

Children and Young People's Overview and Scrutiny

28 February 2019

The 0-19 Healthy Child Programme in County Durham

Ordinary Decision



Report of Corporate Management Team

Amanda Healy, Director of Public Health

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To inform and update Members on:
 - The current 0-19 Healthy Child Programme (HCP) delivery
 - The proposed additional 0-19 contract activity from April 2019
 - The 0-19 Health Visiting and School Nursing Service Transformation

Executive summary

- 2 This report highlights the work that has been completed over the last 12 months within HDFT's 0 – 19 service and the areas for improvement priority for the remaining duration of the contract.

Recommendation(s)

- 3 Children and Young Peoples overview and scrutiny are requested to:
 - (a) Note the progress made over the last 12 months of the contract
 - (b) Comment on the areas highlighted for improvement during the remaining length of the contract

Background

- 4 The child health profile for County Durham can be found in appendix two of this report and demonstrates the areas where there are still significant inequalities such as breastfeeding rates and unintentional injuries in under 4 year olds. The main contract for public health to address the inequalities challenges across County Durham is the 0 – 19 contract. This is not to say the 0 – 19 service is solely responsible for child health outcomes. The whole system who engage with children and families are all accountable for the health outcomes and partnership working through integrated delivery is essential.
- 5 The 0-19 Healthy Child Programme in County Durham is delivered by the 0-19 Growing Healthy Team, Harrogate and District NHS Foundation Trust (HDFT). This is delivered by a skill mixed workforce led by Specialist Community Public Health Nurses, enhanced by clinical champions and thematic lead roles.
- 6 HDFT's vision is for every child to have the best start in life, and be happy and healthy, through working in partnership with families in County Durham. 0-19 Health Visiting and School Nursing teams are uniquely placed to engage and empower families, break down barriers and build trusting relationships, a key element in meeting the NHS Five Year Forward View.
- 7 The 0-19 Healthy Child Programme provides a strong evidence based universal offer of core contacts, mandated by the Department of Health, leading to early identification of needs and provision of early intervention, enhanced offer and early help through both single agency and wider multi-agency interventions.
- 8 The 0-19 Growing Healthy workforce is co-located within the Local Authority Family Centres and Hubs to ensure maximum collaboration opportunities and shared resources to meet the needs of families.

0-19 Service Contract

- 9 Following a competitive procurement exercise in April 2016 HDFT were successful in securing Durham County Council's (DCC) 0-19 health visiting and school nursing contract.
- 10 The contract was awarded for a two year period from 1 April 2016 to 31 March 2018 with an option to extend the contract for a further year to 31 March 2019 which was actioned.

- 11 Additional funding was available in the first year of the contract (2016/17), ring fenced for the promotion and rebranding of the 5-19 service and to upskill school nurses in mental health first aid and Youth Awareness Mental Health (YAM).
- 12 Ongoing service improvement is driven by a thematic lead management model, with a strong focus on performance management to ensure efficiency and quality.
- 13 Additional elements have been included in the contract with HDFT including:
 - The provision of a Children's Specialist Public Health Nurse based in the County Durham Youth Offending Service (CDYOS). This took effect from July 17 and will follow the remaining 0-19 contract term.
 - The provision of a Public Health Nurse based in the Public Health Team at County Hall to focus on joint areas of work leading the best start in life (BSIL) practitioners across health, early years and family centres.
 - The provision of a Band 7 (1.5wte) and Band 3 (1.4wte) in the Multi Agency Safeguarding Hub (MASH). These posts have been commissioned by DCC on behalf of the CCG's.
- 14 The 0-19 contract is performance managed on a quarterly basis with meetings chaired by the Strategic Commissioning Manager for Children and Public Health. There is also attendance from the Public health Strategic Manager for Starting Well and Social Determinants. HDFT provide a quarterly performance report which is scrutinised at these meetings.
- 15 In March 2018 the Corporate Director Adult and Health Services agreed a delegated decision to extend the 0-19 contract with HDFT to 31 August 2020.
- 16 The 0-19 service will be reviewed in 2019 in order to develop the future service requirement with a full procurement exercise to be undertaken and a new contract awarded from 1 September 2020.

Current 0-19 Healthy Child Programme Delivery

- 17 Through the life course conception to adulthood, the 0-19 universal service works in partnership with parents, carers, children, young people and families from the antenatal period through to children reaching independence and adulthood, using the 4-5-6- approach for Health Visiting and School Nursing (Appendix 3). Work continues up to the age of 25 for care leavers and children with SEND.

18 Health Visiting teams are consistently delivering high coverage of universal mandated core contacts in 0-5 (Health Visiting Teams). These include:

- Antenatal visit (at home 28 weeks onwards)
- Primary visit (by 14 days old)
- 6-8 week review
- 3-4 month contact
- 6-12 month review
- 2-2.5 year integrated review (nursery or childcare setting)
- 3.5 year pre-school review

Best Start in Life (Including Breastfeeding and School Readiness)

19 Speech and language skills are high on the national agenda due to the significant inequalities in outcomes for children in communication poor households. Through the BSIL delivery group speech and language is a multi-disciplinary priority working across early years teams, family centres and HDFT 0–5 teams. Durham County Council has been successful in an expression of interest for Public Health England funded speech, language and communication needs training for Health Visitors. This train the trainer programme is planned for February/ March 2019, and this model of training will extend to key partners to support the school readiness priority. The aim of this programme is to implement a consistent speech, language and communication assessment tool alongside the 2 to 2 ½ year integrated review, ensuring that the appropriate referrals are submitted to the speech and language services, improving outcomes for children. This innovation will be monitored during the roll out of training and implementation during 2019.

