Public Health England

Protecting and improving the nation's health

Health visitor service delivery metrics and outcomes

Metric and outcome definitions

This document presents metadata including the definitions of health visitor service delivery metrics and associated outcomes as calculated from the Community Services Dataset

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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Introduction

In October 2015 the responsibility for commissioning children's public health 0-5 years transferred from the NHS to local authorities. Public Health England established an interim data collection for health visiting activity and related outcomes. Summary data is currently collected from commissioners of health visiting services in each local authority. Metrics describing service levels and public health outcomes for children are reported quarterly from this source.

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. From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3™) was identified through research to be suitable for generating data for a population measure of child development outcomes and from testing with parents and professionals to be acceptable for use in practice. ASQ-3™ is not a screening tool, but does provide an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or targeting of services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills.

The following metrics and outcomes are used to describe the universal activity of health visitors:

- antenatal reviews after 28 weeks
- new birth visits within 14 days
- new birth visits after 14 days
- 6 to 8 week reviews
- breastfeeding at 6 to 8 weeks
- 12 month reviews within 12 months
- 12 month reviews within 15 months
- 2-2½ year reviews within 2½ years
- 2-2½ year reviews which used Ages and Stages Questionnaire (ASQ-3™)
- children at or above the expected level of development in communication skills at 2-2½ years
- children at or above the expected level of development in gross motor skills at 2-2½ years
- children at or above the expected level of development in fine motor skills at 2-2½ years

- children at or above the expected level of development in problem solving skills at 2-2½ years
- children at or above the expected level of development in personal-social skills at 2-2½ years
- children at or above the expected level of development in all 5 areas of development at 2-2½ years

In the longer term, reporting on health visitor activity and related child health outcomes will draw all data from NHS Digital's Community Services Data Set (CSDS). Data has started to be reported from the dataset, and all the reports and publications can be found on the NHS Digital website. This solution will allow more flexibility in reporting, including options for metrics at lower geographical levels, and for inequalities to be described and monitored.

Reporting from a record-level dataset enforces standard definitions in a way that was not previously possible. This brings advantages in that the metric is defined in exactly the same way in all geographical areas, meaning that users can be assured that comparisons are meaningful.

Working definitions were developed and feedback sought through a survey run between 31 August to 21 September 2018. Commissioners and providers of public health services for children aged under 5 were invited to give their views on the proposed definitions which will form the basis for ongoing refinement, allowing for improvement over time.

The definitions in this document have been developed through the refinement of those original proposals, based on the feedback received. These definitions will be used for metric publication and are expected to be revised as data quality improves.

Each metric is described in detail below. In order to describe precise definitions:

- CSDS tables are prefaced 'CYP', for example CYP202 is the table holding details of care activity
- fields within tables are referenced in capitals, for example COMMUNITY CARE ACTIVITY TYPE CODE is the field within CYP202 which captures the activity type
- field values (where these are drawn from a pre-specified list of values) are described in bold, for example **Health Visitor New Birth Visit** and **Health Visitor Health Review (6-8 weeks)** are both options that can be recorded for a record's COMMUNITY CARE ACTIVITY TYPE CODE

More information is contained within the dataset's data model and technical output specification. General information about the dataset, including links to these and other documentation can be found on NHS Digital's website.

Definitions

Antenatal review

Definition	Women receiving an antenatal review after 28 weeks of their pregnancy.
Rationale	An antenatal visit after 28 weeks of pregnancy provides an opportunity for the health visitor to meet the mother and father at the right time to aid preparation for parenthood. The review includes the promotion of health and wellbeing, including an assessment of the mother's mental health, checking that she has received the pertussis in pregnancy vaccine and has applied for any benefits she is entitled to. It is an opportunity to identify any problems early and to talk about reduction in risk of sudden unexpected death in infancy (SUDI). More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Limitations	No clear process for inputting and reporting on this data item has yet been identified and further investigation of the process and the ways in which the data are being collected and reported need to be understood in greater depth. Further feedback will be sought on the development of this metric, in order to identify a meaningful denominator.
Further information	General information about the CSDS CSDS reports and statistics.

