

## Healthy Child Wales Programme, 2019

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Quarterly statistics are presented from October to December 2016 (the first quarter when the Healthy Child Wales Programme (HCWP) was introduced) to Oct-Dec 2019 (the latest available quarter).

Other statistics are presented for the full calendar year 2019.



Of all HCWP contacts which should have been offered to eligible children

**75%** were received in 2019 (calendar year)

### Key Points

Data for the latest quarter (October to December 2019) shows that:

- 94% of eligible children received their contact at 10-14 days (the highest rate of all contact points).
- 53% of eligible children received their contact at 3.5 years (the lowest rate of all contact points).
- 76% of contacts were received by eligible children in Flying Start areas, compared to 74% in non-Flying start areas.

Data for the whole of 2019 (1 January to 31 December) show that:

- 75% of Healthy Child Wales Programme contacts which should have been offered to eligible children, were received.
- 73% of contacts were made within the specified age ranges.

### About this release

This annual report publishes statistics about the Healthy Child Wales Programme (HCWP). It brings together quarterly data which has previously been published on Statswales, and includes additional analyses.

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.

### In this release

Eligible children receiving contacts	5
Reasons for non contacts	10
Flying Start analysis	12
Health board profiles	16

# 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 [Maternity and birth statistics](#) 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), the following methodology has been used:

- 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.
- Note that annual data is extracted at the same time as the last quarter in the year and data for the three previous quarters in the year are not revised. If there are late submissions of data for contacts which happened in the first three quarters of the year, then these will be counted in the annual data but not in the quarterly data from when they happened. As a result annual data may not be the sum of the constituent quarters.

## **Implementing the programme**

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

- health visitor home contact at 10-14 days;
- 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; and
- 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 practices. The physical examination takes place mostly in GP practices or in clinics.

Note that previous editions of this release included statistics on the physical examination at 6-8 weeks. However, a data quality issue has been discovered which means that all previously published data on this contact is unreliable and should not be used. More details are provided in the [key quality information](#).

## 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 more than 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 usually lower than the first contact. These contacts should generally align with immunisation schedules and typically involve the parent taking the child to a clinic or GP practice, 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 around half of eligible children do not receive their contact.

When analysing the reason for a child not receiving a contact, 'no appointment on record' (meaning no appointment was generated by the system) is the most common reason, explaining the non-contact in more than 6 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 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 very small differences between the percentage of eligible children receiving contacts in at Flying Start and non-Flying Start areas, at each contact point, at the Wales level.

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.

Data for the 6-8 week contact has not been included in this release because of quality issues. Data for the 8 week contact may be an undercount of the actual number of contacts because data from an 8 week health visitor contact may have erroneously been submitted through a 6-8 week GP contact data collection form. Welsh Government, health boards and NWIS continue to work to improve data collection processes and it is hoped 6-8 week contact data will be included in future publications.

## Annual summary of Healthy Child Wales Programme

**Table 1: Summary of Healthy Child Wales Programme, 2019**

	Eligible children	Received contact	% Received contact
10-14 days	29,568	27,642	93%
8 weeks	29,771	23,407	79%
12 weeks	29,882	21,237	71%
16 weeks	30,063	21,364	71%
6 months	30,377	24,442	80%
15 months	31,661	25,852	82%
27 months	32,753	24,362	74%
3.5 years	34,025	18,961	56%
<b>Total contacts</b>	<b>248,100</b>	<b>187,267</b>	<b>75%</b>

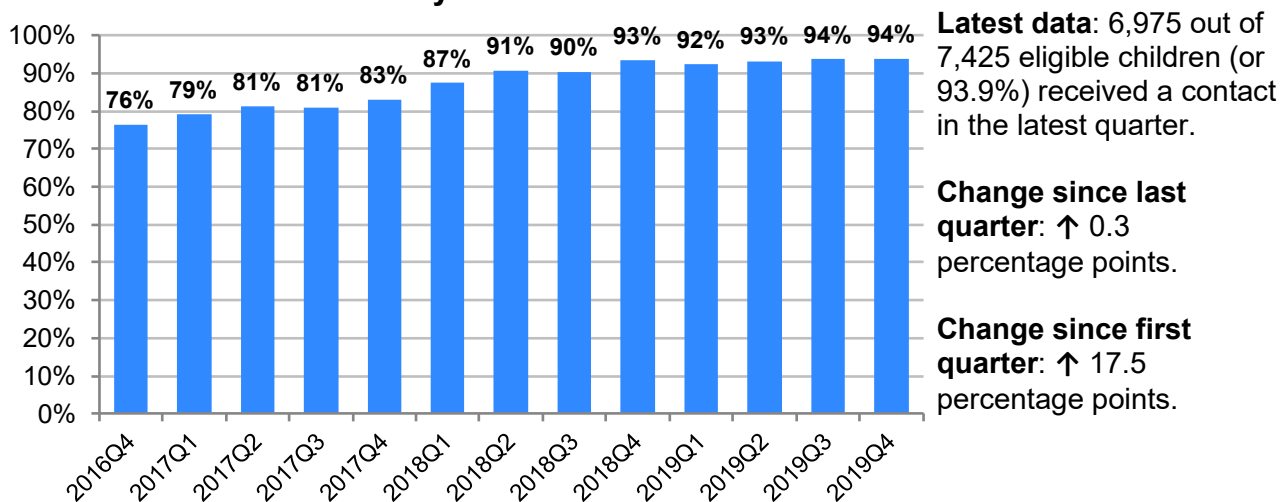
Source: National Community Child Health Database (NCCHD)

Table 1 shows the number of eligible children receiving their contact at each contact point during 2019. Of all the contacts which should have been offered to eligible children in 2019, 75% were received. This varied by contact point, with the highest percentage of eligible children receiving contacts at 10-14 days (93%). The lowest percentage of eligible children receiving contacts was at 3.5 years (56%).

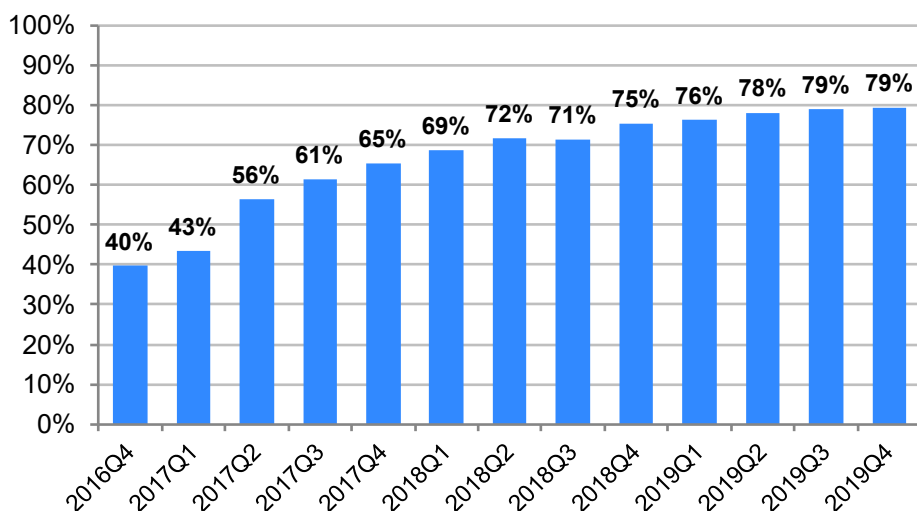
The following charts show a quarterly time series of the percentage of eligible children receiving their contact at each contact point.