20 Breastfeeding has an important role to play in reducing health inequalities and especially if sustained for the first six months of life, can make a major contribution to an infant's health and development and is also associated with better health outcomes for the mother.

- Breast feeding rates remain below national average, and challenging for County Durham. At the end of Quarter 1 2018 to 2019, County Durham rates for total and partial breastfeeding at 6 to 8 weeks were 29.2% compared to England rates of 44.4%.
- The 0-19 service continues to work with colleagues in midwifery services and Durham County Council children's services to continue to promote the breast feeding agenda and support cultural shift around infant feeding. A skill mixed model has been

introduced into the team in 2017-18 including a training post and a specialist infant feeding practitioner post being developed to address the wider social and cultural issues which affect women's decision to breast feed.

- The Breastfeeding Friendly scheme has been reviewed and extended with new and refresher training with revised marketing materials being rolled out. Approximately 150 businesses are currently registered and trained. The service are in the process of working with Dalton Park to make all venues there 'breastfeeding friendly'.
- The 0-19 Growing Healthy County Durham service was awarded full UNICEF accreditation in June 2017 for breast feeding friendly services. UNICEF Gold Award has now also been achieved in July 2018 with only six other Health Visiting services across the UK who have been successful in achieving this award.

Perinatal Mental Health

- 21 Following the regional local maternity system (LMS) roll out of train the trainer for perinatal and infant mental health, HDFT have a team of Perinatal Mental Health Trainers now enhanced by a member of staff trained in Infant Mental Health. This ensures a rolling programme of training within 0-19 service, standardised assessment of perinatal mental health, access to an enhanced offer from health visiting with referrals for specialist assessment and support where needed.
- 22 Although nationally the 3-4 month contact is not mandated, it is now embedded within the County Durham service delivery as it is a key contact for perinatal mental health. During 2019 the quality and range of data will be improved to demonstrate the proportion of women identified early and given appropriate support to remain mentally well during pregnancy and in the first year after birth.

Vulnerable Parent Pathway

- 23 The Vulnerable Parent Pathway (VPP) was developed in February 2017 with the One Point Service contacts commencing in September 2017. The purpose of the VPP is to ensure that vulnerable families are identified early following a holistic Family Health Needs Assessment to ensure they receive additional enhanced support to address health and social inequalities and offer the child the best start in life. Over the past 12 months, 218 families have been referred onto the VPP, with slightly higher numbers of referrals in the Peterlee and Stanley areas. On average across the 12 months, 50% of fathers/ co-parents are actively engaged with our service, a priority area of work due to the "hidden

male” agenda, however we have more work to do to improve engagement.

- 24 A key outcome measure is at the universal mandated 2 to 2 1/2 year integrated review whether the child reaches their appropriate developmental stage and the family return to universal pathway, or if an enhanced offer is still required. Outcomes will be reported from February 2019 onwards following those children who commenced on the pathway in February 2017 having their 2 to 2 ½ year integrated review. The VPP is linked in directly with County Durham’s Stronger Families Programme, the Early Help Strategy, and the new Pre Birth pathway at strategic and operational level.
- 25 Members of the 0-19 team jointly delivered the Routes out of Poverty events across the county during 2018, and have established a HDFT process for grants funding that will work outside of the Stronger Families Programme if families need additional grants that the programme cannot support.

Home Environment Assessment Tool

- 26 The County Durham Home Environment Assessment Tool (HEAT) is now embedded into 0-19 practice. Health Visitors use the assessment tool with all families universally, and School Nurses with all families they are working with on active caseload. Home safety is addressed, and planning with families to address home conditions that impact negatively on children and families, this aligns with the signs of safety approach. Over the past 12 months, 66% of these assessments undertaken at the 6-8 week review have led to advice and action planning, with 2 cases being referred into First Contact due to the level of concern.

Unintentional Injuries

- 27 Prevention of Unintentional Injuries County Durham Strategy: HDFT have an increased focus on the home setting as falls are the leading cause for Accident and Emergency admissions. 0-19 Growing Healthy service has developed a home safety session and worked with key partners including the Fire Service to deliver the Safety Carousel during the Autumn 2017 and Spring 2018 terms. 5700 children from Year 5 and Year 6 across County Durham and Darlington Primary Schools accessed the carousel. HDFT are engaged in the carousel again, having just completed the first half in Autumn 2018, achieving valuable contact with 3249 children so far. Evaluation of the 2017 to 2018 carousel demonstrated increased learning through the carousel.

- 28 The 0-19 service linked with key partners to deliver child safety at the County Durham Bikewise Event in July 2018, following successful promotion of the 0-19 Growing Healthy Service at this event in July 2017. This included staying safe online and accident prevention. Our service also delivered resuscitation skills to approximately 60 parents at the event.

