Children’s public health 0-5 years – interim national reporting process for health visiting: full guidance for local authority members of staff 2016/17
About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Purpose of the document

This document explains in detail what analysts and commissioners in local authorities need to do to submit health visiting indicators and outcomes data to Public Health England (PHE) from Quarter 1 2016/2017. This guidance gives local teams the technical details needed to submit aggregate data to the central system.

2. Background to the interim national reporting process for health visiting indicators

From 1 October 2015 the responsibility to commission universal reviews for children in their local areas transferred to local authorities as part of their public health function. It is important that achievements are tracked and understood both before and after commissioning responsibility has been transferred to local government.

Although the national Children’s and Young Peoples Dataset (CYPHS) is now in place, for these reviews and other outcomes relating to child health, the data quality and coverage will not be fully comprehensive for some time. Once data quality and coverage is robust this will simplify matters.

The interim reporting allows as clear a picture as possible of how things were before the transfer and how things are developing since the transfer. It also allows regional comparisons. The data provides a benchmark to demonstrate improvements in commissioning. It aids the planning of services and helps highlight trends in public health for 0-5 year olds.

The five universal health visitor reviews are mandated for 18 months from October 2015 and this information will be used to decide whether to cease the mandate from April 2017.

The five universal health visitor reviews form part of the Health Visiting model known as the Health Visiting ‘4-5-6 model’ which is described in Appendix 1.

3. Requested data

The indicators include coverage of the five services described in legislation as universal health visitor reviews. They also contain information about health outcomes outlined in the Public Health Outcomes Framework where the data for the indicator flows directly from health visiting activities. These are the main indicators outlined in local contracts. A list of the indicators, their definitions and the exact data items proposed for collection can be found below.
<table>
<thead>
<tr>
<th>Indicator name</th>
<th>Indicator definition</th>
<th>Aggregate data items for collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1: number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above</td>
<td>Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above</td>
<td>Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above</td>
</tr>
<tr>
<td>C2: percentage of new birth visits (NBVs) completed within 14 days</td>
<td>Percentage of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor</td>
<td>Total number of infants who turned 30 days in the quarter who received a face-to-face NBV by a health visitor with mother (and ideally father) within 14 days from birth</td>
</tr>
<tr>
<td>C3: percentage of NBVs completed after 14 days</td>
<td>Percentage of births that receive a face-to-face NBV after 14 days by a Health Visitor</td>
<td>Total number of infants who turned 30 days in the quarter who received a face-to-face NBV by a health visitor with mother (and ideally father) after 14 days from birth</td>
</tr>
<tr>
<td>C8i: percentage of 6-8 week reviews completed</td>
<td>Percentage of children who received a 6-8 week review by the time they were 8 weeks</td>
<td>Total number of infants who turned 30 days in the quarter who received a face-to-face NBV by a health visitor with mother (and ideally father) after 14 days from birth</td>
</tr>
<tr>
<td>C8ii: breastfeeding prevalence at 6-8 weeks after birth</td>
<td>Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks.</td>
<td>Total number of infants, due a 6-8 week review by the end of the quarter, who received a 6-8 week review by the time they turned 8 weeks</td>
</tr>
<tr>
<td>C4: percentage of 12 month development reviews completed by the time the child turned 12 months</td>
<td>Percentage of children who received a 12 month review by the time they turned 12 months</td>
<td>Total number of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months</td>
</tr>
<tr>
<td>C5: percentage of 12 month development reviews completed by the time the child turned 15 months</td>
<td>Percentage of children who received a 12 month review by the time they turned 15 months</td>
<td>Total number of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months</td>
</tr>
<tr>
<td>C6i: percentage of 2-2½ year reviews completed</td>
<td>Percentage of children who received a 2-2½ year review</td>
<td>Total number of children, due a 2-2½ year review by the end of the quarter, who received a 2-2½ year review by the time they turned 2½ years.</td>
</tr>
<tr>
<td>Indicator name</td>
<td>Indicator definition</td>
<td>Aggregate data items for collection</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CIii: percentage of 2-2½ year reviews completed using Ages and Stages Questionnaire (ASQ-3)</td>
<td>Percentage of children who received a 2-2½ year review using ASQ-3</td>
<td>Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2-2½ year review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of children who received a 2-2½ year review by the end of the quarter</td>
</tr>
</tbody>
</table>

Please see appendix 3 for full indicator specifications data collection process and validation rules.

