts nationally in Quarter 3, 2016/17
- this compares to 63,875 in Quarter 3, 2015/16 (based on the final figures published in October 2016)

### **Indicators C2 and C3: Percentage of births that received a face-to-face new birth visit** **C2: within 14 days and** **C3: after 14 days**

- new birth visits should ideally occur within 14 days, however it is accepted that in some circumstances this is not possible
- the aggregate percentage of new birth visits within 14 days (indicator C2) for England for Quarter 3 is 88.7% (with confidence intervals of 88.5% – 88.8%). This is higher than Quarter 3, 2015/16, based on the final figures published in October 2016.
- the aggregate percentage of new birth visits after 14 days (indicator C3) for England for Quarter 3 is 9.3% (with confidence intervals of 9.1% – 9.4%). This is lower than Quarter 3 for 2015/16, based on the final figures published in October 2016.
- the aggregate percentage of new birth visits within or after 14 days (indicator C2+C3) for England for Quarter 3 is 97.9% (with confidence intervals of 97.9% – 98.0%)
- values for percentages of new birth visits within 14 days could be published for all PHE centres for Quarter 3 (these were aggregates of 'valid' local authorities in each centre). Values ranged from 80.9% to 93.5%
- values for percentages of new birth visits after 14 days could be published for all PHE centres. These ranged from 5.8% to 14.3%

- the percentage of babies who received a new birth visit within 14 days could be published for 145 local authorities who passed additional validation. Values ranged from 40.0% to 100.0%, with the majority (130) reporting between 80% and 100%
- the percentage of babies who received a new birth visit after 14 days could be published for 145 local authorities who passed additional validation. Values ranged from 0.0% to 43.0%

#### **Indicator C8i: Percentage of children who received a 6–8 week review by eight weeks**

- the aggregate percentage of infants receiving a 6–8 week review for England for Quarter 3 based on 144 local authorities passing initial validation is 83.9% (with confidence intervals of 83.7% – 84.0%). This is higher than Quarter 3, 2015/16, based on the revised figures.
- values for the percentage of children who received a 6–8 week review by eight weeks could be published for all PHE centres for Quarter 3 (again these were aggregates of ‘valid’ local authorities in each centre). These ranged from 60.8% to 93.5%, with all but one of the centres achieving over 80%.
- values for the percentage of children who received a 6–8 week review by eight weeks could be published for 134 local authorities who passed additional validation. Values ranged from 6.1% to 100%, with the majority (107) reporting between 80% and 100%

#### **Indicator C4: Percentage of children who received a 12-month review by 12 months**

- the aggregate percentage of children receiving a 12-month review by 12 months of age for England for Quarter 3 based on 146 local authorities passing initial validation is 74.8% (with confidence intervals of 74.6% - 75.0%). This is higher than Quarter 3, 2015/16, based on the final figures published in October 2016.
- values for completed reviews within 12 months could be published for all PHE centres for Quarter 3 (again, these were aggregates of ‘valid’ local authorities in each centre). These ranged from 45.6% to 88.4%, with six of the nine centres achieving over 80%
- values for the percentage of children who received a 12-month review by 12 months could be published for 145 local authorities who passed additional validation. Values ranged from 2.3% to 98.7%, with the majority (87) reporting between 80% and 100%

#### **Indicator C5: Percentage of children who received a 12-month review by 15 months**

- the aggregate percentage of children receiving a 12-month review by 15 months of age for England for Quarter 3 based on 144 local authorities passing initial validation is 82.7% (with confidence intervals of 82.5% -

82.9%). This is higher than Quarter 3, 2015/16, based on the final figures published in October 2016.

- values for completed reviews within 15 months could be published for all PHE centres for Quarter 3 (again these were aggregates of 'valid' local authorities in each centre). These ranged from 62.3% to 96.1%, with eight of the nine centres achieving over 80%
- the percentage of children who received a 12-month review by the age of 15 months could be published for 139 local authorities who passed additional validation. Values ranged from 7.3% to 100%, with the majority (101) reporting between 80% and 100%

#### **Indicator C6i: Percentage of children who received a 2–2½ year review by 2½ years**

- the aggregate percentage of children receiving a 2–2½ year review by the age of 2½ for England for Quarter 3 based on 146 local authorities passing initial validation is 78.2% (with confidence intervals of 78.0 – 78.4%). This is higher than Quarter 3, 2015/16, based on the final figures published in October 2016.
- values for the percentage of children who received a 2–2½ year review by 2½ years could be published for all PHE centres for Quarter 3 (again these were aggregates of 'valid' local authorities in each centre). These ranged from 59.7% to 91.2%, with six of the nine centres achieving over 80%
- the percentage of children who received a 2–2½ year review by 2½ years could be published for 145 local authorities who passed additional validation. Values ranged from 16.1 % to 99.8%, with the majority (87) reporting between 80% and 100%

#### **Indicator C6ii: Percentage of children who received a 2–2½ year review using Ages and Stages Questionnaire (ASQ-3).**

- the aggregate percentage of children receiving a 2–2½ year review which used ASQ-3 for England for Quarter 3 based on 137 local authorities passing initial validation is 90.6% (with confidence intervals of 90.5% - 90.8%). This is higher than Quarter 3, 2015/16, based on the final figures published in October 2016.
- values for completed 2–2½ year reviews using ASQ-3 could be published for all PHE centres for Quarter 3 (again these were aggregates of 'valid' local authorities in each centre). These ranged from 79.1% to 96.7%, with eight of the nine centres achieving over 80%
- the percentage of children who received a 2–2½ year review using ASQ-3 could be published for 125 local authorities who passed additional validation. Values ranged from 18.7% to 100%, with the majority (113) reporting between 80% and 100%

## Data quality notes

When making a submission, local authorities have the opportunity to enter comments in a free text box to explain any issues with reporting. During the Quarter 3 submission, comments were received from 17 local authorities, of collective interest:

- 9 local authorities reported they knew, or suspected, that they had made an incomplete submission. This may include receiving confirmation of nil returns from neighbouring authorities
- 2 local authorities reported that recent migration to a new Child Health Information System or problems with their existing system had impacted on their ability to submit, or on the short-term reliability of the figures.

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