Special Educational Needs Disability (SEND)

- 29 Over the past eighteen months, the SEND School Nursing team has gone through a structural review, and now has a dedicated Clinical Lead ensuring robust governance and a more skill mixed delivery structure, which has supported an enhanced offer to special schools. In addition to the core offer, special schools across the county have started to receive a more intensive public health delivery, through streamlined line management and caseload allocation and supervision. The core contact time has been in school or with pupils through the introduction of dedicated drop in's for pupils, school staff and parents. The team have engaged in school coffee mornings for parents and taken the opportunity to deliver key public health messages linked to the identified school profile needs. These have included dental health, emotional resilience, smoking cessation, and transition contacts at schools entry and primary to secondary school.
- 30 An area of innovation this year has been the development of school community based smoking cessation, this initiative is co delivered by the SEND community staff nurse, Solutions4Health and staff from within the school. The SEND Staff nurse has not only engaged young people in Quit management but is facilitating sessions to support parents and teaching staff to quit.
- 31 HDFT are fully engaged in the County Durham Written Statement of Action for SEND following the Ofsted inspection in November 2017 improving service pathway for provision of information to support the Education and Health Care Plan (EHCP) process, adding in a quality assurance step undertaken by our Clinical Lead for SEND.

5-19 (School Nursing)

- 32 In September 2017 HDFT implemented a new pathway for vision screening to improve access for children and families following referral after vision screen. Over the academic year 2017 to 2018 the service has worked with North of England Commissioning Support and the Primary Eyecare North East to implement the pathway which gives families the choice to make an appointment at a local optician signed up to the pathway at a time and day convenient to them, rather than receiving an allocated appointment at a community orthoptic clinic. The

first year evaluation has yet to be complete, however the pathway has been positively received by the screening team. Of 5587 children screened, 184 (3.3%) were referred to Hospital Orthoptist, 748 (13.4%) were referred to optician. HDFT are waiting for the attendance at optician figures to evaluate the impact of the new pathway.

- 33 The school profiling tool is to be further developed as part of the Quality Framework for Schools work within Durham Local Authority. Consultation with Head Teachers a crucial element in making this a profile for multi- agency use to address the needs of the children and young people within our schools and communities. Review of the profiles for the academic year 2017 to 2018 identified that the top five school priorities across our communities of learning were emotional health, personal safety (including medicines and internet) and hygiene and puberty, transitions and healthy weight. Health promotion activities delivered by School Nursing teams have been planned with the schools using these priorities.

Emotional Health and Resilience

- 34 Seven County Durham schools received the Youth Awareness Mental Health Programme (YAM) during the academic year 2017 to 2018, approximately 1100 Year Nine students. HDFT 0-19 staff co-deliver this programme with the County Durham Educational Psychology Service, Strengthening Families, and staff from Tees Esk and Wear Valley (TEWV). During the academic year 2018 to 2019, four schools have received YAM up to December 2018, the remaining twenty six schools have all been offered YAM between January and July 2019, however some schools will need to be excluded as they have agreed to be part of the Anna Freud Randomised Controlled Trial.

YAM is not licenced for delivery in SEND schools, therefore support is through targeted work delivered by the Emotional Resilience Nurses.

- 35 HDFT have raised their profile and the work in County Durham around emotional health and resilience, including the specific Emotional Health and Resilience Nurse role which has had excellent feedback from schools, on a National and International stage (San Francisco International July 2017, SAPHNA School Nurse Conference Manchester June 2018).

Healthy Weight

- 36 The proactive calls process following the National Child Measurement Programme (NCMP) in reception has been embedded into practice. In the academic year 2017 to 2018, of 818 reception children identified as overweight and very overweight, with proactive calls to 435 parents/

carers of these children. 406 calls had positive responses, with brief intervention. 29 were received negatively. 44 went on to have full assessment and a programme of care to address healthy weight. This is only one source of referral in for FISCH (the child healthy weight pathway intervention) support. In total there were 5124 referrals into FISCH (including the schools programme) with 1197 having a full assessment and package of care delivered.

Safeguarding

- 37 As part of the transformation of 5-19 services, a review of the School Nurse contribution to safeguarding proceedings was undertaken, including audit of activity, and if there was a clear role for the School Nurse with the child and family. The findings were that in 52% of cases, following Initial Child Protection Conference (ICPC) there was no role or actions for the School Nurse to undertake as part of the Child Protection Plan. At the point of first Review Child Protection Conference (RCPC) there was no active role for the School Nurse identified in 60% of cases. Therefore in agreement with the Local Safeguarding Children's Board there is now a formal process in order to withdraw from the process, following holistic assessment, if there is no role identified. In a child and family centred approach, there is also ongoing work to promote Health Visitors continuing to work with primary school aged children and families that they have relationships with, to provide stability and continuity, particularly when they are already working with pre-school children in the household.
- 38 Following the County Durham Joint Targeted Area Inspection into Domestic Abuse in July 2018, our Safeguarding Nurses and 0-19 management teams have developed a programme of training, audit and additional supervision to increase risk management, challenge and escalation skills in the 0-19 service, following feedback from the inspection. This includes secondments into our safeguarding team which have been received positively and strengthen our integrated safeguarding offer.
- 39 The Multi Agency Public Protection Arrangements (MAPPA) process has been reviewed following discussions with County Durham and Darlington Foundation Trust (CDDFT) and changes in requirements from October 2018 for representation following the discussions. In order to increase safeguarding capacity, the 0-19 management team are contributing to the MAPPA process alongside the Safeguarding team. There is an interim process of a Locality Manager covering the review MAPPA meetings two days a week, with Safeguarding Nurses attending the initial and Level 3 MAPPA meetings. An overall review of safeguarding work and capacity within the safeguarding team is being undertaken by HDFT at present, including the amount of time MAPPA

work is requiring, and an options appraisal will be available in January 2019.