4. Units of reporting

The collection of data is based on the local authority of residence of each child and so matches the health visiting service specification for 2015/16 as well as the structure of the public health grant and the legislation describing the universal health visitor reviews.

Work is still being undertaken in a few areas to move from reporting by registered population to reporting by resident population. Providers have, however, been working towards reporting by both registered and resident population as required in the NHS Public Health Functions Agreement (S7a, specification 28, 2013/14). In addition, the record level data in Child Health Information Systems records both GP practice of registration and local authority of residence for each child.

5. Request for reporting health visiting indicators to Public Health England

The interim national reporting system remains voluntary. This is a sensible and pragmatic way to continue, the alternative option was to add the collection to the single data list maintained by Department for Communities and Local Government (DCLG), as is the case for some of the other mandated data items.
6. Submission dates

Data submissions are required quarterly. The timetable for submission is shown below:

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collection window opens</strong>&lt;br&gt;An email is sent to local authority contacts to say the collection window for submission to PHE is open</td>
<td>22 August 2016</td>
<td>14 November 2016</td>
<td>20 February 2017</td>
<td>22 May 2017</td>
</tr>
<tr>
<td><strong>Collection window closes</strong>&lt;br&gt;Local authorities collate and submit their quarterly data (plus any data for previous quarter)</td>
<td>16 September 2016</td>
<td>9 December 2016</td>
<td>17 March 2017</td>
<td>16 June 2017</td>
</tr>
<tr>
<td>PHE publishes the quarterly data as official statistics *</td>
<td>26 October 2016</td>
<td>25 January 2017</td>
<td>26 April 2017</td>
<td>26 July 2017</td>
</tr>
</tbody>
</table>


Data is submitted on a quarterly basis with each submission containing all the relevant activity for the reporting period. Two types of submission are possible: a primary submission and a refresh. A primary submission is the first submission of data for the current period. A refresh is a resubmission of data from a previous period or entry.

A primary submission must be undertaken for each quarter. A refresh is optional if a local authority wishes to update data it has already submitted. This is something a local authority might wish to do if there is improved data quality for a previous quarter or to include additional data not available at the time of the primary submission.

As for 2015/16, in 2016/17 local authorities will be able to revise all the previous quarters’ submissions.

7. Preparing for data submission to the national solution 2016/17

To submit data for health visiting activity and outcomes to the national interim reporting solution from Quarter 1 2016/17 each local authority will need to use a unique link. Each local authority will be provided with a new unique organisation link for 2016/17. This will be used by a nominated representative (lead analyst/commissioner) to submit the data onto the system. This unique link has been sent to each local authority analyst and director of public health/director of children’s services registered on the local government reporting module.

If a unique organisation link for 2016/17 has not been received or cannot be tracked down, please email the central Public Health England team at: interimreporting@phe.gov.uk

Use the unique link to submit data when the collection window opens for each quarter in 2016/17. The Quarter 1 collection window opens on 22 August 2016.
8. Processes for local aggregation of data

Local areas will have access to the same standardised health visitor spreadsheets to support local reporting between providers and commissioners as in 2015/16. These include breastfeeding at 6-8 weeks and are focussed on local authority reporting by residence.

Data items required to populate the health visitor dashboard 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).

9. How do I submit aggregate data to Public Health England?

Step 1: select local information flow model

In advance of the first submission for 2016/7, review how arrangements for 2015/16 have worked and make any decisions about continuing with established flows or making changes to improve them. Ensure that robust arrangements are still in place to collect the data through commissioning arrangements and ensure that providers can submit data based on where every child lives (residence of child).

Step 2: receiving data from providers each quarter

Following the end of the quarter data will be received from providers and if the ‘lead local authority’ model has been adopted, the information will need to be disseminated among the appropriate local authorities.

Step 3: collating figures for each quarter

Local authority figures should be collated for each metric required, by bringing together all the data files received. PHE will provide a new summary collation spreadsheet for 2016/17 before the window opens, on www.chimat.org.uk/transfer. It includes suggested validation processes focusing on checking that numbers make sense as they are entered, as well as ‘sense-checking’ denominators against recent population estimates. Additional checks can be carried out. Extra fields can 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 PHE.

