

Health & Wellbeing Board

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Public Health England Child Health and Health Profiles 2017 for County Durham



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Purpose of the report

1. To introduce the Public Health England (PHE) Child Health and Health Profiles 2017 for County Durham, and compare indicators against the previous profile (2016). 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.

Background

2. The PHE Child Health and Health profiles provide a snapshot of child and overall health and wellbeing in County Durham. Produced annually using key indicators, these profiles enable comparison locally, regionally and nationally. 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 attached as Appendix 2 (Child Health) and Appendix 3 (Health Profile). The profiles are also available within PHE's Fingertips tool, where Clinical Commissioning Group (CCG) profiles are also available. This tool allows the user to look at individual indicators over time, and compare County Durham against England, North East Local Authorities and Statistical Neighbours to County Durham.

Child Health profile:

<https://fingertips.phe.org.uk/profile/child-health/overview/data#page/1/ati/102/are/E06000047>

Health profile:

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/102/are/E06000047>

4. Further relevant indicators relating to children and young people in County Durham are Child and Maternal Health section of PHE's online 'Fingertips' tool.
<https://fingertips.phe.org.uk/profile-group/child-health>

Users can choose to **view by life-course stage** or **view by theme** using the sections below. Indicators appear in more than one of the profiles.

Life course stage:

- Overview of child health
- Pregnancy and birth
- Early years
- School age children
- Young people

View by theme:

- Breastfeeding
- Children and young people's mental health and wellbeing
- Health behaviours in young people
- Health care use
- Public Health and NHS Outcomes Framework for children and young people
- Unintentional injuries
- Vaccinations and immunisations
- Vulnerable children and young people.

5. Within the Health profile, data are grouped into five domains in the same way as presented on the spine chart on page 4 of the pdf report:
 - Our communities
 - Children's and young people's health
 - Adults' health and lifestyle
 - Disease and poor health
 - Life expectancy and causes of death

Child Health Profile 2017 summary

6. 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.
7. There is a clear social gradient to many health outcomes. The more deprived an area is, the poorer health outcomes that would be expected. 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 75th most deprived local authority in England (out of 326) and as such would be expected to have lower than average health outcomes (ID2015).

Defining the childhood population of County Durham

8. The profile contains some high level descriptive statistics relating to the child population of County Durham, compared to the North East and England. These include the number of live births in 2015, the proportion of children in specific age bands, projections of the 0 to 19 population to 2025, the number of school children

from an ethnic minority, the proportion of under 16s living in poverty and life expectancy at birth for boy and girls. It should be noted that these do not necessarily represent the latest population figures used by the County Durham Partnership. Please refer to the Integrated Needs Assessment population factsheets for further information on population, poverty and deprivation (<http://www.countydurhampartnership.co.uk/article/8468/Population-Poverty-and-Deprivation>)

Table 1: Key statistics relating to the childhood population of County Durham, compared to the North East and England. Source: PHE Child Health profile for County Durham, 2017.

	Local	Region	England	
Live births (2015)	5,355	28,400	664,399	
Children aged 0 to 4 years (2015)	28,400 5.5%	150,100 5.7%	3,434,700 6.3%	
Children aged 0 to 19 years (2015)	114,000 21.9%	592,300 22.6%	13,005,700 23.7%	
Children aged 0 to 19 years in 2025 (projected)	120,100 22.2%	610,900 22.6%	14,002,600 23.8%	
School children from minority ethnic groups (2016)	2,697 4.5%	31,827 10.0%	2,032,064 30.0%	
Children living in poverty aged under 16 years (2014)	23.9%	24.9%	20.1%	
Life expectancy at birth (2013-2015)	Boys	78.1	77.9	79.5
	Girls	81.2	81.6	83.1

- The proportion of children aged 0-4 is lower in County Durham than England, but similar to the North East.
- The proportion of children aged 0 to 19 in County Durham is similar to the North East and England.
- The projected 0 to 19 population will increase by around 6,000 between 2015 and 2025.
- The proportion of school children from an ethnic minority in County Durham (4.5%) is lower than both the North East (10%) and England (30%).
- A larger proportion of children live in poverty in County Durham (23.9%) than England (20.1%).
- Life expectancy (2013-15) for boys and girls in County Durham is lower than England.

