



Office for Health
Improvement
& Disparities

Children's public health 0 to 5 years

Interim national reporting process for the universal health visiting service

Full guidance for local authority members of staff 2022 to 2023

Contents

Interim national reporting process for the universal health visiting service	1
Purpose	3
Background.....	3
Useful links	5
Data requirements	6
Benefits of reporting.....	11
Submitting data.....	12
Online submission	13
Reporting geography	13
Processes for local aggregation of data.....	13
Reporting geography	14
Frequently encountered problems	15
Appendix 1. Full indicator specifications, data collection process and validation rules	20

Purpose

This document explains in detail what analysts and commissioners in your local authority need to do to submit health visiting activity and outcomes data to the Office for Health Improvement and Disparities (OHID) for 2022 to 2023. Reading this guidance should give your local team, including your service providers, all the technical detail they need to assemble and submit your aggregate data to the central system.

If you have any questions or suggestions, please contact us at interimreporting@dhsc.gov.uk

Background

From 1 October 2015 the responsibility for commissioning children's public health 0 to 5 years (including the delivery of universal health visitor reviews) transferred from the NHS to local authorities as part of their public health function. These services are funded via the public health grant for local authorities. It is important that we can understand, track and benchmark performance collectively.

This interim collection covers the delivery of universal health visitor reviews (mandated services) and outcomes including breastfeeding at 6 to 8 weeks and child development outcomes aged 2 to 2 and a half years. The longer term strategic solution for data collection and reporting for these metrics is the [Community Services Dataset](#) (CSDS) which is operated by NHS Digital. Providers of publicly-funded community services are legally mandated to collect and submit community health data, as set out in the Health and Social Care Act 2012.

While the CSDS is operational and reporting is underway, providers remain at different stages of maturity with their submissions and additional time is needed for this dataset to reach sufficient coverage for reporting purposes. Additional guidance can be found in NHS Digital resources about [implementing the CSDS](#).

For this reason, it has been agreed that interim reporting arrangements will continue for 2022 to 2023 data. During this time we will continue to support NHS Digital in its work to improve the coverage and quality of CSDS submissions.

This interim reporting solution allows local authorities to gain a clear picture of the delivery of local universal health visiting services and make comparisons to other parts of the country. The data also helps secure standardised information to demonstrate improvements in commissioning, aid future local planning of service provision and enable benchmarking across populations to detect trends in 0 to 5 year olds' public health.

The interim reporting remains a voluntary data submission and your ongoing support in submitting data is appreciated. Please use your local commissioning contracts to ensure your providers continue to submit record level data to the CSDS and work with them to improve data coverage and quality.

To secure reporting through the CSDS, it is recommended that local commissioners:

- use the [supporting commissioning guides](#) (updated March 2021) to assist in the commissioning of health visiting and school nursing services to lead and co-ordinate delivery of public health for children aged 0 to 19 years
- ensure that local service providers benefit from the operation of a Child Health Information System (or equivalent) and that the standardised data required is entered into this system
- ensure that NHS Digital is informed of every health visiting service provider commissioned by your local authority (including when this changes) so coverage of CSDS data submissions can be monitored and uptake supported
- ensure that the standardised data flows from the local Child Health Information System (or equivalent) to NHS Digital via the CSDS flows monthly
- ensure that local information sharing agreements are in place for the sharing of performance data between providers and commissioners where necessary

The Healthy Child Programme is a universal framework available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes. The [0 to 19: health visitor and school nurse commissioning guides](#) give further detail about the programme.

OHID's interim reporting system includes reporting from the Ages and Stages Questionnaire (ASQ) to cover child development outcomes aged 2 to 2 and a half years. These metrics are available through the [early years section in child health profiles](#) in OHID's Fingertips tool and cover the number and percentage of children at or above the expected level of development in each of the domains of development (communication, gross motor, fine motor, problem solving, personal-social skills), as well as the number of children at or above the expected level of development (scoring above the threshold) in all 5 domains.

Of those, the following have been included in the [Public Health Outcomes Framework](#):

- child development - percentage of children at or above the expected level of development in communication skills at 2 to 2 and a half years
- child development - percentage of children at or above the expected level of development in personal-social skills at 2 to 2 and a half years
- child development - percentage of children at or above the expected level of development at 2 to 2 and a half years

Commissioners are asked to review the data submitted by their provider and support them where necessary to improve the quality and coverage of this ASQ data. The licence held for ASQ-3 allows for the individual domain scores to be recorded in local IT systems and transmitted to NHS Digital.

