

Health and Wellbeing Board

21 January 2016



County Durham Child Health Profile 2015

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the Report

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of the County Durham Child Health Profile 2015 and compare indicators against the previous profile (2014). The indicators used in the profile do not necessarily represent the most recent performance data, as it is not a performance management tool. It presents a snapshot in time, and all indicator time periods are dated. This report does not look at specific actions (current or planned) to address any of the issues highlighted within the profiles. These details are included in the relevant routine updates that are presented to the Health & Wellbeing Board and Children & Families Partnership.

Background

2. Child Health Profiles provide a snapshot of child health and wellbeing in County Durham. Produced annually using key indicators, these profiles enable comparison locally, regionally and nationally. When published they are incorporated into the Joint Strategic Needs Assessment for County Durham. They are designed to help local commissioners and providers across the health and social care system understand the health needs of their population, in order to work collaboratively in partnership to improve health and reduce health inequalities. By using the profiles local organisations can work in partnership to plan and commission evidence-based services based on local need.
3. Each profile is available as a 4-page PDF report available at <http://www.chimat.org.uk/resource/view.aspx?RID=242297>
4. Further relevant information relating to County Durham is available using the Public Health England (PHE) Children and Young Peoples Benchmarking tool at <http://fingertips.phe.org.uk/profile/cyphof/data#page/1/gid/8000025/pat/6/par/E1200001/ati/102/are/E06000047>

Child Health Profile summary

5. The health and well-being outcomes of an area are greatly shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment). It is clear that improvements in health outcomes cannot be made without action in these wider determinants. Health inequalities are disparities between population groups that are systematically

associated with these socio-economic and environmental factors. Such variations in health are avoidable and unjust.

6. There is a clear social gradient to many health outcomes. The more deprived an area is, the poorer health outcomes that would be expected.
7. Overall the health and wellbeing of children in County Durham is generally worse than the England average, as are the levels of child poverty. County Durham is the 62nd most deprived local authority in England (out of 326) and as such would be expected to have lower than average health outcomes (ID2010).
8. Of the 32 indicators included in the 2015 summary spine chart:
 - 5 are significantly better than the England average.
 - 15 are significantly worse than the England average.
 - 9 show no significant difference to the England average (a further 2 weren't tested for significance and 1 had no data supplied).
 - Overall, 14 indicators have improved since the previous profile, 14 deteriorated, 3 experienced no change, 1 was a new indicator and 1 had no data supplied.

Significantly better than England	Significantly worse than England
MMR immunisation (one dose, 2 years)	Children with a good level of development (end of reception)
Dtap/IPV/hib vaccination (2 years)	Not in education, employment or training (16-18)
Children in care immunisations	Children living in poverty (under 16 years)
Family homelessness	Children killed or seriously injured in road traffic accidents
A&E attendances (age 0-4 years)	Obese children (4-5)
	Obese children (10-11)
	Teenage conception rates (<18)
	Teenage mothers (<18)
	Hospital admissions due to alcohol specific conditions
	Hospital admissions due to substance misuse (15-24)
	Smoking at time of delivery
	Breastfeeding initiation
	Hospital admissions due to injury in children (0-14)
	Hospital admissions due to injury in young people (15-24)
	Hospital admissions as a result of self-harm

NB. Breastfeeding initiation is lower in County Durham than the England average, has increased since the previous profile. The level of significance was not tested.

9. Of those 15 indicators significantly worse than the England average:

- 6 have improved since the previous reporting period
- 9 have not improved since the previous reporting period (including 2 that showed no change).