Key findings from the County Durham Child Health Profile 2017

9. Key findings from the profile include:

- 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 23.9% 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: 10.4% of children aged 4-5 years and 22.1% of children aged 10- 11 years are classified as obese.
- Local areas should aim to have at least 95% of children immunised in order to give protection both to the individual child and the overall population. For children aged 2, the MMR immunisation rate is 97.1% and the diphtheria, tetanus, polio, pertussis and Hib immunisation rate is 99.1%.
- There were 680 children in care at 31 March 2015, which equates to a higher rate than 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.

10. Appendix 4 summarises the 2017 County Durham Child Health Profile and benchmarks against the England average using a dark blue/cream/light blue scheme to show whether the local measure is significantly different to the England average. Progress over time, against the previous profile in this instance, is shown via a white or black box (some longer term trends are available on request). The full child health profile is included in the appendices, the spine chart can be located on the final page of the profile.

11. Of the 32 indicators included in the 2017 Child Health Profile spine chart (Table 2):
- 5 were significantly better than England
 - 16 were significantly worse than England
 - 10 showed no significant difference to England
 - 1 had no data supplied (GCSE attainment for children in care, 2015)

Table 2. Child Health profile indicators statistically significantly different to England.
Source: PHE Child Health profile for County Durham, 2017.

Significantly better than England	Significantly worse than England
MMR immunisation (one dose, by age 2)	Not in education, employment or training (age 16-18)
Dtap/IPV/hib vaccination (by age 2)	Children in low income families (<16 years)
Children in care immunisations	Children in care
Family homelessness	Children killed or seriously injured in road traffic accidents
Hospital admissions for dental caries (1-4 years)	Obese children (aged 4-5)
	Obese children (aged 10-11)
	Children with one or more decayed, missing or filled teeth
	Teenage conception rates (aged <18 years)
	Teenage mothers (age < 18 years)
	Persons under 18 admitted to hospital for alcohol-specific conditions
	Smoking at time of delivery
	Breastfeeding initiation
	Breastfeeding at 6-8 weeks

A&E attenders (age 0-4 years)
Hospital admissions caused by injuries in children (0-14 years)
Hospital admissions caused by injuries to children (15-24 years)

12. Of those 16 indicators significantly worse than the England average (Table 3):
- 6 have improved since the previous reporting period
 - 3 have deteriorated since the previous reporting period
 - 7 displayed no statistically significant change from the previous reporting period or the trend could not be calculated

Table 3. Child Health profile indicators significantly worse than England, direction of travel compared to previous period. Source: PHE Child Health profile for County Durham, 2017.

Significantly worse than England, worse than previous period	Significantly worse than England, better than previous period
Children in low income families (<16 years)	Not in education, employment or training (age 16-18)
Children in care	Under 18 conceptions
A&E attenders (age 0-4 years)	Teenage mothers
	Persons under 18 admitted to hospital for alcohol-specific conditions
	Smoking at time of delivery
	Hospital admissions caused by injuries in young people (15-24 years)

Health Profile 2017 summary

13. The health and wellbeing 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.
14. There is a clear social gradient to many health outcomes. The more deprived an area is, the poorer health outcomes that would be expected. Overall the health and wellbeing of people living in County Durham is generally worse than the England average, as are the levels of deprivation. County Durham is the 75th most deprived local authority in England (out of 326) and as such would be expected to have lower than average health outcomes (ID2015).

Key findings from the County Durham Health Profile 2017

15. Health in summary
The health of people in County Durham is varied compared with the England average. About 24% (20,900) of children live in low income families. Life expectancy for both men and women is lower than the England average.