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

**Chart 1a: Contact at 10-14 days**



**Chart 1b: Weight and height measurement at 8 weeks (a)**

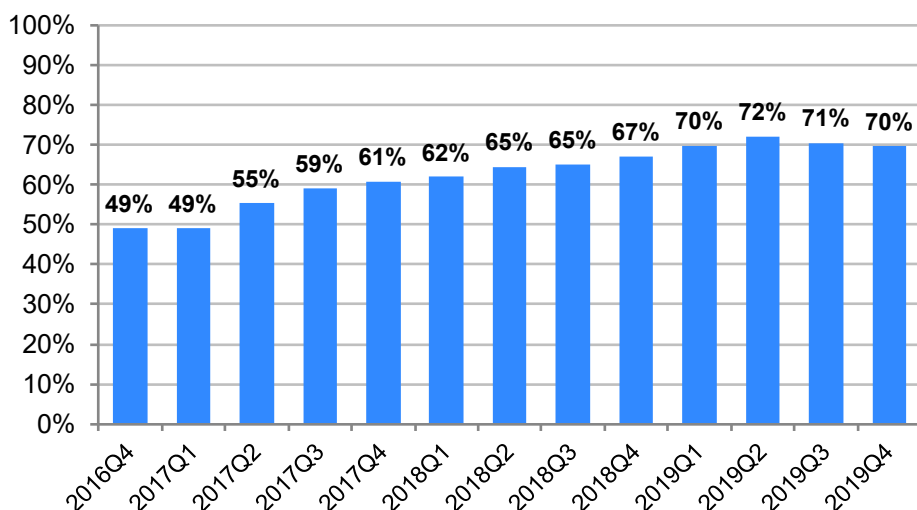


**Latest data:** 6,048 out of 7,622 eligible children (or 79.3%) received a contact in the latest quarter.

**Change since last quarter:** ↑ 0.4 percentage points.

**Change since first quarter:** ↑ 39.7 percentage points.

**Chart 1c: Weight and height measurement at 12 weeks**

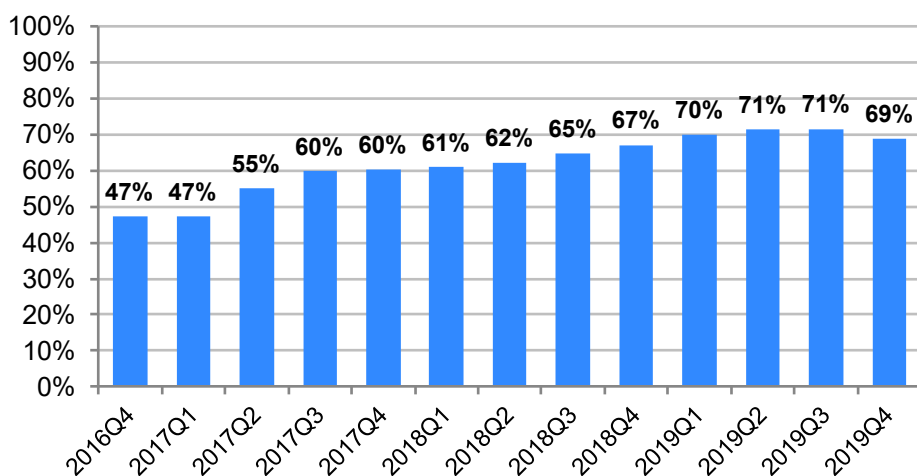


**Latest data:** 5,391 out of 7,734 eligible children (or 69.7%) received a contact in the latest quarter.

**Change since last quarter:** ↓ 0.8 percentage points.

**Change since first quarter:** ↑ 20.6 percentage points.

**Chart 1d: Weight and height measurement at 16 weeks**

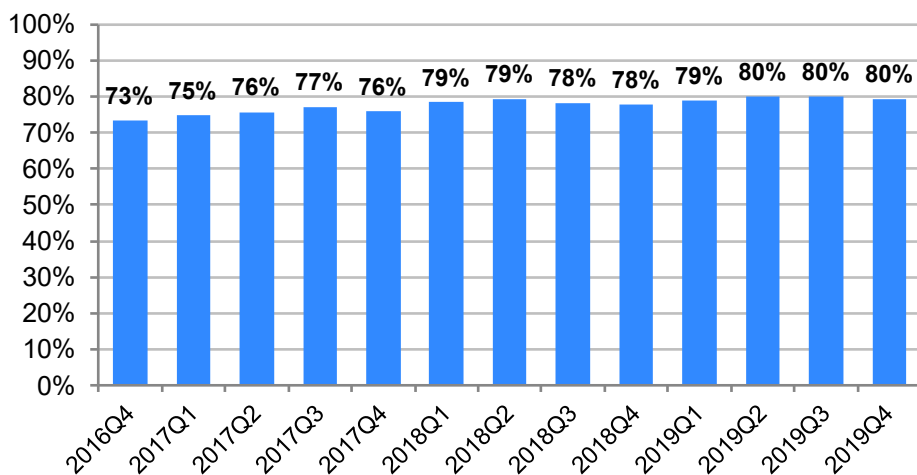


**Latest data:** 5,302 out of 7,688 eligible children (or 69.0%) received a contact in the latest quarter.

**Change since last quarter:** ↓ 2.5 percentage points.

**Change since first quarter:** ↑ 21.8 percentage points.

**Chart 1e: Contact at 6 months**

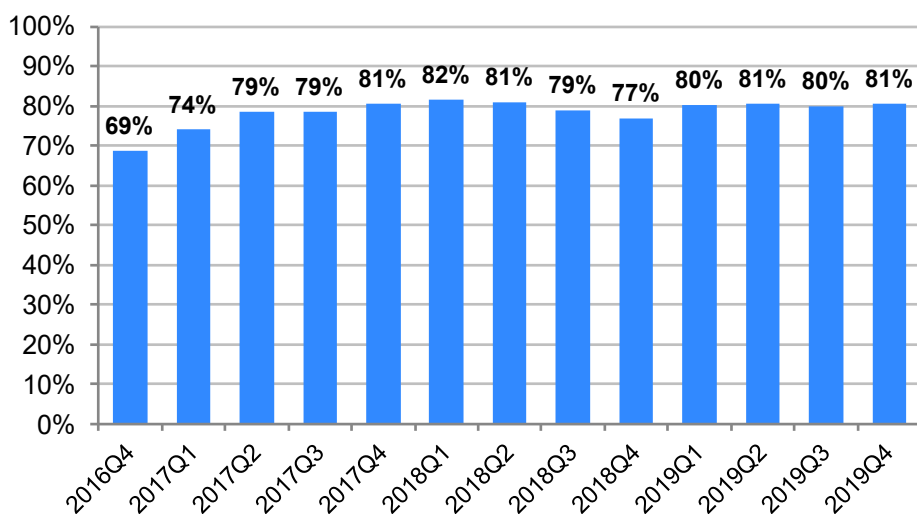


**Latest data:** 5,891 out of 7,410 eligible children (or 79.5%) received a contact in the latest quarter.

**Change since last quarter:** ↓ 0.6 percentage points.

**Change since first quarter:** ↑ 6.1 percentage points.

**Chart 1f: Health Visitor contact at 15 months**

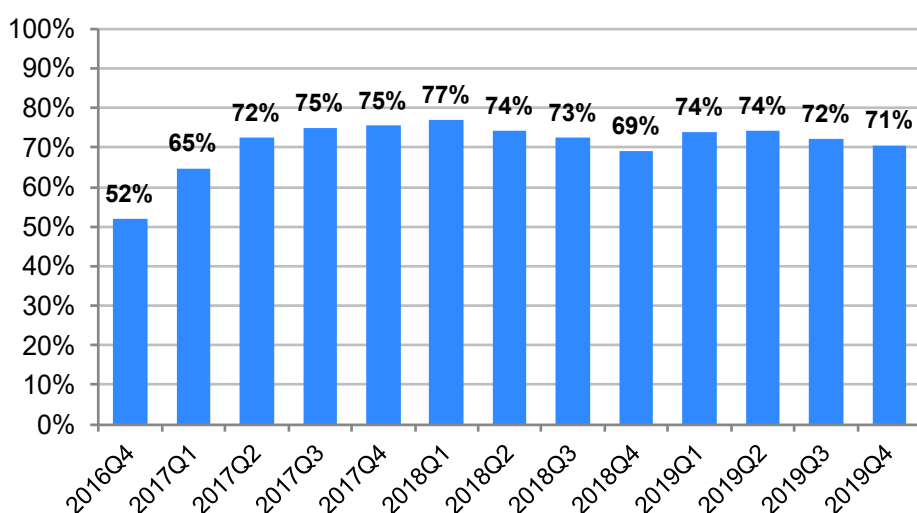


**Latest data:** 6,611 out of 8,195 eligible children (or 80.7%) received a contact in the latest quarter.

**Change since last quarter:** ↑ 0.5 percentage points.

**Change since first quarter:** ↑ 11.7 percentage points.

**Chart 1g: Health visitor contact at 27 months**

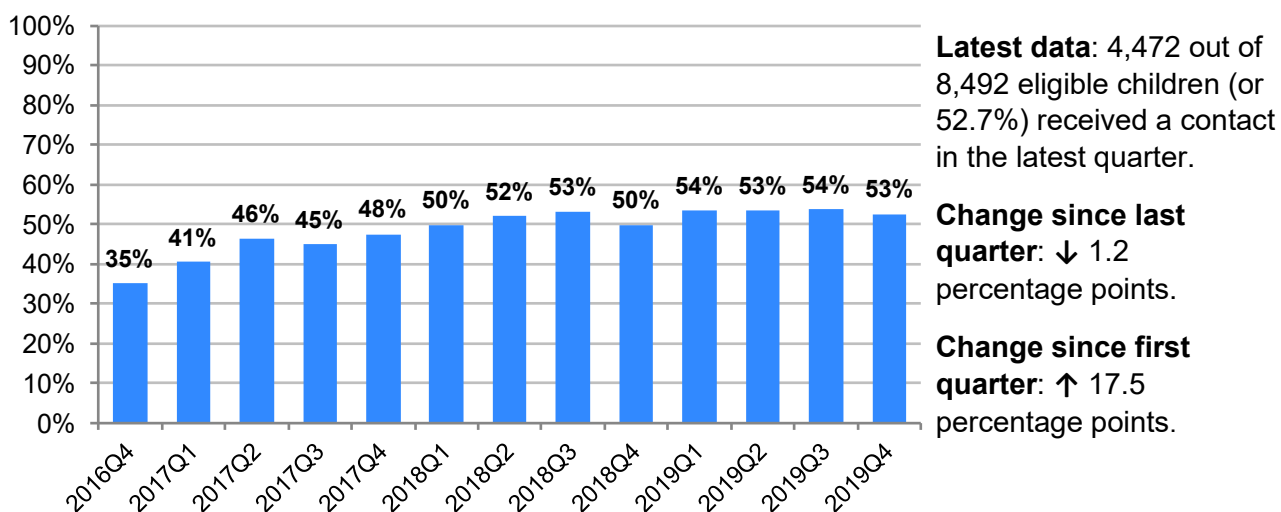


**Latest data:** 6,065 out of 8,582 eligible children (or 70.7%) received a contact in the latest quarter.

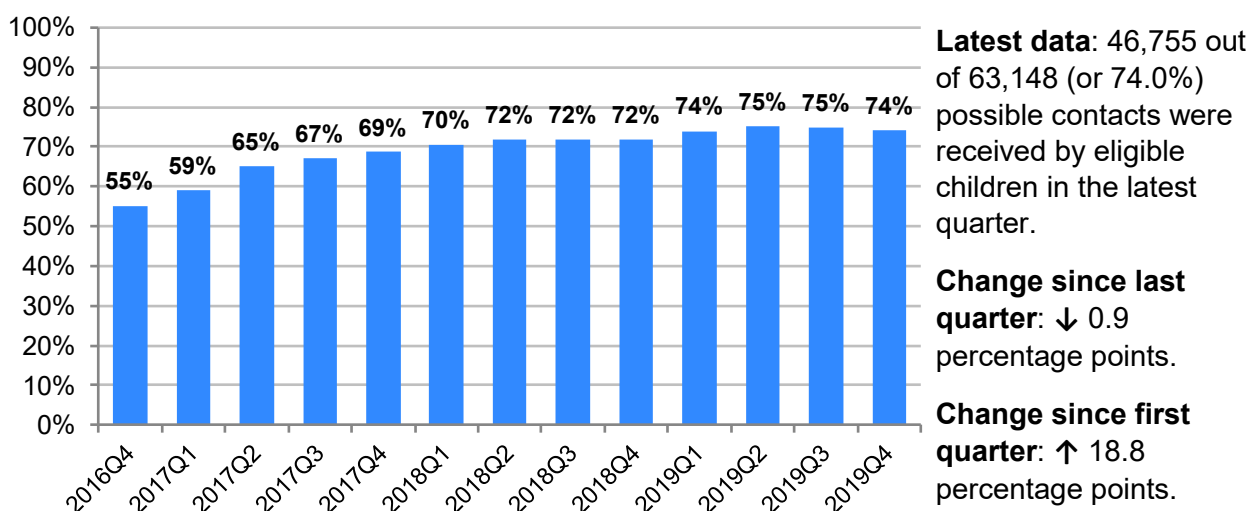
**Change since last quarter:** ↓ 1.6 percentage points.

**Change since first quarter:** ↑ 18.7 percentage points.

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



