Public Health England

Protecting and improving the nation's health

Child Health Profiles

Summary of feedback exercise and Public Health England response

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Introduction

Child health profiles have been published nationally since 2011 for each upper tier local authority in England. PHE has responsibility for producing these statistics on an annual basis.

Thank you to all of those who took the time to respond to our survey about the content and format for future child health profiles. Until 2016 this was an annual exercise but it has moved to a biennial exercise due to the volume and extent of feedback diminishing as the profiles become established.

We have now reviewed all the comments we received and will be using this information to shape the profiles for this coming year. The table below summarises the feedback we have received and the way that we intend to respond to those points in developing future child health profiles.

The 2018 publication of the interactive tool will be in March. Due to delays in receipt of data from third party suppliers, the pdf profile reports will be updated at a later date (provisionally in June 2018).

Methodology

The Child Health Profile User Survey was conducted between 9 August and 29 September 2017. It was delivered online from the homepage: https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview

Users were invited to click on a hyperlink which launched the survey. We also included a link in PHE's Child and maternal health and wellbeing knowledge update which goes out to those interested in this field every 2 weeks. The survey consisted of 13 multiple choice and free text questions. There were 494 valid responses to the survey, with 158 completing the more detailed optional questions. The responses are summarised below.

General comments

Suggestions for additional indicators

While issues may be important in some local areas, the more generalised nature of these profiles means that, for reasons of space, it is impossible for us to include information about all the issues which we might like. Additional indicators on a range of themes are available on the PHE Fingertips tool. The interactive version of the profiles has been on Fingertips since the 2016 publication.

Timeliness of data

We always aim to use the most recently published data available at a national level. There is often a time lag between the data's collection and publication which can mean that data relates to events which occurred a year or two ago or longer. On occasions, we have to use older datasets to ensure important health issues are not omitted because they are the best and most recent available.

Data availability

Where numbers are small or appropriate data sources do not exist, it is sometimes impossible for us to publish meaningful data even when we might wish to. However, we work at a national level with partner organisations to identify such gaps in data and find ways of filling them.

In the longer term, the maternity and children's dataset (MCDS) for which data is now beginning to be collected will provide a range of linked record level data from healthcare services commissioned by the NHS and children's public health services commissioned by local authorities. This will support a wider range of indicators as well as segmentation of existing indicators by background demographics and vulnerable groups. For more information see the NHS Digital website.

Data quality

We often receive comments about the data quality of the national datasets which we use for our analysis. It is important that we make sure that the profiles are impartial, consistent and comparable and for this reason we must use the same datasets for all profiles. However, we recognise that on occasions some irregularities can occur in data collection which mean that the data reported is unrepresentative of the local position. We include a note to this effect in the indicator guide where this is recognised to be the case by those producing the national dataset.

Geographical areas covered by the profiles

A number of users have said that they would find it useful to have similar profiles for lower geographical levels such as district councils, wards, GP areas, sustainability and transformation partnership (STP) or neonatal network footprint. The child health profiles have been specifically developed to meet the needs of those working at upper tier local authority level. This reflects the public health responsibilities which sit with these organisations and the way in which wider services which affect child wellbeing such as education and social services are often based on these boundaries.

A range of indicators by life course stage and in themed views, including CCG level data, are now available on the Fingertips Child and Maternal Health page.

Some lower geographical level indicators are available through Local Health and National general practice profiles.

Relationship to other PHE tools

In response to feedback received in this and previous years, we continue to work to ensure that child health profiles are consistent with other PHE tools. On occasions, it may be appropriate to have indicators which appear similar in other PHE tools but actually differ where the tools have different purposes. Where this is the case, we are working to ensure that the difference is clearly explained in the metadata.

Feedback on specific topics

As part of this year's exercise, we sought feedback on a number of specific issues.

Key findings section

We proposed removing demographic information and child poverty from the key findings section on the front page (retaining them on the table on the front page); summarising selected key findings for all areas; and adding on two more key findings tailored to each local area. The majority of respondents (63%) agreed with the proposed changes. In 2018 we will implement these changes, ensuring that guidance is clear on how key messages are selected and where to find additional information if required.

