Children and Young People's Health Services Monthly Statistics

Experimental Statistics, England, September 2015

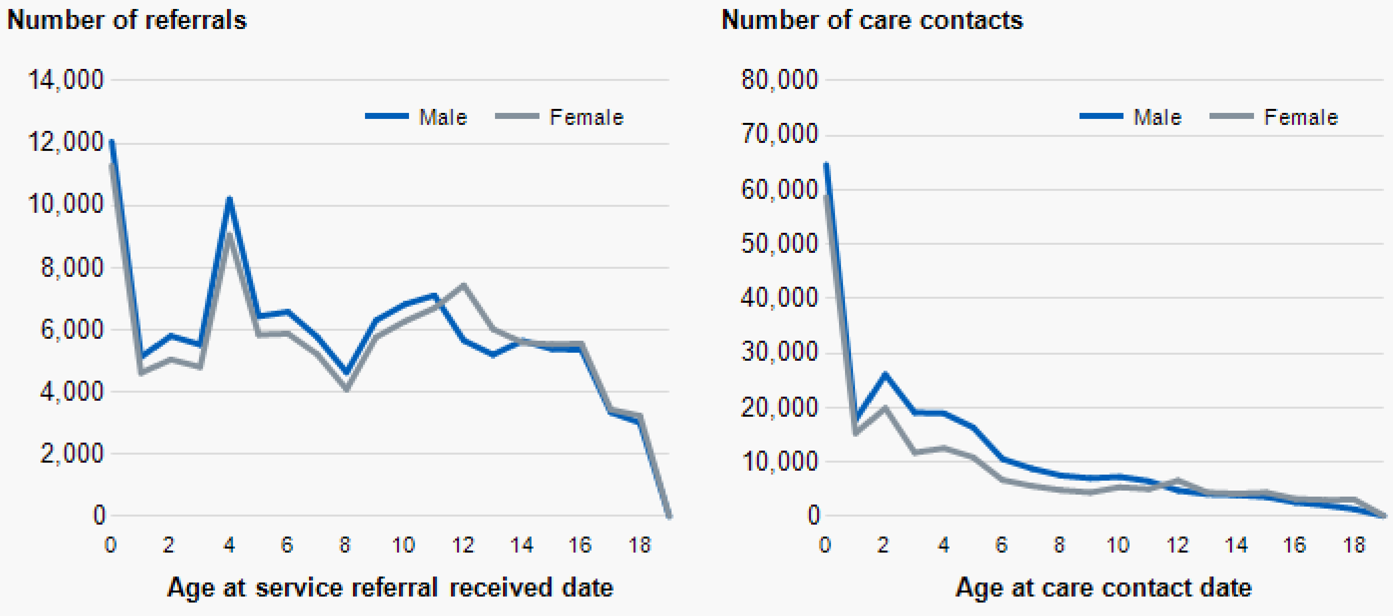
Published: Thursday, September 29, 2016

This is the first monthly report on NHS-funded Community Services for children and young people aged 18 years or under in England using the first period of data submitted to the new Children and Young People's Health Services (CYPHS) Data Set for September 2015 activity.

Key findings

- There were **56 providers** that submitted data in September 2015
- There were **228,183 referrals received**, relating to **218,663 children and young people.**
- There were also **423,483 care contacts** for **214,847 children and young people.**

Figure 1: Number of referrals and care contacts by age and gender (where both were recorded)



Source: NHS Digital

Author: Community and Mental Health Team, NHS Digital
Responsible Statistician: Dominic Gair, Analytical Section Head

www.digital.nhs.uk
enquiries@nhsdigital.nhs.uk

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Foreword

The Children and Young People’s Health Services (CYPHS) Data Set is the first nationally standardised collection of patient-level, NHS funded Community Services for activity relating to children. The need for the data set was initially defined in 2005/6 to support the Children’s National Service Framework (NSF) and since then successive government policies and strategies have added to the case to implement the data set. The report published today represents the first findings from this new and valuable resource, which will enable information about Community care relating to a broad range of care activities to be accessible to all.

The CYPHS data set provides a national standard for gathering data from Community healthcare providers in England. This information and subsequent analysis will help support and drive service improvements and outcomes for children and young people.

Children and Young People in contact with Community Services from September 2015 onwards have had data from their community health care providers collected and analysed. Data relating to a child’s referrals, immunisations and contacts with services have been linked together to help provide an understanding of the child’s overall health and care.

I look forward to working closely with colleagues from NHS Digital, Public Health England, NHS England and the Department of Health to ensure that this new data set can help improve the standard of care for all children and young people.

Dr Jacqueline Cornish OBE FRCP(London) Hon FRCPCH DSc(Hon)

National Clinical Director for Children, Young People and Transition to Adulthood
Medical Directorate
NHS England

This is an Experimental Statistics publication

**This document is published by NHS Digital,
part of the Government Statistical Service**

Experimental Statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. More details are given in the report.

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at
www.statisticsauthority.gov.uk/assessment/code-of-practice

Find out more about Experimental Statistics at
https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf

ISBN: 978-1-78386-826-1

This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Introduction

This is the first monthly report on NHS-funded Community Services for children and young people aged 18 years or under using data from the new Children and Young People's Health Services (CYPHS) data set reported in England for September 2015.

This report can be downloaded from the NHS Digital website at:
http://digital.nhs.uk/maternityandchildren/CYPHSreports

This release comprises:

- This report which presents analysis of key measures
- An Excel data quality report which presents data quality measures at provider level
- A CSV file which contains provider-level data in a machine readable format
- A metadata file to accompany the CSV file, providing contextual information
- Analysis by provider (interactive spreadsheet)

The CYPHS is a patient-level dataset providing information relating to NHS-funded community services for children and young people aged 18 years or under. These services can include health centres, schools and mental health trusts. The data collected includes personal and demographic information, diagnoses including long-term conditions and childhood disabilities and care events plus screening activities.

It has been developed as part of the Maternity and Children's Data Set (MCDS) Project to achieve better outcomes of care for children and young people. It provides data that will be used to improve clinical quality and service efficiency, in a way that improves health and reduces inequalities.

It is intended that information from the data set will be made widely available to commissioners, providers, clinicians, service users, and the general public to inform choice through monthly and annual statistical publications.

Further information on the CYPHS data set is available at:
http://www.hscic.gov.uk/maternityandchildren/CYPHS

Main Findings

This report contains key information based on the submissions that have been made by providers and will focus on data relating to activity that occurred in September 2015.