**Chart 1i: Total contacts to eligible children (b)(c)**



(a) Note that the actual percentage of eligible children receiving their contact at 8 weeks may be higher than the numbers presented because some health visitor contacts at 8 weeks may have been recorded on a 6 week contact form, see [notes for more detail](#).

(b) 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.

(c) Does not include the 6-8 week contact, see [notes](#).



## Summary

When all the contacts are combined, 74% or more of the contacts which should have been offered to eligible children, were received, in 2019. The percentage of contacts being received by eligible children, for all contacts combined, had generally increased in every quarter since the start of the programme, but has levelled off over the course of 2019.

While there has been a general upward trend in the percentage of eligible children receiving their contacts, there has been some variation at each contact point.

Throughout the duration of the programme, the 10-14 day contact has tended to be the contact point with the highest percentage of eligible children receiving their contact. In the latest quarter more than 9 out of 10 (94%) of eligible children received their contact.

The 3.5 year contact had the lowest percentage of eligible children receiving their contact in the latest quarter and in every other quarter since the programme was introduced. However, there has been an increase in the 'take-up' of this contact since the programme was introduced, with the percentage of eligible children being 53% or greater in each of the four quarters in 2019.

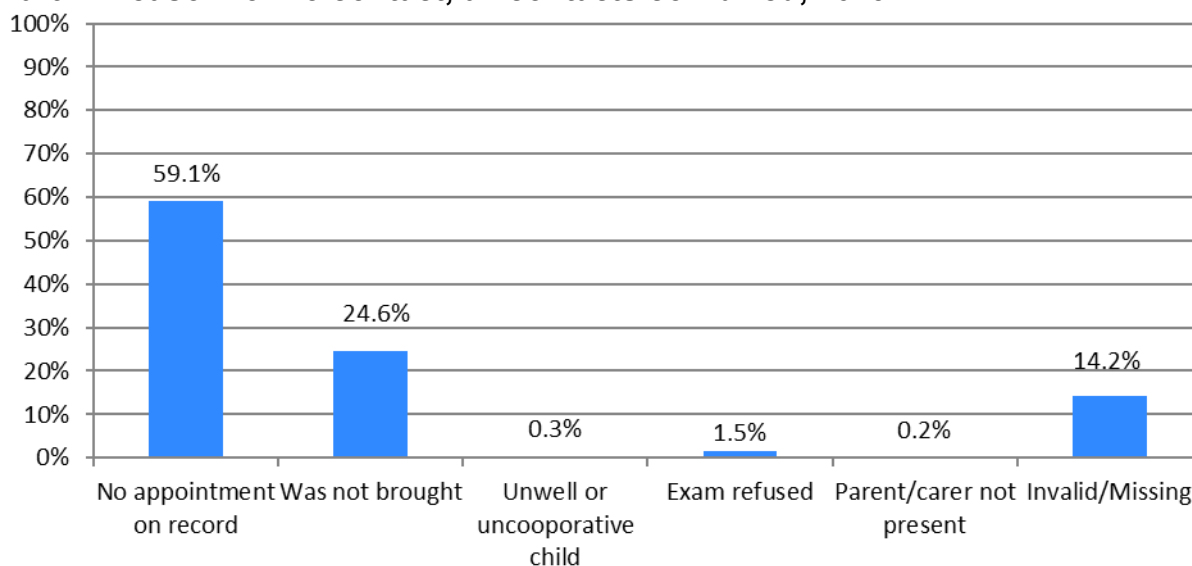
The contacts at 8, 12 and 16 week have a lower percentage of eligible children receiving their contact than the contacts at 10-14 days and 6 months. A number of factors might influence this: for example, if a parent does not consent to the child receiving immunisations, a health visitor form will not 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, 2019**



Source: National Community Child Health Database (NCCHD)  
Does not include the 6-8 week contact, see [notes](#).