Useful links

NHS Digital regularly publish [data from the CSDS](#).

Quarterly and annual data from the interim reporting system about health visitor service delivery and outcomes for children aged 0 to 5 years is available from 2015:

- [health visiting service delivery metrics](#)
- [breastfeeding at 6 to 8 weeks](#)
- [child development outcomes at 2 to 2 and a half years](#)

Data requirements

The metrics include coverage of the 5 mandated elements of service described in legislation as universal health visitor reviews. They also contain information about health outcomes as they are described in the Public Health Outcomes Framework, where the data for the indicator flows directly from health visiting activities. These include breastfeeding at 6 to 8 weeks and child development outcomes aged 2 to 2 and a half years. It is recommended that these metrics and indicators are included as the main performance indicators outlined within local commissioning contracts. A list of the metrics, indicators, their definitions and the exact data items proposed for collection can be found below.

Discontinuation of additional data items for licensing purposes (ASQ usage)

In 2021 to 2022 the interim reporting system was used to collect data about ASQ usage for quarter 4, following a change in the licensing agreement. All local authorities were required to provide this data so that the Department of Health and Social Care (DHSC) could license the use of ASQ on behalf of all local authorities in England and to make it available to them through sublicensing arrangements. This is not a requirement for the use of ASQ in 2022 to 2023 and so local authorities no longer need to provide the following two data items:

- uses of ASQ-3 in the quarter, excluding ASQ-3s completed as part of a child's 2 to 2½ year review
- uses of ASQ-SE in the quarter

Breastfeeding, health visiting service and child development data

Table 1. Data requirements for breastfeeding, health visiting service and child development data

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
C1: Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Number of others who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above.	Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above
C2: Percentage of births that receive a New Birth Visit (NBV) within 14 days (%)	Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days by a health visitor.	Number of infants who turned 30 days in the quarter who received a NBV within 14 days from birth, by a health visitor with mother (and ideally father).
		Number of infants who turned 30 days within the quarter.
C3: Percentage of births that receive a New Birth Visit (NBV) after 14 days	Percentage of births that receive a New Birth Visit (NBV) after 14 days by a health visitor.	Number of infants who turned 30 days in the quarter who received a face-to-face NBV after 14 days from birth, by a health visitor with mother (and ideally father).
C8i: Percentage of infants who received a 6 to 8 week review by the time they were 8 weeks	Percentage of children who received a 6 to 8 week review by the time they were 8 weeks.	Number of infants who are due and receive a 6 to 8 week review by the time they turned 8 weeks.
		Number of infants due a 6 to 8 week review by the end of the quarter.
C8ii Infants totally or partially breastfed	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks.	Number of infants fully breastfed at 6 to 8 weeks.
		Number of infants partially breastfed (receiving both breast milk and formula) at 6 to 8 weeks.
		Number of infants not breastfed at 6 to 8 weeks.
C4: Percentage of children who received a 12 month	Percentage of children who received a 12-month review by the time they	Number of children who turn 12 months in the quarter, who receive a 12 month review, by the age of 12 months.

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
review by the time they turned 12 months	turned 12 months.	Number of children turning 12 months during the quarter.
C5: Percentage of children who received a 12 month review by the time they turned 15 months	Percentage of children who received a 12 month review by the time they turned 15 months.	Number of children who turn 15 months in the quarter, who receive a 12 month review, by the age of 15 months. Number of children turning 15 months during the quarter.
C6i: Percentage of children who received a 2 to 2½ year review	Percentage of children who received a 2 to 2½ year review.	Number of children, due a 2 to 2½ year review by the end of the quarter, who received a 2 to 2½ year review by the time they turned 2 and a half years. Number of children aged 2½ years in the quarter.
C6ii: Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3)	Child development - percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3).	Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Number of children who received a 2 to 2½ year review by the end of the quarter. Please note this is not the same as the denominator for C6i.
C6iii: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in communication skills	Child development - percentage of children at or above the expected level of development in communication skills at 2 to 2 and a half years.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills. The exact threshold applied depends on whether the 24, 27 or 30 month questionnaire was applied. Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.
C6iv: Percentage of children who received a 2 to 2½ year	Child development - percentage of children at or above the expected	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
review in the quarter who were at or above the expected level in gross motor skills	level of development in gross motor skills at 2 to 2 and a half years.	<p>at or above the expected level in gross motor skills. The exact threshold applied depends on whether the 24, 27 or 30 month questionnaire was applied.</p> <p>Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ review. Please note this should be the same as the numerator for C6ii.</p>
C6v: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in fine motor skills	Child development - percentage of children at or above the expected level of development in fine motor skills at 2 to 2 and a half years.	<p>Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills. The exact threshold applied depends on whether the 24, 27 or 30 month questionnaire was applied.</p> <p>Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.</p>
C6vi: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in problem solving skills	Child development - percentage of children at or above the expected level of development in problem solving skills at 2 to 2 and a half years.	<p>Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills. The exact threshold applied depends on whether the 24, 27 or 30 month questionnaire was applied.</p> <p>Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.</p>
C6vii: Percentage of children who received a 2 to 2½ year review in the quarter who	Child development - percentage of children at or above the expected level of development in personal-	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills.