16. **Health inequalities**
Life expectancy is 7.9 years lower for men and 7.7 years lower for women in the most deprived areas of County Durham than in the least deprived areas.
17. **Child health**
In Year 6, 22.1% (1,174) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 67, worse than the average for England. This represents 68 stays per year. Levels of teenage pregnancy, breastfeeding initiation and smoking at time of delivery are worse than the England average.
18. **Adult health**
The rate of alcohol-related harm hospital stays is 752, worse than the average for England. This represents 3,898 stays per year. The rate of self-harm hospital stays is 197. This represents 1,007 stays per year. The rate of smoking related deaths is 381 worse than the average for England. This represents 1,152 deaths per year. Estimated levels of adult excess weight are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections and TB are better than average.
19. **Local priorities**
Priorities in County Durham include tackling health inequalities, improving mental health and wellbeing, and giving every child the best start in life.
20. Appendix 5 summarises the 2017 County Durham Health Profile, and benchmarks against the England average using a dark blue/cream/light blue scheme to show whether the local measure is significantly different to the England average. Progress over time, against the previous profile in this instance, is shown via a white or black box (some longer term trends are available on request). It should be noted that this is slightly different from the Child Health Profile summary due to inconsistencies in the different PHE profiles. The full health profile is included in the appendices, and the spine chart can be located on the final page of the profile.
21. Of the 30 indicators included in the 2017 summary spine chart:
 - 3 are significantly better than the England average.
 - 7 are not significantly different to the England average.
 - 16 are significantly worse than the England average.
 - 4 were not tested for statistical significance.
22. Of the 16 indicators that were statistically significantly worse than the England average:
 - 5 have improved since the previous profile.
 - 3 have not changed since the previous profile.
 - 5 have deteriorated since the previous profile.
 - 3 have seen methodological change and cannot be compared.

Table 4. Health profile indicators statistically significantly different to England. Source: PHE Health profile for County Durham, 2016.

Significantly better than England	Significantly worse than England
Violent crime (violence offences)	Children in low income families (<16 years)
Incidence of TB	Long term unemployment
New sexually transmitted infections (STI)	Smoking at time of delivery (SATOD)
	Breastfeeding initiation
	Obese children (Year 6)
	Admission episodes for alcohol-specific conditions (under 18)
	Under 18 conceptions
	Excess weight in adults
	Hospital stays for alcohol-related harm
	Recorded diabetes
	Hip fractures in people aged 65 and over
	Life expectancy at birth (males)
	Life expectancy at birth (females)
	Suicides
	Cardiovascular mortality (<75 years)
	Cancer mortality (<75 years)

Table 5. Health profile indicators statistically significantly worse than England, direction of travel compared to previous period. Source: PHE Health profile for County Durham, 2016.

Significantly worse than England, worse than previous period	Significantly worse than England, better than previous period
Children in low income families (<16 years)	Long term unemployment
Obese children (Y6)	Smoking at time of delivery
Life expectancy at birth (male)	Under 18 conceptions
Suicide	Excess weight in adults
Cardiovascular mortality (<75 years)	Cancer mortality (<75 years)

23. Of the 16 indicators that were statistically significantly worse than the England average:
- 5 have improved since the previous profile.
 - 3 have not changed since the previous profile.

- 5 have deteriorated since the previous profile.
- 3 have seen methodological change and cannot be compared to previous releases

Next steps

24. The updated health profiles are being used in the refresh of the Joint Health and Wellbeing Strategy and other relevant plans.
25. Children in low income families, children in care and unintended injuries are already priorities within the HWB Board and Children and Families Partnership. Obesity is a HWB priority.
26. The data highlights that we are focusing on the right areas.
27. It is encouraging to see some improvement in other areas where there is a focus including teenage conceptions and smoking at time of delivery.
28. For the adult profile issues including suicide and life expectancy are key priorities. However it is concerning to see a shift in cardiovascular disease for areas where there has been an improvement including cancer mortality concerted focus needs to remain as the indicators are still worse than England.

Recommendations

29. The Health & Wellbeing Board are requested to:
 - a) Note the information within the health profiles
 - b) Note that health profiles form part of a wide range of information drawn together in the Joint Strategic Needs Assessment
 - c) Acknowledge that the profiles are being used as a key data to inform the refresh of the Joint Health & Wellbeing Strategy and other partnership plans

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Appendix 1: Implications

Finance

N/A

Staffing

N/A

Risk

N/A

Equality and Diversity / Public Sector Equality Duty

N/A

Accommodation

N/A

Crime and Disorder

Crime and disorder indicators used within the PHE profiles do not necessarily represent the latest performance figures and so may differ from those reported within the Safer Durham Partnership

Human Rights

N/A

Consultation

PHE indicators are an integral part of the Integrated Needs Assessment many factsheets, which inform the Joint Health and Wellbeing Strategy, which is consulted on in various ways including the Big Tent event.