Looked After Children

- 40 The review health assessments for looked after children are currently included in the 0-19 contract, with training and quality assurance of health assessments being delivered by County Durham and Darlington NHS Foundation Trust (CDDFT). HDFT are reviewing timeliness and quality in relation to potential benefits of a dedicated resource within 5-19 to focus on looked after and care leaver support.

Service User Feedback

- 41 HDFT robustly collect service user feedback and have a Locality Manager with a thematic lead for Patient Experience. Alongside feedback cards, of which HDFT received 4300 2017 to 2018 across the service, HDFT have engaged for the last two years in the Children's Commissioner Takeover Challenge, and are undertaking a challenge with children with SEND in the near future. HDFT have involved both parents and young people in recruitment interviews for Health Visiting and School Nursing staff over the past 12 months.

The proposed additional 0-19 contract activity from April 2019

Additional 0-5 Contact at 14 months

- 42 The focus of this contact is to prioritise speech and language assessment and early intervention, and HDFT are currently undertaking a pilot in the Consett Health Visiting Team area to prepare for full rollout from April 2019. The pilot will provide initial qualitative information on the value of the contact, how it is received by families, the band of staff undertaking the contact, and data on how many of the contacts lead to an intervention for speech and language, or any other referrals. At the end of Quarter two 2019 to 2020 we intend to evaluate through the 2 to 2 ½ year integrated review what impact this additional contact has on speech and language skills and overall development and readiness to learn.

Healthy Weight

- 43 Public Health have undertaken a review of healthy weight services across County Durham, including the Family Initiative Supporting Children's Health (FISCH) service within 0-19 Growing Healthy. The pathway developed from this review will direct our 0-19 universal and targeted delivery from April 2019.

SEND

- 44 Many children and young people with SEND are educated in mainstream schools, and although HDFT have a dedicated team of SEND nurses the service are keen to upskill the overall 5-19 workforce to fully support the SEND agenda. HDFT are in the process of establishing rotational Staff Nurse posts into SEND to build up skills and confidence in supporting children with SEND in mainstream schools.

Emotional Health

- 45 A key priority is to build a mentally healthy workforce to deliver on the emotional health agenda alongside the overall 0-19 offer, building on what HDFT already offer as a trust. HDFT Emotional Health Lead will develop the activity plan to support this work.
- 46 HDFT are currently piloting 0-19 Staff Nurses co-delivering with the skilled Emotional Resilience Nurses in the Derwentside Locality to develop their skills, and inform a more skill mixed model proposal for the contract extension, developing overall capacity within 5-19 to deliver on the emotional health agenda.

Digital offer

- 47 There is ongoing work across HDFT 0-19 Growing Healthy Service in County Durham, and the trust, to develop the digital offer. HDFT currently have 0-19 Facebook pages in four of our five localities, which have standard formats with the localised information, for example Baby Clinics or Breastfeeding Cafes. The fifth area is being finalised January 2019. HDFT have clear governance processes around the Facebook pages. The planned content (some of which is already in place) is:
- 0-19 staff roles and contacts
 - What the core contacts are and what they entail
 - Health Promotion
 - Minor Illness
 - Safety messages
 - Domestic Violence
 - A day in the life of ...
 - Venues/ buildings information (closing times etc.)
 - Voluntary and Community Sector information and events
 - Short videos
 - Links to key partners
- 48 There are further developments planned with a 0-19 micro website that covers the HDFT footprint, and Instagram with teenagers a focus. The

digital offer will complement national and local campaigns, for example Anti-Bullying.

- 49 To enhance quality of care, accessibility for service users, flexibility to meet children and families' needs, and promote a good work life balance for the workforce, a key priority in our digital transformation is investment in Virtual Private Networks (VPN) to allow remote access to trust and patient information systems securely. The programme of implementation will roll out from April 2019, to enhance our agile working across County Durham.

Main Implications

The 0-19 Health Visiting and School Nursing Service Transformation

- 50 Through the Harrogate and District NHS Foundation Trust Learning and Best Practice Group, key work streams have been established to drive service development and quality. These align with the current priorities for service delivery, and with the agreed County Durham 0-19 contract extension modifications April 2019 to August 2020, with scope for additional work streams as required.

The work streams and underpinning elements which are integral to all of the work streams are demonstrated through our Transformational Route Map (Appendix 4).

- 51 The work streams started in July 2018, and are responsive to national and local priorities, NICE guidance, Public Health England and government policy, service reviews and service user feedback. They also contribute to trust and local policy development.
- 52 Workforce planning, training, development and sustainability to deliver and future proof the 0-19 service will be guided by the eight work streams in the Transformational Route Map.
- 53 There are significant changes planned for post registration nurse education which will affect the Specialist Community Public Health Nursing (SCPHN) training for Health Visitors and School Nurses from September 2020. Health Education England funding will not be available for this degree programme. Discussions are taking place with Teesside University to plan for these changes and future proof the 0-19 workforce. Options are being considered including apprenticeship models and increasing the current Staff Nurse development programme, which has over the past two years provided a good foundation for the SCPHN training.

Conclusion

54 This report has highlighted the work that has progressed within the HDFT 0 – 19 service and describes the development and improvement programme in place for the remaining contract duration.

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Appendix 1: Implications

Legal Implications

The mandated functions of the 0 – 19 service are a requirement of the 2012 health and social care act.