## Summary

During 2019 there were just over 60,800 contacts which were either not offered by health boards or offered and not taken up by parents of eligible children. 86% of these children had information recorded on the system indicating why they did not take the contact. The majority (59%) 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 (25%).

There are a number of reasons why there may 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.

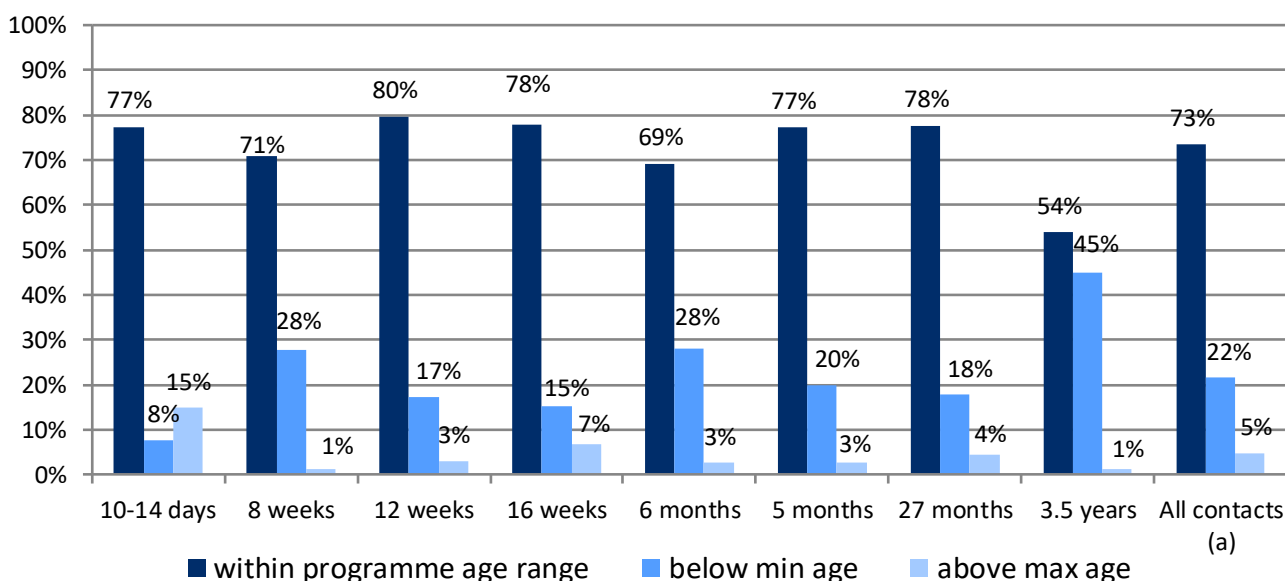
## Contacts within programme age range, 2019

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, 2019**



Source: National Community Child Health Database (NCCHD)

(a) Does not include the 6-8 week contact, see [notes](#).

## Summary

The majority of all contacts (73%) 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 contact point. The largest percentage of children not seen within the age range is at 3.5 years, where over 45% 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 4i](#) 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. In the latest quarter, the percentage of eligible children receiving their contact was 76% in Flying Start areas and 74% in non-Flying Start areas.

There are some small variations in the percentage of eligible children receiving their contact at different contact points for children living in Flying Start and 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

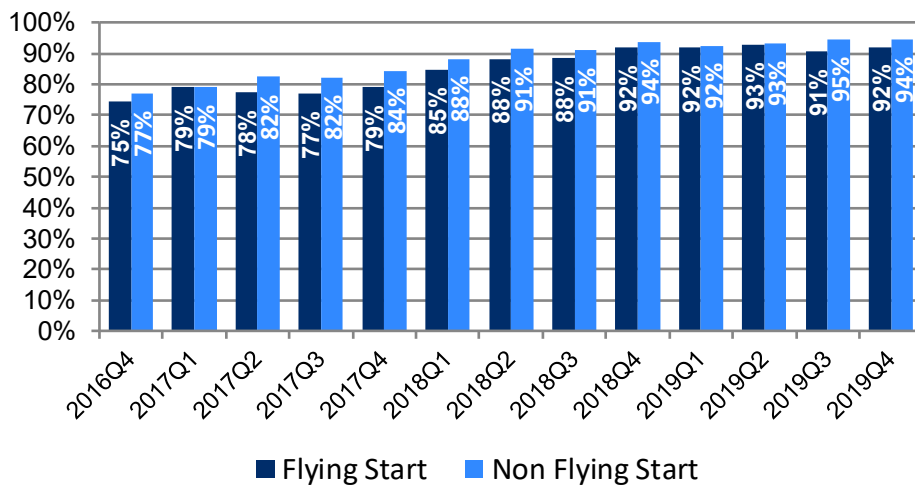


Chart 4b: Weight and measurement at 8 weeks

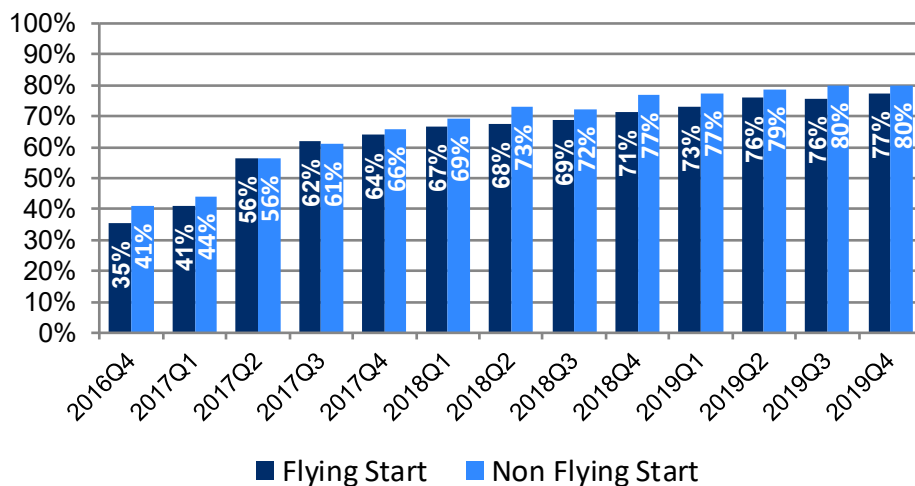
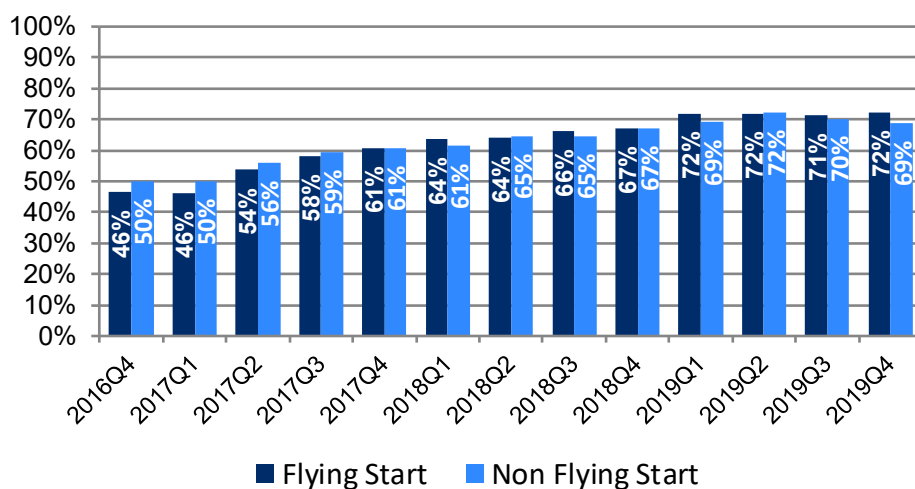
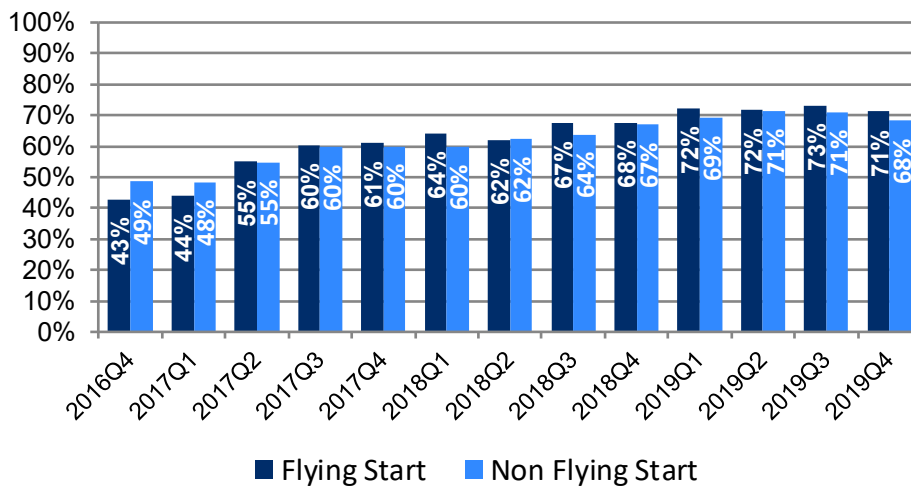


