

**REPORT TO:** Health and Wellbeing Board

**DATE:** 8<sup>th</sup> July 2015

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Halton Child and Maternal Health Profile 2015

**WARDS:** Borough-wide

## **1.0 PURPOSE OF THE REPORT**

The Child and Maternal Health Profile (CHIMAT) is released every year by Public Health England and provides a summary of the health and wellbeing of children and young people in Halton.

## **2.0 RECOMMENDED: That**

- 1) the Board note the contents of the 2015 Child Health Profile, the progress that has been made against a challenging baseline and programmes established to address areas of concern; and**
- 2) feedback comments to the Director of Public Health**

## **3.0 SUPPORTING INFORMATION**

3.1 Each year the Child and Maternal Health Observatory, which is now part of Public Health England, produce a report on the health indicators of children and young people in Halton. The data that is included is available at a national level and enables Halton to benchmark its health outcomes against the England average values.

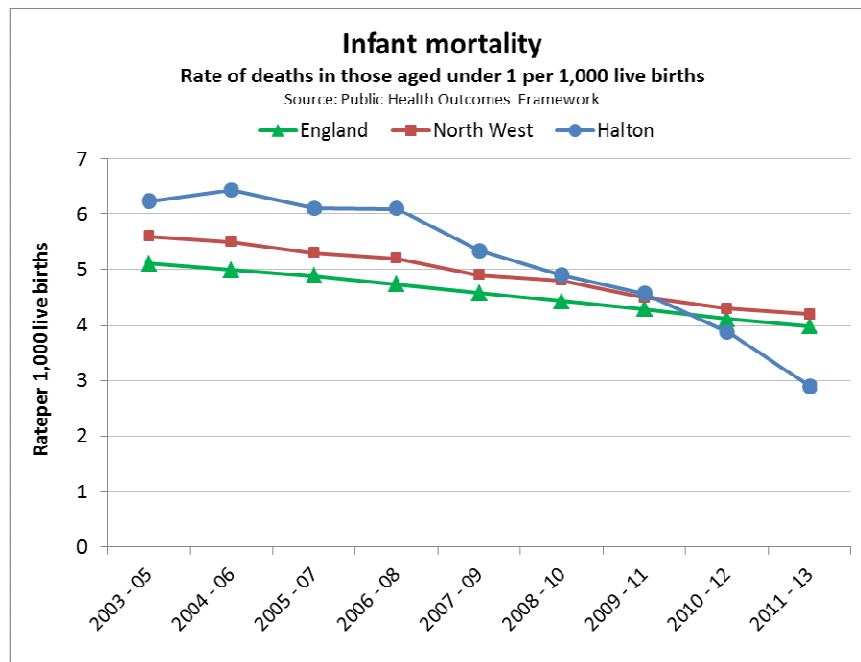
3.2 Health outcomes are very closely related to levels of deprivation; the more deprived an area the poorer health outcomes that would be expected. Overall the health and wellbeing of children in Halton is generally worse than the England average, as are the levels of child poverty. Halton is the 27th most deprived borough in England (out of 326 boroughs) and as such would be expected to have lower than average health outcomes. The infant and child mortality rates have both improved and are now similar to the England average.

### **Halton progress**

3.3 Halton has been successful in improving rates in the following areas:

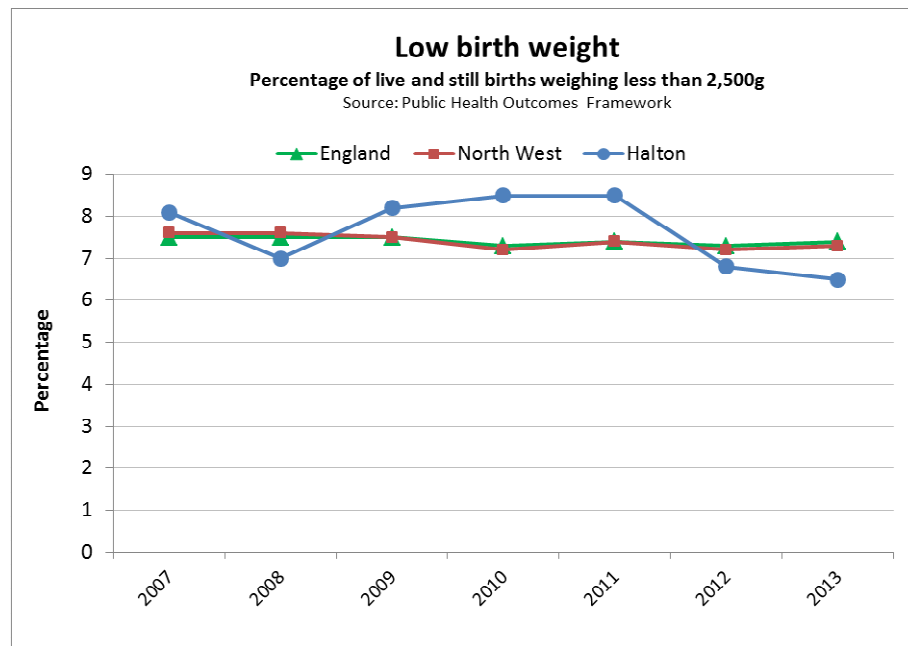
- Infant and child mortality rates have reduced and are now below the England average rate. This is a great success, given the level of