Finance

This contract is paid from within the public health ring fenced grant

Consultation

There is ongoing service user feedback and engagement within the HDFT 0 – 19 service delivery

Equality and Diversity / Public Sector Equality Duty

The HDFT 0 – 19 service aims to tackle inequalities and provide an equitable service meeting the universal and more targeted needs of families across County Durham.

Human Rights

Applied as appropriate within contract delivery

Crime and Disorder

Not applicable

Staffing

HDFT manage all staffing requirements

Accommodation

Not applicable to this report

Risk

Contract is delivering well with no risks identified within this report

Procurement

New contract to be in place by September 2020



County Durham

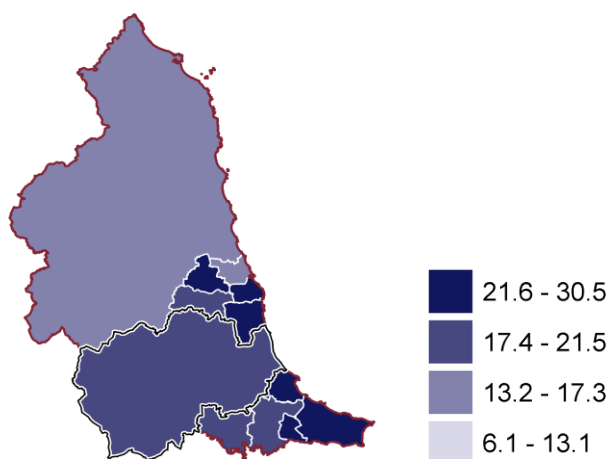
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	Region	England	
Live births (2016)	5,304	28,574	663,157	
Children aged 0 to 4 years (2016)	27,900 5.4%	148,400 5.6%	3,429,000 6.2%	
Children aged 0 to 19 years (2016)	113,900 21.8%	592,200 22.5%	13,107,000 23.7%	
Children aged 0 to 19 years in 2026 (projected)	120,500 22.2%	611,400 22.5%	14,065,900 23.8%	
School children from minority ethnic groups (2017)	2,937 4.8%	34,058 10.6%	2,132,802 31.0%	
School pupils with social, emotional and mental health needs (2017)	1,860 2.6%	10,364 2.7%	186,793 2.3%	
Children living in poverty aged under 16 years (2015)	21.4%	22.0%	16.8%	
Life expectancy at birth (2014-2016)	Boys	78.0	77.8	79.5
	Girls	81.3	81.5	83.1

Children living in poverty

Map of the North East, with County Durham outlined, showing the relative levels of children living in poverty.



Map contains Ordnance Survey data.

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Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in County Durham is worse than England.

The infant mortality rate is similar to England with an average of 24 infants dying before age 1 each year. Recently there have been 12 child deaths (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is similar to England, with 173 girls becoming pregnant in a year.
- 16.7% of women smoke while pregnant which is worse than England.
- Breastfeeding rates in this area are worse than England. 56.0% of mothers initiate breastfeeding. By 6 to 8 weeks after birth, 27.9% of mothers are still breastfeeding.
- The MMR immunisation level meets recommended coverage (95%). By age two, 97.0% of children have had one dose.
- Dental health is worse than England. 25.8% of 5 year olds have one or more decayed, filled or missing teeth.
- 10.3% of children in Reception (similar to England) and 22.6% of children in Year 6 (worse than England) are obese.
- The rate of child inpatient admissions for mental health conditions at 94.7 per 100,000 is similar to England. The rate for self-harm at 400.8 per 100,000 is similar to England.

By age two, 98.6% of children have had Dtap / IPV / Hib immunisation, meeting minimum recommended coverage (95%). 84.8% of children in care are up to date with their immunisations, which is similar to England.

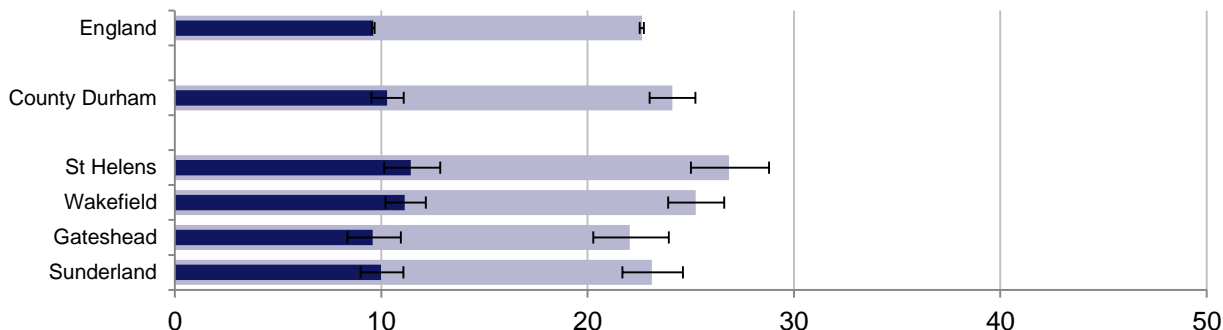
71.9% of children have achieved a good level of development at the end of Reception (better than England).