- 56 providers successfully submitted data for the CYPHS data set.
- There were 228,183 referrals received[1] by reporting organisations, relating to 218,663 children and young people.
- There were 423,483 care contacts for 214,847 children and young people accross all submitters.
- Of the 218,663 children with a referral received in the period, 51 per cent (110,597) were for males, and of the 214,847 children with a care contact, 54 per cent (115,489) were for males, where gender was recorded[2].
- Of the children and young people with a referral received in the period, 37 per cent (80,951) were aged five or under. This compares with 25 per cent (55,573) aged between six and ten, 27 per cent (58,614) aged between eleven and fifteen, and 11 per cent (23,393) between sixteen and nineteen[3]. There were also 264 children with ages that were submitted missing or outside reporting parameters.
- There were 25,141 health visitor appointments across all submitters. This accounts for 12 per cent of all care activities where an activity code was recorded[4].
- Across all submitters, 89,775 immunisations[5] for children and young people occurred during September 2015.
- Across all submitters, 92 per cent (346,281) of care contacts were attended by the patient and 6 per cent (23,477) were not attended by the patient (Where attendance or non-attendance was recorded). The remaining 2 per cent of care contacts (5,979) were cancelled by the patient or health care provider.

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[1] Referrals with a referral request received date between 01 September 2015 and 30 September 2015.

[2] A data item being recorded is defined as a data item that is not missing and within reporting parameters. E.g. the value is within a national code list.

[3] Children and young people aged 19 at the start of the reporting period cannot be submitted to the CYPHS data set. A patient may have their 19th birthday between the start of the reporting period and the referral received date, meaning there may be some patients aged 19 contained in the data set.

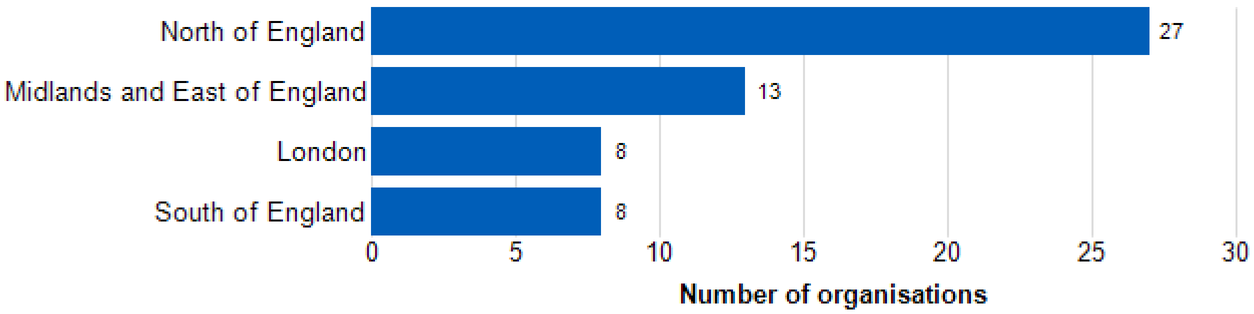
[4] An activity code is a mandatory item where a care activity is recorded. However, the activity code submitted could still be outside the reporting parameters.

[5] Immunisations can be submitted in two tables (CYP501 and CYP502). There is no way to identify duplicate information, therefore; if an organisation submits the same data in both tables, this data will be counted twice.

Who Submitted?

Providers of NHS-funded community services were required to collect information locally from September 2015, and from October 2015 were required to commence making CYPHS submissions in accordance with the Information Standards Notice[6].

Figure 2: Number of organisations successfully submitting data to the CYPHS data set by commissioning region, September 2015



A total of 56 organisations provided data relating to September 2015 to the CYPHS data set. While the data set has been mandated to flow since October 2015 (for September 2015 data), not all providers of CYPHS data have been able to submit. Therefore, we are working closely with providers who did not respond and expect coverage and data quality to increase.

A list of trusts that successfully made a submission can be found in the accompanying CSV file and data quality report.

What Was Submitted?

There are 31 tables in the CYPHS data set that include information on the key areas such as personal and social circumstances, diseases and disabilities and scored assessments. However, only two of these tables must be submitted each time activity occurs in the reporting period[7]. These tables cover the personal details and risk factors of the child or young person.

Initial reporting will focus on 6 of the 31 tables, which include:
- Patient Details (CYP001)
- Referral Details (CYP101)
- Care Contact Details (CYP201)
- Care Activity Details (CYP202)
- Immunisations (CYP501 and CYP502)

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[6] Information Standards Notices (ISNs) are published by SCCI to announce new or changes to information standards and data collections. CYPHS ISN

[7] The CYPHS Data Model contains details of the tables and fields that can be submitted for the CYPHS Data Set.

Referral Details

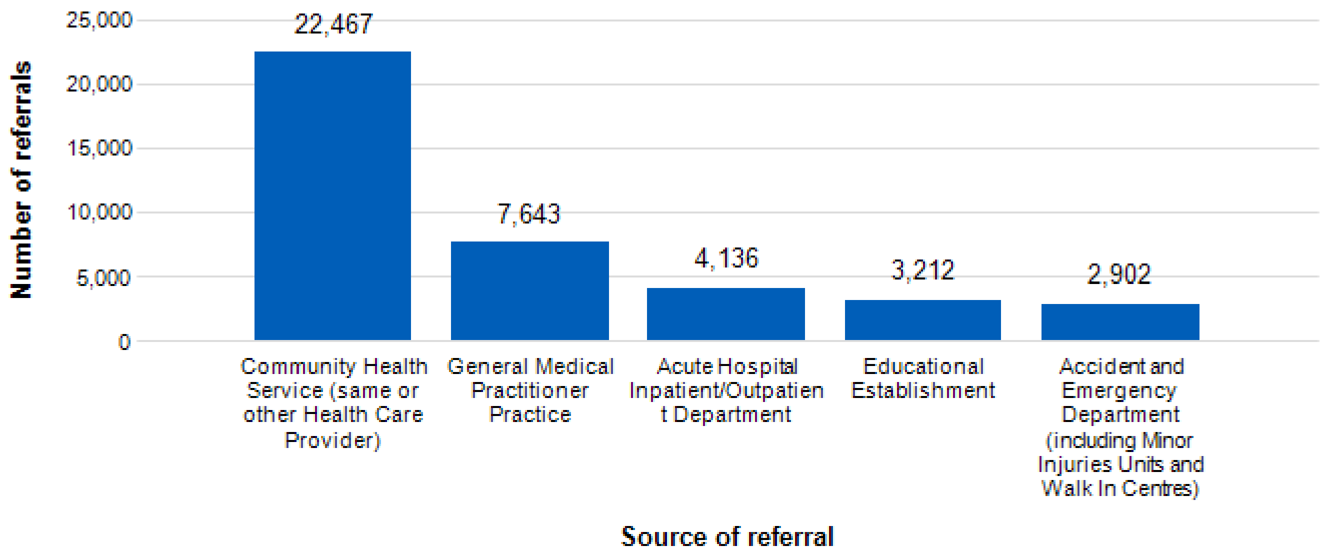
A service referral is a request for a care service to be provided for a patient. This could include patient self-referrals for an appointment to see or be in contact with a care professional.
Across all submitters, there were 228,183 referral requests in total during September 2015.