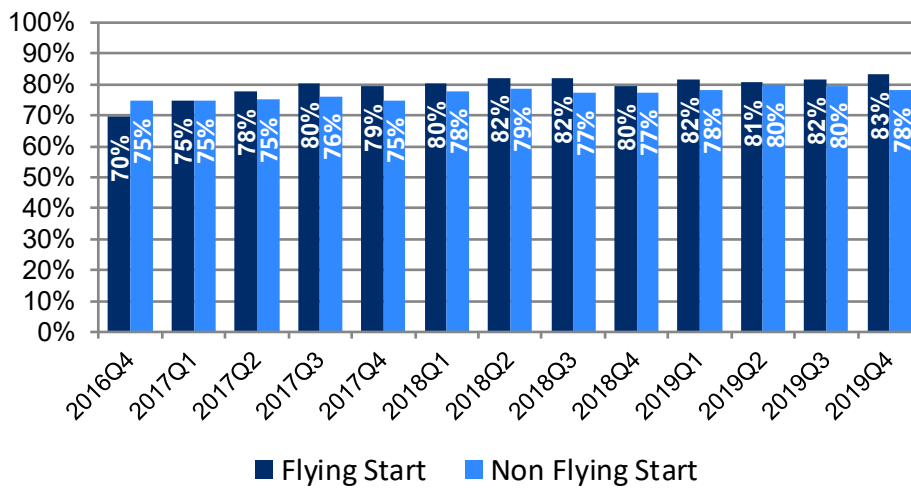
Chart 4c: Weight and measurement at 12 weeks



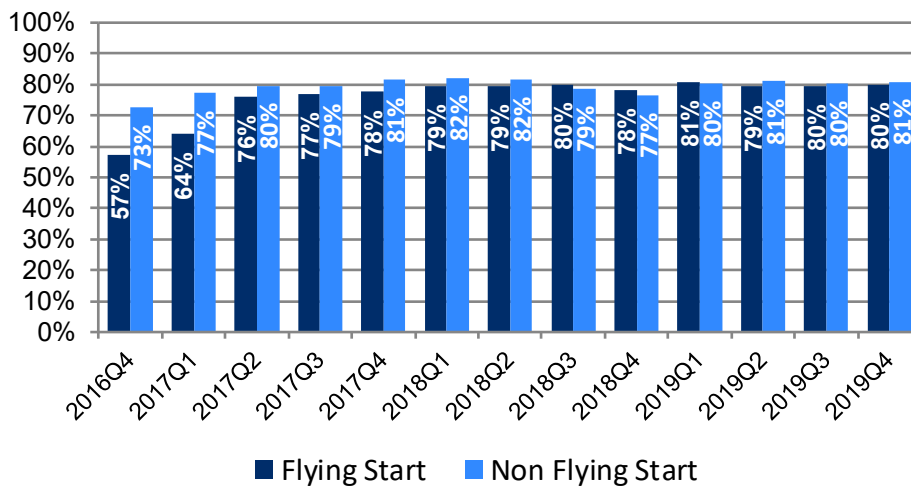
**Chart 4d: Weight and measurement at 16 weeks**



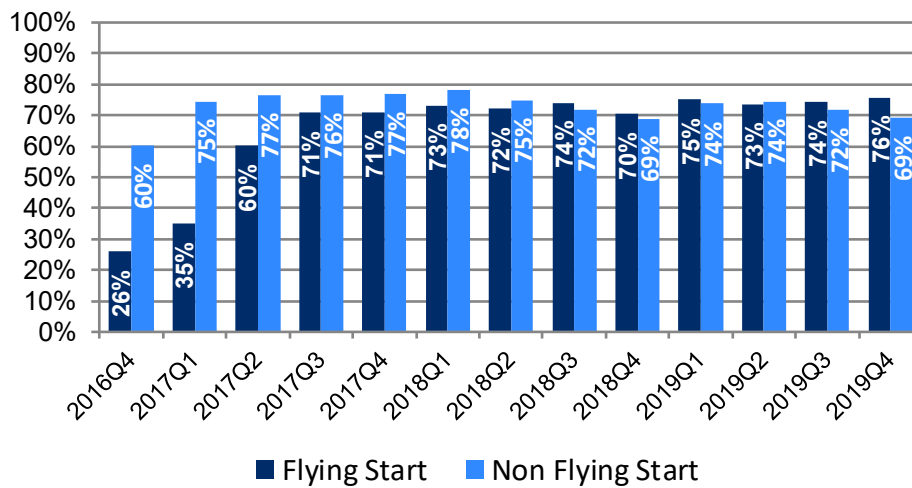
**Chart 4e: Contact at 6 months**



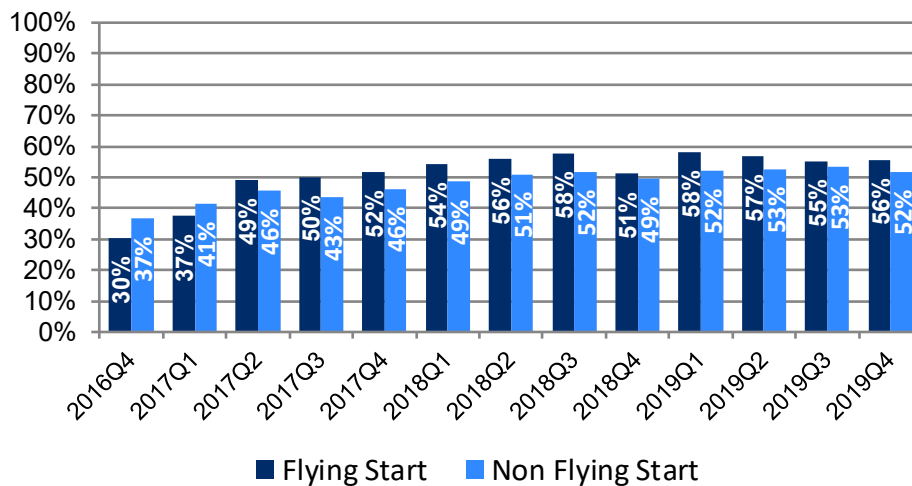
**Chart 4f: Health Visitor contact at 15 months**



