

Healthy Child Wales Programme, October 2016 to June 2018: Experimental Statistics

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Quarterly statistics are presented from Oct-Dec 2016 (the first quarter when the Healthy Child Wales Programme (HCWP) was introduced) to Apr-Jun 2018 (the latest available quarter).

Other statistics are presented for the first 6 months (Jan-Jun) of 2018.



73%

of all HCWP contacts which
should have been offered to
eligible children were received

(Jan – Jun 2018)

Key Points:

Data for the latest quarter (Apr-Jun 2018) shows that:

- 91% of eligible children received their contact at 10-14 days (the highest rate of all contact points)
- 52% of eligible children received their contact at 3.5 years (the lowest rate of all contact points)
- 72% of contacts were received by eligible children in Flying Start areas, compared to 73% in non-Flying start areas.

Data for the first 6 months of 2018 (1 Jan–30 Jun) show that:

- the percentage of eligible children receiving contacts is greater in this period than any preceding period for all contact points
- 78% of contacts were made within the specified age ranges.

Longitudinal data from the start of the programme shows that for children born around the last quarter of 2016:

- 17% of children have received all 7 contacts for which they have been eligible for to date
- less than 1% of children have not received any of the 7 contacts for which they have been eligible for to date.

About this release

This experimental statistical release publishes the first statistics about the Healthy Child Wales Programme (HCWP).

HCWP is a universal health programme for all families with children aged 0 – 7; introduced on 1 October 2016.

The HCWP is monitored through a module of the National Community Child Health Database; a national database containing anonymised records for all children born, resident or treated in Wales born after 1987.

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Healthy Child Wales Programme

Background

The [Healthy Child Wales Programme](#) (HCWP) was launched on 1 October 2016, with the expectation that health boards would fully implement the programme within two years. The HCWP is a universal health programme for all families with children aged 0 – 7 years. It includes a consistent range of evidence based preventative and early intervention measures, with advice and guidance to support parenting and healthy lifestyle choices. The HCWP sets out what planned contacts children and their families can expect from their health boards from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention: screening; immunisation; and monitoring and supporting child development.

The programme underpins the concept of progressive universalism and aims to identify a minimum set of key interventions to all families with pre-school children, irrespective of need.

Monitoring the programme

The programme is supported by an updated Child Health System, delivered by the [NHS Wales Informatics Service \(NWIS\)](#), ensuring that health boards are able to schedule contacts effectively under HCWP and that there is accurate and comparable data collected to support improvements to child health across Wales.

The National Community Child Health Database (NCCHD) consists of anonymised records for all children born, resident or treated in Wales and born after 1987. It brings together data from the Child Health System databases which are held by local health boards. Welsh Government and NWIS have worked together with health professionals to establish a dataset for those HCWP contacts with children between the ages of 10 days and 3.5 years. The data is collected by health visitors and other health professionals and recorded on the Child Health System by health board community child health staff. The NCCHD is refreshed from local Child Health System databases every quarter (end January, April, July and October).

Note that only data extracted from the NCCHD is analysed here and that HCWP contacts before 10 days of age and after 3.5 years are not reported in this release. Other key components of the programme are reported elsewhere:

- [Immunisation statistics](#) (COVER statistics) are published by Public Health Wales.
- Infant feeding statistics are published in our annual [Births in Wales, data from the NCCHD](#) statistical release.

Measuring coverage of the programme

In order to measure how the programme is being implemented for children living in Wales using the National Community Child Health Database (NCCHD), we have followed the following methodology.

- Identified appropriate eligible children during the period for each contact. For example, in relation to the 10-14 day contact, we have looked at all children in Wales becoming 10 days old during the quarter.
- For these eligible children we have counted the valid records for each HCWP contact.
- Delayed reporting by one quarter to allow time for data to be recorded on Child Health System databases.

Implementing the programme

Statistics in this release only relate to the following HCWP contacts:

- health visitor home contact at 10-14 days
- physical examination at 6-8 weeks
- health visitor service contact (growth assessment) at 8, 12 and 16 weeks
- health visitor service contact at 6 months
- health visitor service contact at 15 months
- health visitor service contact at 27 months
- health visitor service contact at 3.5 years pre-school.

After the first home contact at 10-14 days, health visitor service contacts occur either in the home or in clinics, although growth assessments contacts can also take place at GP surgeries. The physical examination takes place mostly in GP surgeries or in clinics.

It is expected that the next update to this release will be in May 2019 and will provide data for the calendar year 2018.

Experimental Statistics

'Experimental statistics' are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

This statistical release makes available monitoring data from the first quarter the programme was introduced (Oct-Dec, 2016) to the latest available quarter (Apr-Jun, 2018). The source of the data is a newly established module on the National Community Child Health Database. The data and analysis presented are badged as Experimental Statistics to inform users that the data collected and statistics reported are still in a developmental phase and may have some data quality issues. However, both the analysis and data are still of value provided that they are viewed in the context of the data quality information provided. As the data set matures the coverage and the quality of the data being reported will improve, enabling the data to become fit for a wider variety of beneficial uses.

What does the data show?

The data collection system is still relatively new so there are some issues with the recording of certain data items. The majority of the statistical report focusses on whether or not a child received their contact, for which there is good data coverage.

Over the duration of the programme the percentage of eligible children receiving their contact has been highest at the earlier contact points, in particular the contact point at 10-14 days where in the latest quarter 9 out of 10 eligible children received their contact.

The percentage of eligible children receiving their height and weight measurements at 8, 12, and 16 weeks is much lower than the first two contacts. These contacts should generally align with immunisation schedules and typically involve the parent taking the child to a clinic or doctor's surgery, rather than a health visitor making an appointment at the child's residence.

The lowest percentage of eligible children receiving a contact happens at 3.5 years, currently the last contact point for which there are data, where half of eligible children do not receive their contact.

When analysing the reason for a child not receiving a contact, 'no appointment on record' is the most common reason, explaining the non-contact in 7 out of 10 cases. The reason why no appointment is made is varied and can include health boards not offering the contact for resource reasons, or it could be that a contact did occur and the appropriate data collection form was not filled in or processed at the time data was extracted from the local health board Child Health Systems.

The majority of contacts are made within the specified age ranges for all contact points. Apart from the 10-14 day and 6-8 week contact, contacts outside the age range are more likely to be made before the child reaches the lower age threshold rather than after the higher age threshold.

When the Healthy Child Wales Programme was first introduced there were some noticeable differences between the percentage of children receiving contacts in Flying Start and non-Flying Start areas. This is largely explained by the two programmes aligning, which has been resolved over time. In more recent quarters there have only been small differences between the percentage of children receiving contacts in Flying Start and non-Flying Start areas, at each contact point, at the Wales level.

As the data allows us to track an individual child as they move through the programme over time, we are able to produce longitudinal analyses. The initial analysis suggests that almost all children born around the last quarter of 2016 (and therefore eligible for the most contacts within the programme) received at least one contact for which they were eligible for. However, 5 out of 6 of these children have not received at least one of the contacts they have been eligible for.

It is important to note that all contacts within the programme are voluntary, so the apparent 'take-up rate' of contacts offered is affected by parental choices as well as health boards ensuring services are being offered.

Quarterly summary of Healthy Child Wales Programme

Table 1: Summary of Healthy Child Wales Programme, January-June 2018

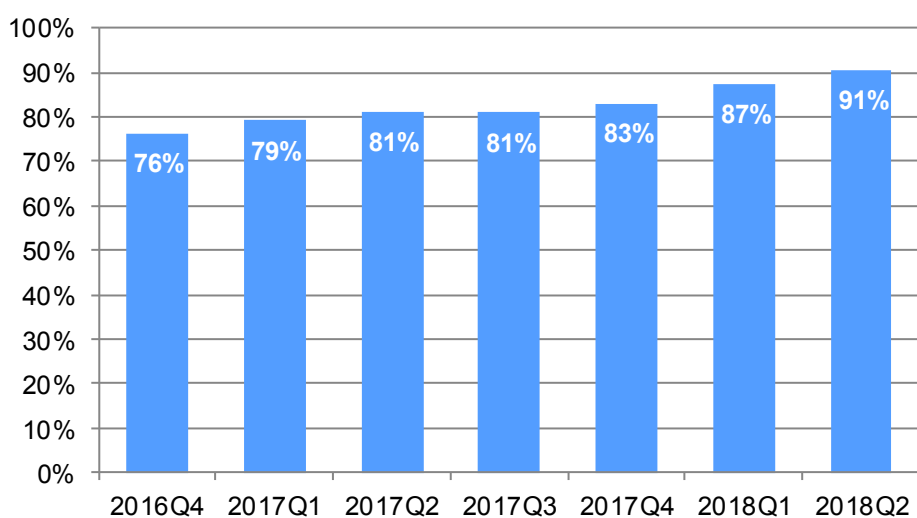
	Eligible children	Received contact	% received contact
10-14 days	15,250	13,585	89%
6-8 weeks	15,174	12,426	82%
8 weeks	15,233	10,729	70%
12 weeks	15,431	9,797	63%
16 weeks	15,810	9,772	62%
6 months	16,191	12,863	79%
15 months	15,861	13,090	83%
27 months	16,441	12,643	77%
3.5 years	17,241	9,104	53%
Total contacts	142,632	104,009	73%

Table 1 shows the number of eligible children receiving their contact at each contact point from 1 January to 30 June 2018. In total 73% of all Healthy Child Wales contacts which should have been offered to eligible children were received during the first 6 months of 2018. This varied by contact point, with the highest percentage of eligible children receiving contacts at 10-14 days (89%); 15 months (83%); and 6-8 weeks (82%). The lowest percentage of eligible children receiving contacts was at 3.5 years (53%).

The following charts show a quarterly time series of the percentage of eligible children receiving their contact at each contact point. Note that the data in Table 1 is a combination of data from quarter 1 and quarter 2 taken from the same date at which quarter 2 data was first generated.