Table 1: Data Quality: Percentage of values submitted missing or with a value outside the reporting parameters by data item and commissioning region, September 2015

	Commissioning Region				
Data Item[8]	**North of England**	**Midlands and East of England**	**London**	**South of England**	**All submitters**
Referral reason	19%	37%	7%	42%	15%
Referral source	12%	38%	2%	22%	9%

Referral source and referral reason are required data items and so must be submitted if they are collected by the provider. Both of these data items have pre-defined code lists, therefore any value not contained within the code list will be considered to be outside reporting parameters.

Figure 3: Number of referrals for the 5 most recorded referral sources by referral source (where recorded and not "Not Known"), all submitters, September 2015



A referral source of "Not Known" accounted for 78 per cent (161,623) of all recorded referral sources. We are working with providers to better understand why such a large proportion are unaware of the source of this amount of referrals. "Not Known" is the default value for this data item, and it may be that this data has been submitted in order to provide a valid submission of data. It is hoped that as reporting of the new dataset becomes established the number of "Not Known" referral sources will decrease in the coming months.

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[8] Each data item links to the corresponding description with the CYPHS user guidance. Each section contains data quality information on the data items used in this report that are most associated with that section.

Figure 4: Number of referrals for the 5 most recorded referral reasons by referral reason (where recorded and not "Not Known"), all submitters, September 2015

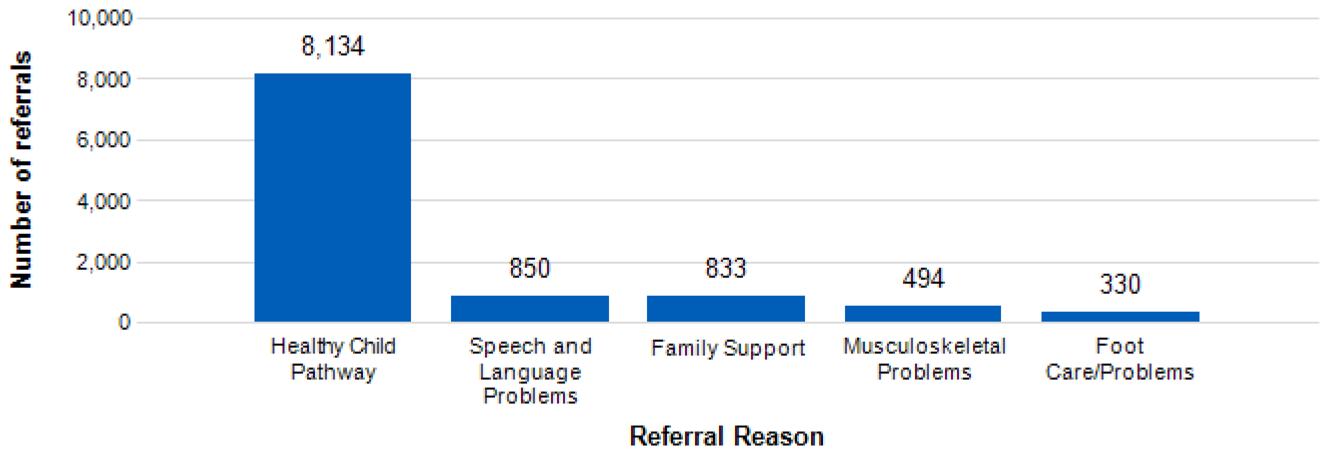

Table 2: Number and percentage of the most recorded[9] referral reason by age group at referral received date (where both were recorded and not "Not Known"), all submitters, September 2015

Age Group	Referral Reason	Referrals	Percentage (%)
5 or under	Healthy Child Pathway	6,919	74%
6 to 10	Healthy Child Pathway	430	31%
11 to 15	Healthy Child Pathway	584	36%
16 to 19	Healthy Child Pathway	197	33%

A referral reason of "Not Known" accounted for 93 per cent (181,462) of all recorded referral sources. The referral reason is the primary presenting condition or symptom for which the patient was referred to a Community Health Service. Like the source of referral, we are working with providers to better understand why such a large proportion are unaware of the reason of this amount of referrals. It is hoped that as reporting of the new dataset becomes established the number of "Not Known" referral sources will decrease in the coming months.

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[9] The most recorded data items are the most recorded data items within each age group. Where there is more than one referral reason with the highest number of referrals, all referral reasons are shown.

Children and young people with a referral

In September 2015, there were 218,663 children and young people with a referral received during the month. There is no single definition of children and young people, however this dataset only collects data on people aged 18 years and under.

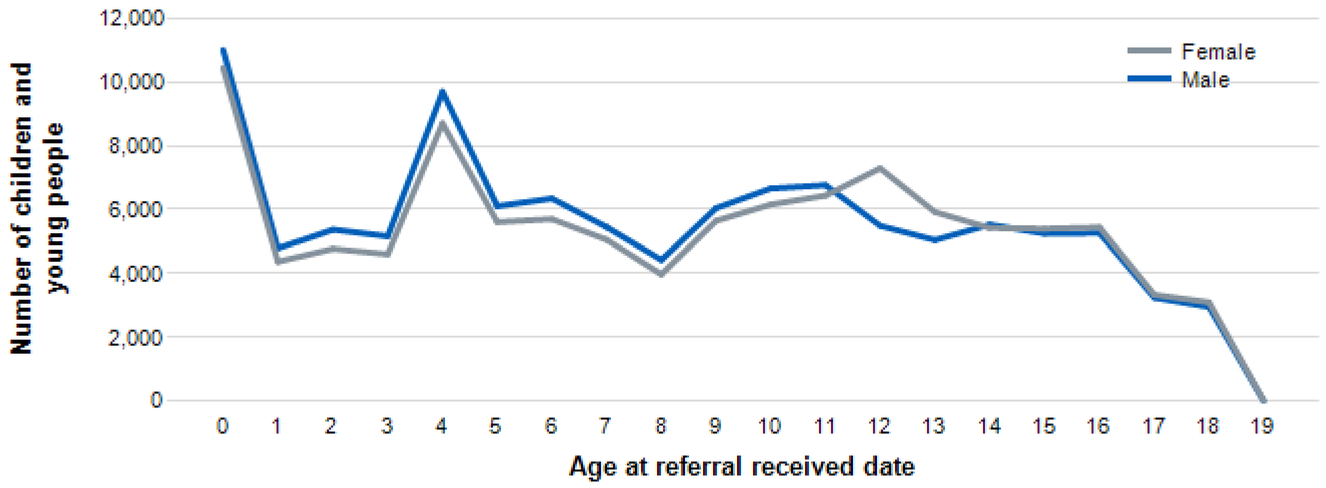
This section looks at some aspects of these children and young people with a new referral.