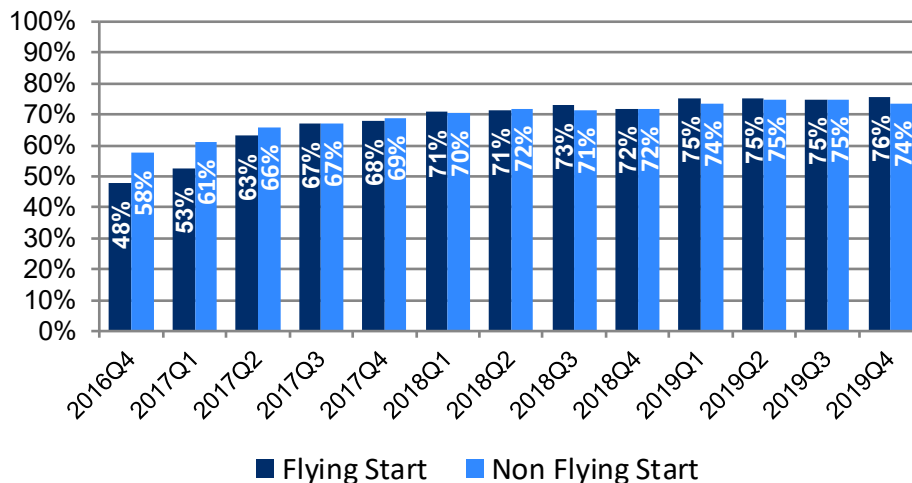
**Chart 4g: Health visitor contact at 27 months**



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



**Chart 4i: Total contacts to eligible children (a)**



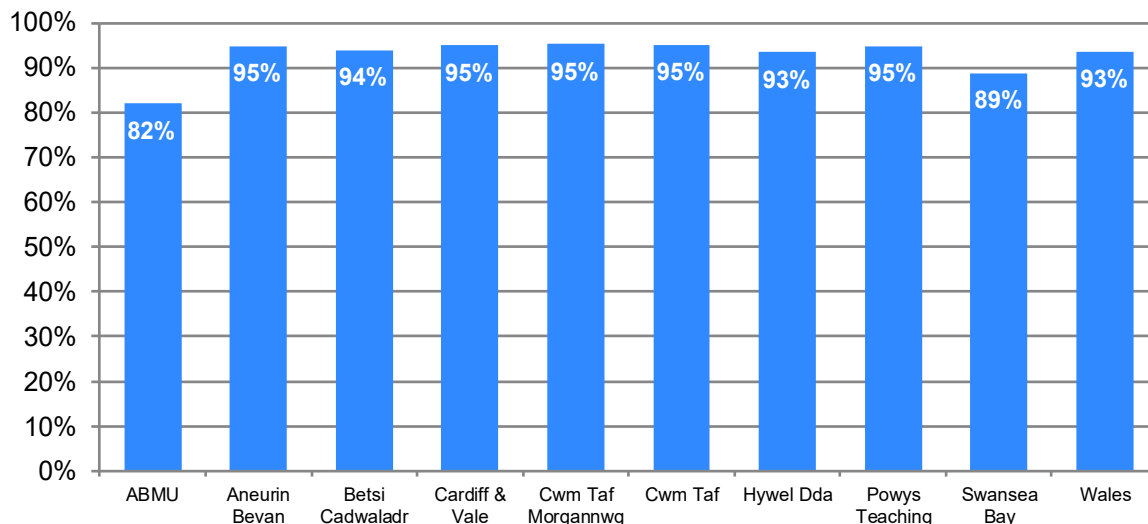
(a) Does not include the 6-8 week contact, see [notes](#).

## Annex 1: Local health board profiles

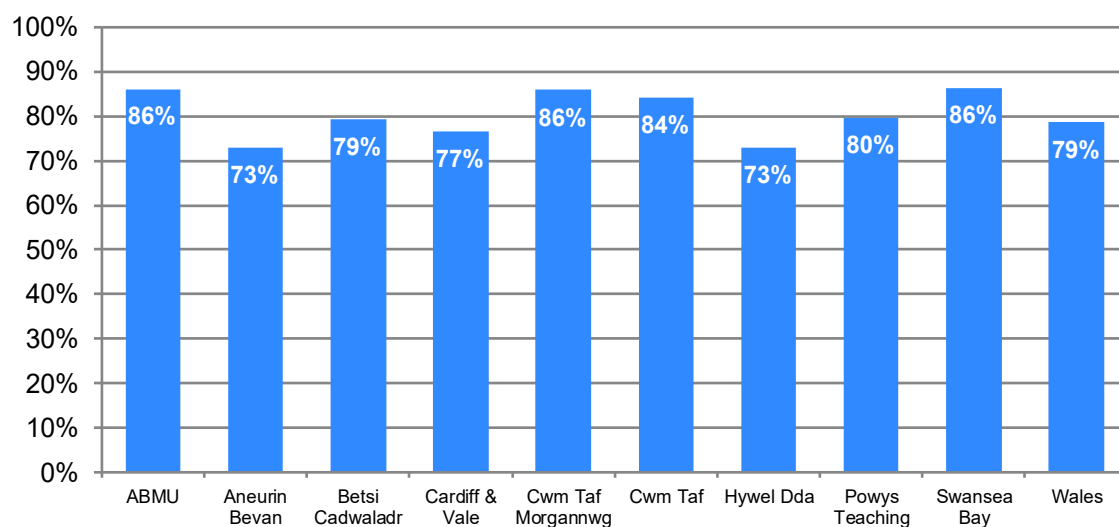
Data for 2019 is shown in the charts below. A full time series of local health board quarterly data is available on [StatsWales](https://stats.wales.gov.uk/).