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
were at or above the expected level in personal to social skills	social skills at 2 to 2 and a half years.	<p>The exact threshold applied depends on whether the 24, 27 or 30 month questionnaire was applied.</p> <p>Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.</p>
C6viii: Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in all five areas of development	Child development - percentage of children at or above the expected level of development in all 5 areas of development at 2 to 2 and a half years.	<p>Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development on all 5 domains.</p> <p>Number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2 and a half year review. Please note this should be the same as the numerator for C6ii.</p>

Full indicator specifications for the data collection process and validation rules are given in [Appendix 1](#).

Benefits of reporting

By submitting data to the interim reporting system on a voluntary basis, local government contributes to our understanding of health visiting services and their outcomes and informs improvement.

Important indicators in the Public Health Outcomes Framework for best start in life

The [Public Health Outcomes Framework](#) (PHOF) is published as Official Statistics. This includes various indicators which are derived from data submitted through the interim reporting system:

- breastfeeding at 6 to 8 weeks
- percentage of completed new birth visits
- percentage of children at or above expected level of development in all 5 domains of development at 2 to 2 and a half years
- percentage of children at or above expected level of development in communication skills at 2 to 2 and a half years
- percentage of children at or above expected level of development in personal-social skills at 2 to 2 and a half years

The online version of the PHOF allows local government to compare services and outcomes in their local area with that in others, alongside other important health and wellbeing indicators.

Monitor compliance with the regulations for the mandated universal health visitor reviews and delivery of services funded via the public health grant

This includes coverage of the antenatal visit, new birth visit, 6 to 8 week review, 1 year review and 2 to 2 and a half year review as described in [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) and Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) \(Amendment\) Regulations 2015](#) and which continue under [the Local Authorities \(Public Health Functions](#)

[and Entry to Premises by Local Healthwatch Representatives\) \(Amendment\) Regulations 2017](#). Further guidance about the reviews is given in [0 to 19: health visitor and school nurse commissioning guides](#).

Submitting data

Submission dates

The timetable for submissions for 2022 to 2023 data is shown below. Following a consultation with users about the frequency of publication and reporting, we have decided to reduce the collection to two windows. Feedback was mixed about whether respondents would prefer to see the continuation of the current process or change to one of the given options when they were asked to rank three options. Most respondents told us that reporting data as soon as possible after the end of the quarter was somewhat or very important. Based on this feedback, we have set the following data collection and publication dates for 2022 to 2023 which looks to balance the time taken to submit and report data with the wish for access to timely information.

Table 3. Submission and reporting dates for 2022 to 2023 data

Reporting period	Period 1	Period 2
Data to be collected	Submission of quarters 1 and 2 2022 to 2023 (April to September 2022)	Submission of quarters 3 and 4 2022 to 2023 (October 2022 to March 2023). You can also revise data submitted in period 1 for quarters 1 and 2 2022 to 2023.
Collection window opens	Monday 17 October 2022	Monday 17 April 2023
Collection window closes	Friday 25 November 2022	Friday 26 May 2023
Provisional publication dates for quarterly data	January to February 2023	June to July 2023

The provisional publication date for annual official statistics for 2022 to 2023 is expected to be in November 2023.

Data should be submitted following the schedule above with each submission containing all the relevant activity for the reporting period. Period 2 also gives the option for you to revise any data for a previous quarter in that year if required.

If errors are identified in the data which has been submitted or new data becomes available, submitters should notify interimreporting@dhsc.gov.uk. Submitters will be contacted over the summer of 2023 to confirm if they wish to make any amendments, ideally by Friday 1 September 2023. Where possible, we will work with local areas to accept a manual submission of revised or additional data and include it in the annual publication for 2022 to 2023.