Table 3: Data Quality: Percentage of values submitted missing or with a value outside the reporting parameters by data item and commissioning region, September 2015

Data item	Commissioning Region				
	North of England	Midlands and East of England	London	South of England	All submitters
Age at referral received date	0%	0%	0%	0%	0%
Gender	0%	2%	0%	0%	0%

Date of birth (from which age at referral received date is derived) and gender are required data items. Therefore, they must be submitted for the CYPHS data set, if they are collected by the provider.

Figure 5: Number of children and young people with a referral received in September 2015 by age at referral received date and gender (where both were recorded), all submitters, September 2015



The number of new referrals for children and young people by age follows roughly the same trend for both males and females. The CYPHS data set only accepts data for children and young people that were aged 18 or under at the beginning of the reporting period (in this instance 01 September 2015). There were however, 4 people who had thier 19th birthday between the start of the reporting period and the date their referral was received, hence their presence in the Figure 5.

Care Contact Appointment Details

Care contact appointments are telephone consultations and appointments that should include all face-to-face contacts with the patient, or a proxy where this is in lieu of a contact with a patient.
There were 423,483 care contacts that took place during September 2015. The following data looks at these care contacts.

Table 4: Data Quality: Percentage of values submitted missing or with a value outside the reporting parameters by data item and commissioning region, September 2015

Dimension	Commissioning Region				
	North of England	Midlands and East of England	London	South of England	All submitters
Activity code	0%	70%	7%	0%	39%
Attendance code	30%	2%	6%	0%	11%
Consultation type	28%	19%	62%	6%	24%
Consultation medium	34%	19%	59%	7%	26%

Activity Code is a mandatory data item, and therefore must be submitted if details about the care activity are submitted. Attendance code, Consultation type and consultation medium are all required data items, so must be submitted if they are collected by the provider.

Figure 6: Percentage of care contacts with an attecndance code of not attended or attended too late to be seen by commissioning region, September 2015

Missed and cancelled appointments can have an impact on the healthcare system, not least because they may add delays to the care needed by the patient, increase waiting times and also prevent other patients from receiving health care sooner than they could. Across all submitters, 6 per cent of appointments were not attended.

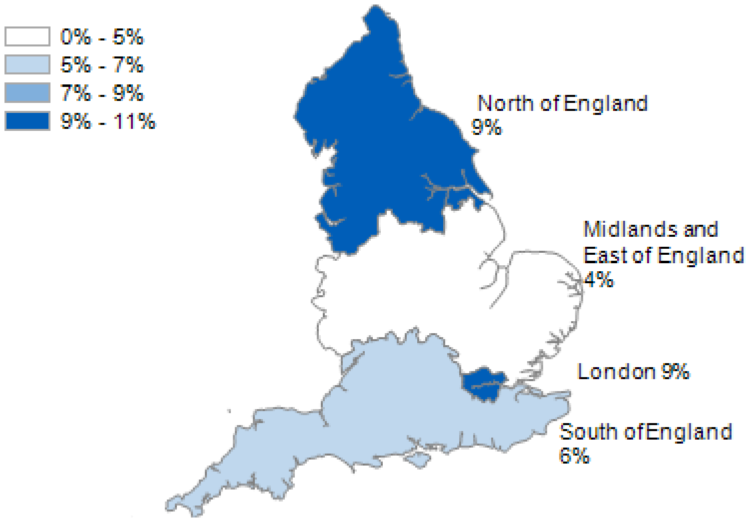
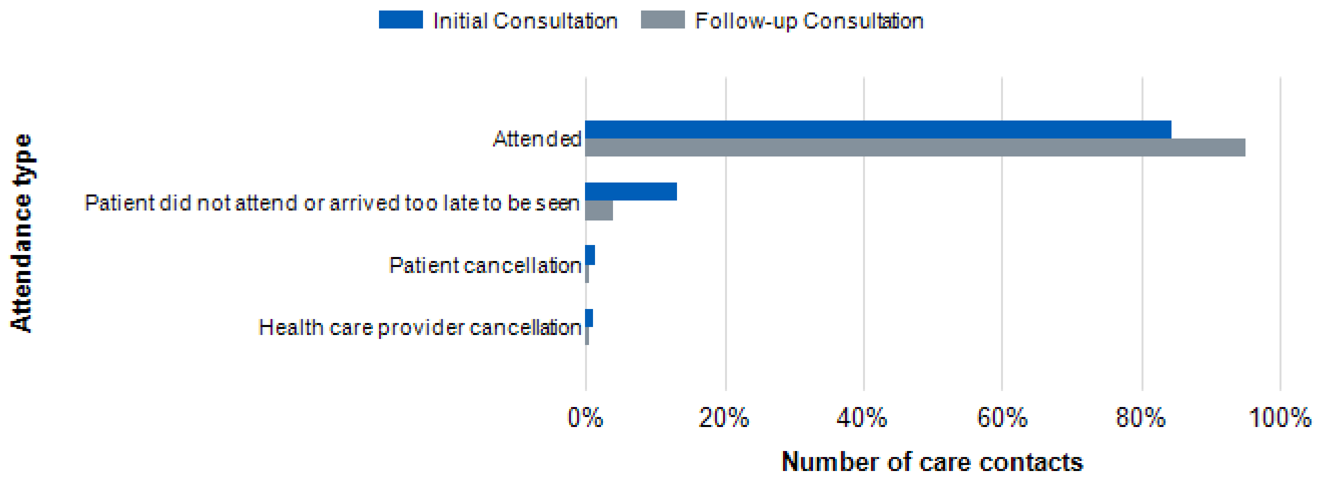
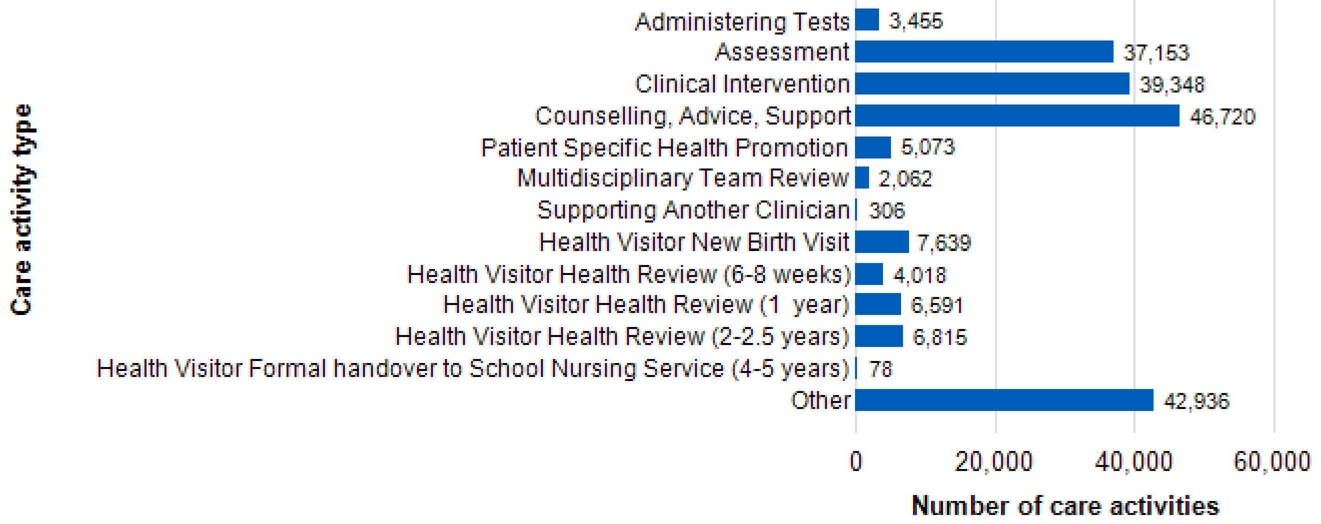