Quarterly time series: Percentage of eligible children receiving contact at each contact point since the start of programme

Chart 1a: Contact at 10-14 days

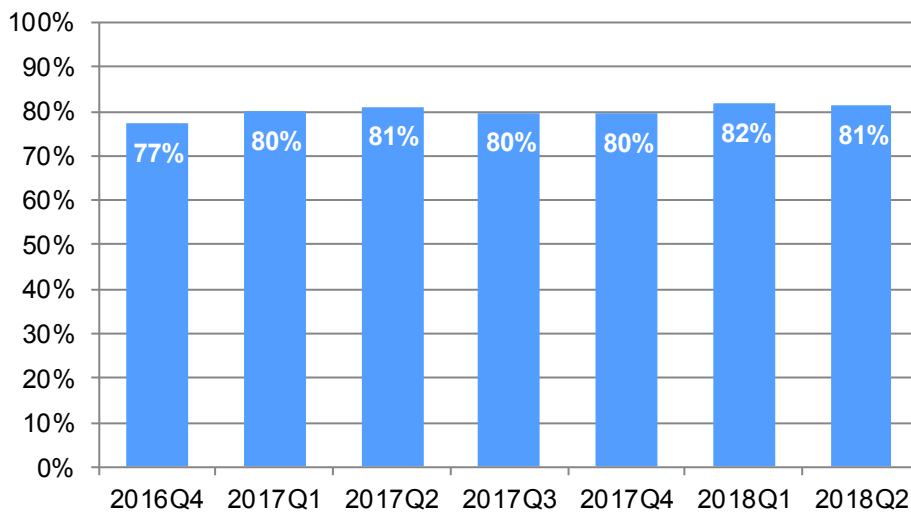


Latest data: 6,996 out of 7,721 eligible children (or 90.6%) received a contact in the latest quarter.

Change since last quarter: ↑ 3.2 percentage points.

Change since first quarter: ↑ 14.2 percentage points.

Chart 1b: Physical examination at 6-8 weeks

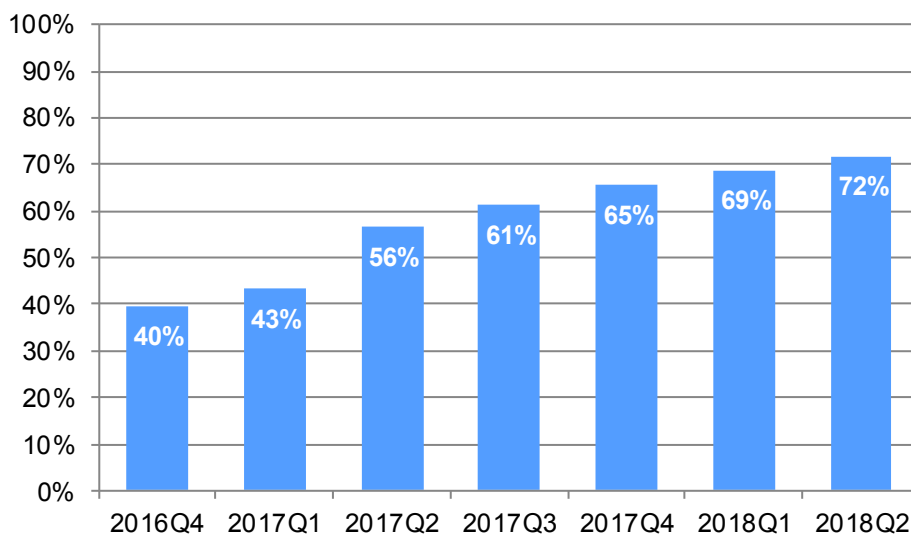


Latest data: 6,136 out of 7,553 eligible children (or 81.2%) received a contact in the latest quarter.

Change since last quarter: ↓ 0.5 percentage points.

Change since first quarter: ↑ 3.9 percentage points.

Chart 1c: Weight and height measurement at 8 weeks

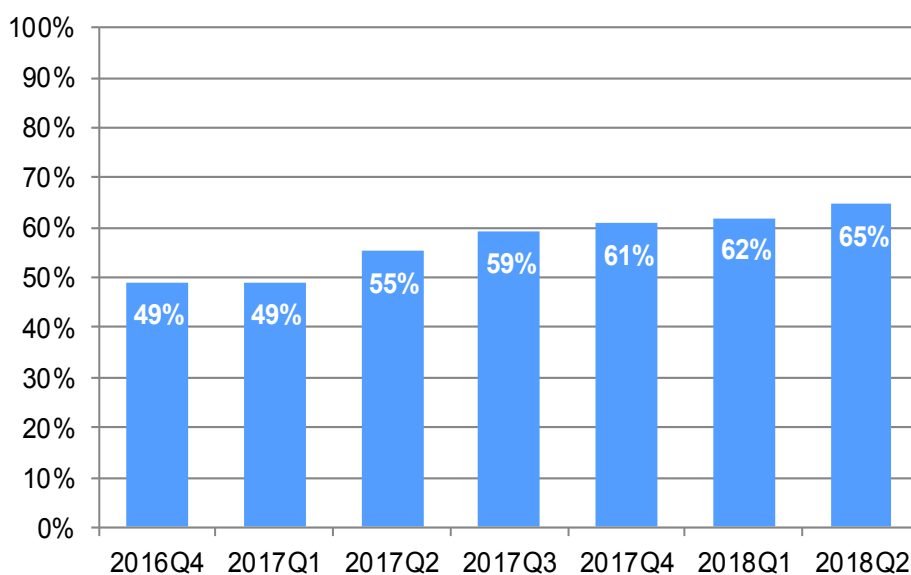


Latest data: 5,403 out of 7,544 eligible children (or 71.6%) received a contact in the latest quarter.

Change since last quarter: ↑ 2.9 percentage points.

Change since first quarter: ↑ 31.9 percentage points.

Chart 1d: Weight and height measurement at 12 weeks

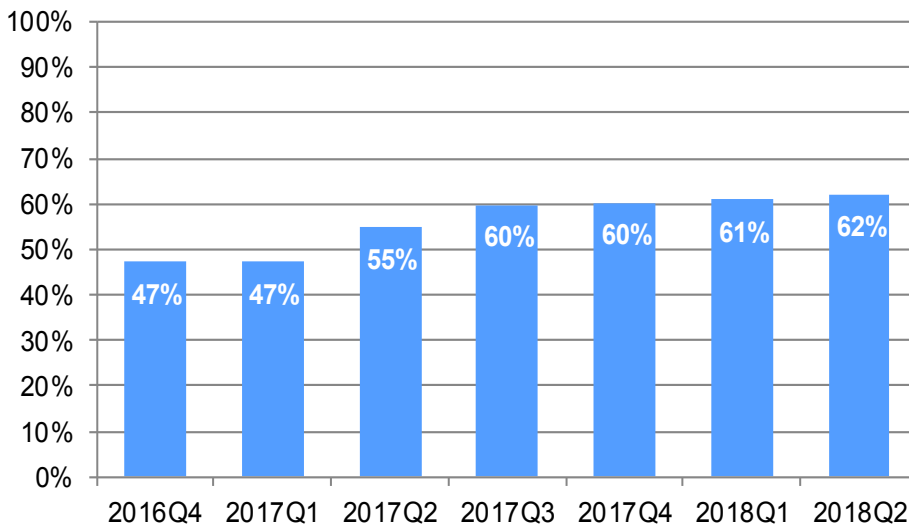


Latest data: 4,980 out of 7,712 eligible children (or 64.6%) received a contact in the latest quarter.

Change since last quarter: ↑ 2.6 percentage points.

Change since first quarter: ↑ 15.4 percentage points.

Chart 1e: Weight and height measurement at 16 weeks

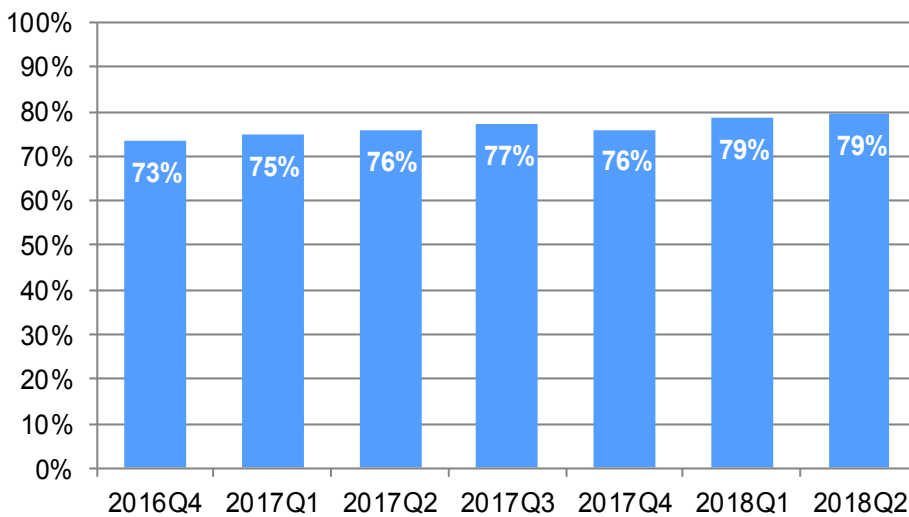


Latest data: 4,783 out of 7,692 eligible children (or 62.2%) received a contact in the latest quarter.

Change since last quarter: ↑ 1.3 percentage points.

Change since first quarter: ↑ 15.0 percentage points.

Chart 1f: Contact at 6 months

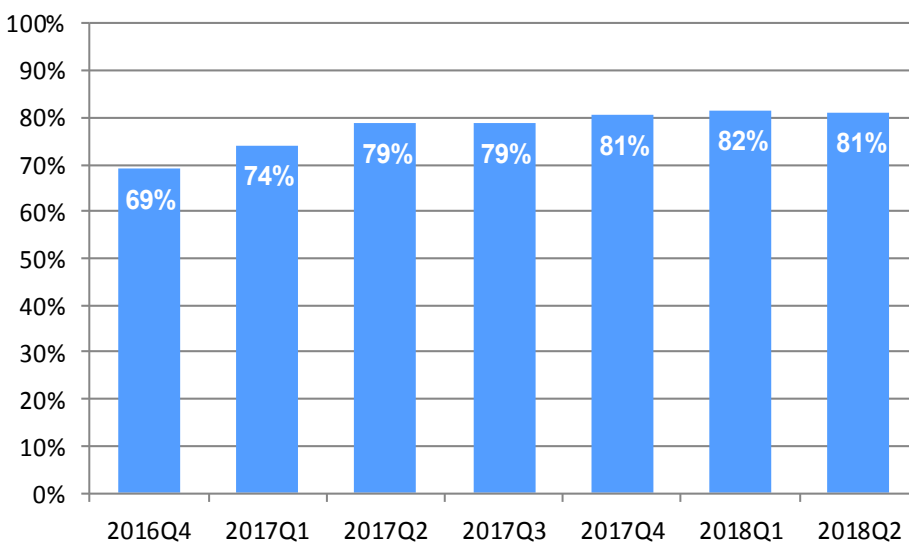


Latest data: 6,272 out of 7,897 eligible children (or 79.4%) received a contact in the latest quarter.

Change since last quarter: ↑ 0.9 percentage points.

Change since first quarter: ↑ 6.0 percentage points.