Step 4: local data validation for each quarter

Address any issues discovered through data validation with your providers or other local authorities and resolve them to your satisfaction. PHE is unable to issue specific guidance on how to validate data you have received but it is hoped local authorities will work together to identify
issues that may relate to specific providers. The source of errors can be identified using sense-checking and comparison against previous submissions.

Step 5: local authorities ‘sign off’ data each quarter

Each local authority should arrive at a final, agreed value for each metric representing activity delivered to children living in their area (residents), going through any internal approvals processes required.

Step 6: submission of data to PHE (via the Local Government Association (LGA))

Following the end of the quarter the collection window for submission to PHE opens. The nominated individual in the local authority clicks the link provided to connect to a number of data entry screens. These screens should be completed for the current quarter. Answers are automatically saved, but are NOT submitted until ‘submit’ is pressed at the end.

It is important that the contact information and ‘sign off’ authorisation details on the LGA web-based data entry system are kept up to date.

The unique link connects to the first page of the data upload screen which has instructions about navigating through the return. This includes the ability to save data at any time and return to continue the submission at any time during the collection window.

The first page will include weblinks to the PHE resources at www.chimat.org.uk/transfer and fields to post questions via interimreporting@phe.gov.uk

While submitting data for each quarter, you will have the opportunity to add or amend any data for a previous quarter in 2016/17.

Step 7: publication of official statistics

Approximately two months after the end of the submission window PHE publishes the quarterly statistics as official statistics. This will include updated statistics for any previous quarters.

10. Frequently asked questions and answers

Here are a few frequently asked questions and answers. Any unanswered questions can be submitted to interimreporting@phe.gov.uk

Q: This is the technical guidance for 2016/17. Will there be more guidance for 2017/18?

A: Yes, it is anticipated that this technical guidance will be reviewed and updated for 2017/18 if the interim reporting arrangements are still required. The maintenance of the interim reporting arrangements will depend on the maturity of returns via the maternity and children’s dataset. Revising this data will provide an opportunity to incorporate lessons learnt and also to strengthen the guidance to ensure it includes details on those areas where we have received a number of
Interim national reporting process for health visiting: full guidance for local authority members of staff 2016/17

questions and queries on the same subject. This revised guidance will also incorporate any changes to policy that may occur.

Q: How will national reporting be delivered in the longer term?

A: NHS England continue to lead on the implementation of the Maternity and Children’s (MCDS) dataset www.hscic.gov.uk/maternityandchildren/cyphs through arrangements with the Health and Social Care Information Centre (HSCIC). The MCDS once fully implemented will provide actionable business intelligence to service providers and commissioners in order to inform the improvement of service quality and efficiency, and to develop and target services in a way that improves health, reduces inequality and maximises return on investment. The MCDS infrastructure will support the flow of standardised information on children’s health form local IT systems to the HSCIC on a monthly basis. This will provide the longer term strategic solution for both national and local reporting, including performance, benchmarking, activity, programme coverage and health related outcomes.

To enable system user registration processes and technical requirements to be arranged to enable user access please can the local authorities provide the HSCIC Maternity and Child Health Dataset (MCDS) Project Team with a nominated contact and their contact details, to include: name, organisational role/job title, email address and phone number.

This information can be submitted to the MCDS Team at: MCDS@hscic.gov.uk

Q: Is it possible to enter and save data in the web-based data entry system prior to making a formal submission?

A: Yes, available data can be entered which can then be updated during the same reporting period.

Q: If I complete a primary submission for a period and then submit a refresh submission which submission will be used?

A: Any subsequent file for the same reporting period that has been successfully processed will automatically become the ‘last good file’, overwriting all previous submissions.

Q: What are the submission periods/windows?

A: This is the period during which the national web based data entry system will accept uploads and submissions for the reporting period. Data entry cannot be made once the submission period/window is closed.

Q: Are universal health visitor reviews undertaken by a family nurse practitioners to be collected in the total figures of reviews undertaken?

A: Yes, the number of health visitor reviews that the family nurse practitioners undertake should be included in the total number of reviews reported.

Q: Will the unique organisational link be the same for all the reporting quarters in 2016/17?