New birth visit within 14 days

Definition	Proportion of infants receiving a new birth visit between 8 and 14 days (2 weeks).
Rationale	All infants and their families are eligible to receive a visit led by a health visitor within the first 2 weeks from birth. This is an important visit to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. This visit is also important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries. More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 30 days within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator where: • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is **Health Visitor New Birth Visit**

	• CARE CONTACT DATE in table CYP201 is between 8 and 14 days (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001
Source of numerator	CSDS
Age range	30 days
Geographical level	Infants will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into any community service in England. This means that children for whom a timely referral is not received into the health visiting service are not likely to be counted in the denominator. In some cases this may be for specific valid reasons, such as the infant not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to the service will also affect the numbers of children who are counted in the denominator, and may result in the numbers of children eligible for a visit appearing low when compared to the number of births in the area. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, or where the infant is still in hospital) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	General information about the CSDS CSDS reports and statistics

New birth visit after 14 days

Definition	Proportion of infants receiving a new birth visit between 15 and 30 days (2 to 4 weeks).
Rationale	All infants and their families are eligible to receive a visit led by a health visitor within the first 2 weeks from birth. This is an important visit to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. This visit is also important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries. Ideally these visits will take place within 2 weeks of birth, but visits outside of this time frame during the first 30 days are still of value and therefore this metric allows the number of new birth visits delivered in total to be established.

	More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 30 days within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator where: • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is **Health Visitor New Birth Visit** CARE CONTACT DATE in table CYP201 is between 15 and 30 days (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001.
Source of numerator	CSDS
Age range	30 days
Geographical level	Infants will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into any community service in England. This means that children for whom a timely referral is not received into the health visiting service are not likely to be counted in the denominator. In some cases this may be for specific valid reasons, such as the infant not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to the service will also affect the numbers of children who are counted in the denominator, and may result in the numbers of children eligible for a visit appearing low when compared to the number of births in the area. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, or where the infant is still in hospital) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	General information about the CSDS CSDS reports and statistics

6 to 8 week review

Definition	Proportion of infants receiving a 6 to 8 week review between 6 to 8 weeks.
Rationale	The 6 to 8 week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health,

	as well as reinforcing the discussions and messages from the new birth visit. It is an opportunity to ensure the mother has had a six-week postnatal check, and that the infant has received the infant physical examination, as well as a reminder of the importance of the vaccinations that take place in the first few months. Any difficulties the mother has had in receiving benefits she is entitled to can be discussed and support offered. More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 56 days within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator where: • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is **Health Visitor Health Review (6-8 weeks)** • CARE CONTACT DATE in table CYP201 is between 42 and 56 days (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001
Source of numerator	CSDS
Age range	8 weeks
Geographical level	Infants will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into any community service in England. This means that children for whom a timely referral is not received into the health visiting service are not likely to be counted in the denominator. In some cases this may be for specific valid reasons, such as the infant not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to the service will also affect the numbers of children who are counted in the denominator, and may result in the numbers of children eligible for a visit appearing low when compared to the number of births in the area. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, or where the infant is still in hospital) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	General information about the CSDS CSDS reports and statistics

Breastfeeding at 6 to 8 weeks

Definition	Proportion of children receiving any breastmilk at 6-8 weeks. This includes children who are fed expressed breastmilk, including donor breastmilk. This indicator includes both exclusive and partial breastfeeding, where breastmilk is given as well as formula milk.
Rationale	This indicator is included in the Public Health Outcomes Framework as a valid and an important measure of public health. The World Health Organization recommends exclusive breastfeeding up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to 2 years of age or beyond. Breastfeeding contributes to the health of both mother and baby, and there is evidence that most mothers who stopped breastfeeding before 6 months would have liked to continue for longer, as described by NICE. This indicator is currently collected and reported by Public Health England as an official statistic, however as data quality improves within the CSDS, it will become the official source for this indicator.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 56 days within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator who have at least one feeding status recorded at a time when they were between 42 and 63 days (inclusive). A feeding status can be recorded in more than 1 way: • in table CYP610, which is a dedicated table to record breast milk feeding status • as a CODED FINDING using clinical terminology in table CYP202 The clinical terminology considered is detailed in appendix 1; attempts have been made to identify and capture all infant feeding status codes in use, however if additional ones in use do arise and can be identified they will be incorporated into publications. This finding is likely to be recorded as part of a record with COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 of **Health Visitor Health Review (6-8 weeks)**, but no specific restriction will be applied. If a child has more than one feeding status recorded (using either method described above) during the 'window' of 42 to 63 days, the earliest one will be included, as it is assumed the earlier statuses are more likely to record breastfeeding. The use of a wider age range for the numerator than for the denominator means that the indicator reporting schedule needs to be carefully considered, as children turning 8 weeks at the end of the period may go on to have a status recorded in the subsequent period which should be included. However, the data so far have suggested that a small but significant proportion of children are having their 6 to 8 week review at slightly older than 8 weeks, and the inclusion of feeding

