Public Health England

Protecting and improving the nation's health

Child health profiles and indicators

Summary of feedback exercise and Public Health England response

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Introduction

Child health profiles have been published nationally since 2011 for each upper tier local authority in England. A 4-page summary gives an annual snapshot report of child health. Alongside the annual publication, an interactive version of the profiles is updated with new data throughout the year and includes a more extensive range of indicators for child and maternal health. PHE has responsibility for producing these statistics.

Thank you to all of those who took the time to respond to our survey about the content and format for future child health profiles and indicators. The exercise takes place every 2 years to make sure that these outputs continue to meet the needs of users.

We have now reviewed all the comments we received and will be using this information to shape the profiles in coming years. This report summarises the feedback we have received and the way that we intend to respond to those points in developing future child health profiles and indicators.

Methodology

The Child Health Profile User Survey was conducted between 9 July and 30 September 2019. It was delivered online from the homepage: https://fingertips.phe.org.uk/profile/child-health-profiles

Users were invited to click on a hyperlink which launched the survey. We also included a link in PHE's Child and maternal health and wellbeing knowledge update which goes out to those interested in this field every 2 weeks. The survey consisted of multiple choice and free text questions. There were 131 valid responses to the survey, with 63 completing the more detailed questions. The responses are summarised below.

Appendix 1 includes a summary of the questions asked in the survey.

General comments

The following section provides background to the profiles and PHE's response to some of the more general points raised by users in their feedback.

Suggestions for additional indicators

While issues may be important in some local areas, the more generalised nature of the annual snapshot reports means that, for reasons of space, it is impossible for us to include information about all the issues which we might like. Additional indicators on a range of themes are available on the PHE Fingertips tool. The interactive version of the child and maternal health profiles has been on Fingertips since 2016 and offers access to a wider range of indicators than those contained in the annual snapshot reports.

Timeliness of data

We always aim to use the most recently published data available at a national level. There is often a time lag between the data's collection and publication which can mean that data relates to events which occurred a year or 2 ago or longer. On occasions, we use older datasets to ensure important health issues are not omitted because they are the best and most recent available.

Users have also raised questions about the timeliness of specific indicators. Further details about individual indicators are given in the following chapter which summarises specific feedback and responses.

Geographical areas covered by the profiles

Several users have said that they would find it useful to have similar profiles for lower geographical levels such as district councils and GP practices. The annual snapshot reports have been specifically developed to meet the needs of those working at upper tier local authority level. This reflects the public health responsibilities which sit with these organisations and the way in which wider services which affect child wellbeing such as education and social services are often based on these boundaries.

A wider range of indicators by life course stage and in themed views, including clinical commissioning group (CCG) level data, are available in the Fingertips Child and Maternal Health section.

Some lower geographical level indicators are available through Local Health and National general practice profiles.

Providing the most relevant indicators

Respondents were asked to offer feedback on their main priorities for child health and also how useful they find individual indicators within the annual snapshot reports. This information is used as background information in reviewing the overall feedback, alongside other sources of priorities such as those in the PHE Strategy 2020 to 2025 and the NHS Long Term Plan. The profiles and indicators are modified over time to respond to changes in priorities, while continuing to represent the breadth of issues which are relevant to child and maternal health. This may mean the discontinuation of some indicators in order to retain a collection which it is practicable to manage and update. It is also recognised that a lengthy list of indicators can be a disadvantage for users, making it more difficult to find appropriate or the most relevant data.

Where indicators are discontinued, we recognise that this may be a disappointment to those who have used them. Should this occur, the same or similar information can usually still be accessed by a local area either by looking at an alternative indicator or data source. PHE's Local Knowledge and Intelligence Service can also offer advice including how to access detailed data where local areas wish to consider issues in depth.

The Local Knowledge and Intelligence Service can be contacted using the emails below:

North East	LKISNorthEast@phe.gov.uk
North West	LKISNorthWest@phe.gov.uk
Yorkshire and the Humber	LKISYorkshireandHumber@phe.gov.uk
East Midlands	LKISEastMidlands@phe.gov.uk
East of England	LKISEast@phe.gov.uk
West Midlands	LKISWestMidlands@phe.gov.uk
London	LKISLondon@phe.gov.uk
South East	LKISSouthEast@phe.gov.uk
South West	LKISSouthWest@phe.gov.uk

Feedback on specific topics

As part of this year's exercise, we sought feedback on several issues. The questions covered specific indicators both in the interactive version of the profiles and the annual child health profile snapshot reports. The following section summarises the questions asked in the survey, the feedback received from users and PHE's response.

