Public Health England

Protecting and improving the nation's health

Health visitor service delivery metrics and outcomes

Response to feedback on metric definitions

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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Executive summary

Universal health visitor reviews are a mandated service covered by the public health grant to local authorities. PHE currently publishes quarterly and annual statistics for these services by collating data from a voluntary, aggregate data collection from local authorities. This is in the process of being superseded by a record level collection of data from publicly funded service providers, which is submitted to NHS Digital via the Community Services Dataset (CSDS). In order to support this transition, the definitions for the relevant metrics have been reviewed.

It is important that we can collectively understand and track performance for health visitor services. To do this effectively, we are keen to understand from commissioners and service providers how best to define these metrics for the future in order to collect data in a consistent and relevant way which allows for meaningful comparison between areas. We have recently conducted a survey to seek advice on how best to define and improve the collection and reporting of this data in the future.

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.

There were 123 responses to an online survey: 33% from local authority commissioners and 36% from NHS providers of health visiting services. Responses were received from all 9 regions of England. For each metric, the majority of respondents agreed with the proposed definitions.

Free text comments were analysed for common themes, which included requests for changing the allowable time window in which it is acceptable for the scheduled health review to take place in order to be included in the metrics, and for clarification of definitions.

This feedback will inform the development of the initial working metadata document, which will contain detailed definitions and rationales.

Background

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.

Data about child development is collected based on the use of the Ages and Stages Questionnaire-3 (ASQ-3) with each child. ASQ-3 covers 5 domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development. Health visiting teams should have been using ASQ-3 as part of a child's 2 year reviews from April 2015.

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.

Survey

Working definitions were proposed and feedback sought through an online survey run between 31 August to 21 September 2018. A link to the online survey was disseminated through PHE Centres to local authorities and PHE's Child and maternal health and wellbeing knowledge update. A reminder to complete the survey was also included in the latest 2 system-generated reminder emails to local authorities for the aggregate data collection which was taking place at the same time. 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.

Each metric (see appendix 1) was described, with an option to record agreement ("yes", "no" or "unsure") and a free-text box for additional comments.

PHE is grateful for the feedback which will help define initial reporting requirements for these metrics. We will seek further feedback in the future to refine definitions and ensure they continue to meet the needs of users.

Responses to the survey

There were 123 valid responses to the online survey, with any responses where the respondent had not commented on metrics (that is, where they had only completed fields asking about their role and location) excluded. The extent to which respondents agreed with the proposed definition for each metric is summarised below. The free-text comments were categorised by common theme and are reported for each metric.

There were 123 responses: 33% (40 responses) from local authority commissioners and 36% (44 responses) from NHS providers of health visiting services. The remainder were local authority analysts (12% (15 responses)), independent-sector providers of health visiting services (7% (9 responses)) and a small number of staff in other roles. The principle users of this data are expected to be local authority commissioners advised by their analysts and providers of NHS health visiting services (both independent-sector and NHS) and so 88% (108 responses) were from the target groups for the survey. Responses were received from all 9 regions of England, suggesting that the sample should be relatively representative of different local areas.

For each metric, most respondents agreed with the proposed definitions, with the proportions of "yes" responses ranging from 67% for breastfeeding to 89% for the 2 to 2½ year review. A summary of the findings is given below in table 1. The original proposed definitions can be found in appendix 1.

Table 1: Overall levels of agreement for each metric definition

Agreement with proposed definition for each metric	Yes	No	Unsure
New birth visit within 14 days	74%	13%	13%
New birth visit after 14 days	86%	4%	11%
6 to 8 week review	79%	11%	10%
Breastfeeding at 6 to 8 weeks	67%	11%	22%
12 month review	78%	7%	16%
2 to 2½ year review	89%	6%	5%
Child development outcomes from ASQ	81%	3%	16%

Analysis of free-text comments

All responses were reviewed and grouped into common themes to identify when more than 1 respondent made a similar point. The tables below summarise this analysis.

New birth visit within 14 days

Table 2: Analysis of free-text comments on the new birth visit within 14 days metric

Feedback received	Our response
On the proposal to count children whose visits were between 8 and 14 (inclusive) days of birth: • widen this window (10 responses) • narrow this window (6 responses) • change window in another way (6 responses)	There will be no change as there was no consistent message in the responses.
Clarify definition, including exclusions, rationale and process (19 responses)	This will be incorporated into the final definitions.
Importance of review as face-to-face (7 responses)	Flexibility will be built into the reporting process to incorporate this.
Importance of not using metric to set targets (5 responses)	Any targets are for local negotiation.

New birth visit after 14 days

Table 3: Analysis of free-text comments on the new birth visit after 14 days metric

Feedback received	Our response
On the proposal to count children whose visits were between 15 and 30	No change will be made to the proposed definition.

(inclusive) days of birth: • widen this window (3 responses)	
Clarify definition, including exclusions, rationale and process (21 responses)	This will be incorporated into the final definitions.
Importance of review as face-to-face (3 responses)	Flexibility will be built into the reporting process to incorporate this.
Importance of not using metric to set targets (2 responses)	Any targets are for local negotiation.