Quarterly data will be published as a data file. Following consultation with users in June 2022, we have decided to discontinue the publication of a separate statistical commentary and instead include relevant information in the data files. The annual data will also be included in [OHID's Fingertips tool](#).

Online submission

Local authorities submit their data through a system operated by the Local Government Association (LGA). To submit data for health visiting activity and outcomes each local authority needs to use a unique link. The nominated contact for your local authority will receive an email with a new unique organisation link for each quarterly reporting period in 2022 to 2023. The nominated contact is usually the lead analyst or commissioner who is responsible for submitting your organisation's data onto the system.

If you have any trouble with your new unique organisation links please email interimreporting@dhsc.gov.uk

Reporting geography

The collection is based on the local authority of residence of each child. This matches the structure of the public health grant and the legislation describing the universal health visitor reviews.

There may still be work ongoing in a few areas to refine reporting by resident population where there is a variety of local IT systems and local ownership. Record level data in Child Health Information Systems (or equivalent) records both GP practice of registration and local authority of residence for each child.

Processes for local aggregation of data

The data items required should be extracted directly from the appropriate local information systems such as Child Health Information System (CHIS), health visiting systems and Patient Administration Systems (PAS) as appropriate.

Reporting geography

Step 1. Select local information flow model

In advance of the first submission for 2022 to 2023, review how arrangements have worked in previous years. Make any decisions about whether you will continue with established flows or make changes to improve them. You will need to ensure that robust arrangements are still in place to collect the data through commissioning arrangements, ensuring that your providers can submit data based on where every child lives (residence of child).

Step 2. Receiving data from your provider each quarter

Following the end of the quarter you will start to receive data from your provider or providers. If you receive data from your provider or providers which relates to other local authorities, you will need to disseminate it among the appropriate local authorities.

Step 3. Collating figures for each quarter

Collate your own local authority figures for each metric required, by bringing together all the data files you have received. This includes suggested validation processes which focus on checking that numbers make sense as they are entered, as well as 'sense-checking' denominators against recent population estimates. The collation spreadsheet allows extra fields to be added if you wish to record additional data items which you collect locally. Any validation rules for these will need to be applied locally and you will not be able to submit these to the interim reporting system.

Step 4. Local data validation for each quarter

Perform local data validation to identify issues and address them with your providers or other local authorities and resolve them to your satisfaction. Use the collation spreadsheet, comparison to previous submissions, and the definitions in this technical guidance to sense-check your data. It is hoped that local authorities will work together to identify issues that may relate to specific providers.

Step 5. Local authorities 'sign off' data each quarter

Arrive at a final, agreed value for each metric representing activity delivered to children living in your local authority (residents) and outcomes, going through any internal approvals processes your local authority requires.

Step 6. Submission of data through the LGA

Following the end of the quarter the collection window for submission opens. You (or the nominated individual in your local authority if it is someone different) will click the link provided which will take you to several data entry screens. Complete these screens for the current quarter and, as you navigate away from each page, your answers are saved. Although your answers can be saved, they will not be submitted until you reach the final page and finalise your return. Once you have submitted the data, you cannot revise it in the same submission period, so please make sure you are happy with the data before you click to complete the process.

It is important that you complete and keep up to date the contact information and 'sign off' authorisation details on the LGA web-based data entry system so that we can maintain contact with you.

When you use your unique link, you will see the first page of the data upload screen which has instructions about navigating through the return.

While submitting data for each quarter, you will have the opportunity to add or amend any data for previous quarters in 2022 to 2023.

Step 7. Publication of official statistics

Approximately 2 months after the end of the submission window, the quarterly statistics are published as official statistics. This includes updated statistics for previous quarters. Published statistics are available in the [child and maternal health statistics collection](#).

Frequently encountered problems

Below are a few frequently encountered problems and solutions you might find useful. If you still have any unanswered questions please email interimreporting@dhsc.gov.uk

Your service provider needs to submit aggregate data to their respective local authority for use in the interim reporting as well as submit CSDS data directly to NHS Digital

The continuation of interim reporting should in no way distract your provider from making submissions to the CSDS. The interim collection is voluntary for local authorities and the CSDS collection is mandatory for providers. We are asking local authorities for the aggregate data which they would be expected to have available to monitor their local commissioning contracts. Local authorities are requested to continue to collaborate with

the interim collection regardless of whether or not their provider or providers are making CSDS submissions.