deprivation in the borough. Work that impacts upon this includes improving maternity services and women booking in early, accident prevention work and preventing sudden infant deaths (SIDs).

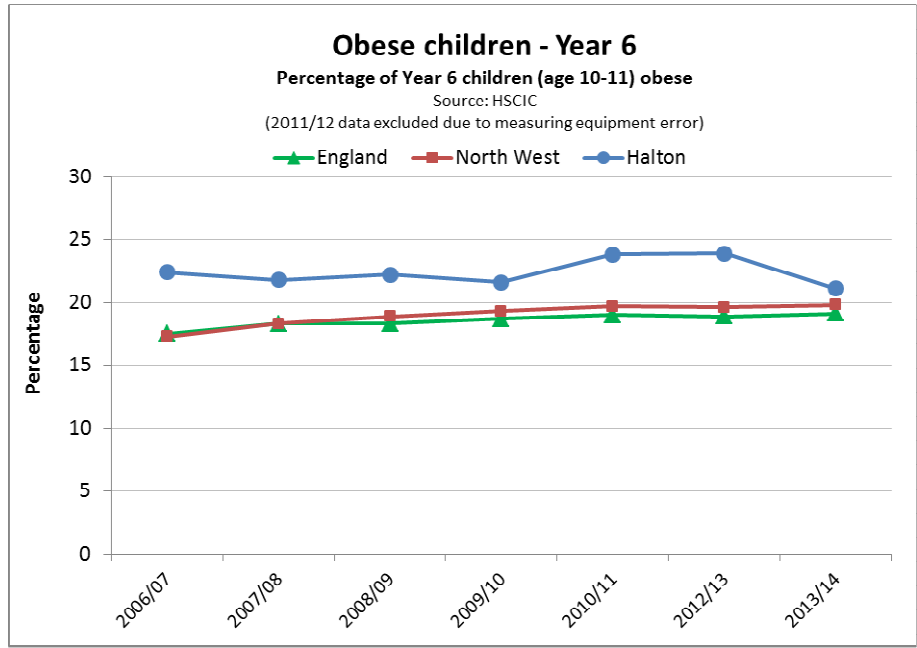


- Immunisations: MMR rates continue to improve (for the first dose by age 2 years), and is significantly better than the England average rate, at 96.3%. This has exceeded the 95% target, which provides good protection against an outbreak. Similarly the coverage of diphtheria, tetanus, polio, pertussis and Hib immunisations by age 2 years is significantly better than the England average at 96.3%. Immunisation coverage for children in care in Halton is also significantly better than the England average.
- Child development at the end of reception has improved from 37% to 45.6%. However performance remains well below the England average of 60.4%. Child development is one of the priority areas for the Health and Wellbeing Board, and as such has a targeted action plan, this work is continuing with additional focus on bonding and parenting.
- The number of children and young people who are Not in Education, employment or training (NEET) has improved slightly, but remains worse than the England average.
- First time entrants to youth justice system reduced again in 2013 and was better than the England average, but not significantly so.
- The percentage of children living in poverty has reduced but remains worse than the England average.