6 to 8 week review

Table 4: Analysis of free-text comments on the 6 to 8 week review metric

Feedback received	Our response
On the proposal to count children whose visits were between 42 and 56 (inclusive) days of birth: • widen this window (a mixture of requests for earlier starting points and later cut offs) (10 responses) • narrow the window (1 response) • additional metric to capture reviews after 56 days (3 responses)	• there will be no change as there was no consistent message in the responses • future exploration of the data will consider introducing a metric to measure reviews after 56 days, or before 6 weeks
Clarify definition, including exclusions, rationale and process (16 responses). Specific points raised the issue of actual or perceived duplication with the mother's GP check at around the same time.	This will be incorporated into the final definitions.
Importance of review as face-to-face (3 responses)	Flexibility will be built into the reporting process to incorporate this.
Metric could measure home visits (1 responses)	Future exploration of the data will look at how well this is recorded.

Breastfeeding at 6 to 8 weeks

Table 5: Analysis of free-text comments on the breastfeeding at 6 to 8 weeks metric

Feedback received	Our response
On the proposal to count children whose breastfeeding statuses were taken between 42 and 63 (inclusive) days of birth:	No change will be made to the proposed definition.

• widen this window (1 response) • narrow the window (1 response)	
Clarify definition, including exclusions, rationale and process (31 responses). Specific points raised the issue of how breastfeeding rates would be affected by exactly when in the 6 to 8 week window the status was recorded, issues around GP recording of this information, and clarification of how exclusive breastfeeding and mixed feeding should be recorded.	This will be incorporated into the final definitions.
Consider relaxing validation rules (2 responses)	Validation rules for publication in Public Health Outcomes Framework will be reviewed as data items are published.
Measure breastfeeding at additional points during the child's first year of life (4 responses)	Future exploration of the data will look at how well these are recorded and potential for indicator development.

12 month review

Table 6: Analysis of free-text comments on the 12 month review metric

Feedback received	Our response
On the proposal to count children whose visits were between 300 and 366 (or 457 for 15 months) (inclusive) days of birth: • widen this window (8 responses) Requests were made for the window to start at 7, 8 and 9 months (instead of the 10 proposed). The legislation expects a review to be carried out between 9 and 12 months.	Window will be widened to 270 to 366 (or 457) days of birth.
• keep the 12 month reviews by 12 months and 12 month reviews by 15 months metrics separate (2 responses) • merge the 12 month reviews by 12 months and 12 month reviews by 15 months metrics (2 responses)	These related metrics were described together in the proposal but will be reported separately.
Clarify definition, including exclusions,	This will be incorporated into the final

rationale and process (9 responses)	definitions.
Importance of review as face-to-face (2 responses)	Flexibility will be built into the reporting process to incorporate this.
• include ASQ at this stage (1 response) • include breastfeeding status at this stage (1 response)	Future exploration of the data will look at to what extent these are recorded at the 1 year review and potential for indicator development.

2 to 2½ year review

Table 7: Analysis of free-text comments on the 2 to 2 ½ year review metric

Feedback received	Our response
On the proposal to count children whose visits were between 691 and 914 (inclusive) days of birth • widen this window (3 responses) • narrow this window (1 response)	There will be no change as the responses were mixed.
• clarify definition, including exclusions, rationale and process (13 responses) • define time range in months instead of days (2 responses)	This be incorporated into the final definitions. Defining the window in days ensures the metrics drawn from the new record-level source are comparable, however the definitions will also provide approximate times in months.
Importance of review as face-to-face (2 response)	Flexibility will be built into the reporting process to incorporate this.
• include breastfeeding status at this stage (1 response)	Future exploration of the data will look at to what extent these are recorded at the 1 year review and the potential for indicator development.

Child development outcomes

Table 8: Analysis of free-text comments on the child development outcomes metric

Feedback received	Our response
Clarify definition, including codes, exclusions, rationale and process (7 responses)	This will be incorporated into the final definitions.
Consider imposing validation rules (1 response)	Validation rules for publication in Public Health Outcomes Framework will be reviewed as data items are

	published.
• disagree with ASQ used to measure child development (6 responses) • local problems in recording the data (3 responses)	National metric development is unable to incorporate these local issues.
Include coverage of ASQ (2 responses)	This was omitted from the proposal in error and will be included in the final metrics.
• include Ages and Stages Questionnaire - Social Emotional (ASQ-SE) (3 responses) • allow providers to access ASQ electronically (1 response)	These issues are being explored as a wider piece of work and are outside the scope of metric development at this stage.
Report this metric at lower geographies (2 responses)	Future exploration of the data will look at possibilities for reporting at lower geographical levels.
Issue around ASQ-3 copyright and limitations imposed as a result (3 responses)	The licences that the Department for Health and Social Care currently have with Brookes for ASQ 3 and ASQ SE-2 both contain a single, identical paragraph on data collection: “Brookes acknowledges that data collected through the Providers’ use of ASQ-3 BE may be transferred to HSCIC (now NHS Digital) for secondary-use purposes as set out in www.hscic.gov.uk/sus. Such uses include data-set collection, publication of the data, and / or dissemination in aggregated, anonymised forms only as described at www.hscic.gov.uk/sus.”