A: Yes, the unique organisational link provided will be the same link for the whole financial year of 2016/17. This will be different from the link provided for data submission in 2015/16.
11. Supporting resources

To assist local teams maintain interim reporting at both local and national levels PHE has prepared some supporting material and resources to help when working through local issues and decisions.

The individual resources and application are listed in Appendix 2. The resources themselves can be found at www.chimat.org.uk/transfer.

12. How can I make an enquiry or provide feedback?

Questions or suggestions should be emailed to interimreporting@phe.gov.uk
Appendix 1. Health visitor 4-5-6-model

Health visiting services use a **4 tiered progressive model** to build community capacity to support children. This involves building community capacity to support parents of young children; universal reviews to identify need for early intervention and targeted services; targeted packages of care to meet identified need for example on early attachment, maternal mental health or breastfeeding or nutrition, and contributing and/or leading packages of integrated care for those identified as having complex needs or being at risk, including troubled families and safeguarding.

The **5 evidence-based reviews** are the mandated HCP health and development assessments, reviews forming the basis for a range of preventive and early intervention services to meet need: the antenatal health promoting visit; new baby review; 6 to 8 week (health visiting) assessment; one year assessment and 2 to 2½ year review.

The **6 high impact outcomes** of health visiting and 0 to 5 services contribute to setting the foundation for future health and wellbeing set out above. These six are the transition to parenthood and supporting early attachment; maternal mental health; breast-feeding; healthy weight; preventing accidents and managing minor illness; and development at age 2, underpinning school readiness.
Appendix 2. List of supporting material and additional resources (see www.chimat.org.uk/transfer)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation and publication guidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Publication of data for health visiting service delivery metrics and breastfeeding at 6-8 weeks after birth statistics 2015/16</td>
<td>Provides quarterly publications for 2015/16</td>
</tr>
<tr>
<td>2</td>
<td>One-off validation of 0-5 service data submitted by local authorities January 2016</td>
<td>The parallel returns of data relating to the same activity in quarter one 2015/16 to both NHS England and to PHE allowed for a one-off comparison of all data sources in order to make a judgement on how successful the interim reporting of activity at a residence basis had been at each local level.</td>
</tr>
<tr>
<td>3</td>
<td>Interim reporting arrangements: summary of feedback received between 26 June and 25 September 2015 and Public Health England's response 18 November 2015</td>
<td>Summarises the issues surrounding the main data and information themes that arose throughout the process of transfer of 0-5 children's public health commissioning to local authorities, including a summary of the specific feedback received and PHE's response.</td>
</tr>
<tr>
<td><strong>Models for local information flows</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Spread sheet for local use with lead local authority model</td>
<td>Spread sheet containing all key aggregate data items for use by providers to report on activity to their commissioning local authority</td>
</tr>
<tr>
<td>5</td>
<td>Spread sheet for local use with the distributed local authority model</td>
<td>Spread sheet containing all key aggregate data items for use by providers to report on activity to all relevant local authorities.</td>
</tr>
<tr>
<td><strong>Longer term reporting solution</strong></td>
<td></td>
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<tr>
<td>Resource</td>
<td>Description</td>
<td>Application</td>
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<tr>
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<tr>
<td>6</td>
<td>Note to local authorities from HSCIC – access to MCDS (including CYPHS)</td>
<td>Details on how to nominate a lead person as the key contact in the local authority. This contact will receive important further information on the implementation of the Maternity and Children’s Dataset (MCDS), including direct access over N3 connections and the process and timings for this</td>
</tr>
<tr>
<td>7</td>
<td>Child Health Information Systems</td>
<td>Details the 2015 output based specification (details technical requirements) and information requirement specification (details information content) publications for CHIS systems. A summary document of the high-level differences between the 2012 and 2015 versions of the documents Details of the development of the Child Health Digital Strategy which is to be published in summer 2016</td>
</tr>
</tbody>
</table>
## Appendix 3. Full indicator specifications data collection process and validation rules