Childhood obesity

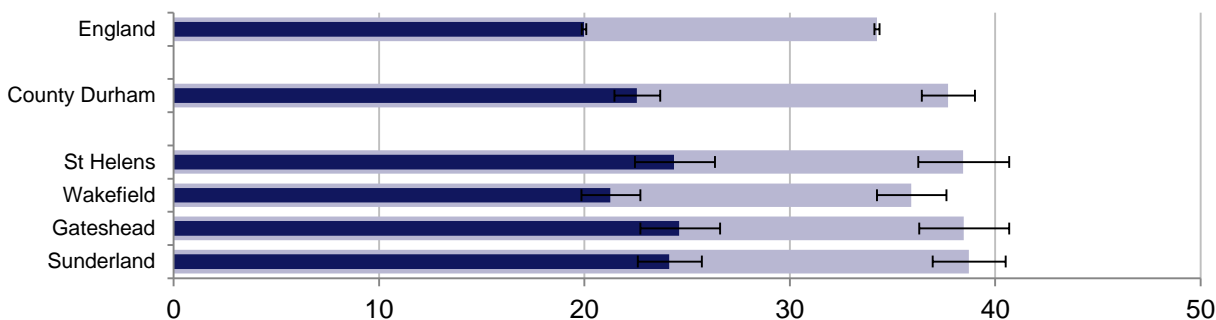
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare County Durham with its statistical neighbours, and the England average. Compared with the England average, this area has a worse percentage of children in Reception (24.1%) and a worse percentage in Year 6 (37.7%) who have excess weight.

■ Obese ■ All children with excess weight, some of whom are obese

Children aged 4-5 years who have excess weight, 2016/17 (percentage)



Children aged 10-11 years who have excess weight, 2016/17 (percentage)



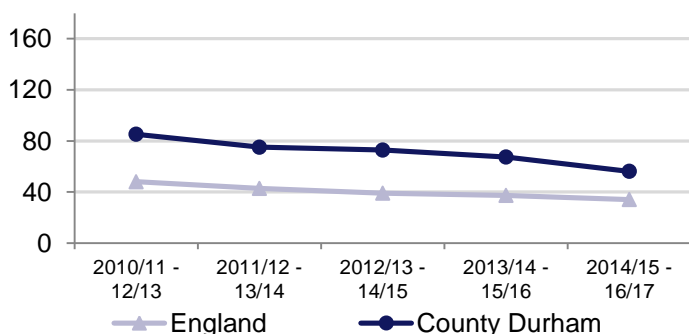
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing, and this is also the case in County Durham. The admission rate in the latest period is worse than the England average.

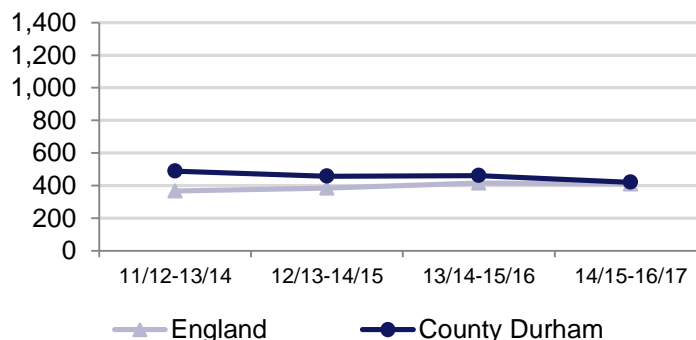
Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in County Durham where the trend is decreasing. The admission rate in the latest pooled period is similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.

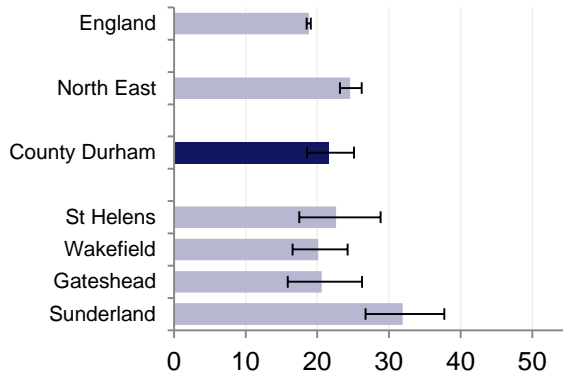
Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



*Information about admissions in the single year 2016/17 can be found on page 4

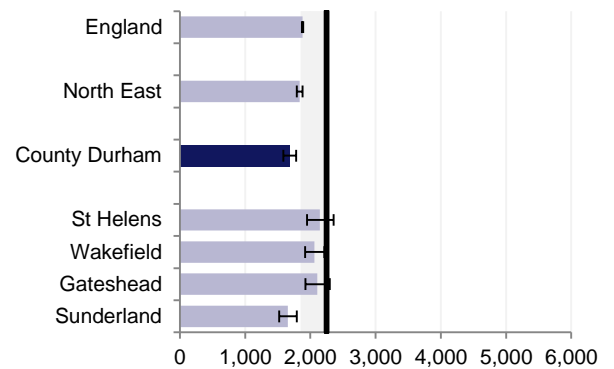
These charts compare County Durham with its statistical neighbours, and the England and regional averages.

Teenage conceptions in girls aged under 18 years, 2016 (rate per 1,000 female population aged 15-17 years)



In 2016, approximately 22 girls aged under 18 conceived for every 1,000 girls aged 15-17 years in this area. This is similar to the regional average (approximately 25 per 1,000). The area has a similar teenage conception rate compared with the England average (approximately 19 per 1,000).