Chart 1g: Health Visitor contact at 15 months

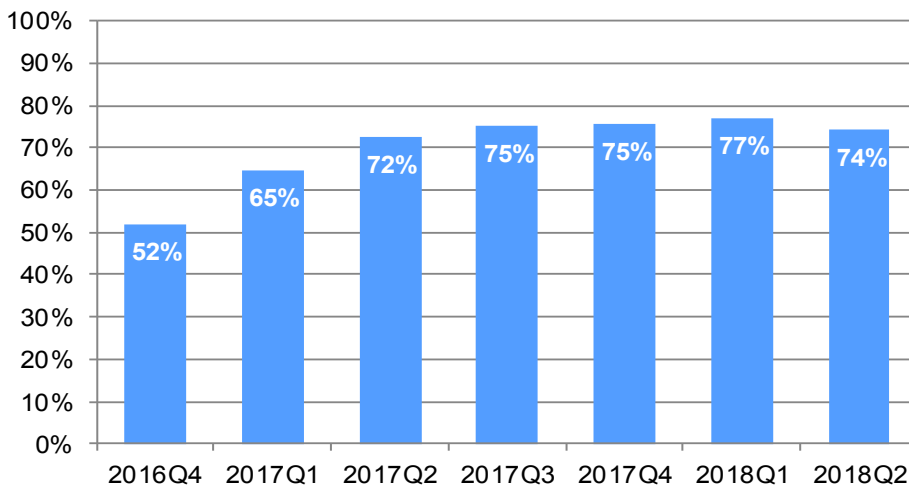


Latest data: 6,368 out of 7,844 eligible children (or 81.2%) received a contact in the latest quarter.

Change since last quarter: ↓ 0.4 percentage points.

Change since first quarter: ↑ 12.2 percentage points.

Chart 1h: Health visitor contact at 27 months

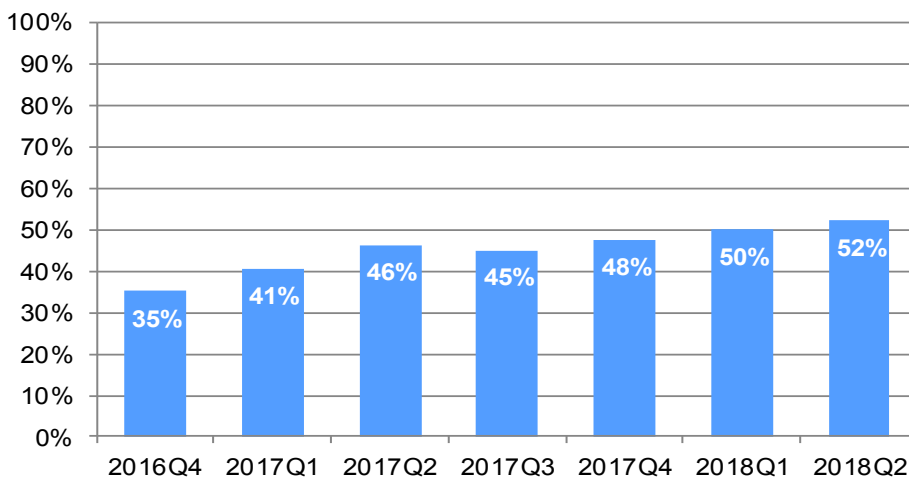


Latest data: 6,074 out of 8,180 eligible children (or 74.3%) received a contact in the latest quarter.

Change since last quarter: ↓ 2.7 percentage points.

Change since first quarter: ↑ 22.2 percentage points.

Chart 1i: Contact at 3.5 years (pre-school)

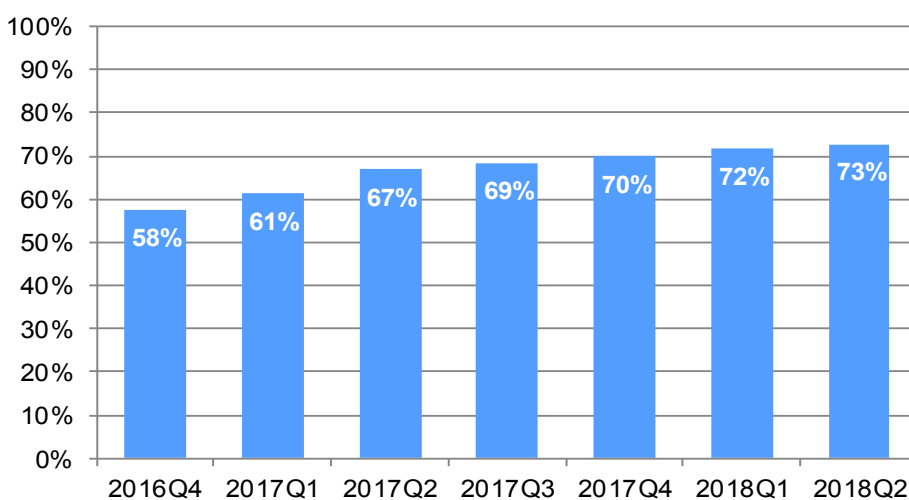


Latest data: 4,443 out of 8,523 eligible children (or 52.1%) received a contact in the latest quarter.

Change since last quarter: ↑ 2.2 percentage points.

Change since first quarter: ↑ 17.0 percentage points.

Chart 1j: Total contacts to eligible children (a)



Latest data: 51,455 out of 70,666 (or 72.8%) possible contacts were received by eligible children in the latest quarter.

Change since last quarter: ↑ 1.2 percentage points.

Change since first quarter: ↑ 15.2 percentage points.

(a) Note that some children will be counted multiple times each quarter in the 'total contacts' chart. This is because it is a sum of all individual contacts and a single child may have been eligible for multiple contacts during a single quarter.

Summary

When all the contacts are combined, 70% or more of the contacts which should have been offered to eligible children were received, in each of the last 3 quarters. Overall, the percentage of contacts being received by eligible children has increased in every quarter since the start of the programme, although there has been some variation at each contact point.

The 10-14 day contact had the highest percentage of eligible children receiving their contact, with just over 90% receiving it in the latest quarter.

The 3.5 year contact had the lowest percentage of eligible children receiving their contact in the latest quarter and every other quarter since the programme was introduced. However, there has been large increase in the 'take-up' of this contact since the programme was introduced, and in the latest quarter, just over half of eligible children received this contact.

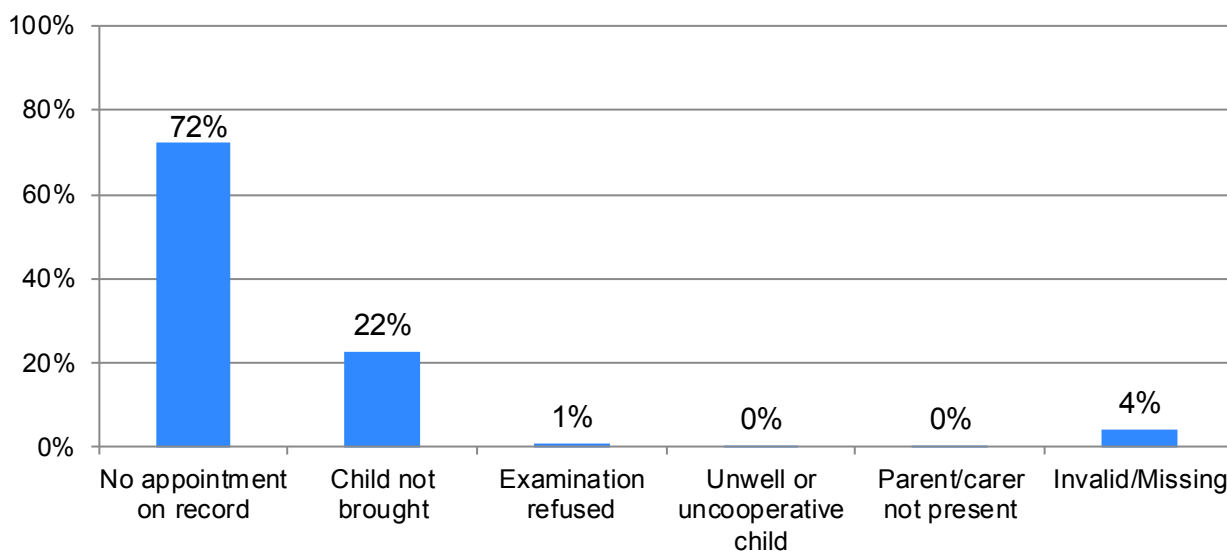
The contacts at 8, 12 and 16 week have a lower percentage of eligible children receiving their contact than the contacts immediately preceding or following them. A number of factors might influence this: for example, if a parent does not consent to the child receiving immunisations, a health visitor form will not be generated and a contact not arranged; not all health visitors coincide their clinics with GP immunisation sessions as there may not be space available in the surgery; drop-in clinics may be shared between different health visitors so the contact might occur but not get recorded on the data collection form; and if there are no concerns at the 6-8 week contact, some parents may decide that their child does not need another contact soon after.

Note that all contacts offered through the Healthy Child Wales Programme are voluntary, so personal choice also affects the percentage of eligible children receiving a contact.

Reasons for not receiving a contact

All eligible children across Wales should be sent an invite for all contacts either directly via a mailer (for contacts that align with immunisations, providing consent is provided) or via their health visitor for contacts led by the health visitor. Where a contact is not recorded, a reason is provided.

Chart 2: Reason for no contact, all contacts combined, January-June 2018



Summary

Chart 2 shows that between 1 January and 30 June 2018 there were just under 40,000 contacts not taken up by eligible children. 96% of these children had information recorded on the system indicating why they did not take the contact. The majority (72%) of contacts were not made because there was no record of an appointment being made. Where an appointment was made, the main reason why the contact did not happen was because the child was not brought to the appointment.

There are a number of reasons why there might be no appointment on record: for example, it may be that health boards do not have the capacity to provide a contact so it is not offered; the health visitor may not have arranged an appointment; or a contact may have occurred and the child health department has not processed the data collection form, or that department may not have received the data collection form yet.