Figure 7: Percentage of care contacts by attendance code group[10] and consultation type (where both were recorded), all submitters, September 2015



Appointments are classed as cancelled when advance notice is given that the patient will not attend their appointment. A re-arranged appointment is effectively classed as one cancelled appointment and one other appointment that is either attended or not attended by the patient. Children and young people attended 84 per cent of initial consultations and 95 per cent of follow-up consultations.

Figure 8: Number of care activities[11] by activity type (where recorded), all submitters, September 2015



There were 332,506 care activites recorded taking place in care contacts during September 2015. Of these care activities, 39 per cent (130,312) were submitted with an invalid activity type code. A care contact activity can range from a breast feeding assessment to offering advice on how to use a blood pressure monitor. The most recorded care activity across all submitters was Counselling, Advice, Support which accounted for 46,720 care activities.

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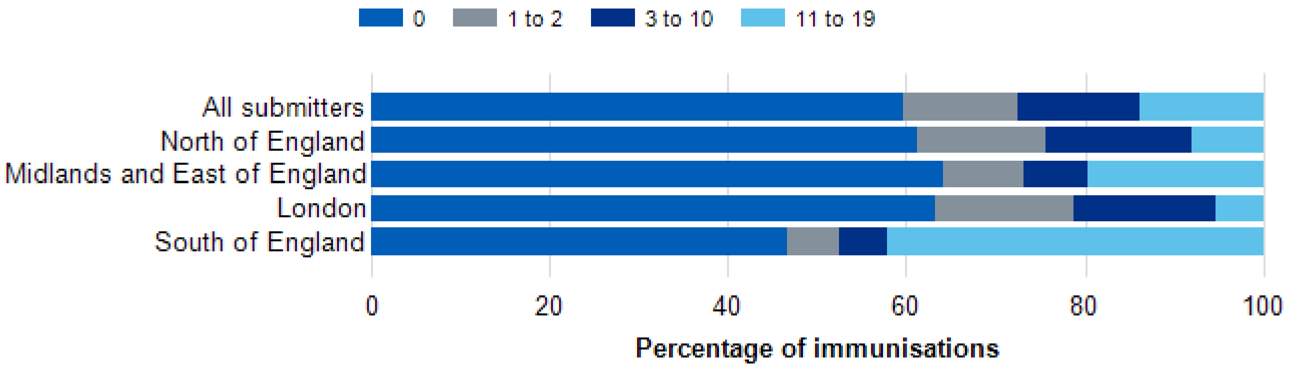
[10] Attendance code group is defined as: 5, 6 = Attended; 3, 7 = Patient did not attend or arrived too late to be seen; 2 = Patient Cancellation; 4 = Hospital care provider cancellation.

[11] A single care contact can have zero or many care activities associated to it.

Immunisations

There were 89,775 immunisations reported by organisations submitting data to CYPHS that took place during September 2015. A child or young person may have had many vaccinations during this period so this section considers the total number of inmmunisations that have been carried out.

Figure 9: Percentage of immunisations by age at immunisation date (where recorded) and commissioning region, September 2015



Certain vaccines are routinely offered to every child and young person in the UK for free on the NHS, and there are ages at which they should ideally be given. A large proportion of the vaccinations a child will have taken place between 8 and 16 weeks after birth.

Further Information

Related NHS Digital publications and data sets

Maternity and Children’s Data Set

The Maternity and Children's Data Set (MCDS) has been developed to help achieve better outcomes of care for mothers, babies and children. This publication is part of the MCDS and further information on the MCDS is available at the NHS Digital website:
http://digital.nhs.uk/maternityandchildren/

Maternity Services Monthly Statistics

This is a monthly statistical report on NHS-funded maternity services in England for March 2016, using data submitted to the Maternity Services Data Set (MSDS). The MSDS has been developed to help achieve better outcomes of care for mothers, babies and children. Reports are available from the NHS Digital website:
http://digital.nhs.uk/maternityandchildren/maternityreports

Mental Health Services Monthly Statistics Reports

This monthly statistics series reports from the Mental Health Services Data Set (MHSDS). This includes information on people in children’s and young people’s mental health services, including Child and Adolescent Mental Health Services (CAMHS). Reports are available from the NHS Digital website:
http://digital.nhs.uk/mhldsreports

Hospital Episode Statistics (HES)

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. The data covers all age groups.
http://digital.nhs.uk/hes

Immunisation Statistics

The information in this bulletin about immunisation statistics in England comes from Public Health England (PHE). Information on childhood immunisation coverage at ages 1, 2 and 5 years is collected through the Cover of Vaccination Evaluated Rapidly (COVER) data collection for Upper Tier Local Authorities (LAs):
http://digital.nhs.uk/pubs/immstats1516