### Percentage of eligible children receiving contact at each contact point, by health board, 2019

**Chart 5a: Contact at 10-14 days**

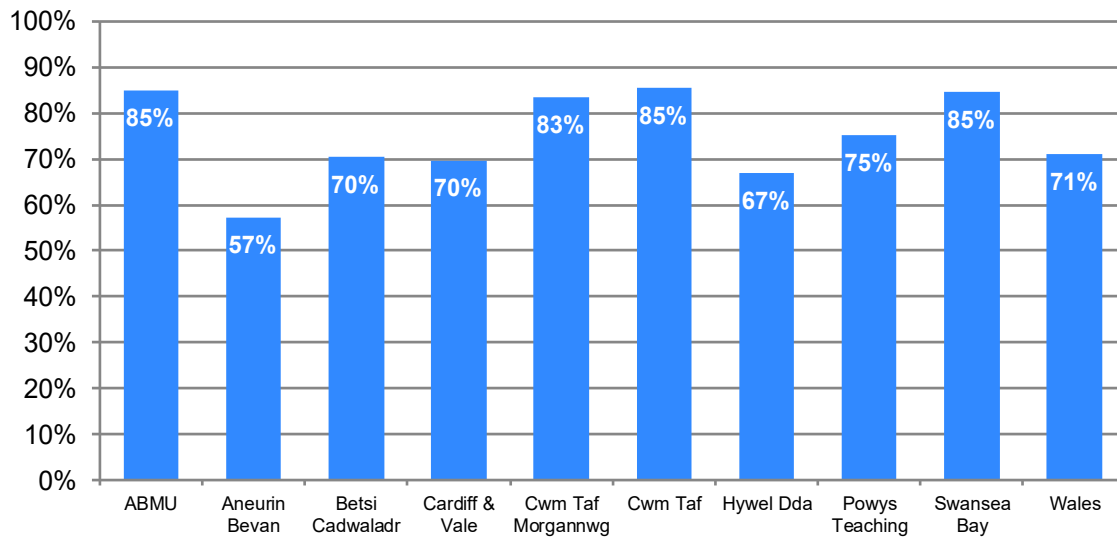


**Chart 5b: Weight and measurement at 8 weeks**

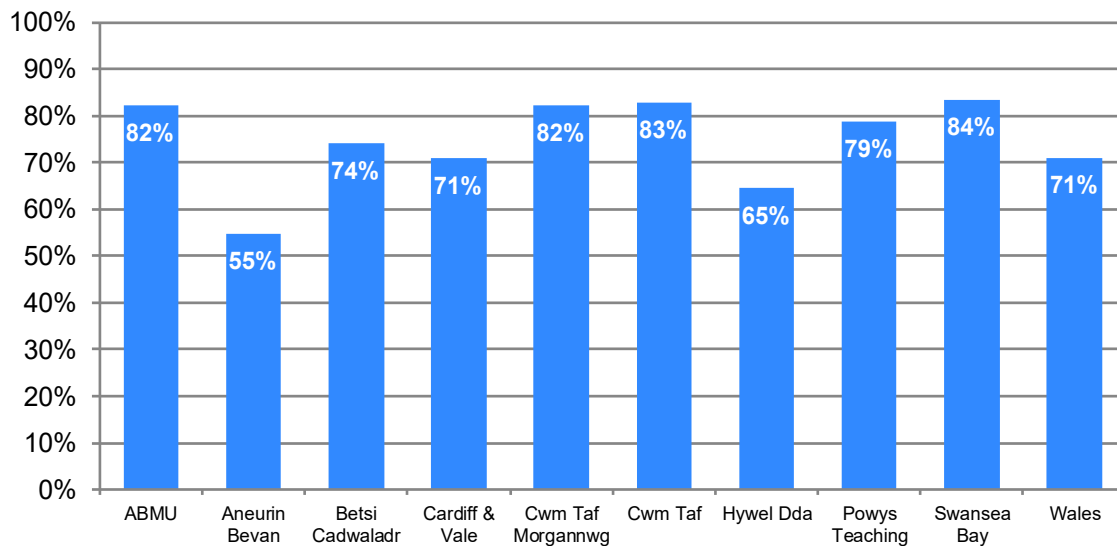




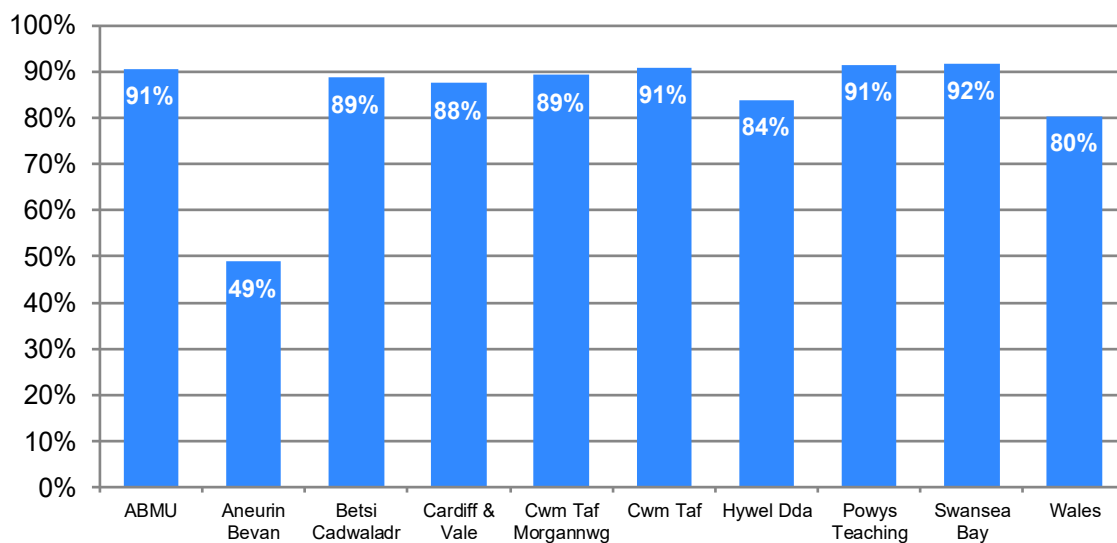
**Chart 5c: Weight and measurement at 12 weeks**



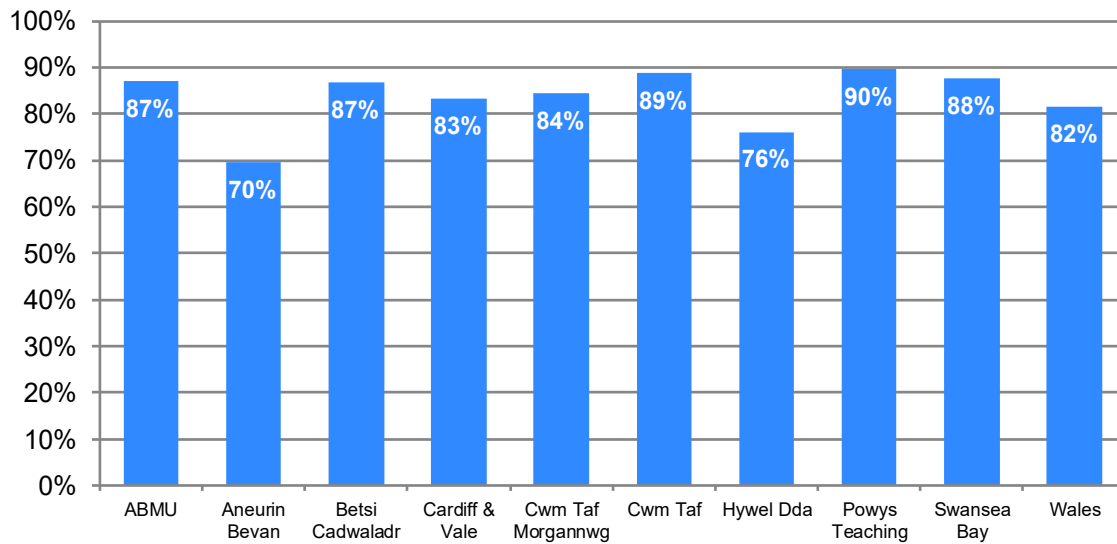
**Chart 5d: Weight and measurement at 16 weeks**