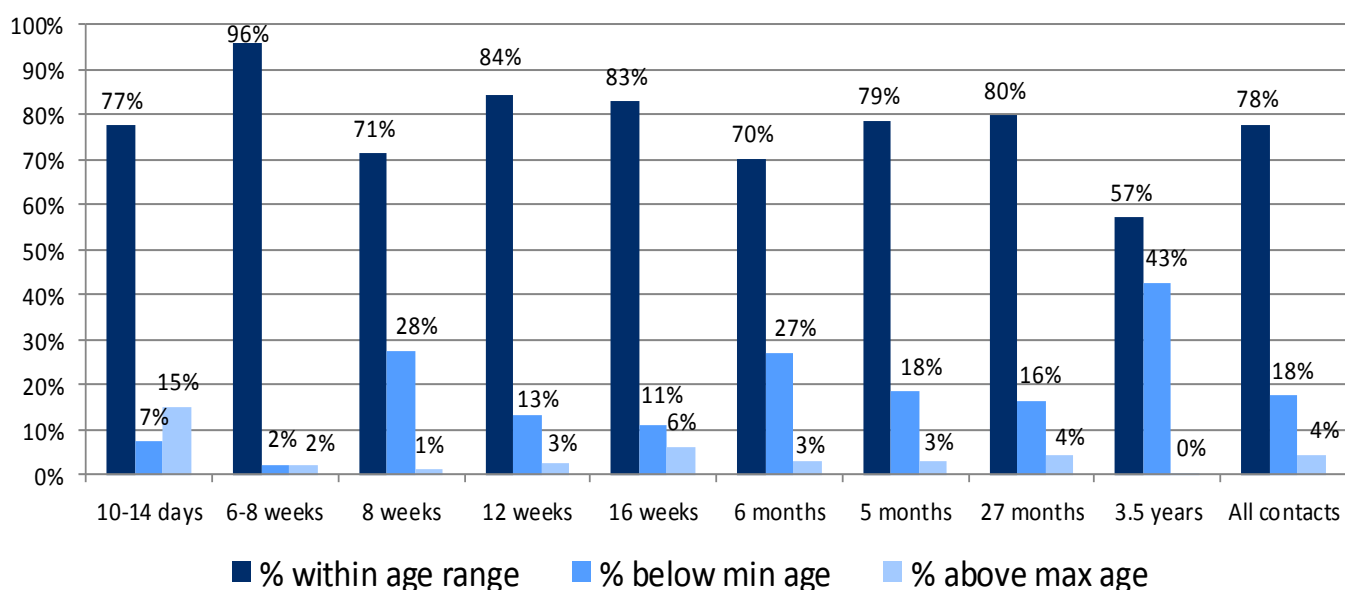
Contacts within programme age range, January-June 2018

While the Healthy Child Wales Programme is designed for children to receive a contact at specific ages, in practice each contact point has a minimum and maximum age threshold within which the contact should take place. These thresholds were determined by Heads of Health Visitors at local health boards and are shown in Table 2.

Table 2: Healthy Child Wales Programme contact age thresholds

Contact	Age thresholds	
	Min age	Max age
Contact at 10-14 days	10 days	14 days
Physical examination at 6-8 weeks	6 weeks	12 weeks
Weight and measurement at 8 weeks	8 weeks	12 weeks
Weight and measurement at 12 weeks	12 weeks	16 weeks
Weight and measurement at 16 weeks	16 weeks	20 weeks
Contact at 6 months	26 weeks	35 weeks
Health Visitor contact at 15 months	65 weeks	78 weeks
Health visitor contact at 27 months	117 weeks	130 weeks
Contact at 3.5 years (pre-school)	185 weeks	208 weeks

Chart 3: Percentage of contacts received within age range, below the minimum age, and above the maximum age



Summary

The majority of all contacts (78%) are made within the specified age range, though there is some variation between contact points. If a child has their appointment outside of the age threshold, it's more likely to be before the minimum age, apart from at the first two contacts. The largest percentage of children not seen within the age range is at 3.5 years, where over two-fifths (43%) have their contact before the lower age threshold.

Flying Start

Flying Start is the Welsh Government's targeted Early Years programme for families with children aged less than four years of age. It offers families access to enhanced health visiting services, free part-time childcare for two to three year olds, parenting support, and support for the development of speech, language and communication. The programme has been targeted at defined geographical areas within each local authority according to measures of relative disadvantage including the Welsh Index of Multiple Deprivation (WIMD), free school meals and the proportions of children aged under 4 years living in households in receipt of income related benefits.

The caseload of children who live in the designated Flying Start areas has been transferred from generic health visiting services to Flying Start. Generic health services and all members of the Flying Start health skill mix team collaborate to ensure the best possible support is made available to children and their families.

Statistics describing activity within Flying Start programme areas as well as outcomes for children living in Flying Start and other areas are published annually: [Flying Start: summary statistics](#).

Summary

[Chart 4a](#) to [Chart 4j](#) show the differences between the percentage of eligible children receiving Healthy Child Wales Programme contacts who live in Flying Start areas and non-Flying Start areas.

Overall, at the Wales level, there has been little difference between the percentage of eligible children receiving contacts in Flying Start areas and non-Flying Start areas.

There were some differences in the first two quarters, when the percentage of eligible children receiving contacts in non-Flying Start areas was higher than Flying Start areas at all contact points. This is likely to be explained by the different visiting schedules already in place for the Flying Start programme being aligned to the Healthy Child Wales Programme, which have been resolved over time.

There is some variation in the percentage of eligible children receiving their contact at different contact points for children living in Flying Start and non-Flying Start areas. For example it tends to be slightly higher in Flying Start areas for contacts at 6 months and 3.5 years, whereas at 15 months and 27 months, the rate tends to be higher in non-Flying Start areas.

Note that Flying Start families receive an enhanced health visiting service with additional visits at 24+ week gestation, from the baby's birth to six weeks old and between the ages of 9-12 months and 18-24 months.

Quarterly time series: Percentage of eligible children receiving Healthy Child Wales Programme contacts at each contact point, Flying Start (FS) and Non-Flying Start (Non-FS)