National Child Measurement Programme

NHS Digital produces reports summarising annually the key findings from the Government’s National Child Measurement Programme (NCMP) for England. It provides high-level analysis of the prevalence of ‘underweight’, ‘healthy weight’, ‘overweight’, ‘obese’ and 'overweight and obese combined' children, in Reception (aged 4–5 years) and Year 6 (aged 10–11 years), measured in state schools in England. The latest report is available from:
http://digital.nhs.uk/catalogue/PUB19109

Health and Wellbeing of 15-year-olds in England - What About YOUth? Survey 2014

WAY 2014 is the first survey to be conducted of its kind and it is hoped that the survey will be repeated in order to form a time series of comparable data on a range of indicators for 15 year-olds across England. Data has been collected on general health, diet, use of free time, physical activity, smoking, drinking, emotional wellbeing, drugs and bullying.
http://digital.nhs.uk/catalogue/PUB19244

Smoking, Drinking and Drug use among young people

The survey report presents information on the percentage of pupils who have ever smoked, tried alcohol or taken drugs. The report also explores the attitudes of school children towards smoking and drinking. Relationships between smoking, drinking and drug use are explored along with the links between smoking, drinking and drug use and other factors such as age, gender, ethnicity and previous truancy or exclusion.
http://digital.nhs.uk/catalogue/PUB17879

National Policy Framework

NHS Outcomes Framework

The NHS Outcomes Framework sets out the outcomes and corresponding indicators used by the Secretary of State to hold NHS England to account for improvements in health outcomes. The indicators are available on the NHS Digital website:
https://indicators.ic.nhs.uk/webview/

Public Health Outcomes framework

The Public Health Outcomes Framework sets out a vision for public health and measures these outcomes via the published indicators:
http://www.phoutcomes.info/

CCG Outcomes Indicator Set

The CCG Outcomes Indicator Set provides clear, comparative information about the quality of health services commissioned by CCGs and the associated health outcomes:
http://www.england.nhs.uk/ccg-ois/

Other related information

Health Behaviour in School-Aged Children (HBSC)

A pioneer cross-national study gaining insight into young people's well-being, health behaviours and their social context. This research collaboration with the WHO Regional Office for Europe is conducted every four years in 44 countries and regions across Europe and North America:
http://www.hbsc.org/publications/datavisualisations/index.html

Child and Maternal Health Intelligence Network (CHIMAT)

Public Health England’s National Child and Maternal Health Intelligence Network (CHIMAT) website brings together a searchable range of resources relating to children and young people’s health services:
http://www.chimat.org.uk/default.aspx

Childcare and early years statistics

This data relates to childcare arrangements for all ages and early years provision for children who are 5 years of age or younger:
https://www.gov.uk/government/collections/statistics-childcare-and-early-years

Child mortality statistics

Annual statistics on stillbirths, infant deaths and childhood deaths occurring annually in England and Wales. Also contains data on cause of death, sex and age-group plus analyses by some of the key risk factors affecting stillbirths and infant deaths including age of mother and birth weight:
http://www.ons.gov.uk/ons/rel/vsob1/child-mortality-statistics--childhood--infant-and-perinatal/index.html

Children's social services

Information on children referred to and assessed by children's social services:
https://www.gov.uk/government/collections/statistics-children-in-need

Annex 1 - Data Quality Report

Purpose of this Document

This document aims to provide users with an evidence based assessment of the quality of the statistical output of the Children and Young People's Health Services Monthly Statistics Reports publication by reporting against the European Statistical System (ESS) quality dimensions and principles appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics, particularly Principle 4, Practice 2 which states:

> *"Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors and other aspects of the European Statistical System definition of quality".*

For each dimension this paper describes how this applies to the publication and references any measures in the accompanying monthly data quality measures report that are relevant for assessing the quality of the output.

Introduction

Community Services that are funded and/or provided by the NHS are required to submit data relating to their clinical activity in the CYPHS data set provided the patient is less than 19 years old.

The CYPHS Data Set does not cover non-NHS funded children and young people's services provided by independent organisations (e.g. private clinics).

Providers receive immediate feedback on the quality of their submission and a variety of data quality checks are run as part of the validation and load process for the monthly data, prior to production of this monthly release.

Initially, reporting will focus on simple measures from 6 key tables (Patient Details (CYP001), Referral Details (CYP101), Care Contact Details (CYP201), Care Activity Details (CYP202), and Immunisations (CYP501 and CYP502)). However, as coverage and accuracy improves, these monthly reports will also evolve to report on different measures.

These statistics are classified as experimental and should be used with caution. Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. More information about experimental statistics can be found on the UK Statistics Authority website.

Assessment of Statistics Against Quality Dimensions and Principles

Assessment of User Needs and Perceptions

The CYPHS Data Set has been developed as a key driver to achieving better outcomes of care for children and young people. These monthly reports provide community service providers, commissioners and other stakeholders with timely information about activity. This is intended to support changes in commissioning arrangements as services move from block commissioning to commissioning based on activity and outcomes for children and young people. Some specific examples of how users wish to utilise CYPHS data for their own needs maybe found in the following brochure.

NHS Digital has held and continues to hold workshops for community service providers and system suppliers, providing updates on the development of the reports and allowing clinicians, system administrators and informatics staff to provide feedback on reporting during development and beyond.

Reporting is currently shaped by the coverage and accuracy of the data, however as data quality improves; these reports will change to present other information. Feedback is very welcome via our enquiries@nhsdigital.nhs.uk address (please quote ‘CYPHS Monthly Statistics’ in the subject line).

Relevance

This publication comprises a set of reports which have been produced from NHS-funded community service providers’ monthly CYPHS submissions.

The CYPHS provides comparative, child-centric data that will be used to improve clinical quality and service efficiency; and to commission services in a way that improves health and reduces inequalities. This is done by capturing detailed information about the patient (gender, ethnicity, age deprivation etc.) along with associated risk factors such as whether they are on a child protection plan and other safe guarding indicators and reporting against this their referral details to NHS funded community services along with any information around care contacts and outcomes that have been achieved as a result of this activity. Further detail on the information captured within the dataset is available from http://digital.nhs.uk/maternityandchildren/CYPHS

Each publication comprises of an Executive Summary and Provider Level Analysis, a summary of key information based on those trusts that submitted data, including visual representations. A monthly data file containing the underlying data is also provided. These files are supported by national and provider-level data quality measures, which include validation of key data items from the MSDS.

This publication also includes a detailed metadata file describing all of the measures in the Executive Summary, Provider Level Analysis and the monthly data file. This includes, for each measure, how it has been constructed from providers’ submissions and how and where it is used.

For members of the public, researchers and other stakeholders, the release provides up to date information about the people under the age of 19 who are in contact with NHS funded community services. This publication contains information at total, regional and provider level, in a variety of formats. Also included is a metadata document containing information on how the derivations and constructions were calculated.