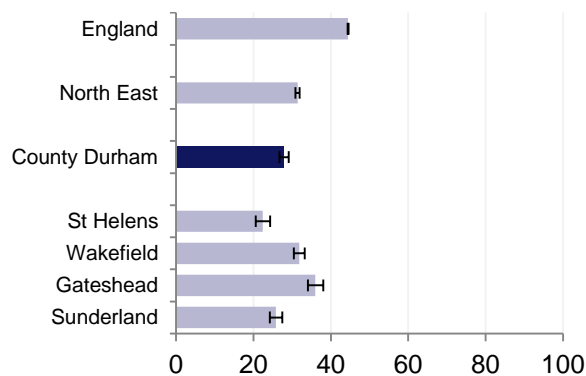
Chlamydia detection, 2016 (rate per 100,000 young people aged 15-24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2016, the detection rate in this area was 1,681 which is lower than the minimum recommended rate.

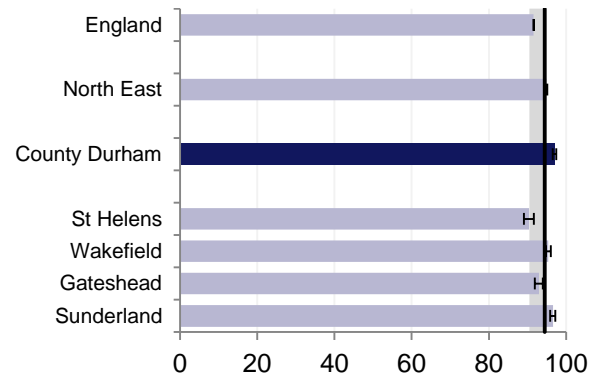
The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

Breastfeeding at 6 to 8 weeks, 2016/17 (percentage of infants due 6 to 8 week checks)



Breastfeeding rates in this area are worse than England. 56.0% of mothers initiate breastfeeding. By 6 to 8 weeks after birth, 27.9% of mothers are still breastfeeding.

Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2016/17 (percentage of eligible children)

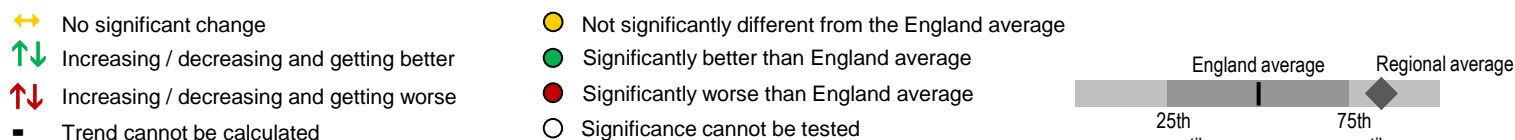


More than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (97.0%). By the age of five, 95.8% of children have received their second dose of MMR immunisation.

The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.



	Indicator	Local no. per year*	Local value	Eng. ave.	Eng. worst	England average	Regional average	Eng. best
Premature mortality	1 Infant mortality	↓ 24	4.6	3.9	7.9			1.6
	2 Child mortality rate (1-17 years)	■ 12	12.8	11.6	22.4			6.2
Health protection	3 MMR vaccination for one dose (2 years)	↑ 5,383	97.0	91.6	69.8			97.5
	4 Dtap / IPV / Hib vaccination (2 years)	↑ 5,467	98.6	95.1	74.7			98.6
	5 Children in care immunisations	↓ 415	84.8	84.6	5.0			100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of reception	↑ 4,046	71.9	70.7	60.9			78.9
	7 GCSE attainment: average Attainment 8 score	■ -	44.6	44.6	37.6			56.2
	8 GCSE attainment: average Attainment 8 score of children in care	■ -	31.3	22.8	12.1			34.2
	9 16-17 year olds not in education, employment or training	■ 610	5.6	6.0	44.8			2.1
	10 First time entrants to the youth justice system	↓ 168	391.3	327.1	739.6			97.5
	11 Children in low income families (under 16 years)	↓ 18,695	21.4	16.8	30.5			6.1
	12 Family homelessness	↓ 101	0.4	1.9	8.4			0.1
	13 Children in care	↑ 815	81	62	184			20
	14 Children killed and seriously injured (KSI) on England's roads	■ 22	24.4	17.1	46.8			1.3
	Health improvement	15 Low birth weight of term babies	↔ 146	3.0	2.8	5.2		
16 Obese children (4-5 years)		↔ 589	10.3	9.6	13.5			4.8
17 Obese children (10-11 years)		↑ 1,211	22.6	20.0	29.2			11.3
18 Children with one or more decayed, missing or filled teeth		■ -	25.8	23.3	47.1			12.9
19 Hospital admissions for dental caries (0-4 years)		■ 32	112.6	234.7	1,144.8			25.3
20 Under 18 conceptions		↓ 173	21.6	18.8	36.5			4.6
21 Teenage mothers		↓ 77	1.5	0.8	2.1			0.0
22 Admission episodes for alcohol-specific conditions - under 18s		↓ 56	56.2	34.2	100.0			6.5
23 Hospital admissions due to substance misuse (15-24 years)		■ 63	92.0	89.8	339.0			32.1
Prevention of ill health		24 Smoking status at time of delivery	↓ 867	16.7	10.7	28.1		
	25 Breastfeeding initiation	↓ 2,924	56.0	74.5	37.9			96.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	■ 1,490	27.9	44.4	19.3			75.6
	27 A&E attendances (0-4 years)	↑ 24,072	861.4	601.8	1,926.8			333.5
	28 Hospital admissions caused by injuries in children (0-14 years)	↔ 1,453	173.1	101.5	190.5			43.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	↓ 1,048	156.4	129.2	254.8			64.0
	30 Hospital admissions for asthma (under 19 years)	↔ 264	248.0	202.8	497.5			63.6
	31 Hospital admissions for mental health conditions	↔ 95	94.7	81.5	188.8			14.3
	32 Hospital admissions as a result of self-harm (10-24 years)	↓ 377	400.8	404.6	1,156.8			98.2