Elective hospital admissions

We currently update indicators for elective hospital admissions (all causes) for various age bands. We asked respondents whether they used elective admissions indicators for local public health planning. Most respondents (55 out of 63 responses) did not use these indicators. As they appear little used for the public health planning of child and maternal health services, we will be discontinuing the following indicators:

- 92678 Elective admissions (rate per 1000 population) <1
- 92679 Elective admissions (rate per 1000 population) aged under 5 years
- 92681 Elective admissions (rate per 1000 population) aged 5 to 9 years
- 92682 Elective admissions (rate per 1000 population) age 10-14 years
- 92685 Elective admissions (rate per 1000 population) age 15-19 years
- 92696 Elective admissions (rate per 1000 population) age 1-4 years
- 92697 Elective admissions (rate per 1000 population) aged 15-17 years
- 92698 Elective admissions (rate per 1000 population) under 18
- 92699 Elective admissions (rate per 1000 population) 0-19

Emergency admissions

We currently update indicators for emergency hospital admissions (all causes) for various age bands. We asked respondents whether they used emergency admissions indicators for local public health planning. Just over half of respondents (34 out of 63 responses) did not use these indicators.

Where respondents said these indicators should be retained, several specific issues such as asthma, self-harm, accidents and injuries and common causes of admissions of infants were mentioned. Indicators which focus on emergency admissions for these issues will continue to be maintained and potentially offer more relevant information when looking at these topics.

Based on this feedback, the following indicators will be discontinued:

- 92683 Emergency admissions (rate per 1000 population) 5-9
- 92684 Emergency admissions (rate per 1000 population) 10-14
- 92686 Emergency admissions 15-19
- 92700 Emergency admissions (aged 1-4)
- 92701 Emergency admissions 15-17
- 92703 Emergency admissions 0-19

The following indicators will continue to be updated on an annual basis for the reasons given below:

92702 Emergency admissions under 18 years.
Responses suggested that the retention of an indicator for the overall child population was useful, allowing local areas to identify if there was a change in emergency admissions which might merit further investigation.

92680 Emergency admissions (rate per 1000 population) <1.
Where respondents noted their use of emergency admissions data, several commented on the early years, infant health or topics related to children in these age groups.

92477 Emergency admissions (0-4).
Where respondents noted their use of emergency admissions data, several commented on the early years, infant health or topics related to children in these age groups.

We will also continue to publish indicators for hospital admissions for specific causes such as injuries, gastroenteritis and respiratory tract infections.

A&E attendances

We currently update indicators for A&E attendances for various age bands. We asked respondents whether they used A&E attendances indicators for local public health planning. More than half of respondents (37 out of 63 responses) did not use these indicators.

Where respondents said these indicators should be retained, some were particularly interested in using them to consider more specific issues such as self-harm, accidents and injuries and infant feeding. Indicators which focus on emergency admissions for these issues will continue to be maintained and potentially offer more relevant information when looking at these topics.

Based on this feedback, the following indicators will be discontinued:

- 92498 A&E attendances (1-4 years)
- 92494 A&E attendances (5-9 years)
- 92495 A&E attendances (10-14 years)
- 92496 A&E attendances (15-17 years)
- 92497 A&E attendances (15-19 years)
- 92491 A&E attendances (0-19 years)

The following indicators will continue to be updated on an annual basis for the reasons given below:

90550 A&E attendances (<18).
Responses suggested that the retention of an indicator for the overall child population was useful, allowing local areas to identify if there was a change in A&E admissions which might merit further investigation.

92493 A&E attendances (under 1 year).
Retention of this indicator is consistent with those for emergency admissions.

90809 A&E attendances (0-4 years).
This indicator is currently included in the spine chart for the annual snapshot reports. When asked to comment on its usefulness, nearly all respondents considered it a useful indicator (35 respondents said it was “very useful,” 12 described it as “quite useful” and 2 as “not at all useful”).

Adding a section on child development aged 2 to 2½

In the last feedback exercise some users told us that they would like indicators to be added on child development aged 2-2½ based on the Ages and Stages Questionnaire (ASQ). The data quality is not yet sufficient to include these indicators on the spine chart nor is there sufficient space elsewhere in the snapshot reports without altering existing content. We asked respondents’ advice on which content should be amended to create space for this additional information if they thought we should include a chart and text for child development aged 2-2½ indicators.