	statuses collected at these reviews will be valuable for inclusion in this indicator to improve coverage and reduce the risk of bias.
Source of numerator	CSDS
Age range	8 weeks
Geographical level	Infants will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into a community service. This means that children for whom a timely referral is not received into the health visiting service will not be counted in the denominator. In some cases this may be for specific valid reasons, such as the infant not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to the service will also affect the numbers of children who are counted in the denominator, and may result in the numbers of children eligible for a visit appearing low when compared to the number of births in the area. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, or where the infant is still in hospital, or a failure to update the details of a child who has left England or has died) will be included in the denominator and will therefore serve to lower the level of the metric as reported. Information about feeding statuses captured within primary care systems will not be included.
Further information	General information about the CSDS CSDS reports and statistics NICE guideline: Maternal and child nutrition (PH11)

12 month review within 12 months

Definition	Proportion of children who received a 12 month review by 12 months.
Rationale	All children should receive a review by a health visitor led team shortly before they turn one year. This allows for assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any concerns that they may have about their baby's health, as well as a reminder of the importance of the vaccinations at around one year. It also allows monitoring of the baby's growth, and discussions on home safety, weaning and oral health for a baby who can sit independently, roll over, and may be starting to stand. In addition, it presents an opportunity to discuss preconception health before any future pregnancy. A review between 9 and 12 months ensures any issues can be identified early and referrals made as appropriate.

	More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 366 days (12 months) within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator where: • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is **Health Visitor Health Review (1 year)** • CARE CONTACT DATE in table CYP201 is between 270 days (9 months) and 366 days (12 months, accounting for leap years) (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001
Source of numerator	CSDS
Age range	12 months
Geographical level	Children will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into a community service. This means that children for whom a timely referral is not received into any community service prior to turning 12 months will not be counted in the denominator. In some cases this may be for specific valid reasons, such as the child not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to a community service will also affect the numbers of children who are counted in the denominator; this may include, for example, children who move into England shortly before they turn 1 year. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, where the child is still in hospital, or a failure to update the details of a child who has left England or has died) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	General information about the CSDS CSDS reports and statistics

12 month review within 15 months

Definition	Proportion of children who received a 12 month review by 15 months
Rationale	All children should receive a review by a health visitor led team shortly before they turn one year. This allows for assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any concerns that they may have about their baby's health, as well as a reminder of the importance of the vaccinations at around one year. It also allows monitoring of the baby's growth, and discussions on home safety, weaning and oral health for a baby who can sit independently, roll over, and may be starting to stand. In addition, it presents an opportunity to discuss preconception health before any future pregnancy. A review between 9 and 12 months ensures any issues can be identified early and referrals made as appropriate, however it is accepted that for many reasons these reviews may be a little late and the content is still of value. This metric therefore shows the proportion of children who have a 12 month review on time or slightly late. More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 457 days (15 months) within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator where: • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is **Health Visitor Health Review (1 year)** • CARE CONTACT DATE in table CYP201 is between 270 days (9 months) and 457 days (15 months) (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001
Source of numerator	CSDS
Age range	15 months
Geographical level	Children will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into a community service. This means that children for whom a timely referral is not received into any community service prior to turning 15 months will not be counted in the denominator. In some cases this may be for specific valid reasons, such as the child not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to a community service will also affect the numbers of children who are

	counted in the denominator; this may include, for example, children who move into England shortly before they turn 15 months. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, where the child is still in hospital, or a failure to update the details of a child who has left England or has died) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	General information about the CSDS CSDS reports and statistics