Significantly higher than England, not improved from previous period	Significantly higher than England, but improved from previous period
Breastfeeding initiation	Children with a good level of development (end of reception)
Children killed or seriously injured in road traffic accidents	Children living in poverty (< 16)
Obese children (age 4-5)	Not in education, employment or training (16-18)
Obese children (age 10-11)	Teenage conception rates (<18)
Teenage mothers (age <18)	Hospital admissions due to alcohol specific conditions
Smoking at time of delivery	Hospital admissions due to substance misuse (15-24)
Hospital admissions due to injury in children (0-14)	
Hospital admissions due to injury in young people (15-24)	
Hospital admissions as a result of self-harm	

10. Key findings from the profile

- The health and wellbeing of children in County Durham is generally worse than the England average.
- Infant and child mortality rates are similar to the national average.
- The level of child poverty is worse than the England average, with 22.7% of children under 16 years living in poverty.
- Children in County Durham have worse than average levels of obesity: 10.7% of children aged 4-5 years and 21.4% of children aged 10-11 years are classified as obese.
- Measles, Mumps and Rubella (MMR) immunisation rates are better than the England average. The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is better than the England average.
- County Durham has a similar rate of children in care to England. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.

11. The attached table in Appendix 2 summarises the 2015 County Durham Child Health Profile, benchmarks against the England average using a dark blue/amber/light blue scheme to show whether the local measure is significantly different to the England average as shown below. Progress over time (against the previous profile in this

instance, some longer term trends are available on request) is shown via a white or black box.

12. The full child health profile is attached for information as Appendix 3.

Recommendations

13. The Health & Wellbeing Board is recommended to:

- Note the report for information.
- Note the health profile is used in the planning of services provided for children and young people living in County Durham by Durham County Council and partners and also those services that are commissioned.
- Note that the poor outcomes identified in the profile are being addressed by the relevant strategies and plans including the Children & Young People's Plan, the Joint Health & Wellbeing Strategy, Children and Young People Mental Health and Emotional Wellbeing Resilience Plan, Alcohol Harm Reduction Strategy, Healthy Weight Framework etc.

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Appendix 1: Implications

Finance:

None

Staffing:

None

Risk:

None

Equality and Diversity / Public Sector Equality Duty:

None

Accommodation:

None

Crime and Disorder:

None

Human Rights:

None

Consultation:

None

Procurement:

None

Disability Issues:

None

Legal Implications:

None

Appendix 2: County Durham Child Health Profile 2015 summary

		Indicator	Measure	Polarity - what's best?	2015 Profile				
					Period	No. per year	Value	England ave.	Improvement from previous period?
Preventable mortality	1	Infant mortality rate (less than 1 year)	Rate/1,000 live births	Lower	2011-13	19	3.3	4.1	Yes
	2	Child mortality rate (age 1-17 years)	DASR/100,000*	Lower	2011-13	10	10.4	11.9	No
Health protection	3	MMR immunisation (one dose, by age 2)	%	Higher	2013/14	5,746	97.2	92.7	Yes
	4	Dtap/IPV/ hib vaccinations (by age 2)	%	Higher	2013/14	5,835	98.7	96.1	Yes
	5	Children in care immunisations	%	Higher	2014	410	100	87.1	No change
	6	New sexually transmitted infections (inc chlamydia)	Rate/1,000	Lower	2013	2,177	3,193.5	3,432.7	New indicator
Wider determinants of health	7	Children achieving a good level of development at the end of reception	%	Higher	2013/14	3,090	56.7	60.4	Yes
	8	GCSE achievement (5A*-C inc maths & english)	%	Higher	2013/14	3,028	57.6	56.8	No
	9	GCSE achievement (5A*-C inc maths & english) for children in care	%	Higher	2014	-	-	12	No data
	10	Not in education, employment or training (age 16-18)	%	Lower	2013	1,250	7.1	5.3	Yes
	11	First time entrants to the youth justice system	Rate/100,000	Lower	2013	211	473.5	440.9	Yes
	12	Children living in poverty (age < 16 years)	%	Lower	2012	20,075	22.7	19.2	Yes
	13	Family homelessness	Rate/1,000	Lower	2013/14	121	0.5	1.7	Yes
	14	Children in care	Rate/10,000	Lower	2014	605	60	60	Yes
Health improvement	15	Children killed or seriously injured in road traffic accidents	Crude rate/100,000	Lower	2011-13	22	25.3	19.1	No
	16	Low birthweight	% <2,500 grams	Lower	2013	396	7.3	7.4	No
	17	Obese children (age 4-5 years)	%	Lower	2013/14	583	10.7	9.5	No
	18	Obese children (age 10-11 years)	%	Lower	2013/14	1,058	21.4	19.1	No
	19	Children with one or more decayed, missing or filled teeth	%	Lower	2011/12	-	27.2	27.9	No
	20	Teenage conception rates (age <18 years)	Rate/1,000	Lower	2013	293	33.8	24.3	Yes
	21	Teenage mothers (age <18 years)	%	Lower	2013/14	113	2	1.1	No change
	22	Hospital admissions due to alcohol specific conditions	Crude rate/100,000	Lower	2011/12-13/14	70	69.9	40.1	Yes
	23	Hospital admissions due to substance misuse (age 15-24 years)	DASR/100,000*	Lower	2011/12-13/14	65	94.7	81.3	Yes
	24	Smoking at time of delivery	%	Lower	2013/14	1,049	19.9	12	No change
	25	Breastfeeding initiation	%	Higher	2013/14	3,006	57.4	73.9	No
Prevention of ill-health	26	Breastfeeding prevalence at 6-8 weeks	%	Lower	2013/14	1,546	28.5	-	No
	27	A&E attendances (age 0-4 years)	Crude rate/100,000	Lower	2013/14	10,605	368.1	525.6	Yes
	28	Hospital admissions due to injury in children (0-14 years)	Crude rate/100,000	Lower	2013/14	1,389	168.4	112.2	No
	29	Hospital admissions due to injury in young people (15-24 years)	Crude rate/100,000	Lower	2013/14	1,387	201.7	137.7	No
	30	Hospital admissions for asthma (age <19 years)	Crude rate/100,000	Lower	2013/14	213	200.3	197.1	Yes
	31	Hospital admissions for mental health conditions	Crude rate/100,000	Lower	2013/14	89	88.8	87.2	No
	32	Hospital admissions as a result of self-harm	DASR/100,000*	Lower	2013/14	508	523.5	412.1	No

	Significantly worse than England
	Not significantly different to England
	Significantly better than England
	Significance not tested



County Durham

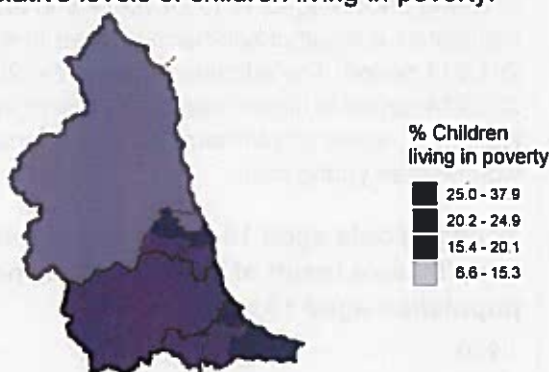
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	North East	England
Live births in 2013			
	5,388	28,961	664,517
Children (age 0 to 4 years), 2013			
	28,800 (5.6%)	151,800 (5.8%)	3,414,100 (6.3%)
Children (age 0 to 19 years), 2013			
	114,100 (22.1%)	594,200 (22.8%)	12,833,200 (23.8%)
Children (age 0 to 19 years) in 2020 (projected)			
	116,200 (21.9%)	595,100 (22.3%)	13,325,100 (23.6%)
School children from minority ethnic groups, 2014			
	2,298 (3.8%)	27,895 (8.9%)	1,832,995 (27.8%)
Children living in poverty (age under 16 years), 2012			
	22.7%	23.6%	19.2%
Life expectancy at birth, 2011-2013			
Boys	78.0	78.0	79.4
Girls	81.3	81.7	83.1

Children living in poverty

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



Contains Ordnance Survey data

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Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 22.1% of the population of County Durham. 3.8% of school children are from a minority ethnic group.

The health and wellbeing of children in County Durham is generally worse than the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 22.7% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

Children in County Durham have worse than average levels of obesity: 10.7% of children aged 4-5 years and 21.4% of children aged 10-11 years are classified as obese.