Procurement

N/A

Disability Issues

N/A

Legal Implications

N/A

Appendix 4: County Durham Child Health Profile 2017 summary

		Indicator	Measure	Polarity - what's best?	2017 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	2013-15	18	3.4	3.9	Yes
	2	Child mortality rate (age 1-17 years)	DASR/100,000*	Lower	2013-15	13	13.4	11.9	Cannot be calculated
Health protection	3	MMR immunisation (one dose, by age 2)	%	Higher	2015/16	5,543	97.1	91.9	Yes
	4	Dtap/IPV/hib vaccination (by age 2)	%	Higher	2015/16	5,656	99.1	95.2	Yes
	5	Children in care immunisations	%	Higher	2016	465	100	88.9	No significant change
Wider determinants of health	6	Children achieving a good level of development at the end of	%	Higher	2015/16	3,989	69	69.3	Cannot be calculated
	7	GCSE achievement (5A*-C inc maths & english)	%	Higher	2015/16	2,996	58.3	57.8	Cannot be calculated
	8	GCSE achievement (5A*-C inc maths & english) for children in	%	Higher	2015	-	-	11	No data
	9	Not in education, employment or training (age 16-18)	%	Lower	2015	1,010	5.9	4.2	Yes
	10	First time entrants to the youth justice system	Rate/100,000	Lower	2015	150	346.9	368.6	Yes
	11	Children living in poverty (age < 16 years)	%	Lower	2014	20,875	23.9	20.1	No
	12	Family homelessness	Crude rate/1,000	Lower	2015/16	75	0.3	1.9	Yes
	13	Children in care	Crude rate/10,000	Lower	2016	680	68	60	No
14	Children killed or seriously injured in road traffic accidents	Crude rate/100,000	Lower	2013-15	24	26.7	17	Cannot be calculated	
Health improvement	15	Low birthweight of term babies (changed from all babies)	% <2,500 grams	Lower	2015	139	2.8	2.8	No significant change
	16	Obese children (age 4-5 years)	%	Lower	2015/16	604	10.4	9.3	No significant change
	17	Obese children (age 10-11 years)	%	Lower	2015/16	1,174	22.1	19.8	No significant change
	18	Children with one or more decayed, missing or filled teeth	%	Lower	2014/15	-	35.1	24.8	Cannot be calculated
	19	Hospital admissions for dental caries (0-4 years)	Crude rate/100,000	Lower	2013/14-2015/16	33	116.2	241.4	Cannot be calculated
	20	Teenage conception rates (age <18 years)	Crude rate/1,000	Lower	2015	219	26.4	20.8	Yes
	21	Teenage mothers (age <18 years)	%	Lower	2015/16	86	1.6	0.9	Yes
	22	Hospital admissions for alcohol-specific conditions (<18 years)	Crude rate/100,000	Lower	2012/13-2014/15	66	65.5	36.6	Yes
23	Hospital admissions due to substance misuse (age 15-24 years)	DASR/100,000*	Lower	2013/14-2015/16	67	98	95.4	Cannot be calculated	
Prevention of ill-health	24	Smoking at time of delivery	%	Lower	2015/16	956	18.1	10.6	Yes
	25	Breastfeeding initiation	%	Higher	2014/15	2,943	57.6	74.3	No significant change
	26	Breastfeeding at 6-8 weeks	%	Higher	2015/16	1,528	28.1	43.2	Cannot be calculated
	27	A&E attendances (age 0-4 years)	Crude rate/1,000	Lower	2015/16	25,160	884.5	587.9	No
	28	Hospital admissions due to injury in children (0-4 years)	Crude rate/10,000	Lower	2015/16	598	210.2	129.6	No significant change
	29	Hospital admissions due to injury in young people (15-24 years)	Crude rate/100,000	Lower	2015/16	1,037	151.6	134.1	Yes
	30	Hospital admissions for asthma (age <19 years)	Crude rate/100,000	Lower	2015/16	229	215.1	202.4	No significant change
	31	Hospital admissions for mental health conditions	Crude rate/100,000	Lower	2015/16	86	85.8	85.9	No significant change
	32	Hospital admissions as a result of self harm	DASR/100,000*	Lower	2015/16	399	420.8	430.5	Yes