It is acknowledged that in some areas where the CSDS has been implemented and regular reports submitted by service providers that duplication of the health visitor service delivery metrics may be published. This is a temporary position until all service providers are submitting CSDS so that full coverage for the country is achieved and the data quality is robust. We continue to monitor improvements in data coverage and data quality of CSDS to identify when national reporting can be sourced from the CSDS submissions and interim reporting stopped. If you have questions about this, please contact us on interimreporting@dhsc.gov.uk

How long interim reporting will continue

The current plans are to continue interim reporting for the foreseeable future and until CSDS matures. Interim reporting can be 'switched off' as soon as official statistics are available from the CSDS. If a decision is made to discontinue interim reporting, you will be notified at the earliest opportunity.

Why the technical guidance has been updated for 2022 to 2023

Revising this guidance gives an opportunity to incorporate lessons learnt and to ensure that it includes details on those areas where additional questions and queries have been received on the same subject.

Entering and saving data in the web-based data entry system before making a formal submission

Previously entered data can be saved and then updated by accessing the system again during the same reporting window. However, once the submission is made in the quarter it cannot be changed until the next quarter's reporting window.

Submission periods and windows

This is the period during which the LGA's national web-based data entry system will accept uploads and submissions for the reporting period. Data entry cannot be made once the submission period and window are closed or once you have completed your submission.

Revising data once it has been submitted

Data for quarters 1 and 2 can be updated alongside submitting data for quarters 3 and 4. If errors are identified in the data which has been submitted or new data becomes available, submitters should notify interimreporting@dhsc.gov.uk. Submitters will be contacted over the summer of 2023 to confirm if they wish to make any amendments, ideally by Friday 1 September 2023. Where possible, we will work with local areas to accept a manual

submission of revised or additional data and include it in the annual publication for 2022 to 2023.

Universal health visitor reviews undertaken by a Family Nurse Practitioner will be collected in the total figures of reviews undertaken

The number of health visitor reviews that the Family Nurse Practitioners undertake should be included in the total number of reviews reported.

Your unique organisational link will not be the same for all the reporting quarters in 2022 to 2023

You will be issued with a new unique link for each quarterly submission. These will be different from the link you have received in previous years.

Difference between the denominators of C6i (percentage of 2 to 2 and a half year reviews completed) and C6ii (percentage of 2 to 2 and a half year reviews completed using ASQ-3 Ages and Stages Questionnaire)

The denominator for C6i is the number of children turning 2 and a half during the period. The denominator for C6ii is the number of 2 to 2 and a half year reviews that were carried out during the period.

So, for example, 200 children are due a review in Quarter 2. Of these:

✓ 190 receive their review in the quarter, and before they turned 2 and a half (160 using ASQ)

✓ 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2 (2 using ASQ)

✓ 4 children had had their review in Quarter 1 (3 using ASQ)

In addition, 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2 (11 using ASQ). The denominator for C6i is the children due a review in the quarter (200 children). The numerator for C6i is:

“Total number of children, due a 2 to 2 and a half year review by the end of the quarter, who received a 2 to 2 and a half year review by the time they turned 2 and a half years.”

✓ 190 receive their review in the quarter, and before they turned 2 and a half

X 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2 (not included as review carried out after the child turned 2 and a half)

✓ 4 children had had their review in Quarter 1

X 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2 (11 using ASQ) (not included as review not due in Quarter 2)

=194

The denominator for C6ii is:

“Total number of children who received a 2 to 2 and a half year review by the end of the quarter.”

✓ 190 receive their review in the quarter, and before they turned 2 and a half

✓ 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2

X 4 children had had their review in Quarter 1 (not included as reviews not carried out in Quarter 2)

✓ 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2

= 211

The numerator for C6ii is:

“Total number of children who received a 2 to 2 and a half year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2 and a half year review.”

✓ 190 receive their review in the quarter, and before they turned 2 and a half . (160 using ASQ)

✓ 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2 (2 using ASQ)

X 4 children had had their review in Quarter 1 (3 using ASQ) (not included as reviews not carried out in Quarter 2)

✓ 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2 (11 using ASQ)

=173

Appendix 1. Full indicator specifications, data collection process and validation rules