2-2½ year review within 2½ years

Definition	Proportion of children who received a 2- 2½ year review by 2½ years
Rationale	All children should receive a health review at around 2- 2½ years. This allows for an integrated review of their development. In addition, it presents an opportunity to discuss preconception health before any future pregnancy, and an opportunity to support the parents with issues such as access to a nursery place including free provision, and a reminder of the importance of the pre-school booster. More information can be found in the Healthy Child Programme and the rapid review to update the evidence.
Denominator	Children within the CSDS whose PERSON BIRTH DATE in table CYP001 indicates they turn 914 days (2½ years) within the period considered.
Source of denominator	CSDS
Numerator	Children contained within the denominator where: • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is **Health Visitor Health Review (2-2.5 years)** • CARE CONTACT DATE in table CYP201 is between 691 days (23 months) and 914 days (2½ years) (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001
Source of numerator	CSDS
Age range	2½ years
Geographical level	Children will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into a community service. This means that children for whom a timely referral is not received into any community service prior to turning 2½ years

	will not be counted in the denominator. In some cases this may be for specific valid reasons, such as the child not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to a community service will also affect the numbers of children who are counted in the denominator; this may include, for example, children who move into England shortly before they turn 2½ years. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, where the child is still in hospital, or a failure to update the details of a child who has left England or has died) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	General information about the CSDS CSDS reports and statistics

2-2½ year reviews which used Ages and Stages Questionnaire (ASQ-3™)

Definition	Proportion of children who received a 2- 2½ year review by 2½ years during which the ASQ-3™ was used
Rationale	From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The ASQ-3™ was identified through research to be suitable for generating data for a population measure of child development outcomes and from testing with parents and professionals to be acceptable for use in practice. Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. ASQ-3™ is not a screening tool, but does provide an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or targeting of services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and social / emotional skills.
Denominator	Children within the CSDS where: • PERSON BIRTH DATE in table CYP001 indicates they turn 914 days (2½ years) within the period considered. • COMMUNITY CARE ACTIVITY TYPE CODE in table CYP202 is Health Visitor Health Review (2-2.5 years)

	• CARE CONTACT DATE in table CYP201 is between 691 days (23 months) and 914 days (2½ years) (inclusive) later than the PERSON BIRTH DATE recorded in table CYP001
Source of denominator	CSDS
Numerator	Records contained within the denominator which are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month scores in table CYP612. This will be any of the SNOMED CT codes listed in appendix 2.
Source of numerator	CSDS
Age range	2½ years
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The CSDS is intended to contain a record for each child born or moving into England, at or soon after this point. However, coverage is known to not be 100%, and inclusion is dependent on referral into a community service. This means that children for whom a timely referral is not received into any community service prior to turning 2½ years will not be counted in the denominator. In some cases this may be for specific valid reasons, such as the child not having being discharged from hospital, or parental choice not to engage with the health visiting service. However, any other factors delaying timely referral to a community service will also affect the numbers of children who are counted in the denominator; this may include, for example, children who move into England shortly before they turn 2½ years. Conversely, referrals of children for whom a visit may be inappropriate (such as those whose parents have opted-out, where the child is still in hospital, or a failure to update the details of a child who has left England or has died) will be included in the denominator and will therefore serve to lower the level of the metric as reported. These visits should be face-to-face where practicable, and the relevant data item capturing this information will be monitored, with an expectation that in time this metric will be revised to report in addition on visits that were specifically recorded as face-to-face.
Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Children at or above the expected level of development in communication skills at 2-2½ years