Feedback suggests clear support for adding data about child development aged 2 to 2 ½ to the annual snapshot reports (44 responses were in favour and 11 against). The majority of responses (22 out of 43) suggested that current information on chlamydia detection could be presented differently.

Based on this advice, the following changes will be made in the next annual snapshot reports:

- a chart and descriptive text based on data for child development aged 2 to 2 ½ will be added to page 3
- in recognition of the continuing importance of young people's sexual health, the descriptive text about chlamydia detection rate will be retained - it will sit alongside a discussion and chart about teenage conceptions, creating a new section for young people's sexual and reproductive health on page 3

Publication date

Users were asked at what time of year it was most useful to produce the annual snapshot reports. Most respondents did not mind when they were produced (45 out of 58 responses). There were 8 users who expressed a preference for March and 5 for September. Based on this feedback, no change is planned to the current March publication date. Should operational reasons arise which make a September publication more efficient, the publication date may change in the future.

Continuation of annual update to the snapshot reports

The annual snapshot reports and individual indicators in the interactive child and maternal health profile are currently updated every year. While all indicators will be updated on an annual basis when new data becomes available in the interactive version, we asked users whether the annual snapshot reports should continue to be updated this frequently, particularly when population health often takes some time to change and so there can be little variation from 1 year to the next.

Most users (59 out of 82) thought that the snapshot reports should continue as an annual output. Respondents commented on the benefits of looking at trends on an annual basis, particularly in spotting changes early, and the importance of the most recently available data to inform local decision-making. Individual comments received, however, suggest that while annual information to monitor trends is helpful, a reduction in frequency for producing the annual snapshots might increase their impact when published.

We would like to understand these findings in greater depth and so plan to seek further feedback from the primary audience for the annual snapshot reports, local authorities, through their directors of public health. Changes to the frequency of publication for this output may result depending on the outcome of this further work.

Format

Users were asked which formats they preferred: an interactive version on Fingertips, an easily printable report format (currently pdf) or both. Most users found both formats helpful (49 out of 81 responses). Of the remaining responses, 17 users preferred a pdf or similar and 15 Fingertips. The responses indicate that the annual snapshot reports are valued by more than 4 fifths of users (66 out of 81 responses). On this basis, we will continue to produce short snapshot reports for each upper tier local authority alongside maintaining a wider range of indicators in the interactive version of the profiles.

Summary of detailed feedback

Overall usefulness of the annual snapshot reports

Users were asked to rate the overall usefulness of the annual snapshot reports. Some comments noted the usefulness of the profiles and described how they informed local planning and service improvement. When asked to rate the overall usefulness of the annual snapshot reports more than half of respondents described them as “very useful” (43 of 82 responses). A further 30 respondents considered the profiles “useful” and 8 respondents found the profiles “quite useful.” One respondent saw the profiles as “not very useful” (table 1).

While the overall response rate to the survey question is lower (82 responses) than in the 2017 feedback exercise (329 responses), levels of satisfaction in the profiles are higher (table 1).

Table 1: overall usefulness of the annual snapshot reports (comparison of 2017 and 2019 feedback exercises)

Response	2019	2017
Very useful	52% (43 responses)	35% (116 responses)
Useful	37% (30 responses)	37% (123 responses)
Quite useful	10% (8 responses)	25% (82 responses)
Not very useful	1% (1 response)	2% (5 responses)
Not at all useful	0% (0 responses)	1% (3 responses)

Suggestions for improvement and requests for additional information

At the end of the survey, users were given the opportunity to offer more general suggestions for improvement or request additional information. These suggestions are noted below together with PHE’s response to the points made (table 2).

Table 2: Detailed suggestions received and PHE's response

	Feedback	Response
1.	Include information about physical activity	Unfortunately, limited data is currently available on this topic to create indicators and where that data is available it can be from some years ago. The data which is available such as from the What about YOUth? survey is included in the interactive version of the profiles but we do not feel that it is sufficiently timely to use in the annual snapshot reports. PHE is currently developing an indicator for the 'Percentage of children aged 5 to 16 sufficiently physically active for good health' for inclusion in the Public Health Outcomes Framework (PHOF). Once available, we will consider how this information can be included in both the annual snapshot reports and the interactive version of the profiles.
2.	Include information about healthy maternal weight at antenatal contact with health visitors which gives the opportunity to promote healthy lifestyle changes.	PHE is currently developing an indicator for maternal obesity at the time of booking based on data in the Maternity Services Dataset (MSDS) for inclusion in the PHOF. Once available, the indicator will be added to the interactive child and maternal health profiles.