As a new national data collection the CYPHS Data Set is still becoming established and a number of trusts were unable to submit data for the whole scope of the CYPHS Data Set. Therefore figures at levels other than individual provider level may not fully represent the true figure at that level.

There are currently 31 tables in the CYPHS Data Set that each contain information relating to a specific event or type of information that may occur during the community care of children and young people. However, only 6 of these tables are currently reported on. This will change to include more data tables as data quality and coverage improves and hence increase the relevance of this report to reflect wider user needs.

Accuracy & Reliability

Accuracy

The CYPHS is a rich, person level dataset that records packages of care received by individuals under the age of 19 years in contact with NHS-funded community services. NHS Digital provides a number of different reports at different stages in the data flow to ensure that the submitted data reflect the services that have been provided:

At the point of submission, providers receive immediate feedback on the quality of their submission through a validation file. This file includes details of record-level reports of any submission errors, giving the data providers’ detailed information of which records produced which errors. Providers should then, where possible, use these errors and warnings to rectify these issues before resubmitting their data.

A variety of data quality checks are run as part of the validation and load process for monthly data, prior to production of this monthly release. Where there are concerns about data quality, providers are contacted directly so that any issues with local data extraction processes can be addressed for a future submission. Details of these data quality checks may be found within the Data Quality Measures worksheet within the Metadata file published as part of this statistical release.

Initial reporting may contain data quality issues due to inaccurate content being submitted. While steps are taken to nullify data quality issues in the reporting, some of these issues affect the outputs. However, as data providers become accustomed to additional data quality requirements over the coming reporting periods, the effect on outputs should dissipate.

Also published, is the “VODIM” data quality report. This shows the proportion of records as counts and percentages which have ‘valid’, ‘other’, ‘default’, ‘invalid’ and ‘missing’ values. This report also describes data quality issues relevant to the analysis in the release and is produced each time as part of the publication. This allows users of the data to make their own assessment of the quality of the data for a particular purpose, drawing on these resources.

In addition, local knowledge, or other comparative data sources, may be required to distinguish changes in volume between reporting periods that reflect changes in service delivery from those that are an artefact of changes in data quality.

Reliability

Whilst local systems may be continuously updated, the CYPHS Data Set submission process provides two opportunities for data relevant to each month to be submitted. The primary submission window opens roughly one month following the end of the reporting month and the refresh submission window opens roughly two months following the end of the reporting month. This means that the timeliness of recording all relevant activity on local systems has an impact on the completeness of the CYPHS Data Set submission. For example, a referral made in September 2015, but not entered onto the local system until the beginning of December 2015, will not be included in the final September 2015 submission. Providers should use the Submission Summary Reports produced at the point of submission to ensure that all relevant data has been included. Statistics published in this report are calculated using data taken after the refresh submission has closed with no early estimated values therefore published.

Coverage – are all eligible providers submitting data?

All providers of NHS-funded community services should submit CYPHS Data Set data if they provide care for anyone under the age of 19. However, at present we are aware that a number of providers are not currently making submissions. Within the accompanying “VODIM” data quality report, there is a full list of providers submitting data in each period. When an organisation starts or ceases to submit data this can affect overall record numbers.

As a new national level dataset there are a number of issues in terms of non-response from providers which in turn has an impact in regards to the geographical coverage expected of the dataset. Therefore caution should be taken when interpreting the data at levels higher than individual provider level. Because of this no figures derived from the CYPHS Data Set data are presented as England total figures rather they are presented in terms of all providers who submitted data to the CYPHS Data Set for the reporting period in question.

Organisations who provide NHS funded community services to those aged under 19 years of age are required to report to the CYPHS dataset. However different models of local health service provision across England means that the organisations delivering such activity varies between local areas. For example some regions have a dedicated Community Healthcare trust for all ages of patients whilst others may separate community healthcare for adults and children between separate organisations and for other organisations responsibilities for such activities may fall within a local acute trust. Such models of provision can be fluid and therefore it is difficult to determine an exact number of organisations that should be submitting data to the CYPHS however it is currently expected that in excess of 100 organisations nationwide should be submitting data to CYPHS

In September 2015, 56 organisations submitted data for the CYPHS Data Set.

Local knowledge may be required to assess the completeness of a submission, based on information about local caseload. This publication provides detailed information about activity, which providers and commissioners are encouraged to review to ensure that submissions accurately reflect the local situation. Providers should also use all the aggregate record counts produced at the point of submission as part of the Submission Summary Reports to check coverage in key areas (e.g. Number of referrals).

Timeliness and Punctuality

Timeliness

The analysis in this report is based on the first data submitted by providers during both the primary and refresh submission windows. Any data which are re-submitted by a provider will be used in place of an earlier submission only within the submission window.

The monthly publication is based on the most recent available final data. For this publication, the CYPHS Data Set is published within 42 weeks of the refresh submission window closing.

A delay in producing the national extract of submitted CYPHS data has resulted in a backlog of finalised monthly data which shall be published in batches of monthly statistical releases as soon as is possible.

Therefore the timeliness of the CYPHS Data Set will improve markedly as improvements and automation are made to the extraction, transformation, loading and reporting processes associated in the reports production. Information regarding submission deadlines for CYPHS Data Set is published here:

http://www.hscic.gov.uk/maternityandchildren/CYPHS

Punctuality

The CYPHS Data Set monthly publications will be published on pre-announced dates and is therefore deemed to be punctual.

Coherence and Comparability

Coherence

There are no other national monthly publications that include the same measures as are included in this publication. However, measures that provide a snapshot count as at the end of the month are comparable with measures as at the end of a year.

However for different activities that will be reported within the CYPHS dataset there are a number of existing national data collections and reports that currently publish data depending upon their own specific topical area these are listed below.

Vaccination and Immunisation Data

Information on childhood immunisation coverage at ages one, two and five are collected through the UK Cover of Vaccination Evaluated Rapidly (COVER) collection by Public Health England. These aggregated data are collected from Child Health Information Systems (CHISs) which are computerised systems storing clinical records supporting health promotion and prevention activities for children, including immunisation.

Data from the Cover is published by NHS Digital the latest statistics for which are available through the following link http://digital.nhs.uk/pubs/immstats1516

Further information on vaccination and immunisation is captured by NHS Digital as part of the General Practice Extraction Service (GPES) via which GP Contract Services data are collected. This represents recorded activity undertaken by a practice. It is important to note that not all practices are required to flow vaccination and immunization data for this. Currently information on vaccination and immunisations from GPES is published as Experimental Statistics and are available via http://www.digital.nhs.uk/pubs/gpprac1415

National Child Measurement Programme

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

Local Authorities are asked to collect data on children's height and weight from all state maintained schools within their area. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only. The data are submitted to NHS Digital and all of the returns are collated and validated centrally.