Obesity section

We proposed replacing the bar charts with infographics to make the information more accessible to a wider audience. The majority of respondents (73%) agreed with the proposed changes. There were concerns that infographics would not include enough detail especially on variation between areas and should include the actual data. In 2018 we will look to develop an infographic to take the place of the bar charts, attempting to ensure that none of the information from the current bar charts is omitted.

GCSEs achieved (5A* to C including English and maths) for children in care indicator

It was proposed that this indicator is removed as due to the small numbers involved and variation each year, the geographical comparisons and its depiction on a spine chart are less reliable and useful than for the other indicators included. Mixed feedback was received, with no clear view. In general it was felt that although the data was flawed, the indicator was important as GCSE attainment is linked to other public health outcomes. We have therefore decided to retain this indicator but keep it under review. Both GCSE indicators (for all children and children in care) will be updated to reflect new Department for Education indicator definitions but publication timescales mean that the 2018 profile is likely still to have the previous definition for the children in care GCSE indicator in the interactive version updated in March.

Potential replacement indicators

As the GCSEs achieved for children in care indicator is being retained there will is no space on the spine chart for a new indicator. The most popular potential replacement was one to look at the percentage of school pupils with behavioural, emotional and

social support needs. We will consider incorporating this in the demographics section of the first page if space allows.

Detailed summary of feedback and responses

The following table summarises the feedback received and PHE's response in the context of Child Health Profiles 2018.

	Feedback	Response
1.	Include in indicator guide or communications material where additional information can be found such as if a specific key finding is not selected for an area where they can find that information.	We will ensure this information is included in the indicator guide.
2.	Include the number of children with special education needs (SEND) in the key findings.	We will investigate the possibility of including this indicator in the demographics section alongside pupils with behavioural, emotional and social support needs if there is sufficient space.
3.	Include more on the 5 to 19 agenda in the key findings.	We currently include a number of key findings relating to the health of children and young people aged 5 to 19 including self-harm, mental health, substance misuse, alcohol, teenage pregnancy and asthma. The more generalised nature of these profiles means that, for reasons of space, it is impossible for us to include information about all the issues which we might like. Additional indicators on a range of themes are available on the PHE Fingertips Child and Maternal Health page.
4.	Include information about child sexual exploitation.	We are unaware of a nationally available dataset which we could use as the basis of such an indicator for all local authorities.

	Feedback	Response
5.	Include an indicator on child development aged 2 to 2 ½ (Ages and Stages Questionnaire (ASQ)).	Data on child development aged 2 to 2 ½ is beginning to be submitted by local authorities via Public Health England 0 to 5 years health visiting reporting in 2017/18. This will be published in the Public Health Outcomes Framework and the Health Visitor metrics reporting when available. It will be considered for inclusion in future profiles but the data will not be available for those produced in 2018.
6.	Include social care and health visitor information.	Selected metrics are published in the Public Health Dashboard (Best Start in Life) and further detail is in the Health visitor service delivery metrics 2016 to 2017. Health visitor NHS workforce data is available from NHS Digital.
7.	Include information about alcohol abuse in young children and teenagers as a key finding.	The admission rate for alcohol specific conditions is already included as a tailored key finding. Prevalence estimates are not generally included in the profiles as they apply national data at a local level. Further data on self-reported alcohol use from the What About YOUth? survey is available on the Fingertips Health behaviours in young people profile.
8.	Include information in the key findings on maternal health before the birth of the child.	For reasons of space we are not able to include information about all aspects of child health in the report. You will find further indicators about maternal health in the Pregnancy and birth profile on Fingertips.

	Feedback	Response
9.	Include more mental health information including mental health in primary care, estimates of self-harming behaviour, maternal mental health, the percentage of mother and fathers suffering from perinatal mental health, ethnicity receiving support for mental health in schools and primary care. Include information about benchmarking on autistic spectrum disorders also.	Information about emergency admissions as a result of self-harm and mental health is already included in the profiles. We have reviewed the available mental health indicators and the majority are prevalence estimates available on Fingertips; prevalence estimates are not generally included in the profiles as they apply national data at a local level. We are unaware of other appropriate indicators which could be published at a local authority level. If space allows we will include a mental health indicator as a key findings indicator for all areas. Further information on mental health is available from the Children and young people's mental health and wellbeing profile and the report Mental health in pregnancy, the postnatal period and babies and Toddlers which is available on PHE's Fingertips tool for each local authority and clinical commissioning group.
10.	Include information on babies born sick or pre-term.	We are investigating suitable sources of data but it will not be possible to include anything on this in the 2018 publication.