Chart 4a: Contact at 10-14 days

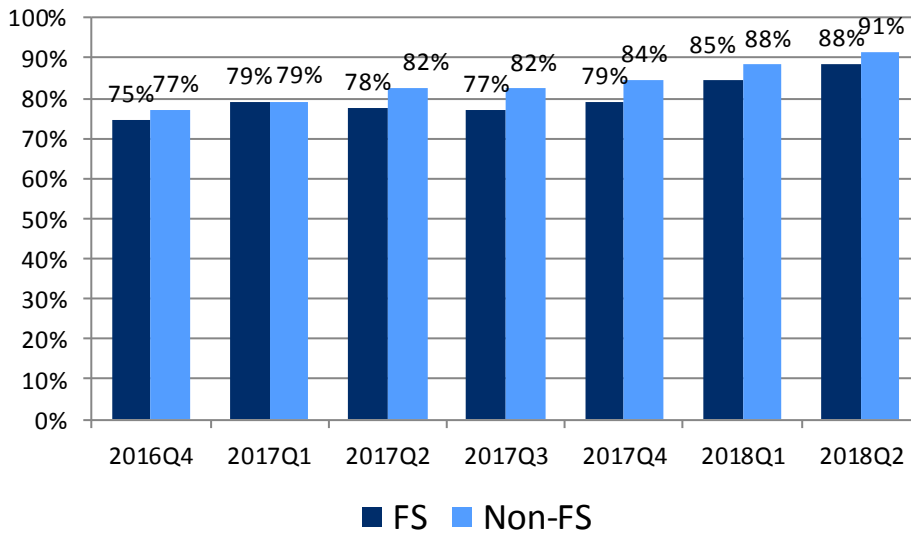


Chart 4b: Physical examination at 6-8 weeks

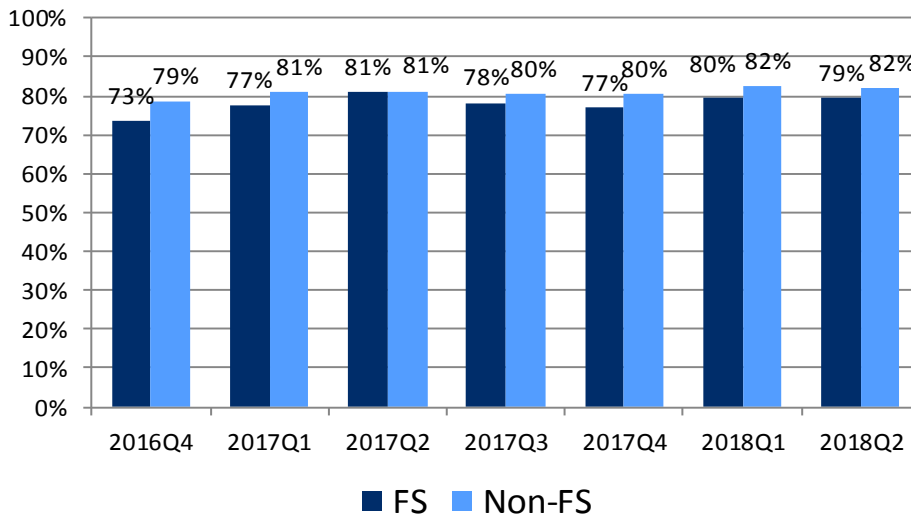


Chart 4c: Weight and measurement at 8 weeks

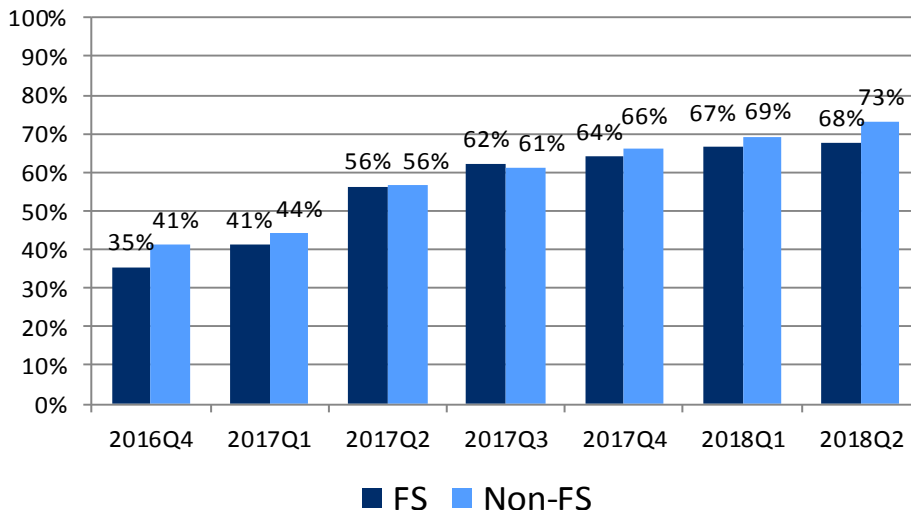


Chart 4d: Weight and measurement at 12 weeks

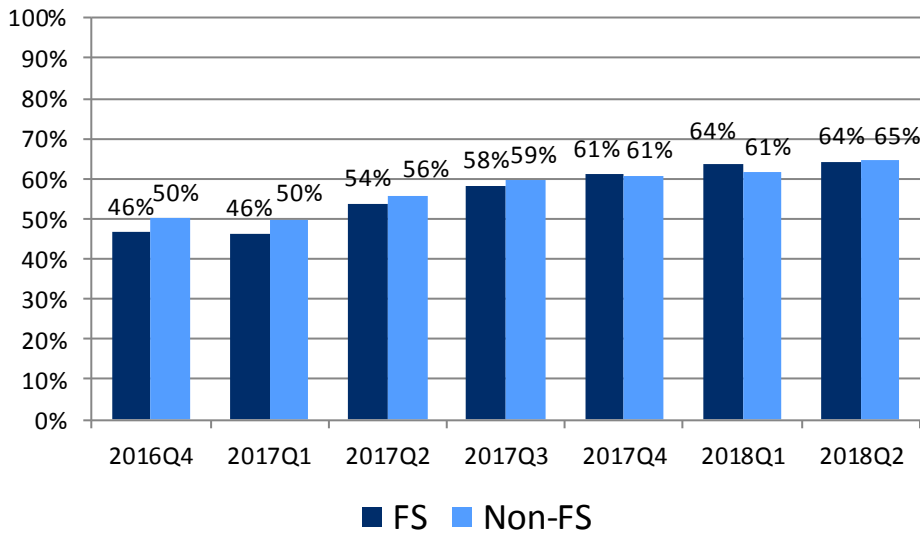


Chart 4e: Weight and measurement at 16 weeks

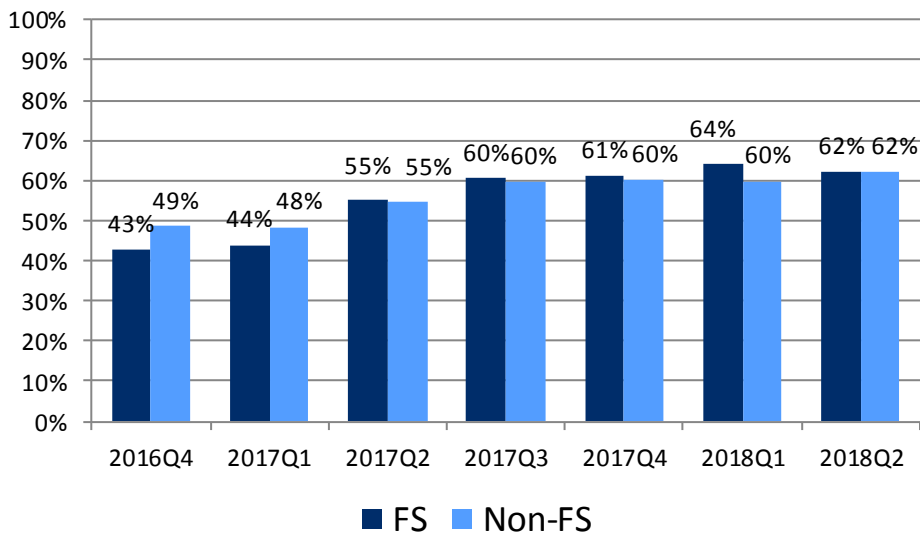


Chart 4f: Contact at 6 months

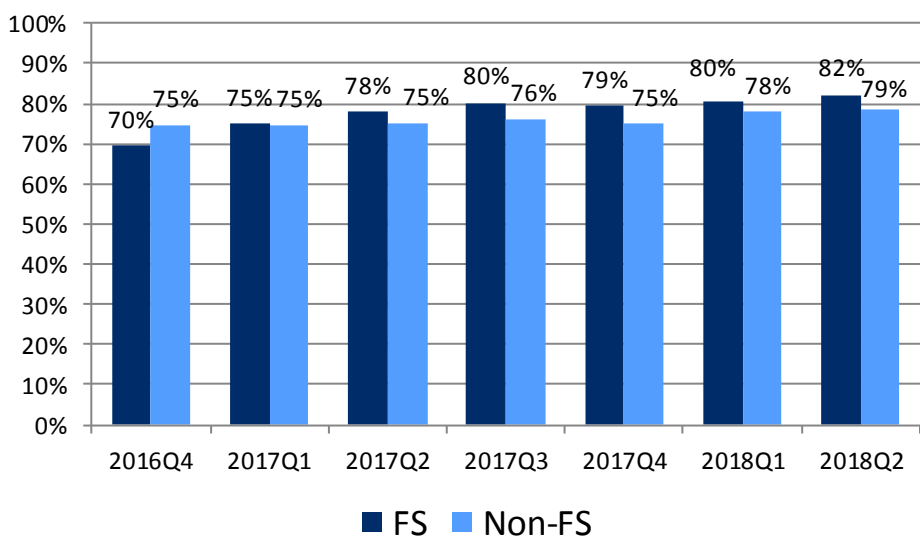


Chart 4g: Health Visitor contact at 15 months

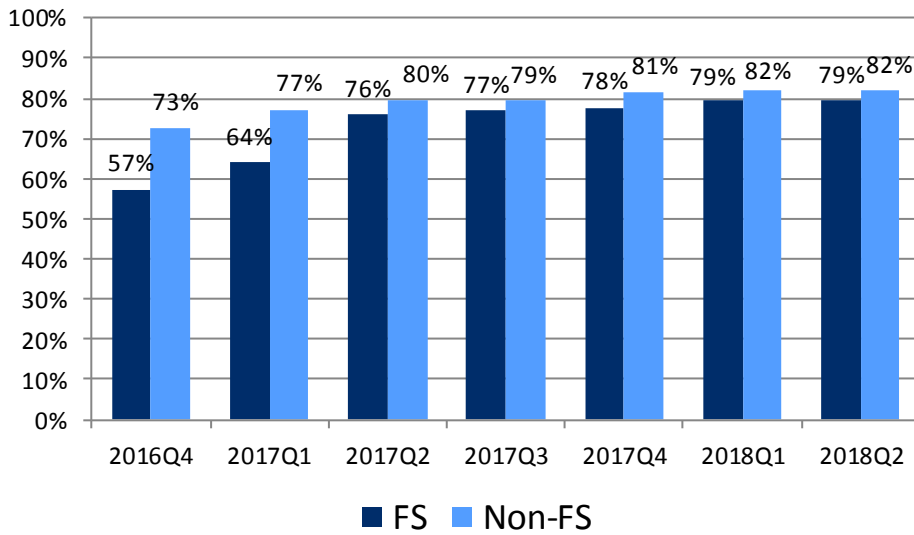


Chart 4h: Health visitor contact at 27 months

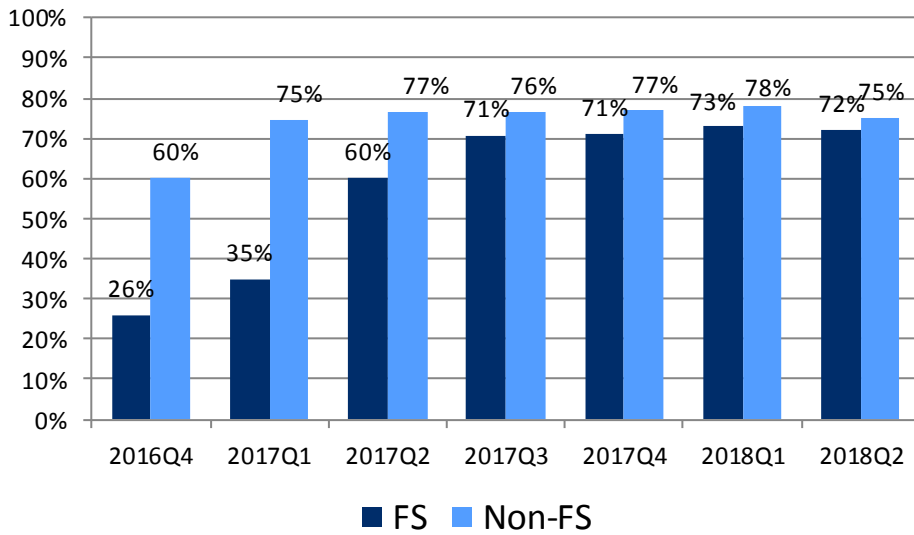


Chart 4i: Contact at 3.5 years (pre-school)

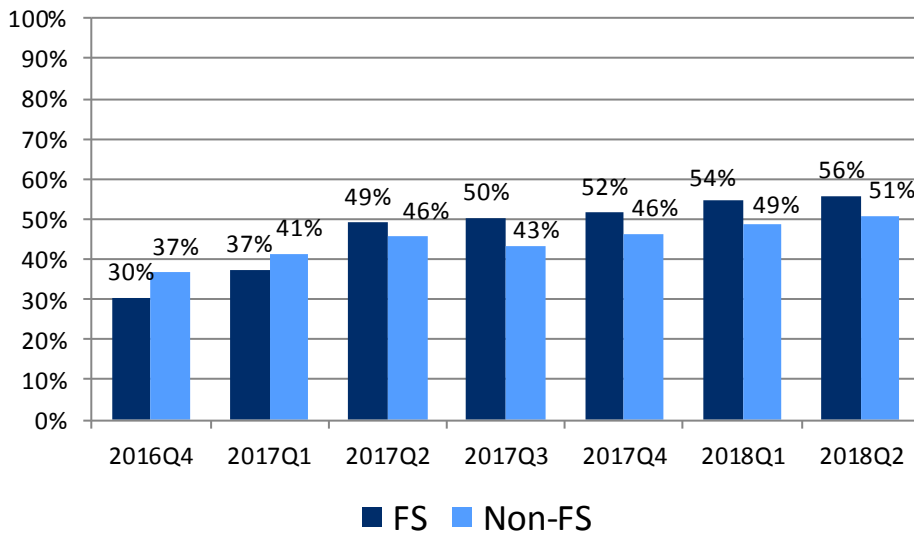
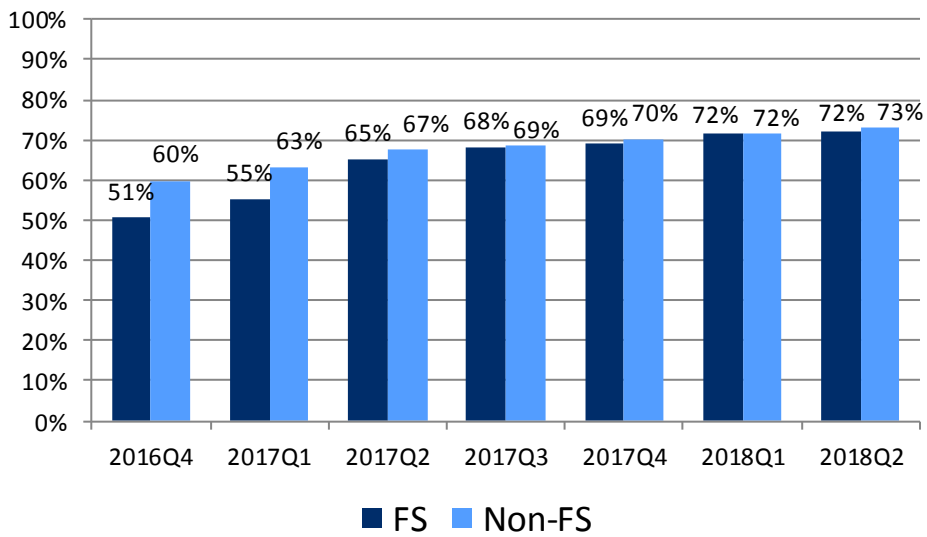


Chart 4j: Total contacts to eligible children



Longitudinal View

The information collected on the National Community Child Health Database (NCCHD) allows us to track a child's progress through the Healthy Child Wales Programme and produce a longitudinal analysis.

