



Official Statistics Breastfeeding prevalence at 6-8 weeks after birth (Experimental Statistics)

2016/17 Quarter 1

Statistical Commentary (October 2016 release)

Main findings

- The aggregate breastfeeding rate for England for Quarter 1 2016/17 (April to June 2016) is 43.8% (with confidence intervals of 43.5 – 44.0%) This is based on 141 out of 150 reporting local authorities submitting a return and passing initial validation.
- This compares to 44.2% for Quarter 1 2015/16
- Breastfeeding prevalence at a PHE centre level can be published for three PHE Centres.
- Breastfeeding prevalence can be published for 69 local authorities (passing all 3 stages of validation) and percentages range from 17.1% to 74.7%.

This statistical commentary should be considered alongside the 2016/17 Quarter 1 Breastfeeding prevalence at 6-8 weeks after birth statistical release, which can be found at <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-2016-to-2017-quarterly-data>.

Please treat the figures with caution. Where totals are presented for England and PHE centres, these are aggregate totals of the areas that submitted information and passed initial validation.

Background

In October 2015 the responsibility for commissioning children's public health for the 0-5 years population transferred from NHS England to local authorities. There are a number of key performance indicators associated with these services which it is critical to monitor and report. In the longer term NHS Digital will collect data on these performance indicators as part of the Maternity and Children's Dataset (MCDS).

The MCDS infrastructure will support the flow of standardised information on children's health from local IT systems to NHS Digital on a monthly basis. The Children and Young People's Health Services data set infrastructure (which is part of the MCDS) was made available in October and data has just begun to flow, however it is expected to take some time for all providers of children's and young people's services to flow complete and accurate data.

Until such time as the MCDS has reached full coverage and maturity an interim reporting system is required.

The breastfeeding information within this publication has therefore been obtained via the new interim reporting system to collect health visiting activity at a local authority resident level. Quarter 1 of 2015/16 was the first reporting period and the information contained within this report was submitted to Public Health England by local authorities on a voluntary basis. The full data publication can be found at <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-2016-to-2017-quarterly-data>.

The decision has been taken to publish this information as 'experimental statistics' on the basis that there has been a significant change to the reporting method, both in units of collection and the mandatory/voluntary nature. This has been reviewed in this reporting period.

Review of experimental statistics status

Official statistics showing breastfeeding prevalence at 6-8 weeks were published by PHE for the first time in September 2015, for activity in quarter 1 2015/16. The statistics were published as 'experimental statistics' for the following reasons:

- The data items for the indicator are collected via an interim arrangement on a voluntary basis. This interim arrangement is expected to end in 2017 when the indicator is reported through NHS Digital's Children and Young People's Health Services (CYPHS) data set.
- The previous data collection and reporting ceased, and although every effort has been made to align definitions, significant changes to the collection method and validation were unavoidable. In addition, it was expected that the methods and validation would be refined throughout the interim collection arrangement.
- The interim arrangement was intended to ensure continuity for users of reporting of this important public health indicator relating to the Best Start in Life PHE priority.

- It was expected that coverage would be poor, both because of historical poor coverage for the indicator which would be worsened by the change in methodology and the new voluntary nature of the collection.

The decision to publish as experimental statistics was taken on the understanding that efforts would be made to improve the quality of these statistics and resolve any of the issues described above, and the following work took place in 2015/16 in order to achieve these aims:

- Publishing documentation for local areas to aid the collection and central reporting process
- Contacting local directors of public health to explain the process and ask for their support
- Ongoing identification of areas who were struggling to submit data and following up via regional contacts to offer assistance
- Creating and monitoring a central mailbox for enquiries, which received over 500 emails in the quarter 1 2015/16 submission window.
- Publishing a 'frequently asked questions' document based on commonly occurring enquiries
- Monitoring frequent issues with the data and taking steps through either changes to the data entry system or communication with the individuals submitting the data to address these specific issues.

As a result:

- Despite the data collection's voluntary nature, submissions were received from 146 local authorities in quarter 1; an improvement on quarter 1 2015/16, where 15 areas were not able to submit at all.
- The indicator of breastfeeding prevalence could be calculated for 69 local authorities which passed further validation in quarter 1; an improvement on quarter 1 2015/16, where the indicator was reported for only 43 local authorities.

However, this still leaves 77 local authorities¹ whose breastfeeding prevalence indicator cannot be reported in quarter 1 2016/17. Validation failures of local areas at earlier stages mean that the PHE Centre figures and the national figure are not as accurate as they would otherwise be, as these are aggregated from their constituent areas.