Definition	Proportion of reviews in which the child was assessed to be at or above the expected level of development in communication skills at 2-2½ years.
Rationale	Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3™) was identified to be suitable for generating data for a population measure of child development outcomes. It provides an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. These indicators of child development at 2-2½ calculated from the ASQ-3™ scores are outcomes indicators, allowing PHE to measure trends and improvements in child development outcomes which will drive school readiness and longer-term outcomes in later life such as education, employment and life chances.
Denominator	Children who are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month communication skills scores in table CYP612. The full list is shown in appendix 2, and the relevant SNOMED CT codes for communication skills are: 953211000000100 ASQ-3 24 month questionnaire - communication score 953261000000103 ASQ-3 27 month questionnaire - communication score 953311000000105 ASQ-3 30 month questionnaire - communication score
Source of denominator	CSDS
Numerator	Records contained within the denominator where the associated score in table CYP612 is at or above the threshold set for communication skills for the questionnaire used. If more than one score is recorded for a child the latest one will be considered. The full list is shown in appendix 2, and the relevant scores for communication skills are: 953211000000100 ASQ-3 24 month questionnaire - communication score 25.17 953261000000103 ASQ-3 27 month questionnaire - communication score 24.02

	953311000000105 ASQ-3 30 month questionnaire - communication score 33.30
Source of numerator	CSDS
Age range	N/A
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The ability of local areas to collect and report this information is known to vary. The definition of this metric is likely to be reviewed as coverage improves.
Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Children at or above the expected level of development in gross motor skills at 2-2½ years

Definition	Proportion of reviews in which the child was assessed to be at or above the expected level of development in gross motor skills at 2-2½ years.
Rationale	Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3™) was identified to be suitable for generating data for a population measure of child development outcomes. It provides an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. These indicators of child development at 2-2½ calculated from the ASQ-3™ scores are outcomes indicators, allowing PHE to measure trends and improvements in child development outcomes which will drive school readiness and longer-term outcomes in later life such as education, employment and life chances.
Denominator	Children who are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month gross motor skills scores in table CYP612. The full list is shown in appendix 2, and the relevant

	SNOMED CT codes for gross motor skills are: 953231000000108 ASQ-3 24 month questionnaire – gross motor score 953281000000107 ASQ-3 27 month questionnaire - gross motor score 953331000000102 ASQ-3 30 month questionnaire - gross motor score
Source of denominator	CSDS
Numerator	Records contained within the denominator where the associated score in table CYP612 is at or above the threshold set for gross motor skills for the questionnaire used. If more than one score is recorded for a child the latest one will be considered. The full list is shown in appendix 2, and the relevant scores for gross motor skills are: 953231000000108 ASQ-3 24 month questionnaire – gross motor score 38.07 953281000000107 ASQ-3 27 month questionnaire - gross motor score 28.01 953331000000102 ASQ-3 30 month questionnaire - gross motor score 36.14
Source of numerator	CSDS
Age range	N/A
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The ability of local areas to collect and report this information is known to vary. The definition of this metric is likely to be reviewed as coverage improves.
Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Children at or above the expected level of development in fine motor skills at 2-2½ years

Definition	Proportion of reviews in which the child was assessed to be at or above the expected level of development in fine motor skills at 2-2½ years.
Rationale	Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential.

	From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3^{TM}) was identified to be suitable for generating data for a population measure of child development outcomes. It provides an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. These indicators of child development at 2-2½ calculated from the ASQ-3^{TM} scores are outcomes indicators, allowing PHE to measure trends and improvements in child development outcomes which will drive school readiness and longer-term outcomes in later life such as education, employment and life chances.
Denominator	Children who are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month fine motor skills scores in table CYP612. The full list is shown in appendix 2, and the relevant SNOMED CT codes for fine motor skills are: 953221000000106 ASQ-3 24 month questionnaire - fine motor score 953271000000105 ASQ-3 27 month questionnaire - fine motor score 953321000000104 ASQ-3 30 month questionnaire - fine motor score
Source of denominator	CSDS
Numerator	Records contained within the denominator where the associated score in table CYP612 is at or above the threshold set for fine motor skills for the questionnaire used. If more than one score is recorded for a child the latest one will be considered. The full list is shown in appendix 2, and the relevant scores for fine motor skills are: 953221000000106 ASQ-3 24 month questionnaire - fine motor score 35.16 953271000000105 ASQ-3 27 month questionnaire - fine motor score 18.42 953321000000104 ASQ-3 30 month questionnaire - fine motor score 19.25
Source of numerator	CSDS
Age range	N/A
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The ability of local areas to collect and report this information is known to vary. The definition of this metric is likely to be reviewed as coverage improves.

Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Children at or above the expected level of development in problem solving skills at 2-2½ years

Definition	Proportion of reviews in which the child was assessed to be at or above the expected level of development in problem solving skills at 2-2½ years.
Rationale	Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3™) was identified to be suitable for generating data for a population measure of child development outcomes. It provides an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. These indicators of child development at 2-2½ calculated from the ASQ-3™ scores are outcomes indicators, allowing PHE to measure trends and improvements in child development outcomes which will drive school readiness and longer-term outcomes in later life such as education, employment and life chances.
Denominator	Children who are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month problem solving skills scores in table CYP612. The full list is shown in appendix 2, and the relevant SNOMED CT codes for problem solving skills are: 953241000000104 ASQ-3 24 month questionnaire - problem solving score 953291000000109 ASQ-3 27 month questionnaire - problem solving score 953341000000106 ASQ-3 30 month questionnaire - problem solving score
Source of denominator	CSDS
Numerator	Records contained within the denominator where the associated score in table CYP612 is at or above the threshold set for problem solving

	skills for the questionnaire used. If more than one score is recorded for a child the latest one will be considered. The full list is shown in appendix 2, and the relevant scores for problem solving skills are: 953241000000104 ASQ-3 24 month questionnaire - problem solving score 29.78 953291000000109 ASQ-3 27 month questionnaire - problem solving score 27.62 953341000000106 ASQ-3 30 month questionnaire - problem solving score 27.08
Source of numerator	CSDS
Age range	N/A
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The ability of local areas to collect and report this information is known to vary. The definition of this metric is likely to be reviewed as coverage improves.
Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Children at or above the expected level of development in personal-social skills at 2-2½ years

Definition	Proportion of reviews in which the child was assessed to be at or above the expected level of development in personal-social skills at 2-2½ years.
Rationale	Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3™) was identified to be suitable for generating data for a population measure of child development outcomes. It provides an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. These indicators of child

	development at 2-2½ calculated from the ASQ-3™ scores are outcomes indicators, allowing PHE to measure trends and improvements in child development outcomes which will drive school readiness and longer-term outcomes in later life such as education, employment and life chances.
Denominator	Children who are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month personal-social skills scores in table CYP612. The full list is shown in appendix 2, and the relevant SNOMED CT codes for personal-social skills are: 953251000000101 ASQ-3 24 month questionnaire - personal-social score 953301000000108 ASQ-3 27 month questionnaire - personal-social score 953351000000109 ASQ-3 30 month questionnaire - personal-social score
Source of denominator	CSDS
Numerator	Records contained within the denominator where the associated score in table CYP612 is at or above the threshold set for personal-social skills for the questionnaire used. If more than one score is recorded for a child the latest one will be considered. The full list is shown in appendix 2, and the relevant scores for personal-social skills are: 953251000000101 ASQ-3 24 month questionnaire - personal-social score 31.54 953301000000108 ASQ-3 27 month questionnaire - personal-social score 25.31 953351000000109 ASQ-3 30 month questionnaire - personal-social score 32.01
Source of numerator	CSDS
Age range	N/A
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The ability of local areas to collect and report this information is known to vary. The definition of this metric is likely to be reviewed as coverage improves.
Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Children at or above the expected level of development in all 5 areas of development at 2-2½ years

Definition	Proportion of reviews in which the child was assessed to be at or above the expected level of development in all 5 domains of the ASQ-3™ at 2-2½ years.
Rationale	Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3TM) was identified to be suitable for generating data for a population measure of child development outcomes. It provides an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or early intervention services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. These indicators of child development at 2-2½ calculated from the ASQ-3TM scores are outcomes indicators, allowing PHE to measure trends and improvements in child development outcomes which will drive school readiness and longer-term outcomes in later life such as education, employment and life chances.
Denominator	Children who: • are linked to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month communication skills scores • and to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month gross motor skills scores • and to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month fine motor skills scores • and to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month problem solving skills scores • and to one or more CODED ASSESSMENT TOOL TYPE relating to ASQ-3 24, 27 or 30 month personal-social skills scores • in table CYP612. See appendix 2 for details.
Source of denominator	CSDS
Numerator	Records contained within the denominator where each of the 5 domain