	Statistically significantly worse than England
	Not statistically significantly different to England
	Statistically significantly better than England

	Statistically significantly worse than England
	Not statistically significantly different to England
	Statistically significantly better than England

Appendix 5: County Durham Health Profile 2017 summary

					2017 Profile				
Indicator					Change per year	Value	England ave.	Improvement from previous period?	
Our communities	1	Deprivation score (IMD 2015)	%	Lower	2015	n/a	25.7	21.8	No change
	2	Children in low income families (under 16s)	%	Lower	2014	20,875	23.9	20.1	No
	3	Statutory homelessness	CR/1000	Lower	2015/16		0.1	0.9	Yes
	4	GCSE achieved (5A*-C inc maths and english)	%	Higher	2015/16	2,996	58.3	57.8	Yes
	5	Violent crime (violent offences)	CR/1000	Lower	2015/16	7,544	14.6	17.2	No
	6	Long term unemployment	CR/1000	Lower	2016	1,642	5.0	3.7	Yes
CYP 's health	7	Smoking status at time of delivery	%	Lower	2015/16	956	18.1	10.6	Yes
	8	Breast feeding initiation	%	Higher	2014/15	2,943	57.6	74.3	No change
	9	Obese children (year 6)	%	Lower	2015/16	1,174	22.1	19.8	No
	10	Admission episodes for alcohol-specific condition (<18)*	CR/1000	Lower	2013/14-15/16	203	67.5	37.4	n/a
	11	Under 18 conceptions	CR/1000	Lower	2015	219	26.4	20.8	Yes
Adults health and lifestyle	12	Smoking prevalence in adults	%	Lower	2016	n/a	17.9	15.5	Yes
	13	Physically active adults	% 16+	Higher	2015	n/a	57.3	57	No change
	14	Excess weight in adults	%	Lower	2013-15	n/a	67.6	64.8	Yes
Disease and poor health	15	Cancer diagnosed at an earlier stage	%	Higher	2015	1,288	53.3	52.4	Yes
	16	Hospital stays for self harm *	DASR/100,000	Lower	2015/16	1,007	197.2	196.5	n/a
	17	Hospital stays for alcohol related harm *	DASR/100,000	Lower	2015/16	3,898	752.3	647	n/a
	18	Recorded diabetes	%		2014/15	31,056	7.0	6.4	No change
	19	Incidence of TB	CR/1000	Lower	2013-15	29	1.9	12	Yes
	20	New sexually transmitted infections (STI)	CR/100,000	Lower	2016	1,908	572.9	795	No
	21	Hip fractures in people aged 65 and over *	DASR/100,000	Lower	2015/16	633	655.4	589	n/a
Life expectancy and cause of death	22	Life expectancy - male	Years	Higher	2013-15	n/a	78.1	79.5	No change
	23	Life expectancy - female	Years	Higher	2013-15	n/a	81.2	83.1	No
	24	Infant mortality	DASR/100,000	Lower	2013-15	54	3.4	3.9	No change
	25	Killed & seriously injured on roads	DASR/100,000	Lower	2013-15	594	38.2	38.5	No
	26	Suicide rate	DASR/100,000	Lower	2013-15	215	15.7	10.1	No
	27	Smoking related deaths	DASR/100,000	Lower	2013-15	3,456	381.0	283	No
	28	Under 75 mortality rate: CVD	DASR/100,000	Lower	2013-15	1,189	83.0	74.6	No
	29	Under 75 mortality rate: Cancer	DASR/100,000	Lower	2013-15	2,365	163.2	138.8	Yes
	30	Excess winter deaths	Ratio	Lower	Aug 2012-Jul 2015	1,005	19.7	36	No

Yes	Indicator has improved since last profile/reporting period
No	Indicator has not improved since last profile/reporting period