It is clear that there has been a high level of engagement with the data collection, and many areas are working to address and resolve issues. We are receiving feedback that the statistics are highly valuable, however it is clear that the level of coverage and data quality are not yet sufficient to be confident that the statistics are trustworthy and of sufficiently high quality. These will therefore continue to be reported as experimental statistics until the indicator is reliably reported by the CYPHS data set.

¹ City of London reports jointly with Hackney and the Isles of Scilly reports jointly with Cornwall

Data Collection Method

An interim reporting system is hosted on the Local Government Association (LGA) website to collect the data on health visiting indicators. The reporting window for Quarter 1 data was 22 August to 16 September 2016.

To support local authorities to submit data, detailed full guidance was published to explain what analysts and commissioners in local authorities needed to do to submit health visiting indicators (this can be found at www.chimat.org.uk/transfer). A dedicated mailbox (interimreporting@phe.gov.uk) is also in place to respond to questions and comments.

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

Validation rules applied may be subject to change in future quarters.

Joint Submissions

Following the publication of Quarter 2 2015-16 (January release) information was received to confirm that Hackney and City of London would be making a joint submission of the data. Also, any data that had been submitted in previous quarters for Hackney also included City of London residents.

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

Data Quality Findings

The following data relates to Quarter 1 2016/17.

146 reporting local authorities submitted a return for the interim reporting collection for Quarter 1 2016/17. The four local authorities that did not submit data are:

Local Authority	PHE Centre
Birmingham	West Midlands
Coventry	West Midlands
Wolverhampton	West Midlands
Bexley	London

Birmingham, Coventry, and Wolverhampton have notified PHE that they expect to submit Quarter 1 data as part of their Quarter 2 submission.

A set of three validation rules was applied in order to calculate the breastfeeding measure.

Stage 1 Validation

Definition: Local authorities to submit integers for the 'number of infants totally breastfeeding at 6-8 weeks' and/or the 'number of infants partially breastfeeding at 6-8 weeks' and the combined total must be lower than or equal to the integer for the 'number of infants due a 6-8 week check'. If there are DK "Don't Knows" in the combined total or the denominator the area will automatically fail validation.

141 local authorities successfully passed stage 1 validation by providing information on the number of infants recorded as being totally or partially breastfed at 6-8 weeks after birth.

The five local authorities that failed stage 1 validation are listed in the table below.

Local Authority	PHE Centre
Cumbria	North West
Barnsley	Yorkshire and The Humber
Enfield	London
Lambeth	London
Southwark	London

Barnsley, Enfield, Lambeth, and Southwark noted technical difficulties prevented submission of valid data.

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

Stage 2 Validation

Definition: The value submitted for infants due a 6-8 week review must to be within 20% of the resident population of babies aged zero for that local authority. In a change to the validation that was applied for previous publications, this is now based on the 2015 mid-year ONS population estimates by local authority for babies aged zero, as these became available in June 2016 and are more relevant to the denominators being considered. The annual figure is divided by four to provide a quarterly estimate. Any values within 20% tolerance of the mid-year population figure for the quarter will pass this check.

Of the 141 submissions that passed stage 1 validation, 133 went on to pass stage 2.

The eight areas that failed are:

Local Authority	PHE Centre
Calderdale	Yorkshire and The Humber
Milton Keynes	East of England
Barnet	London
Hammersmith and Fulham	London
Kensington and Chelsea	London

Local Authority	PHE Centre
Tower Hamlets	London
Westminster	London
Windsor and Maidenhead	South East

Please see the section 'Data Quality Notes' towards the end of this commentary which provides further details.

Stage 3 Validation

Definition: The percentage of infants whose breastfeeding status was recorded must meet the data quality standard of 95%, being between 95% and 100%. This means the sum of those infants totally breastfed, partially breastfeed and not breastfed should be greater than or equal to 95% of the number of infants due a 6-8 week review.

The threshold of 95% coverage applies to local authorities and PHE centres, but for the aggregated England value the threshold is 85%.

Of the 133 submissions passing stage 1 and stage 2 validation, 69 went on to pass stage 3 validation.

The 64 local authorities that failed stage 3 validation are:

Local Authority	PHE Centre
County Durham	North East
Hartlepool	North East
Northumberland	North East
South Tyneside	North East
Stockton on Tees	North East
Blackburn with Darwen	North West
Blackpool	North West
Cheshire East	North West
Cheshire West and Chester	North West
Lancashire	North West
Rochdale	North West
Trafford	North West
Kirklees	Yorkshire and The Humber
North Yorkshire	Yorkshire and The Humber
Rotherham	Yorkshire and The Humber
Sheffield	Yorkshire and The Humber
Wakefield	Yorkshire and The Humber
York	Yorkshire and The Humber
Leicestershire	East Midlands
Northamptonshire	East Midlands
Nottinghamshire	East Midlands
Rutland	East Midlands