The MMR immunisation rate is better than the England average. The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is better than the England average.

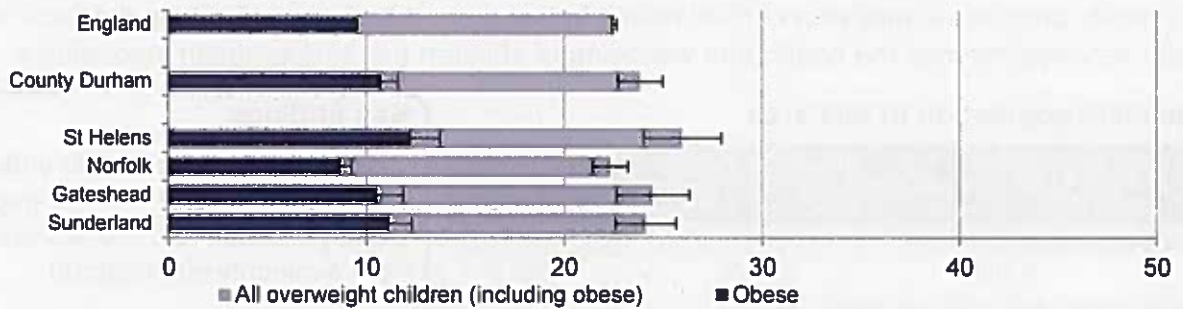
There were 605 children in care at 31 March 2014, which equates to a similar rate to the England average. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

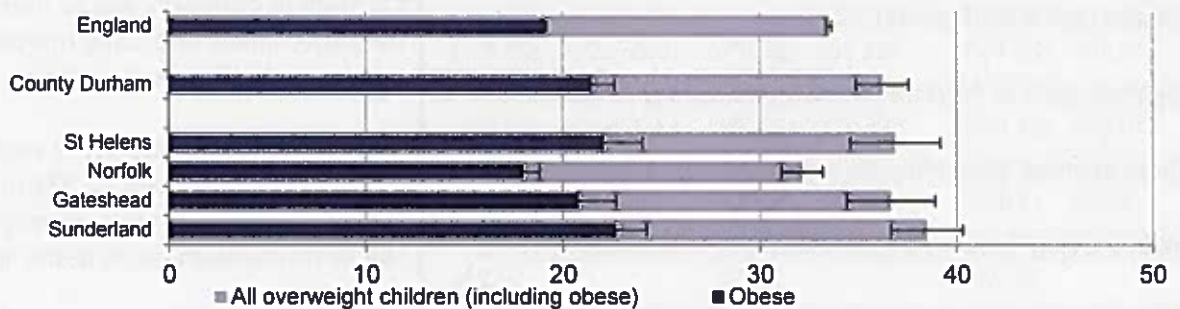
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a worse percentage in Reception and a worse percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2013/14 (percentage)



Children aged 10-11 years classified as obese or overweight, 2013/14 (percentage)

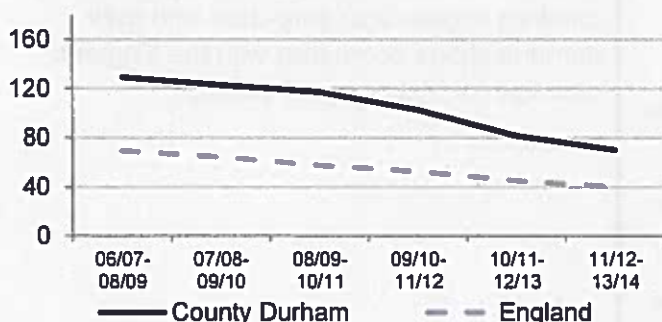


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval. Data source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