A child born on the day the programme was introduced would have been eligible for all contacts from the 10-14 day contact, up to and including the 15 month contact, but would not yet be old enough to have received the 27 month and 3.5 year contacts. Similarly, a child aged around 2 years and 3 months at the start of the programme would have only been eligible for the contacts at 27 month and 3.5 years but not any of the earlier contacts. Tables 3 and 4 show a longitudinal summary of the programme at the Wales level.

Table 3: Percentage of children receiving all of their contacts throughout the programme, by contact point

%	10-14 days	6 weeks	8 weeks	12 weeks	16 weeks	6 months	15 months	27 months	3.5 years
10-14 days	82.9%								
6-8 weeks	68.2%	81.4%							
8 weeks	45.0%	51.2%	60.3%						
12 weeks	33.0%	37.6%	43.2%	58.2%					
16 weeks	25.8%	29.5%	33.4%	42.5%	57.3%				
6 months	21.9%	25.4%	28.6%	36.2%	48.0%	78.0%			
15 months	16.6%	18.8%	20.8%	28.7%	38.3%	66.6%	80.7%		
27 months	-	-	-	-	-	-	63.1%	73.5%	
3.5 years	-	-	-	-	-	-	-	35.3%	49.9%

Table 3 highlights two main features:

- The highlighted numbers on the diagonal of the table, shows the percentage of eligible children receiving that contact between 1 October 2016 (when the programme began) and 30 June 2018 (the latest available data).
 - For example, throughout the duration of the programme, 82.9% (or 45,854 children out of 55,292) of children who were eligible for a contact at 10-14 days, received that contact. Similarly, the next highlighted number shows that 81.4% (or 45,020 of children out of 55,300) children who were eligible for a contact at 6-8 weeks, received that contact.
- Reading down each column of numbers shows the percentage of children who received the corresponding contact shown on the left-most column and all previous contacts within the column.
 - For example, 68.2% of children eligible for both the 10-14 day and the 6-8 week contact, received both contacts; 45.0% of children eligible for contacts at 10-14 days, 6-8 weeks and 8 weeks, received all three contacts; and continuing to the bottom of the column, 16.6% of children who were eligible for all contacts between 10-14 days and 15 months received all of the contacts.

- All other columns can be interpreted the same way; reading down from the 8 week column, a third of children (33.4%) who were eligible for contacts at 8 weeks, 12 weeks and 16 weeks received all three contacts.

The highlighted data in Table 3 shows that throughout the duration of the programme around 8 out of 10 eligible children received their contacts at 10-14 days, 6-8 weeks, 6 months and 15 months. Other contact points have lower take up, with the lowest at 3.5 years where half of eligible children received their contact.

Table 3 also shows that it is unlikely that a child will receive all the contacts available to them. Of the children who have been eligible for the most contacts (those born around the last quarter of 2016) 1 out of 6 has received all contacts available to them between 10-14 days and 15 months.

Some of the largest drop offs in ‘take-up’ occur between the contact points at 6-8 weeks, 8, 12 and 16 weeks. Of those who have been eligible for all 4 contacts, 3 out of 10 eligible children received all 4.

The other large fall appears to happen between the contact points of 27 month and 3.5 years, largely due to low take up of the 3.5 years contact. The majority of those children receiving the contact at 3.5 years would also have received their 27 month contact.

Table 4 Percentage of eligible children receiving no contacts throughout the programme

%	10-14 days	6 weeks	8 weeks	12 weeks	16 weeks	6 months	15 months	27 months	3.5 years
10-14 days	17.1%								
6-8 weeks	3.8%	18.6%							
8 weeks	2.5%	8.9%	39.7%						
12 weeks	2.0%	6.4%	24.7%	41.8%					
16 weeks	1.6%	5.1%	18.6%	26.7%	42.7%				
6 months	0.6%	1.8%	5.8%	8.9%	12.8%	22.0%			
15 months	0.4%	0.8%	2.4%	3.0%	3.8%	5.8%	19.3%		
27 months	-	-	-	-	-	-	6.5%	26.5%	
3.5 years	-	-	-	-	-	-	-	19.3%	50.1%

Table 4 shows the longitudinal analysis of children not receiving contacts throughout the Healthy Child Wales Programme and should be interpreted in the same way as Table 3.

- The highlighted cells across the diagonal of the table shows the percentage of children who were eligible for a contact but did not receive it at each contact point, and when added to the corresponding number in Table 3, will equal 100%.
 - For example, 17.1% (9,437 out of 55,292) of all children eligible to receive a contact at 10-14 days, did not receive it, and 18.6% of all children eligible to receive a contact at 6-8 weeks, did not receive it.
- Reading down the columns shows the percentage of eligible children who did not receive their contact at the corresponding point on the left-most column, and did not receive all previous contacts they were eligible for.

- For example, 3.8% of children eligible for a contact at 10-14 days and 6-8 weeks did not receive both contacts; 2.5% of children eligible for contacts at 10-14 days, 6-8 weeks and 8 weeks did not receive any of the contacts; and continuing down to the bottom of the column, 0.4% of children did not receive any of the contacts they were eligible for between 10-14 days and 15 months.

Table 4 shows that the vast majority of children have received at least one contact throughout the programme, but there are a small number of children who have yet to be seen. Of those eligible for the most contacts (those born around the last quarter of 2016), over 96% are seen either at 10-14 days or 6-8 weeks (or both); however, by the 15 month contact (the last one they are currently eligible for) 0.4% (or 62 children) have not received any contact as part of the programme.

While 'take up' of all the contacts between 6-8 weeks and 16 weeks is relatively low, 95% of eligible children received at least one of these contacts.

Weight and height measurements are taken at the 8, 12 and 16 weeks contact points and around 1 in 5 children have not received these appointments since the start of the programme.

Annex 1: Local health board profiles

Data for the most recent two quarters (January to June 2018) is shown in the charts below. A full time series of local health board quarterly data will be added to StatsWales in early 2019.

Percentage of eligible children receiving contact at each contact point, by health board, January-June 2018