	Feedback	Response
11.	Include more information on children with disabilities.	We recognise the value of such information. There is, however, no reliable source providing actual numbers of children with disabilities in local areas. Our needs assessment report focusing on children and young people with disabilities uses national prevalence estimates applied to local populations to provide a very rough estimate of the likely number of children with disabilities in each area, but these figures should only be considered as an indication of the scale of the issue. The MCDS includes data items which look at disability and children with complex needs. These will provide a useful source of information once this data collection is sufficiently established for meaningful data reporting to begin.
12.	Include infant admissions and A&E attendances with gastroenteritis or respiratory difficulties in the key findings section	The more generalised nature of these profiles means that, for reasons of space, it is impossible for us to include information about all the issues which we might like. These indicators are presented in context as part of the Pregnancy and birth profile on Fingertips.
13.	Include a good level of development as a key findings indicator for all areas.	If space allows we will include good level of development as a key findings indicator for all areas.
14.	Retain the children in low income families indicator.	Data about children living in low income families will be retained on the front page of the profiles in the demographics section and on the map. The inclusion of the indicator in future profiles will be reviewed when Her Majesty's Revenue and Customs (HMRC) has investigated the impact of recent policy changes on the statistics coverage. Further information is available from HMRC.

	Feedback	Response
15.	It would be useful to be able to see more than two additional key findings. We would like to be able to select all the key findings and see the same key findings for all areas.	For reasons of space, it is impossible for us to include all key findings for all areas. We will include in the indicator guide or communications material where additional information can be found and if a specific key finding is not selected for an area where they can find that information.
16.	Give breastfeeding a higher profile and prioritise the breastfeeding indicator.	We recognise the importance of breastfeeding and so include in the profiles both on the spine chart and in a chart on page three. In 2018, breastfeeding will be one of the key findings summarised for all areas rather than just appearing in the key findings for some areas.
17.	Consider grouping the key findings so that infant mortality and morbidity is pulled together, including smoking in pregnancy. Breastfeeding could be included in childhood obesity as research has shown a positive link in controlling childhood obesity by promoting breastfeeding.	It was decided to retain the current structure as this would be difficult to implement technically and could be confusing for a wider audience. Overall areas should see information about more topics included in their profile as a result of the changes we will be making to the key findings.
18.	It was suggested that information about children who are underweight should also be included in the obesity section.	We will explore if this is possible in the newly developed infographic obesity section. If this is not possible in terms of space, information is available on PHE's Fingertips tool for this indicator.
19.	It would be useful to toggle between bar charts and infographic view.	This cannot be achieved using the current technologies used to produce the Child Health Profiles but will be considered for future profile development .
20.	The obesity section should start much earlier, showing from baby up to 11 and the links with infant feeding options. The indicator for obesity should be measured at 1 year old.	We are unaware of a nationally available dataset which we could use as the basis of such an indicator for all local authorities.

	Feedback	Response
21.	Questions about whether the healthy weight range takes into account the height of the child and allows for gradual slimming of a normally large toddler.	Technical definitions for the obesity indicators are available on Fingertips.
22.	Include additional breastfeeding data such as for 10 days, new birth visit, 6 months and 12 months, 2 years, reasons for not breastfeeding, bringing back the infant feeding survey.	We are unaware of a current nationally available dataset which we could use as the basis of such an indicator for all local authorities. PHE currently has no plans to repeat the infant feeding survey.
23.	Add an indicator on the percentage of children accessing pre-school education, divided by socioeconomic status.	For reasons of space, it is impossible for us to include all indicators for all areas. Data on access to pre-school education is available from the Department for Education.
24.	Include an indicator on holistic care received.	We are unaware of a nationally available dataset which we could use as the basis of such an indicator for all local authorities.
25.	Include information about the proportion of 2 to 2 ½ reviews that are carried out jointly with Early Years Foundation Stage practitioners.	We are unaware of a nationally available dataset which we could use as the basis of such an indicator for all local authorities. Additional data may be available in future following development of the MCDS.
26.	Include dental indicators about the percentage of children who have seen an NHS dentist in the last year and access to NHS dental services for children aged 0 to 4. In areas with poor oral health it would be useful to know the uptake of dental care in the 0 to 4 population and the provision of fluoride varnish in this age group.	These are not outcomes indicators and therefore would not be included in the Child Health Profiles. If developed by PHE, they will be published on Fingertips.