<table>
<thead>
<tr>
<th>Reference</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Method</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 - mothers receiving antenatal visit</td>
<td>Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above</td>
<td>Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above</td>
<td>N/A</td>
<td>Due to difficulties in establishing a reliable denominator this is a count</td>
<td>No validation performed</td>
</tr>
<tr>
<td>C2 - % new birth visits &lt; 14 days</td>
<td>Percentage of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor</td>
<td>Total number of infants who turned 30 days in the quarter who received a face-to-face NBV within 14 days from birth, by a health visitor with mother (and ideally father)</td>
<td>Total number of infants who turned 30 days within the quarter</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. 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 &lt;= denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years for new birth visits). The annual figures are divided by 4 to provide quarterly estimates.</td>
</tr>
<tr>
<td>C3 - % new birth visits &gt; 14 days</td>
<td>Percentage of births that receive a face-to-face NBV after 14 days by a health visitor</td>
<td>Total 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)</td>
<td>Total number of infants who turned 30 days within the quarter</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. 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 &lt;= denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years for new birth visits). The annual figures are divided by 4 to provide quarterly estimates.</td>
</tr>
<tr>
<td>Reference</td>
<td>Definition</td>
<td>Numerator</td>
<td>Denominator</td>
<td>Method</td>
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<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C8i - %6-8 Week Review</td>
<td>Percentage of children who received a 6-8 week review by the time they turned 8 weeks</td>
<td>Total number of infants, due a 6-8 week review by the end of the quarter, who received a 6-8 week review by the time they turned 8 weeks</td>
<td>Total number of infants due a 6-8 week review by the end of the quarter</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. Indicator numerator and denominator are integers, and numerator &lt;= denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years for new birth visits) The annual figures are divided by 4 to provide quarterly estimates.</td>
</tr>
<tr>
<td>C8ii - % breastfeeding at 6-8 weeks</td>
<td>Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks</td>
<td>The number of infants recorded as being totally breastfed at 6-8 weeks plus The number of infants recorded as being partially breastfed (receiving both breast milk and formula) at 6-8 weeks</td>
<td>Total number of infants due a 6-8 week review by the end of the quarter</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. Indicator numerator and denominator are integers, and numerator (combined values of number of infants totally breastfed and number of infants partially breastfed) &lt;= denominator. DK &quot;Don’t Knows&quot; automatically fail validation. Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 - 8 week reviews) The annual figures are divided by 4 to provide quarterly estimates. Stage 3. Numerator/denominator between 95% (85% for England) and 100%.</td>
</tr>
<tr>
<td>C4 - % 12 month reviews &lt; 12 months</td>
<td>Percentage of children who received a 12</td>
<td>Total number of children who turned 12 months in the</td>
<td>Total number of children turning 12 months during the</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. Indicator numerator and denominator are integers, and numerator &lt;= denominator.</td>
</tr>
<tr>
<td>Reference</td>
<td>Definition</td>
<td>Numerator</td>
<td>Denominator</td>
<td>Method</td>
<td>Validation</td>
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</tr>
<tr>
<td>C5 - %12 month reviews &lt;15 months</td>
<td>Percentage of children who received a 12 month review by the time they turned 15 months</td>
<td>Total number of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months</td>
<td>Total number of children turning 15 months during the quarter</td>
<td>Percentage reported to one decimal point</td>
<td>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.</td>
</tr>
<tr>
<td>C6ii - % 2-2½ year reviews</td>
<td>Percentage of children who received a 2-2½ year review</td>
<td>Total number of children due a 2-2½ year review by the end of the quarter, who received a 2-2½ year review by the time they turned 2½ years.</td>
<td>Total number of children aged 2½ years in the quarter.</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. Indicator numerator and denominator are integers, and numerator &lt;= denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (2 years for 2-2½ year reviews). The annual figures are divided by 4 to provide quarterly estimates.</td>
</tr>
<tr>
<td>C6ii - % 2-2½ year reviews using ASQ 3</td>
<td>Percentage of children who received a 2-2½ year review using Ages and Stages Questionnaire (ASQ-3).</td>
<td>Total number of children who received a 2-2½ year review by the end of the quarter for which the ASQ 3 was completed as part of their 2-2½ year review.</td>
<td>Total number of children who received a 2-2½ year review by the end of the quarter</td>
<td>Percentage reported to one decimal point</td>
<td>Stage 1. Indicator numerator and denominator are integers, and numerator &lt;= denominator. Stage 2. Indicator denominator is within 20% of the numerator of indicator C6i.</td>
</tr>
</tbody>
</table>