Chart 5a: Contact at 10-14 days

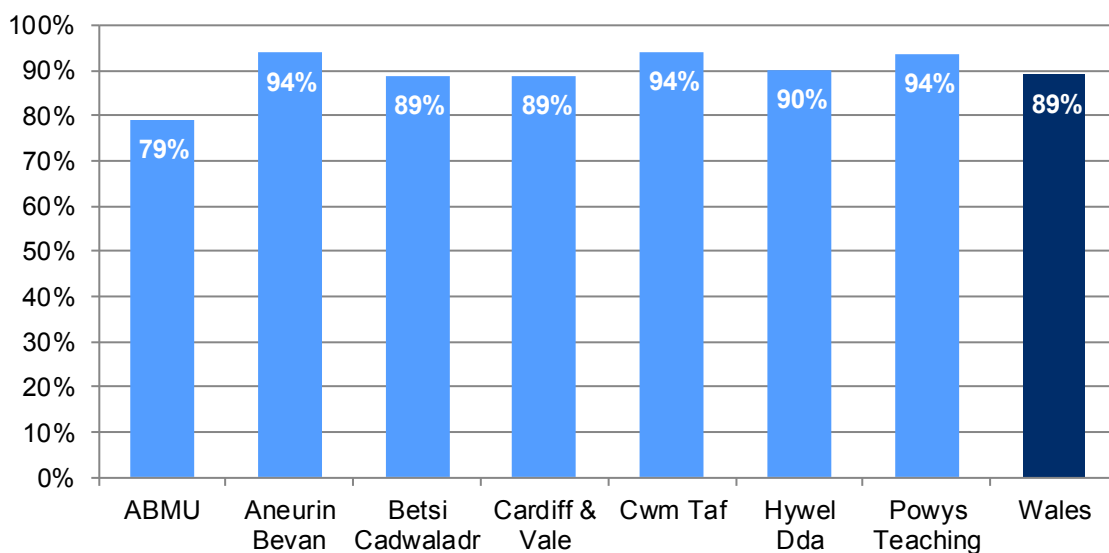


Chart 5b: Physical examination at 6-8 weeks

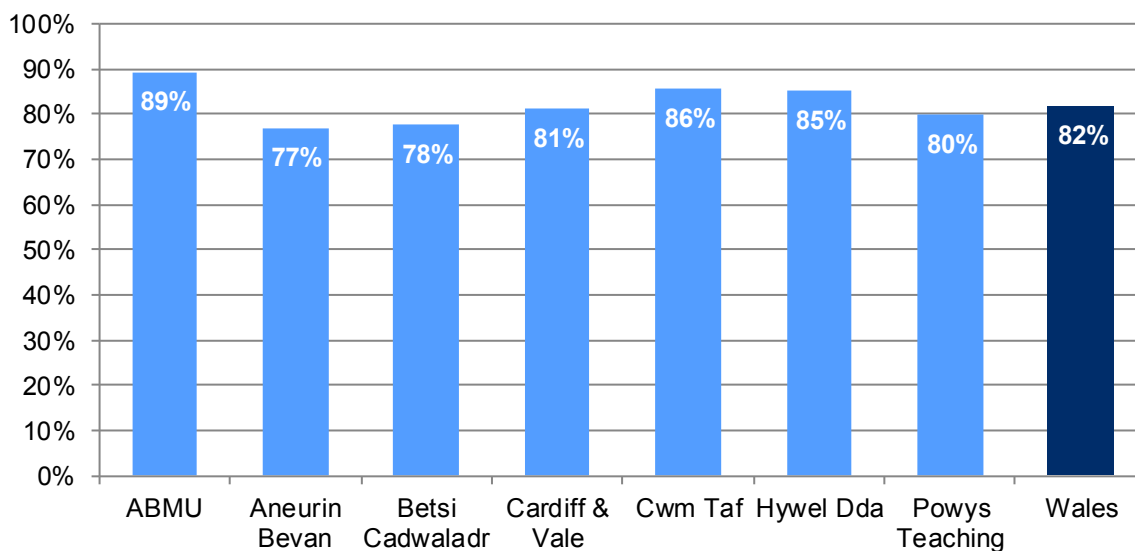


Chart 5c: Weight and measurement at 8 weeks

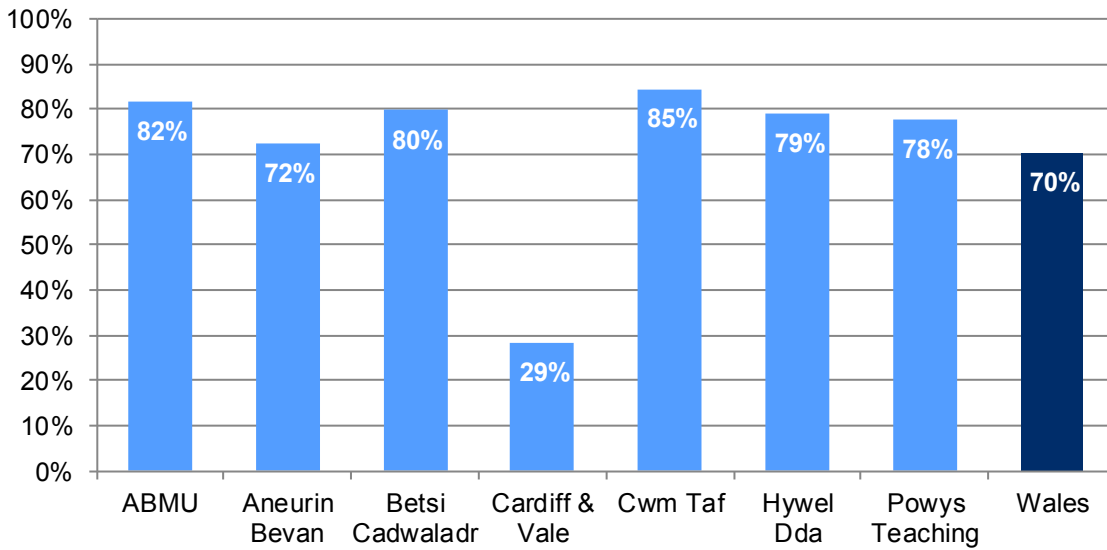


Chart 5d: Weight and measurement at 12 weeks

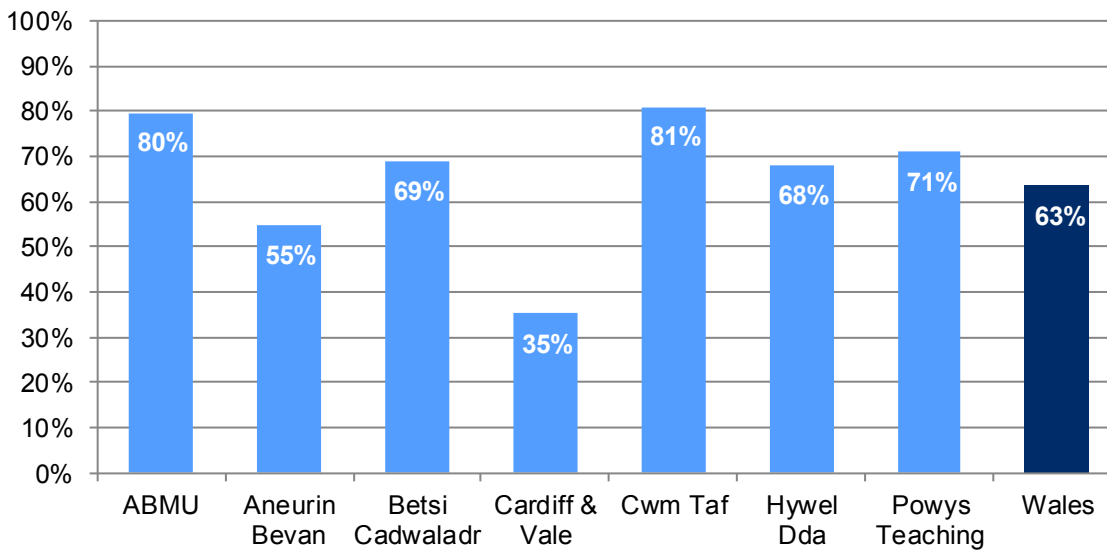


Chart 5e: Weight and measurement at 16 weeks

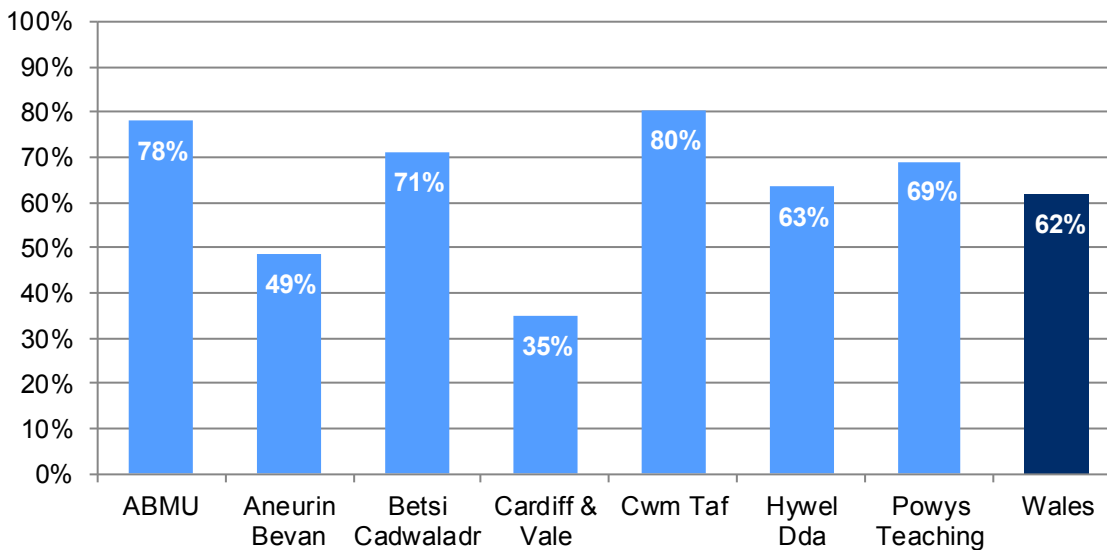


Chart 5f: Contact at 6 months

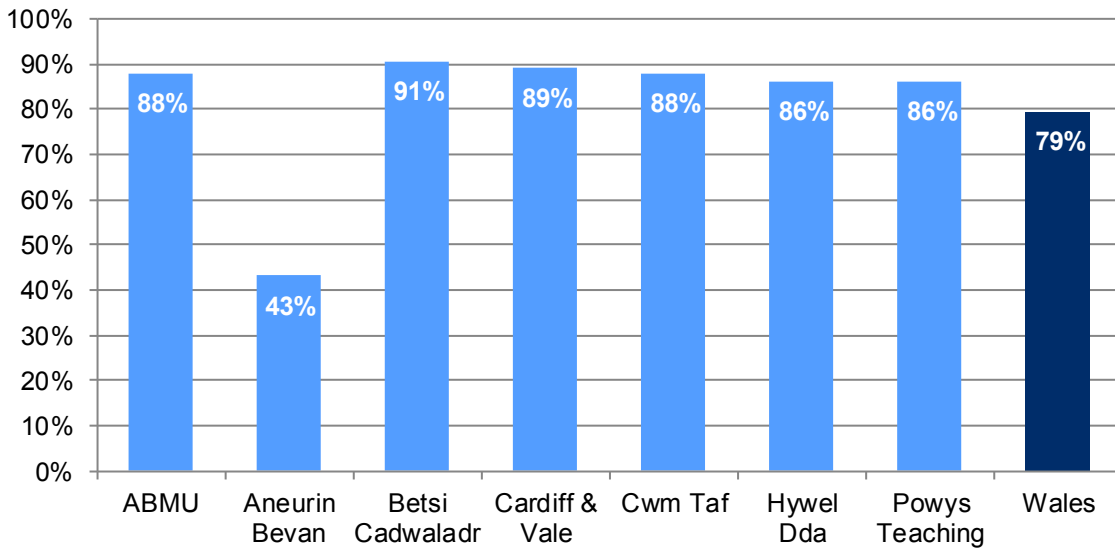


Chart 5g: Health Visitor contact at 15 months

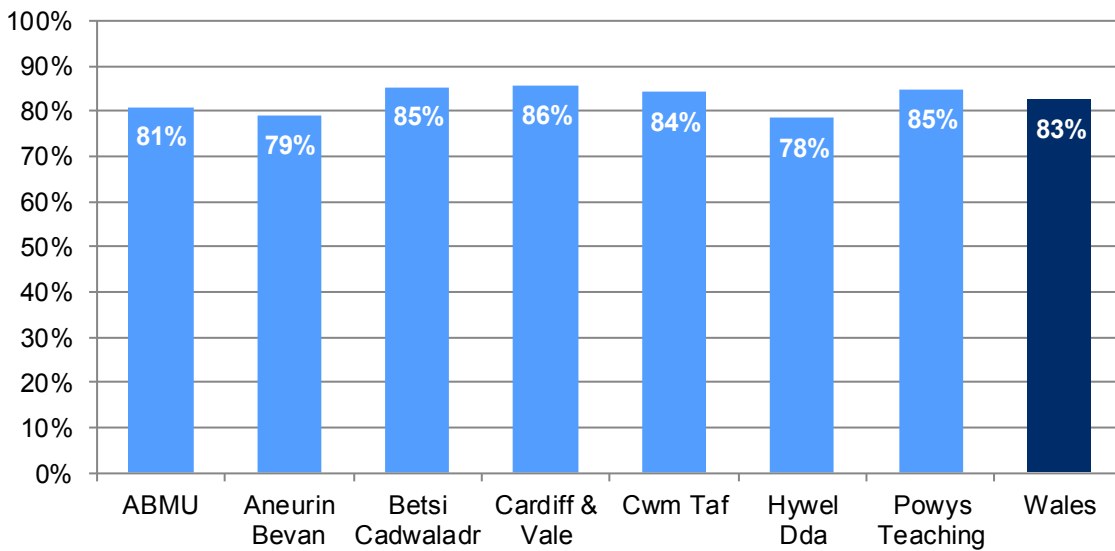


Chart 5h: Health visitor contact at 27 months

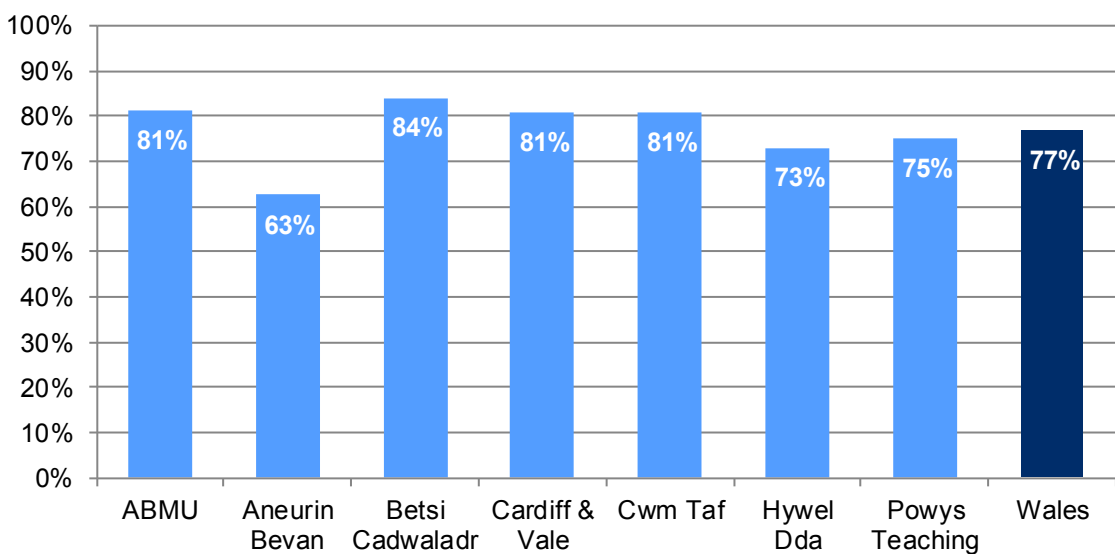
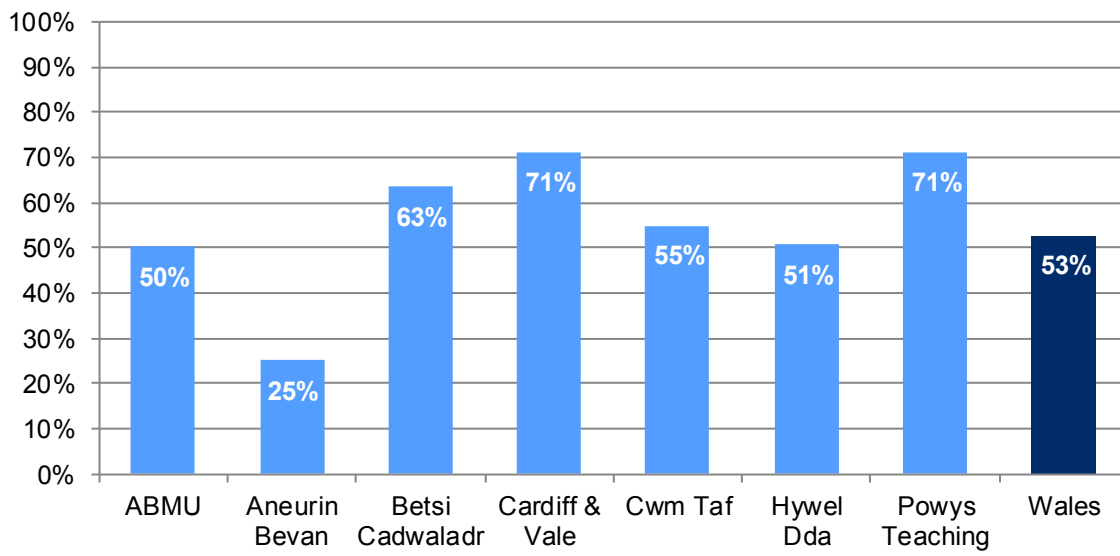


Chart 5i: Contact at 3.5 years (pre-school)



Annex 2: Percentage of eligible children receiving contacts, by local authority of residence, January to June 2018

	10-14 <u>days</u>	6-8 <u>weeks</u>	8 <u>weeks</u>	12 <u>weeks</u>	16 <u>weeks</u>	6 <u>months</u>	15 <u>months</u>	27 <u>months</u>	3.5 <u>years</u>	Total <u>contacts</u>
Abertawe Bro Morgannwg										
Bridgend	91%	93%	89%	85%	82%	80%	68%	70%	34%	70%
Neath Port Talbot	72%	90%	85%	85%	82%	95%	88%	86%	44%	74%
Swansea	76%	86%	75%	73%	73%	89%	84%	85%	65%	71%
Aneurin Bevan										
Blaenau Gwent	92%	77%	74%	63%	58%	59%	73%	64%	32%	60%
Caerphilly	95%	80%	59%	40%	35%	25%	76%	51%	18%	49%
Monmouthshire	93%	83%	79%	55%	51%	39%	82%	71%	20%	59%
Newport	94%	71%	80%	64%	54%	61%	78%	72%	27%	61%
Torfaen	95%	79%	79%	60%	58%	36%	89%	60%	37%	61%
Betsi Cadwaladr										
Conwy	94%	79%	74%	69%	72%	91%	88%	85%	73%	73%
Denbighshire	86%	63%	67%	67%	67%	90%	82%	78%	50%	64%
Flintshire	92%	76%	86%	72%	70%	90%	84%	86%	62%	72%
Gwynedd	95%	84%	84%	62%	61%	93%	90%	88%	63%	73%
Isle of Anglesey	94%	88%	89%	64%	83%	96%	95%	92%	68%	79%
Wrexham	77%	78%	79%	74%	77%	87%	79%	80%	67%	70%
Cardiff and Vale										
Cardiff	88%	80%	29%	34%	34%	89%	84%	79%	71%	60%
The Vale of Glamorgan	92%	86%	30%	40%	40%	91%	91%	88%	72%	64%
Cwm Taf										
Merthyr Tydfil	95%	86%	85%	83%	79%	85%	81%	78%	29%	70%
Rhondda Cynon Taf	94%	86%	84%	80%	80%	89%	85%	81%	62%	74%
Hywel Dda										
Carmarthenshire	86%	81%	74%	69%	63%	84%	77%	75%	39%	65%
Ceredigion	96%	90%	87%	83%	73%	89%	84%	86%	82%	76%
Pembrokeshire	95%	91%	83%	59%	58%	89%	79%	63%	53%	67%
Powys										
Powys	94%	81%	78%	71%	70%	87%	86%	76%	71%	71%

Key Quality Information

The Healthy Child Wales Programme

Further information on the [Healthy Child Wales Programme](#) (HCWP) can be found on the Welsh Government website and the [NHS Wales Data Dictionary](#).

Source

Maintained by NHS Wales Informatics Service (NWIS) the [National Community Child Health Database \(NCCHD\)](#) is Wales' national community child health database and consists of anonymised records for all children born, resident or treated in Wales and born after 1987. It brings together data from local Child Health System databases which are held by local health boards.

Coverage

Statistics in the release relate to contacts by health professionals with children resident in Wales.

Related statistics

Births: Data from the [National Community Child Health Database](#) statistics on where and when babies were born, their birth weight, whether they were preterm and about their mothers - their age and whether the babies were breastfed.

[Flying Start](#) provides key statistics from the Flying Start programme for each of the 22 local authorities in Wales.

[Maternity statistics](#) provides statistics on maternity services in Wales including antenatal care, care at delivery and outcomes for babies.

Data access, confidentiality and disclosure control

The extract supplied to Welsh Government by NWIS has been anonymised so that it contains no personal identifiable information.

Statistics take into account our disclosure control guidance and follow ONS confidentiality guidelines for Health statistics available from: [ONS best-practice guidelines](#).

Revisions

NCCHD is a live database and is refreshed quarterly. If reports are run from subsequent versions of the database counts will differ from published figures. Historical data is not revised unless errors are discovered. In the case of incorrect data being published, revisions would be made and users informed.

What are the potential uses of these statistics?

These statistics will be used in a variety of ways. Some examples of these are:

- advice to Ministers
- to inform debate in the National Assembly for Wales and beyond
- to make publicly available data on child health statistics in Wales
- monitoring service delivery
- policy development