	Feedback	Response
3.	Include data about domestic abuse incidence in which a child is present, given the increasing incidence and the close links between this and health and wellbeing.	For reasons of space, we are unable to include data for all topics which affect child health and wellbeing in the annual snapshot reports. PHE's Children and young people's mental health and wellbeing profile does, however, include various indicators about children experiencing abuse or neglect. We will consider adding some of this information to the interactive child and maternal health profiles when looking at vulnerable children and young people. We are unaware of a nationally available dataset which could be used as the basis for an indicator which looks at children who witness domestic abuse for all local authorities which is updated on a regular basis.
4.	Include more recent data for breastfeeding initiation	The annual snapshot reports and the interactive version of the profiles contain the most recent data available for breastfeeding initiation. PHE is currently developing a revised indicator related to breastfeeding initiation for inclusion in the PHOF. The indicator will be based on data from the MSDS for babies whose first feed is breastmilk. The use of this new dataset will give access to more timely data about breastfeeding on an ongoing basis. Once available, the new indicator will replace existing indicators in both the annual snapshot reports and the interactive version of the profiles.
5.	Include further data on breastfeeding at discharge from hospital, between 10 and 14 days (transfer of care to health visitors) and at each stage when a health visitor records child data (the 9 to 12 months check and the 2 to 2 ½ year check).	We are unaware of a current nationally available dataset which we could use as the basis of such indicators for all local authorities. Should such data become available in the future, we will investigate the creation of indicators for inclusion in the child and maternal health profiles in PHE's Fingertips tool.

	Feedback	Response
6.	Include more data about hospital admissions for different conditions using hospital episode statistics (HES)	We include several indicators based on HES where this can be used as a meaningful source of information for public health. The annual snapshot reports include 8 indicators based on HES covering dental health, alcohol and substance use, injuries, asthma, self-harm and mental health. Additional indicators derived from HES such as for gastroenteritis, respiratory tract infections, diabetes and epilepsy are also available in the interactive child and maternal health profiles. We are unclear what further information for public health could be usefully derived from HES but would welcome specific suggestions. These can be sent by email to chimat@phe.gov.uk
7.	Include more information about trends which could be used to plan for the coming year and be proactive in managing the demands and future needs of the population.	We include information about trends for some indicators on page 2 of the annual child health profile snapshot reports. The inclusion of arrows in the spine chart since 2017 also gives information for each indicator about trends. We have attempted to add information about trends to the 'key findings' section on page 1 but unfortunately there is insufficient space to do so in all instances. This information is, however, available in the trends tab in the interactive version of the profiles on PHE's Fingertips tool where it is possible to calculate a trend.

	Feedback	Response
8.	Include more information about parental mental health and the link to infant attachment and outcomes later in life. This could include details about the relationship between employment and mental health and how poor attachment to a parent or carer in early life can lead to poorer outcomes later on.	For reasons of space, we are unable to include such detailed information about this important issue in the annual snapshot reports. There is, however, detailed data which focuses on the relationship between maternal and infant mental health in the Perinatal mental health profile and the report Mental health in pregnancy, the postnatal period and babies and toddlers which is available on PHE's Fingertips tool for each local authority and CCG.
9.	Further information about serious youth violence and the impact of criminal conviction	We are unaware of a current nationally available dataset which we could use as the basis for indicators on such topics for all local authorities.
10.	Consider seeking the input of young people to the content of the profiles	The focus of our feedback exercises is those from local authorities who represent the intended primary audience for the profiles. We encourage the involvement of young people in local health planning and welcome feedback from local authorities which reflects their views.

Conclusions

The findings from this survey will be used to inform the development of child health profile annual snapshot reports in the future as well as the interactive child and maternal health profiles on PHE's Fingertips tool. Dates for future releases are given on the statistics release calendar.