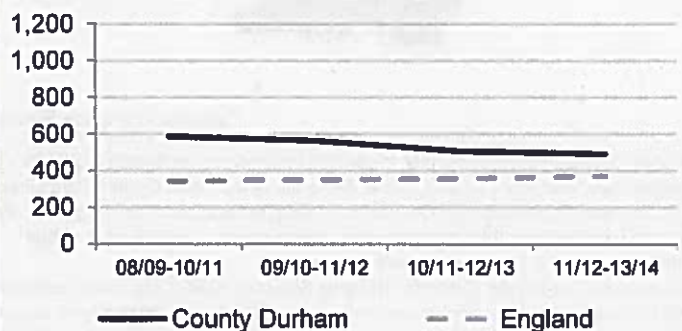


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than 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 to 24 years)

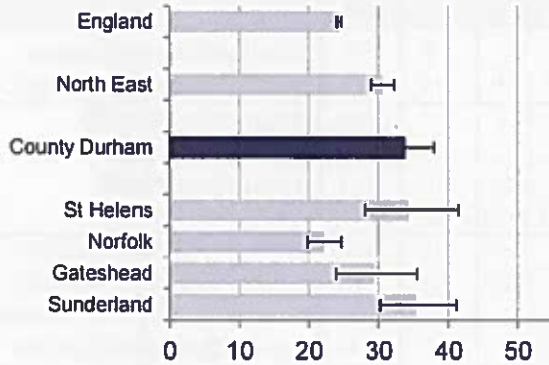


*Information about admissions in the single year 2013/14 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

These charts compare County Durham with its statistical neighbours, the England and regional average and, where available, the European average.

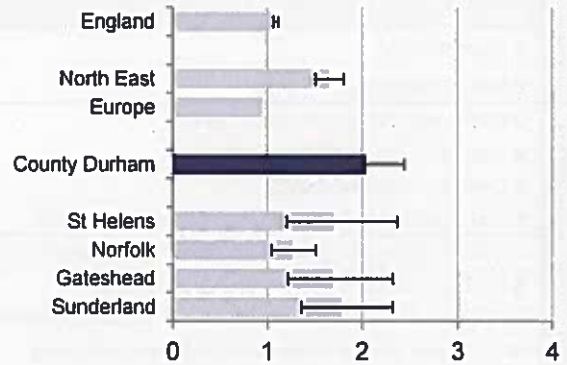
Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 34 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is similar to the regional average. The area has a higher teenage conception rate compared with the England average.

Data source: ONS

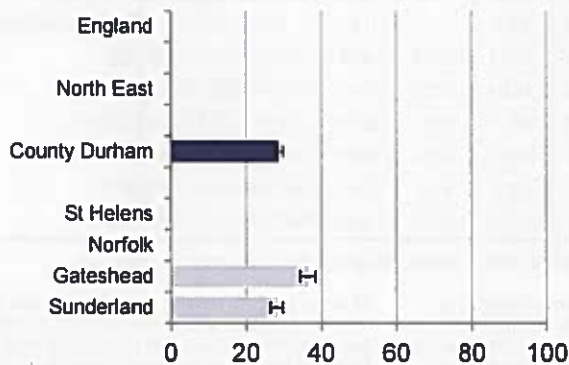
Teenage mothers aged under 18 years, 2013/14 (percentage of all deliveries)



In 2013/14, 2.0% of women giving birth in this area were aged under 18 years. This is higher than the regional average. This area has a higher percentage of births to teenage girls compared with the England average and a higher percentage compared with the European average of 0.9%*.

Data source: Hospital Episode Statistics, Health and Social Care Information Centre
* European Union 27 average, 2013. Source: Eurostat

Breastfeeding at 6 to 8 weeks, 2013/14 (percentage of infants due 6 to 8 week checks)

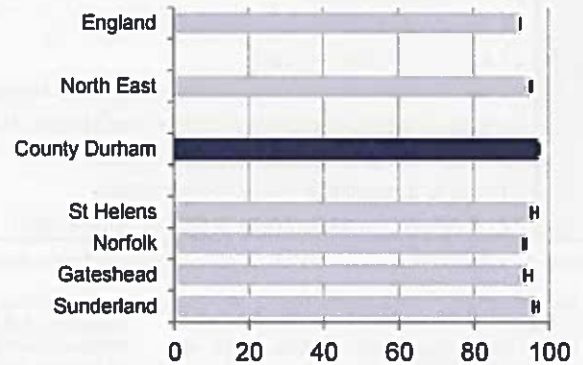


In this area, 28.5% of mothers are still breastfeeding at 6 to 8 weeks. 57.4% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%*.