	Feedback	Response
27.	Show more information about annual trends.	We include information about trends for some indicators on page 2. The inclusion of arrows in the spine chart also gives information for each indicator about trends. Unfortunately, space does not allow further information about trends to be included in the PDF report versions of the profiles. This information is, however, available in the trends tab in the interactive version of the profiles on PHE's Fingertips tool.
28.	Include information about single parent families.	We are unaware of a nationally available dataset which we could use as the basis of such an indicator for all local authorities which is updated on a regular basis.
29.	Include an indicator about homelessness.	Family homelessness is already included on the profiles in the spine chart on page 4.
30.	Include information about the overall number of children on the child protection register annually.	Having reviewed the data available, we consider that local authorities are likely to have better data locally than anything which is reported at a national level.
31.	Include information about new sexually transmitted infection (STI) diagnosis rate for under 20s.	Sexual health indicators were reviewed during the feedback exercise in 2016. It was decided that there were difficulties in using just one sexual health indicator in the profiles given the complexity of what different measures show and the difficulties of comparisons to the England average about what is better or worse. Chlamydia detection rates are included in a chart on page 3 to give greater opportunity to explore this complex issue and also to maintain a degree of prominence as an important health topic for this age group.

	Feedback	Response
32.	Include new estimates around parental substance misuse, referring to drug misuse rather than substance misuse as substance misuse includes alcohol.	Prevalence estimates are not generally included in the profiles as they apply national data at a local level. The hospital admissions due to substance misuse (15-24 years) indicator on the spine chart on page 4 refers to substance misuse rather than drug use as it includes codes for non-drug use. For example F15 Mental and behavioural disorders due to use of other stimulants, including caffeine and F18 Mental and behavioural disorders due to use of volatile solvents are included in the analysis.
33.	Education indicators will need to change to numbered grades rather than A*to C.	We plan to update the definitions and reporting of this indicator in line with the changing definitions of the Department for Education indicators.
34.	Sometimes our local data is different and so understanding the methodology is particularly important.	Methodology and definitions of indicator are available in the accompanying indicator guide and on Fingertips.
35.	Display clearly what the data sources are and which years the data relates to as we are aware some data is older than other data.	The years of data are given in the text where appropriate and in the footnotes of the spine chart on page 4. Methodology, sources and definitions for indicators are available in the accompanying indicator guide and on Fingertips.

	Feedback	Response
36.	Give guidance around what indicators it is most useful to compare to get a sense of the overall picture, including areas which are most like the ones in which I work. Enable comparisons by showing the five lowest rates compared to the five highest. Present information in context.	The overall purpose of the profiles is to provide a concise summary of key issues in child health for a local area and should be considered in its totality; child health is complex and so should be looked at as a whole. The key findings section on page 1 is designed to guide you towards indicators which may be of particular interest to your area. Looking at how your area compares to other similar local authorities (statistical neighbours), the region and nationally for these indicators may be of particular interest. This can be done either using the PDF reports or by looking at the interactive information available on Fingertips. The spine chart on page 4 shows the comparison with the highest and lowest in England and regional and national average. Comparisons within a region and against statistical neighbours can be made using the Fingertips Overview of Child Health section. Should you require further advice, please contact chimat@phe.gov.uk and we can arrange for PHE's local knowledge and intelligence service to discuss this with you.
37.	Write in a style which is easily understood.	We try to present often complex information in an easy to understand way in all our outputs.