Appendix 1: summary of survey questions

Introductory questions

1. Which area of England do you work in?

Respondents were given the following answers to choose from:

- East Midlands
- East of England
- London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire and the Humber
- National

2. Which of the following best describes your work?

Respondents were given the following answers to choose from:

- Public Health England (national)
- Public Health England (centre)
- local authority
- central government
- NHS provider
- NHS commissioner
- NHS England
- professional body or regulator
- charity or voluntary sector
- academic or research institution
- other, please specify

3. Which are your top 3 priorities for child health?

Respondents were given the following answers to choose from, with the option to select no more than 3:

- accidents and injuries

- alcohol use
- breastfeeding
- child development
- childhood obesity
- child poverty
- drug use
- immunisations
- long-term conditions
- mental health
- oral health
- sexually-transmitted infections
- smoking
- teenage pregnancy
- other, please specify

4. Thank you for answering these questions. What would you like to do now?

Respondents were given the choice to:

- tell us in a little more detail what you think of the indicators in the profile and how we calculate them
- jump to the final questions in this survey

Optional questions

5. Elective hospital admissions

We currently update indicators for all-cause elective hospital admissions for various age bands. We would like to know how useful these indicators are from a public health point of view. Do you use elective admissions indicators for local public health planning?

Respondents were given the following answers to choose from:

- no
- yes - if yes, which age bands do you use? How do you use them?

Respondents were given a text box to write their answer if they answered “yes” to the first question.

6. Emergency hospital admissions

We currently update indicators for all-cause emergency hospital admissions for various age bands. We would like to know how useful these indicators are from a public health

point of view. Do you use emergency admissions indicators for local public health planning?

Respondents were given the following answers to choose from:

- no
- yes - if yes, which age bands do you use? How do you use them?

Respondents were given a text box to write their answer if they answered “yes” to the first question.

7. A&E attendances

We currently update indicators for A&E attendances for various age bands. We would like to know how useful these indicators are from a public health point of view. Do you use A&E attendances indicators for local public health planning?

Respondents were given the following answers to choose from:

- no
- yes - if yes, which age bands do you use? How do you use them?

Respondents were given a text box to write their answer if they answered ‘yes’ to the first question.

8. Tell us what you think about the proposed indicators in the spine chart

The latest available data at the time of production will be used to calculate these indicators. We propose following the same methodology as that used in the current Child Health Profiles. You can see the current profiles here by searching for your area - https://fingertips.phe.org.uk/profile/child-health-profiles

Respondents were asked to rate each of the current 32 indicators on a scale of 5 from “very useful” to “not at all useful.”

9. Adding a section on child development aged 2-2½

In the last feedback exercise some of you told us that you would like indicators to be added on child development aged 2-2½ based on the Ages and Stages Questionnaire (ASQ). These indicators are now published on the fingertips Child and maternal health: early years domain. We do not think data quality is high enough to include these indicators on the spine chart. As an alternative, information could be presented in a

chart and text on page 2 or 3 but we would have to remove an existing chart to do this. Should we include a chart and text for child development aged 2-2½ indicators?

Respondents were asked to answer either “yes” or “no” to the question.

If they answered “yes”, the follow-up question “if you answered yes to question 9, which existing chart would you like us to remove and replace with child development?”

Respondents were then asked to chose from the following options:

- childhood obesity
- young people and alcohol
- young people’s mental health
- teenage conceptions in girls aged under 18 years
- chlamydia detection
- breastfeeding at 6 to 8 weeks
- measles, mumps and rubella (MMR) vaccination coverage by age 2 years

Final questions

10. Timing of publication

The child health profiles are usually published in March. Please tell us when the most useful time of year is for us to publish them.

Respondents were given the following answers to choose from:

- publish in March
- publish in September
- don’t mind
- publish at a different time of year - please tell us why you suggest a different date in the box below

Respondents were given a text box to add further information.

11. Continuation of annual update

The child health profiles snapshots are currently updated annually. We know that population health normally takes some time to change and so there is often little variation from 1 year to the next. The fingertips indicators will still be updated annually when new data is available.We would like to understand if a snapshot every other year would be sufficient. Do you think child health profile pdf snapshots need to be updated every year?

Respondents were given the following answers to choose from:

- yes
- no

A follow-up question was also included “Why? Please explain the reasons for your answer?” Respondents were given a text box to write their answer to this question.

12. Do you have any other suggestions about how the profiles could be improved?

Please keep in mind that we can only introduce new indicators where there is robust local authority level data available. If you wish to suggest new indicators, we would welcome an indication of what data we would use to calculate them. You can see the current indicator guide here - www.gov.uk/government/statistics/2019-child-health-profiles

Respondents were given a text box to write their answer.

13. What is your preferred way of looking at the information in the profiles?

Respondents were given the following answers to choose from:

- easily printable 4-page report such as pdf
- Fingertips tool
- both
- other, please specify

14. Finally, we would like to ask you about how useful you have found the Child Health Profiles 2019?

Respondents were given the following answers to choose from:

- very useful
- useful
- quite useful
- not very useful
- not at all useful