Reference	Definition	Numerator	Denominator	Method	Validation
C1: Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	N/A	Due to difficulties in establishing a reliable denominator this is a count	No validation performed
C2: Percentage of births that receive a New Birth Visit (NBV) within 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days by a health visitor	Births that receive a New Birth Visit (NBV) within 14 days	Number of infants who turned 30 days within the quarter	Percentage reported to one decimal point	The combined numerators of C2 and C3 (all babies who received a new birth visit) and denominator (total number of infants who turned 30 days in the quarter) are integers, and combined numerators of C2 and C3 less than or equal to denominator
C3: % New Birth Visits more than 14 days	Percentage of births that receive a face-to-face NBV after 14 days by a health visitor	Births that receive a New Birth Visit (NBV) within 14 days	Number of infants who turned 30 days in the quarter	Percentage reported to one decimal point	The combined numerators of C2 and C3 (all babies who received a new birth visit) and

Reference	Definition	Numerator	Denominator	Method	Validation
					denominator (total number of infants who turned 30 days in the quarter) are integers, and combined numerators of C2 and C3 less than or equal to denominator
C8i: Percentage of infants who received a 6 to 8 week review by the time they were 8 weeks	Percentage of children who received a 6 to 8 week review by the time they were 8 weeks	Infants who received a 6 to 8 week review by the time they were 8 weeks	Number of infants due a 6 to 8 week review by the end of the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8 week reviews). The annual figures are divided by 4 to provide quarterly estimates.
C8ii Infants totally or partially breastfed	Percentage of infants being breastfed (fully or	The number of infants recorded as being totally	Number of infants due a 6 to 8 week review by the end of	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are

Reference	Definition	Numerator	Denominator	Method	Validation
	partially) at 6 to 8 weeks	breastfed at 6 to 8 weeks plus the number of infants recorded as being partially breastfed (receiving both breastmilk and formula) at 6 to 8 weeks	the quarter		integers, and numerator (combined values of number of infants fully breastfed and number of infants partially breastfed) less than or equal to denominator. DK 'Don't Knows' automatically fail validation. Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8 week reviews)
C4: Percentage of children who received a 12 month review by the time they turned 12 months	Percentage of children who received a 12 month review by the time they turned 12 months	Children who received a 12 month review by the time they turned 12 months	Number of children turning 12 months during the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator is less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (1 year for 12 month

Reference	Definition	Numerator	Denominator	Method	Validation
					reviews). The annual figures are divided by 4 to provide quarterly estimates.
C5: Percentage of children who received a 12 month review by the time they turned 15 months	Percentage of children who received a 12 month review by the time they turned 15 months	Children who received a 12 month review by the time they turned 15 months	Number of children turning 15 months during the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator is less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (1 year for 12 month reviews). The annual figures are divided by 4 to provide quarterly estimates.
C6i: Percentage of children who received a 2 to 2½ year review	Percentage of children who received a 2 to 2½ year review	Children who received a 2 to 2½ year review	Number of children aged 2½ years in the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator

Reference	Definition	Numerator	Denominator	Method	Validation
					denominator is within 20% of the resident population of the relevant age (2 years for 2 to 2½ year reviews). The annual figures are divided by 4 to provide quarterly estimates.
C6ii: Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3)	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3).	Children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3)	Number of children who received a 2 to 2½ year review by the end of the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator is less than or equal to denominator. Stage 2 Indicator denominator is within 20% of the numerator of indicator C6i.
C6iii: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in communication skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the	Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in communication skills	Number of children who received a 2 to 2½ year review in the quarter for whom the ASQ3 communication skills was completed	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is

Reference	Definition	Numerator	Denominator	Method	Validation
	communication skills domain.				equal to the numerator for C6ii.
C6iv: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in gross motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in the gross motor skills domain.	Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in gross motor skills	Number of children who received a 2 to 2½ year review in the quarter for whom the ASQ3 gross motor skills was completed	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6v: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in fine motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the fine motor skills domain.	Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in fine motor skills	Number of children who received a 2 to 2½ year review in the quarter for whom the ASQ3 fine motor skills was completed	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6vi: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire	Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level	Number of children who received a 2 to 2½ year review in the quarter for whom the ASQ3 problem solving	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator are less than or equal to the

Reference	Definition	Numerator	Denominator	Method	Validation
expected level in problem solving skills	(ASQ-3), who were above the threshold in the problem solving skills domain	in problem solving skills	skills was completed		denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6vii: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in personal to social skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the personal-social skills domain.	C6vii: Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in personal to social skills	Number of children who received a 2 to 2½ year review in the quarter for whom the ASQ3 personal social skills was completed	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6viii: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in all five areas of development	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in all 5 domains.	Number of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in all five areas of development	Number of children who received a 2 to 2½ year review in the quarter for whom the ASQ3 all five areas was completed	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.

© Crown copyright 2022

[Office for Health Improvement and Disparities](#)

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

OGL