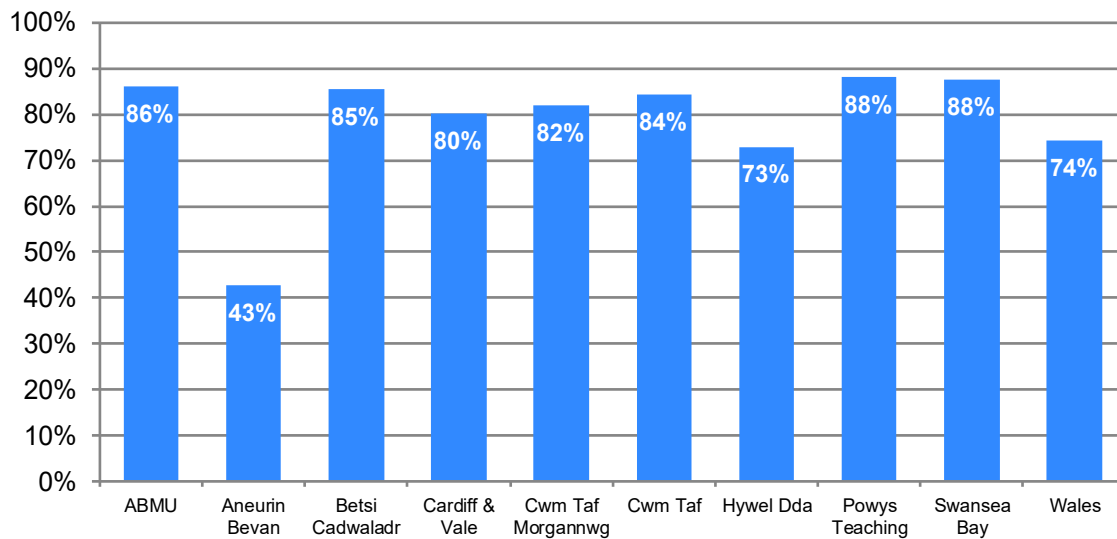
**Chart 5e: Contact at 6 months**



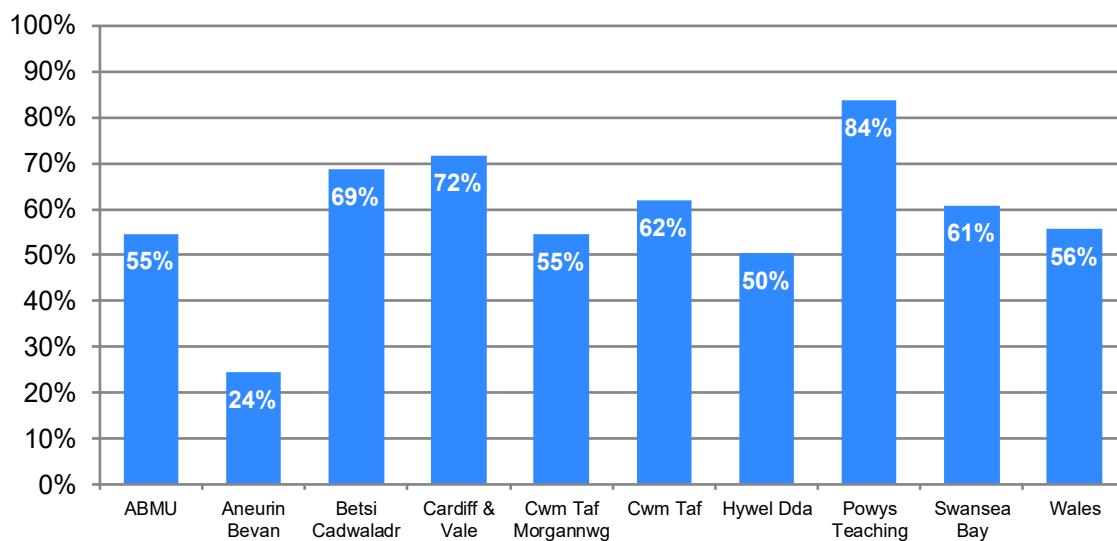
**Chart 5f: Health Visitor contact at 15 months**



**Chart 5g: Health visitor contact at 27 months**



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



## **Note**

There are various reasons why the percentage of eligible children receiving contact at each contact point differs between health board areas.

For example, in Aneurin Bevan, resource shortages have meant that the 6 and 27 month contacts has not been made available to all eligible children.

All health boards continue to work internally and with Welsh Government to improve compliance with the programme and improved data management.

Data for Cwm Taf and Abertawe Bro Morgannwg (ABMU) refers to Jan-Mar 2019 only. Data for Cwm Taf Morgannwg and Swansea Bay refers to Apr-Dec 2019 only. This reflects the change in health board boundaries which occurred in April 2019, where Bridgend local authority area moved out of ABMU into Cwm Taf Morgannwg.

## Annex 2: Percentage of eligible children receiving contacts, by local authority of residence, 2019

	10-14 days	8 weeks	12 weeks	16 weeks	6 months	15 months	27 months	3.5 years	Total contacts (a)
<b>Aneurin Bevan</b>									
Blaenau Gwent	97%	72%	62%	60%	81%	82%	49%	28%	59%
Caerphilly	95%	67%	46%	44%	30%	38%	30%	18%	40%
Monmouthshire	95%	83%	60%	60%	65%	89%	42%	28%	57%
Newport	96%	75%	63%	60%	55%	81%	54%	27%	56%
Torfaen	94%	75%	61%	57%	38%	87%	42%	27%	54%
<b>Betsi Cadwaladr</b>									
Conwy	96%	79%	73%	78%	92%	90%	84%	75%	74%
Denbighshire	94%	71%	67%	72%	87%	85%	79%	57%	68%
Flintshire	94%	76%	69%	69%	84%	83%	82%	68%	69%
Gwynedd	95%	89%	71%	73%	94%	94%	91%	72%	75%
Isle of Anglesey	96%	87%	64%	80%	95%	94%	91%	63%	73%
Wrexham	91%	79%	75%	77%	86%	83%	88%	73%	72%
<b>Cardiff and Vale</b>									
Cardiff	95%	76%	70%	70%	87%	82%	78%	72%	69%
The Vale of Glamorgan	95%	79%	71%	75%	90%	88%	86%	72%	72%
<b>Cwm Taf Morgannwg</b>									
Bridgend	95%	92%	89%	86%	88%	81%	82%	50%	82%
Merthyr Tydfil	94%	83%	85%	84%	90%	85%	81%	35%	79%
Rhondda Cynon Taf	95%	83%	81%	80%	91%	87%	83%	64%	83%
<b>Hywel Dda</b>									
Carmarthenshire	90%	70%	71%	69%	82%	80%	76%	45%	64%
Ceredigion	96%	83%	77%	76%	81%	72%	66%	65%	67%
Pembrokeshire	97%	72%	56%	52%	90%	72%	72%	52%	61%
<b>Powys</b>									
Powys	95%	80%	75%	79%	91%	90%	89%	84%	75%
<b>Swansea Bay</b>									
Neath Port Talbot	86%	87%	87%	86%	95%	93%	91%	56%	85%
Swansea	86%	85%	82%	81%	90%	85%	85%	62%	82%

(a) Does not include the 6-8 week contact, see [notes](#).

(b) Data for Bridgend includes all contacts throughout the year. For Jan-Mar 2019, the local authority area was in the ABMU health board, but from April 2019 it is in Cwm Taf Morgannwg.

## 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.

There have been data quality issues identified with the 6-8 week contact and the 8 week contact. The 6-8 week contact should be undertaken by a GP or paediatrician and there have been cases of the contact happening but not being recorded on the Child Health System. In practice the 8 week contact with the health visitor often takes place simultaneously to the 6-8 week GP contact. This may have resulted in a number of 6-8 week contact forms being submitted by the health visitor instead of the 8 week contact form.

As a result of this, data for the number of eligible children receiving a contact at 6-8 weeks is not included in this statistical release. Data for the number of eligible children receiving a contact at 8 weeks is included, but is potential an undercount of the actual number of children who had a contact.

### Bridgend local authority moving health board

Health service provision for residents of Bridgend local authority has moved from Abertawe Bro Morgannwg to Cwm Taf on April 1st 2019. This [joint statement](#) provides further detail. The health board names were confirmed in [this statement](#) with Cwm Taf University Health Board becoming Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board becoming Swansea Bay University Health Board.

As a result, the quarterly data for Jan-Mar 2019 was be the last quarter in the time series for both Cwm Taf and Abertawe Bro Morgannwg. The subsequent quarterly data for Apr-Jun 2019 includes data for the two new health boards, Cwm Taf Morgannwg and Swansea Bay.

This annual statistical release publishes data for both the old and new health boards since the change happened during the reporting year. Data for Cwm Taf and Abertawe Bro Morgannwg will only refer to the first quarter of 2019 (Jan-Mar) while data for Cwm Taf Morgannwg and Swansea Bay will only refer to the last 3 quarters of 2019 (Apr-Jun, Jul-Sep, Oct-Dec).

Time series for all five other health boards and at the Wales level will remain unaffected.

## **Related statistics**

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

## **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**

The National Community Child Health Database is a live database and data is extracted from this database every quarter. There is usually a 4 month lag between the extract being taken and the reference period (for example, data extracted in April will be for the reference period Oct-Dec in the previous year). This is to allow child health departments to process all data collection forms for the reference period. Data is only extracted for the latest quarter, so data for all previous quarters are not routinely revised. If data for previously published periods were to be extracted at any point after their usual extraction date, numbers may differ slightly to the published data because there may have been some data collection forms processed very late.

Data for previous time periods 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 Welsh Parliament 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 Welsh Parliament
- 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 Welsh Government 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 recently 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 its scope may be expanded.

## **Completeness**

Data completeness varies across data items, but is sufficiently high to produce official statistics for some data items. The current data collection process relies on the accurate completion of data collection forms by health care professionals, and timely processing and accurate imputation by Child Health system administrators.

## **Timeliness and punctuality**

The NCCHD is refreshed from data derived from local child health systems every quarter. The next statistical release is planned for June 2021, following the April NCCHD refresh and will cover the whole calendar year for 2020.

There is often a lag in data collection forms being sent to Child Health System administrators so data is usually extracted from the system around 4 months after the reference period and is published by Welsh Government, as soon as resource allows but usually within 2 months of receiving the data.

To supplement the annual statistical release, quarterly data are published on [StatsWales](https://stats.wales.gov.uk/).

## **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.

Open data tables are available via [StatsWales](#) every quarter.

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](mailto: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 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 \(NISRA\)](#).

### **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/healthy-child-wales-programme>

## **Next update**

June 2021 (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](mailto:stats.healthinfo@gov.wales)

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