The latest published data on the NCMP is available via the following link.
http://www.hscic.gov.uk/pubs/ncmpeng1415

Children’s public health 0-5 years - national reporting

Public Health England (PHE) implemented an interim approach to national reporting on children's public health for the 0-5 years in 2015/16. This was until such time as the Maternity Children’s Datasets of which CYPHS is one have reached full maturity in terms of data quality and coverage.

Data is submitted to PHE by local authorities on a voluntary basis and is published quarterly. The indicators include breastfeeding prevalence at 6-8 weeks and Health Visitor Service Delivery

Metrics described in legislation for universal health visitor reviews and key outcomes for children resident within a local authority (based on the child's postcode).

Data on both Breastfeeding at 6 to 8 weeks after birth and Health Visitor Service Delivery Metrics are available from http://www.chimat.org.uk/transfer

Community Information Data Set (CIDS)

The CIDS is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-based information on patients who are in contact with Community Services. Currently CIDS has only been mandated for local data collection and data extraction only. CIDS is aligned with the CYPHS data set, the two share the same structure and data items.

As such there may be local reporting of data using CIDS which would report on similar data to that reported in CYPHS however the nature and extent of such local reporting remains unknown at the national level.

Comparability

The Executive Summary presents monthly data for the measures reported at regional level. DQ_000_001 shows where a failure to submit or the discontinuation or introduction of services will have an impact on total counts.

Accessibility and Clarity

Accessibility

The format of this publication meets user needs for a greater wealth of information on children and young people’s services in England. Benefits to users include the publication of detailed data on a monthly basis together with associated data quality measures, as well as a visual representation of the national picture on a monthly basis.

We produce a machine-readable data file which allows data users to easily produce custom tabulations as required for their own analytical purposes.

This report is made freely accessible via the NHS Digital website as a PDF document together with a supporting monthly data file in machine-readable format (with an accompanying metadata document). The monthly data files are also available on the data.gov website, here:

https://data.gov.uk/data/search

Re-use of our data is subject to conditions outlined here:

http://digital.nhs.uk/data-protection/terms-and-conditions

Providers are able to obtain a record level data extract for their care activity from the Open Exeter Bureau Service Portal

Clarity

The monthly data file is presented as a .csv file, with an accompanying metadata file in MS Excel format. A broad definition of each indicator, including the data items used in the analysis and constructions and current or intended uses are provided. Terminology is defined where appropriate.

Full details of the way that CYPHS Data Set returns are processed, which will be of use to analysts and other users of these data, are provided in the CYPHS Data Set User Guidance, available on the NHS Digital website:

http://www.hscic.gov.uk/maternityandchildren/CYPHS

Trade-offs between output quality components

The format of this publication meets user needs for a greater wealth of information on NHS funded community services for those aged under 19 years in England. Benefits to users include the publication of detailed data on a monthly basis together with associated data quality measures, as well as a visual representation of the national picture on a monthly basis.

The aggregate underlying data provides a much greater scope of analysis and will support a variety of local uses as well as meeting our obligations under the Code of Practice for National Statistics and the Transparency Agenda.

The format of this publication balances the need for increased frequency of reporting and scope of analysis with NHS Digital resources and production time. NHS Digital is supporting the Open Data initiative by also publishing data in a machine-readable format.

By publishing a range of clearly defined dimensions and measures in a timely fashion we hope to support discussions between providers and commissioners about caseload and activity and promote a virtuous cycle of improving data quality, through use.

Balance between performance, cost and respondent burden

As a 'secondary uses' data set, the CYPHS Data Set does not require the collection of new data items by community providers. It re-uses existing clinical and operational data for purposes other than direct patient care.

Providers are not required to submit data held only on paper records as no provision has been made in the CYPHS Data Set for the cost of transcribing these records to an electronic format.

Only two of the data tables are required to flow each time any activity is reported within the CYPHS Data Set (CYP001; patient demographics and CYP002; GP registration); completion of the remaining tables is only necessary when activity has occurred that is captured within these tables.

Confidentiality, Transparency and Security

In order to prevent disclosure of identities or information about service users, all figures (except national) for all organisations which submitted, are rounded to the nearest five. All figures between 0 and 4 are suppressed (*).

All publications are subject to a standard NHS Digital risk assessment prior to issue. Disclosure control is implemented where deemed necessary.

Please see links below to relevant NHS Digital policies:

- Statistical Governance Policy (see link in ‘user documents’ on right hand side of page)
  http://digital.nhs.uk/pubs/calendar
- Freedom of Information Process
  http://digital.nhs.uk/foi
- A Guide to Confidentiality in Health and Social Care
  http://digital.nhs.uk/article/4979/Assuring-information
- Privacy and Data Protection
  http://digital.nhs.uk/privacy

Appendix

Table 5: Number of organisations submitting data and expected to submit data by commissioning region

	Commissioning Region				
Number of organisations submitting CYPHS data by month	**North of England**	**Midlands and East of England**	**London**	**South of England**	**Total number of providers**
September 2015	27	13	8	8	56
Number of organisations registered* with Open Exeter to Submit CYPHS Data	40	26	15	20	101
% Organisations registered* on portal who are submitting data in latest reporting month of CYPHS	68%	50%	52%	44%	55%
Number of organisations that submitted CYPHS data at least once since September 2015	27	13	8	8	56

"*" Details as reported on the BSP system at end of August 2016

In order to submit CYPHS data to NHS Digital an organisation must first register their details with the Bureau Service Portal (BSP) in to ensure that national requirements for Information Governance, Data Protection, Data Security and Confidentiality are being met. The information shown in this table only presents details of those organisations who have registered with the BSP. Not all organisations who we expect to submit data are currently registered with the BSP and we are working with these organisations centrally to address this issue. Hence the figures above are displayed to provide an indication of the levels of coverage rather than a definitive national and regional total.

Contact Us

We welcome any questions, comments or feedback relating to this new publication including:

- How useful you found the content in this publication
- What the report was used for
- Which information was the most useful
- Any changes you would like to see to improve this publication

Email: enquiries@nhsdigital.nhs.uk
Telephone: 0300 303 5678

NHS Digital
1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE

Information and technology
for better health and care

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

@nhsdigital

ISBN: 978-1-78386-826-1

This publication may be requested
in large print or other formats.

Published by NHS Digital,
part of the Government Statistical Service

NHS Digital is the trading name of the Health and Social Care Information Centre.