PHE’s response to feedback

Following this feedback, PHE will be taking the following action in response:

- changes from current or proposed definitions have only been made where there is a consistent message from respondents. Where responses expressed a variety of opinion, no change will be made. Suggestions for clarification or flexibility will be reflected in future data collection and reporting
- the initial publication of these metrics will be based on the definitions as proposed (see appendix 1), with the exception of the metrics on 12 month reviews by 12 months and 12 month reviews by 15 months, where the window for inclusion will start at 270 days
- the data will be explored further to refine and revise all metrics and develop additional complementary ones
- scenarios over which the health visiting service has little or no control (such as a newborn admission to neonatal care) which could affect the uptake of reviews will be explored. Inclusion and exclusion criteria will be clearly stated in the notes which accompany the publication of data as described
- a clear rationale will be included in the publication for each metric
- the comments about the importance of health reviews being face-to-face have been noted. While initial metric reporting cannot include this restriction due to lack of good data to support this, future revisions will re-consider revising this criterion
- definitions will be as clear and detailed as possible, with windows for timeliness of service delivery described in approximate weeks or months as well as the precise number of days that will be used in the definition

Appendix 1: Details of the metrics that were proposed

Metric: New birth visit within 14 days

Title: Percentage of children who had a new birth visit (NBV) completed within 14 days
Definition (based on Community Services Dataset structure):

- visit recorded as a new birth visit
- age of child 8 to 14 days (inclusive), where day zero is the day they were born

Metric: New birth visit after 14 days

Title: Percentage of children who had a new birth visit (NBV) completed after 14 days and within 30 days
Definition (based on Community Services Dataset structure):

- visit recorded as a new birth visit
- age of child between 15 to 30 days (inclusive), where day zero is the day they were born

Metric: 6 to 8 week review

Title: Percentage of children who had a 6 to 8 week review completed by 8 weeks
Definition (based on Community Services Dataset structure):

- visit recorded as a 6 to 8 week review
- age of child between 42 to 56 days (inclusive), where day zero is the day they were born

Metric: Breastfeeding at 6 to 8 weeks

Title: Percentage of children breastfed at 6 to 8 weeks
Definition (based on Community Services Dataset structure):

- age of child between 42 to 63 days (inclusive), where day zero is the day they were born
- if a child has more than one status within this window, the earliest one will be included and others excluded
- all feeding statuses attached to the child's records within the right age range are identified and considered

For this metric, the age range for inclusion is slightly wider than the name would suggest, collecting breastfeeding statuses taken between 6 and 9 weeks. This is to ensure that any breastfeeding statuses collected at 6 to 8 week reviews that are late

are also included. Feeding statuses will be identified from many different tables within the dataset, as different IT systems collect and record them in different ways, and this will include statuses recorded with clinical coding. Where a child has more than one feeding status recorded within the window, it is expected that the earliest ones are most likely to relate to breastfeeding, and are therefore the most relevant.

Metric: 12 month review

Title: Percentage of children who had a 12 month review completed by 12 months and by 15 months
Definition (based on Community Services Dataset structure):
Visit recorded as a 1 year review

- age of child between 300 to 366 days (for 12 month review completed by 12 months) and between 300 to 457 days (for 12 month review completed by 15 months) days (inclusive), where day zero is the day they were born

Metric: 2 to 2½ year review

Title: Percentage of children who had a 2 to 2½ year review completed by 2½ years
Definition (based on Community Services Dataset structure):

- visit recorded as a 2 to 2½ year review
- age of child between 691 to 914 days, where day zero is the day they were born.

Metrics: Child development outcomes

Title: Percentage of children who received an ASQ-3 assessment in the quarter who were at or above the expected level in:

- communication skills
- gross motor skills
- fine motor skills
- problem solving skills
- personal-social skills
- all 5 areas of development

Definition (based on Community Services Dataset structure):

- ASQ-3 status exists for the child indicating they have a result for the 24, 27 or 30 month questionnaire
- if a child has more than one status within this window, the latest one will be included and others excluded
- cut-offs are specific to the questionnaire used and are described below (see table 9)

Table 9: Cut-offs used in the ASQ-3 questionnaire

Domain	24 month questionnaire threshold	27 month questionnaire threshold	30 month questionnaire threshold
Communication skills	25.17	24.02	33.3
Gross motor skills	38.07	28.01	36.14
Fine motor skills	35.16	18.42	19.25
Problem solving skills	29.78	27.62	27.08
Personal-social skills	31.54	25.31	32.01

Appendix 2: Details of legislation

The legislation describing the activity these metrics measure states that:

"[a] universal health visitor review … must, so far as reasonably practicable, be provided to the eligible person when the eligible person is—
(a) a woman who is more than 28 weeks pregnant;
(b) a child who is aged between 1 day and 2 weeks;
(c) a child who is aged between 6 and 8 weeks;
(d) a child who is aged between 9 and 15 months; or
(e) a child who is aged between 24 months (2 years) and 30 months (2 years and 6 months)."