- providing advice on birth choices.

Users of this data

The main users of this data are likely to be:

- Ministers and the Members Research Service in the National Assembly for Wales
- local health boards
- the research community
- students, academics and universities
- those concerned with child health, Individual citizens and private hospitals
- NHS organisations
- Voluntary birth organisations.

Relevance

The statistics provide an opportunity to monitor the implementation of the HCWP and provide an insight into the profile of the early years in Wales.

Users of the statistics are encouraged to contact us to let us know how they use the data.

Key users have been contacted prior to release of this data and will continue to be liaised with as the statistical release develops.

The release will be adapted to respond to policy changes ensuring our statistics remain relevant.

Accuracy

HCWP data is a newly established part of NCCHD and data quality is mixed. Welsh Government and NWIS are working with health boards to improve completeness and quality. Only a selection of the available data items has been included in this statistical release but as the data quality improves we may expand its scope and depth.

Completeness

Data completeness varies across data items, but is sufficiently high to produce experimental statistics.

NCCHD is a live database and is refreshed quarterly. If reports are run from subsequent versions of the database counts will differ from published figures. Historical data is not revised unless errors are discovered. In the case of incorrect data being published, revisions would be made and users informed.

Timeliness and punctuality

The NCCHD is refreshed from data derived from local child health systems every quarter. The next statistical release is planned for May 2019, following the April NCCHD refresh and will cover the whole calendar year for 2018. There may be scope to produce quarterly StatsWales updates to key data items.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#) web pages. Furthermore, should the need arise to postpone an output this would follow our standard arrangements on [Revisions, errors and postponements](#).

Accessibility and clarity

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

In future there may be scope to produce open data tables via [StatsWales](#).

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via stats.healthinfo@gov.wales

Comparability and coherence

Where there are changes to the source data provided, this will be shown in the statistical outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Data collected from NCCHD adheres to national standards and are coherent within and across health organisations in Wales.

England has a [Healthy Child Programme](#) which is similar scheme to Healthy Child Wales.

Scotland has a [Child Health Programme](#) which offers differs somewhat from the Healthy Child Wales Programme.

Northern Ireland statistics on public health are available from the [Northern Ireland Public Health Agency](#) and demography statistics from the [Northern Ireland Statistics & Research Agency \(NISRA\)](#).

Experimental Statistics

'Experimental statistics' are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics.

This statistical release makes available monitoring data from the first quarter the programme was introduced (Oct-Dec, 2016) to the latest available quarter (Apr-Jun, 2018). The source of the data is a newly established module on the National Community Child Health Database. The data and analysis presented are badged as Experimental Statistics to inform users that the data collected and statistics reported are still in a developmental phase and may have some data quality issues. However, both the analysis and data are still of value provided that they are viewed in the context of the data quality information provided. As the data set matures the coverage and the quality of the data being reported will improve, enabling the data to become fit for a wider variety of beneficial uses.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

As a national indicator under the Act they must be referred to in the analyses of local well-being produced by public services boards when they are analysing the state of economic, social, environmental and cultural well-being in their areas.

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at: <https://gov.wales/statistics-and-research/healthy-child-wales-programme/?lang=en>

Next update

May 2019 (provisional)

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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