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Notes and definitions

- Mortality rate per 1,000 live births (aged under 1 year), 2014-2016
- Directly standardised rate per 100,000 children aged 1-17 years, 2014-2016
- % children immunised against measles, mumps and rubella (first dose by age 2 years), 2016/17
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2016/17
- % children in care with up-to-date immunisations, 2017
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2016/17
- GCSE attainment: average attainment 8 score, 2016/17
- GCSE attainment: average attainment 8 score of children looked after, 2016
- % not in education, employment or training (NEET) or whose activity is not known as a proportion of total 16-17 year olds known to local authority, 2016
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2016

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

- % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2015
- Statutory homeless households with dependent children or pregnant women per 1,000 households, 2016/17
- Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2017
- Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2014-2016
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2016
- % school children in Reception year classified as obese, 2016/17
- % school children in Year 6 classified as obese, 2016/17
- % children aged 5 years with one or more decayed, missing or filled teeth, 2016/17
- Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2014/15-2016/17
- Under 18 conception rate per 1,000 females aged 15-17 years, 2016

- % of delivery episodes where the mother is aged less than 18 years, 2016/17
- Hospital admissions for alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2014/15-2016/17
- Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2014/15-2016/17
- % of mothers smoking at time of delivery, 2016/17
- % of mothers initiating breastfeeding, 2016/17
- % of mothers breastfeeding at 6-8 weeks, 2016/17
- Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2016/17
- Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2016/17
- Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2016/17
- Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2016/17
- Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2016/17
- Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2016/17



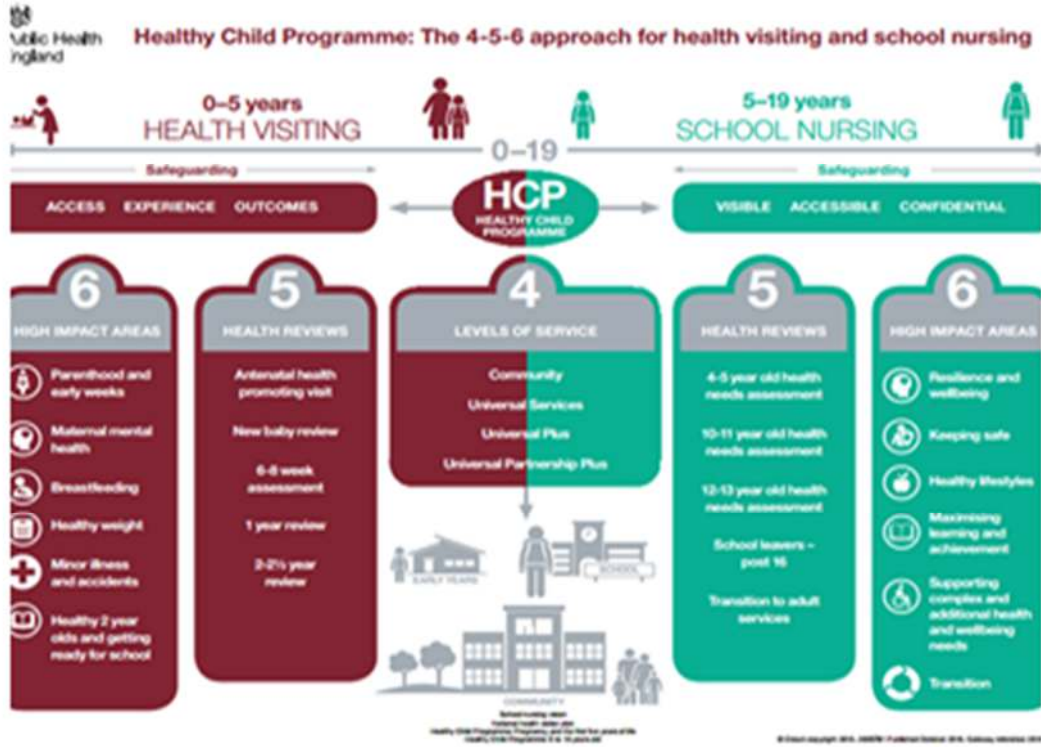
Amendment: changes to the 'Hospital admissions as a result of self-harm (10-24 years)' indicator for England

Since the publication of the profiles in June 2018, an error has been identified in the England value for the 'Hospital admissions as a result of self-harm (10-24 years)' indicator. The profile for this area has not been re-issued because the error has not resulted in a change in significance for this area for this indicator. The incorrect value for England for the 'Hospital admissions as a result of self-harm (10-24 years)' indicator remains in the profile. Correct information for the England value can be found on the interactive version of the profiles available on [PHE's Fingertips tool](#).

If you have any questions about this or would like advice on using this profile, please contact your local knowledge and intelligence service:

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Appendix 3: 0-19 Healthy Child Programme 4-5-6 Approach



Appendix 4: 0-19 HDFT Service Transformation Route Map