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Data source: PHE

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2013/14 (percentage of children age 2 years)



Compared with the England average, a higher percentage of children (97.2%) have received their first dose of immunisation by the age of two in this area. By the age of five, 94.6% of children have received their second dose of MMR immunisation. This is higher than the England average. In the North East, there were 311 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data sources: Health and Social Care Information Centre, PHE

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 which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- ◆ Regional average



	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst	Eng. Best
Premature mortality	1 Infant mortality	19	3.3	4.1	7.5	1.7
	2 Child mortality rate (1-17 years)	10	10.4	11.9	22.8	3.0
Health protection	3 MMR vaccination for one dose (2 years)	5,746	97.2	92.7	78.3	98.3
	4 Dtap / IPV / Hib vaccination (2 years)	5,835	98.7	96.1	81.6	99.1
	5 Children in care immunisations	410	100.0	87.1	27.3	100.0
	6 New sexually transmitted infections (including chlamydia)	2,177	3,193.5	3,432.7	8,098.4	1,899.8
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	3,090	56.7	60.4	41.2	75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	3,028	57.6	56.8	35.4	73.8
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0	42.9
	10 16-18 year olds not in education, employment or training	1,250	7.1	5.3	9.8	1.8
	11 First time entrants to the youth justice system	211	473.5	440.9	846.5	171.0
	12 Children in poverty (under 16 years)	20,075	22.7	19.2	37.9	6.6
	13 Family homelessness	121	0.5	1.7	10.8	0.1
	14 Children in care	605	60	60	153	20
Health improvement	15 Children killed or seriously injured in road traffic accidents	22	25.3	19.1	48.3	8.2
	16 Low birthweight of all babies	396	7.3	7.4	10.4	4.6
	17 Obese children (4-5 years)	583	10.7	9.5	14.2	5.5
	18 Obese children (10-11 years)	1,058	21.4	19.1	26.8	10.5
	19 Children with one or more decayed, missing or filled teeth	-	27.2	27.9	53.2	12.5
	20 Under 18 conceptions	293	33.8	24.3	43.9	9.2
	21 Teenage mothers	113	2.0	1.1	2.5	0.2
	22 Hospital admissions due to alcohol specific conditions	70	69.9	40.1	100.0	13.7
Prevention of ill health	23 Hospital admissions due to substance misuse (15-24 years)	65	94.7	81.3	264.1	22.8
	24 Smoking status at time of delivery	1,049	19.9	12.0	27.5	1.9
	25 Breastfeeding initiation	3,006	57.4	73.9	36.6	93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	1,546	28.5	-	19.4	77.4
	27 A&E attendances (0-4 years)	10,605	368.1	525.6	1,684.5	252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	1,389	168.4	112.2	214.1	64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	1,387	201.7	136.7	291.8	69.6
	30 Hospital admissions for asthma (under 19 years)	213	200.3	197.1	509.1	54.6
	31 Hospital admissions for mental health conditions	89	88.8	87.2	391.6	25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	508	523.5	412.1	1,246.6	119.1

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

- 1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14
- 5 % children in care with up-to-date immunisations, 2014
- 6 New STI diagnoses per 100,000 population aged 15-24 years, 2013
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013
- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013
- 17 % school children in Reception year classified as obese, 2013/14
- 18 % school children in Year 6 classified as obese, 2013/14
- 19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
- 21 % of delivery episodes where the mother is aged less than 18 years, 2013/14
- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14
- 24 % of mothers smoking at time of delivery, 2013/14
- 25 % of mothers initiating breastfeeding, 2013/14
- 26 % of mothers breastfeeding at 6-8 weeks, 2013/14
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14
- 32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14