Local Authority	PHE Centre
Dudley	West Midlands
Staffordshire	West Midlands
Stoke on Trent	West Midlands
Telford and Wrekin	West Midlands
Walsall	West Midlands
Hertfordshire	East of England
Southend on Sea	East of England
Barking and Dagenham	London
Brent	London
Bromley	London
Camden	London
Croydon	London
Ealing	London
Greenwich	London
Hackney and City of London*	London
Haringey	London
Harrow	London
Havering	London
Hillingdon	London
Hounslow	London
Islington	London
Merton	London
Newham	London
Redbridge	London
Richmond upon Thames	London
Sutton	London
Waltham Forest	London
Wandsworth	London
Brighton and Hove	South East
Buckinghamshire	South East
East Sussex	South East
Hampshire	South East
Kent	South East
Medway	South East
Portsmouth	South East
Southampton	South East
Surrey	South East
West Sussex	South East
Bristol	South West
Somerset	South West
South Gloucestershire	South West
Wiltshire	South West

** Joint submission*

Each local authority has to pass all three stages of validation in order for its values to be shown.

Full information is published in the statistical release (<https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-2016-to-2017-quarterly-data>) for 69 local authorities that passed all validation:

Local Authority	PHE Centre
Darlington	North East
Gateshead	North East
Middlesbrough	North East
Newcastle upon Tyne	North East
North Tyneside	North East
Redcar and Cleveland	North East
Sunderland	North East
Bolton	North West
Bury	North West
Halton	North West
Knowsley	North West
Liverpool	North West
Manchester	North West
Oldham	North West
Salford	North West
Sefton	North West
St Helens	North West
Stockport	North West
Tameside	North West
Warrington	North West
Wigan	North West
Wirral	North West
Bradford	Yorkshire and The Humber
Doncaster	Yorkshire and The Humber
East Riding of Yorkshire	Yorkshire and The Humber
Kingston upon Hull	Yorkshire and The Humber
Leeds	Yorkshire and The Humber
North East Lincolnshire	Yorkshire and The Humber
North Lincolnshire	Yorkshire and The Humber
Derby	East Midlands
Derbyshire	East Midlands
Leicester	East Midlands
Lincolnshire	East Midlands

Local Authority	PHE Centre
Nottingham	East Midlands
Herefordshire	West Midlands
Sandwell	West Midlands
Shropshire	West Midlands
Solihull	West Midlands
Warwickshire	West Midlands
Worcestershire	West Midlands
Bedford	East of England
Cambridgeshire	East of England
Central Bedfordshire	East of England
Essex	East of England
Luton	East of England
Norfolk	East of England
Peterborough	East of England
Suffolk	East of England
Thurrock	East of England
Kingston upon Thames	London
Lewisham	London
Bracknell Forest	South East
Isle of Wight	South East
Oxfordshire	South East
Reading	South East
Slough	South East
West Berkshire	South East
Wokingham	South East
Bath and North East Somerset	South West
Bournemouth	South West
Cornwall and Isles of Scilly*	South West
Devon	South West
Dorset	South West
Gloucestershire	South West
North Somerset	South West
Plymouth	South West
Poole	South West
Swindon	South West
Torbay	South West

** Joint submission*

Data Quality Notes

When making a submission local authorities have the opportunity to enter comments in a free text box to explain any issues with reporting. During the Quarter 1 submission comments were received from 24 local authorities, of collective interest:

- A number of local authority areas continue to have technical issues. There has been a decline in data quality with fewer areas passing validation. Barnsley, Birmingham, Coventry, Lambeth, and Wolverhampton have notified PHE they expect to submit valid/improved quality Quarter 1 data with their Quarter 2 submissions.
- Where areas are unable to separate out 'totally' and 'partially' breastfed (because of local processes or data collection), it is still extremely useful for them to report the combined total, as this forms the numerator of the breastfeeding prevalence indicator. A communication was issued asking areas to report the combined total in either the 'total' or 'partial' boxes. On review, the communication should have specified that the total be entered in the 'partial' box as it is known that these infants are at least partially breastfed. Therefore this change has been made prior to publication, and this affects the following areas. It can therefore be assumed that for the higher geographies, the aggregate value for 'totally breastfed' is slightly low (and the aggregate value for 'partially breastfed' is correspondingly slightly high), but this is judged to be the most accurate way of describing the situation as the combined percentage will be a true reflection of the submitted data.

The following areas were identified as having reported a combined total for Quarter 1 2016/17:

Local Authority	PHE Centre
Gloucestershire	South West
North Somerset	South West
Shropshire	West Midlands
Tower Hamlets	London
Wakefield	Yorkshire and the Humber

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

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