	scores is at or above the threshold set for that domain. If more than one score is recorded for a child within a domain, the latest one will be considered. The threshold relates to the ASQ-3™ domain and to the questionnaire type: see appendix 2 for details.
Source of numerator	CSDS
Age range	N/A
Geographical level	Records will be assigned to local authorities based on the POSTCODE OF USUAL ADDRESS recorded in CYP001.
Method	Percentage
Limitations	The ability of local areas to collect and report this information is known to vary. The definition of this metric is likely to be reviewed as coverage improves.
Further information	• Developing a public health outcome measure for children aged 2 to 2.5 using ASQ-3™ • Feasibility study: developing the capability for population surveillance using indicators of child development outcomes aged 2 to 2 and a half years • Further analysis of ASQ-3™ submissions by NHS Digital

Appendix 1: Coded findings incorporated in breastfeeding numerator

Description	SNOMED CT Code	Read	Wholly/ Partial
Breast fed (finding)	169741004	62P1.	W
Bottle changed to breast (finding)	169751003	62PB.	W
Breastfeeding at discharge from hospital	364991000000100	XaPO0	W
Breastfeeding at discharge from hospital	364991000000100	62PE.	W
Breastfeeding started (finding)	169745008	62P5.	W
Demand fed (finding)	230127002	Ub1ve	W
Breastfeeding with supplement	169743001	62P3.	P
Breastfeeding and supplementary bottle feeding at discharge from hospital	365091000000100	XaPO8	P
Breastfeeding and supplementary bottle feeding at discharge from hospital	365091000000100	62P30	P
Breast fed at 6 weeks	169973004	6422.	W
Breast and supplement fed at 6 weeks (finding)	169974005	6423.	P
Breast fed and bottle fed (finding)	733896006		P
Breast fed at 10 days (finding)	169968005	6412.	W
Breast and supplement fed at 10 days (finding)	169969002	6413.	P
Infant bottle fed (finding)	268472006	XE1SF	
Infant bottle fed (finding)	268472006	62P2.	
Bottle feeding at discharge from hospital	365171000000100	XaPOG	
Bottle feeding at discharge from hospital	365171000000100	62PF.	
Bottle feeding started (finding)	169747000	62P7.	
Breast changed to bottle feed (finding)	169744007	62P4.	
Breastfeeding stopped (finding)	169746009	62P6.	
Bottle fed at 6 weeks	169972009	6421.	
Bottle fed at 10 days	169967000	6411.	
Mother current breast feeding	169750002	62PA.	W
Bottle fed at birth	412728002	XaJgm	
Bottle fed at birth	412728002	64e0.	
Breast fed at birth	412729005	XaJgn	W
Breast fed at birth	412729005	64e1.	W
Breast and supplementary bottle fed at birth	491951000000103	XaQ7W	P

Please be aware this list can be updated by NHS Digital on occasions where different codes in use to record breastfeeding are identified.

Appendix 2: Coded findings relevant to ASQ™ and thresholds for outcomes

Description	SNOMED CT Code	Threshold score for expected level of development
ASQ-3 24 month questionnaire - communication score	953211000000100	25.17
ASQ-3 24 month questionnaire - fine motor score	953221000000106	35.16
ASQ-3 24 month questionnaire - gross motor score	953231000000108	38.07
ASQ-3 24 month questionnaire - personal-social score	953251000000101	31.54
ASQ-3 24 month questionnaire - problem solving score	953241000000104	29.78
ASQ-3 27 month questionnaire - communication score	953261000000103	24.02
ASQ-3 27 month questionnaire - fine motor score	953271000000105	18.42
ASQ-3 27 month questionnaire - gross motor score	953281000000107	28.01
ASQ-3 27 month questionnaire - personal-social score	953301000000108	25.31
ASQ-3 27 month questionnaire - problem solving score	953291000000109	27.62
ASQ-3 30 month questionnaire - communication score	953311000000105	33.30
ASQ-3 30 month questionnaire - fine motor score	953321000000104	19.25
ASQ-3 30 month questionnaire - gross motor score	953331000000102	36.14
ASQ-3 30 month questionnaire - personal-social score	953351000000109	32.01
ASQ-3 30 month questionnaire - problem solving score	953341000000106	27.08