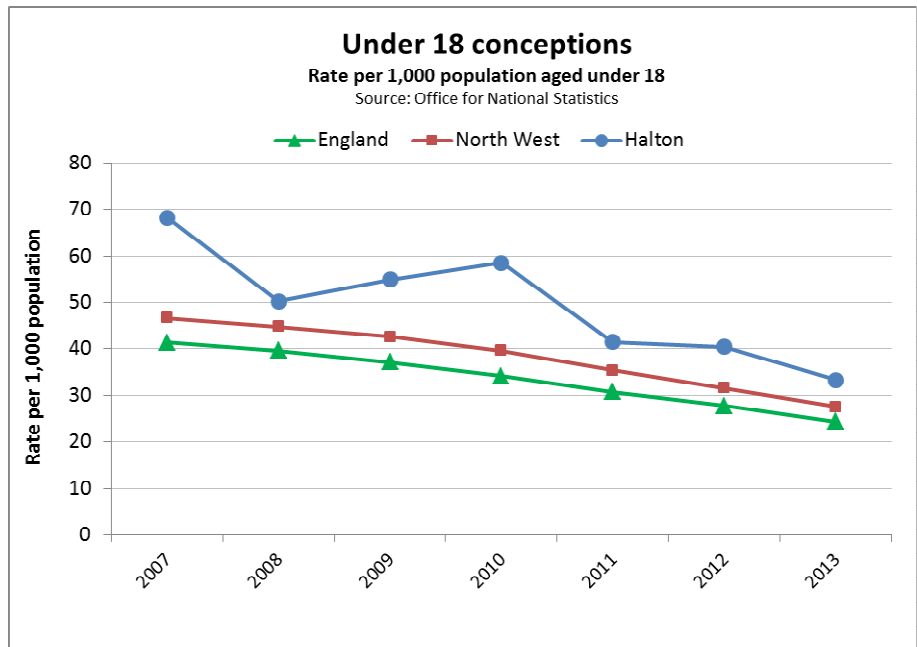
- Statutory family homelessness has improved and remains significantly better than the England average.
- Children killed or seriously injured in road traffic accidents has reduced, closing the gap between the Halton and England average.
- The number of low birth weight babies has improved and the Halton percentage is now below the England average. Improvements in birth weight are achieved through maternity services, smoking cessation and improving maternal health.



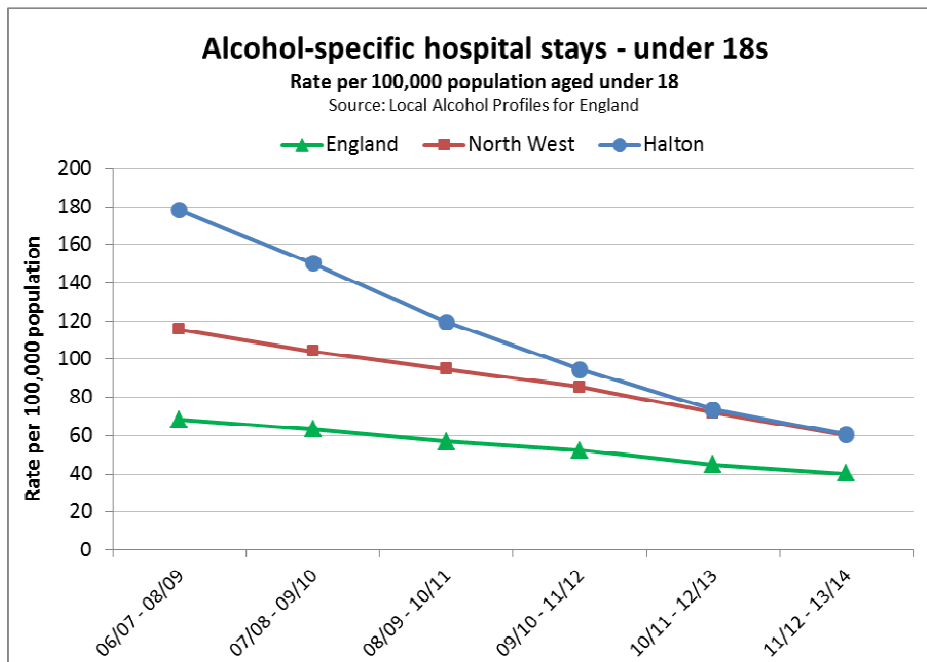
- Halton's percentage of obese children in Year 6 (age 10-11) has significantly improved; at 20.4% it is similar to the England average. There is a comprehensive weight management programme delivered in the school setting with children and families.



- The teenage conception rate has shown a significant improvement from 41.5 to 33.3 and is now almost at the North West average. The chart below shows the extent of the reduction since 2007. Halton has maintained a similar percentage of deliveries to teenage mothers (1.5% in 2012/13 and 1.4% in 2013/14). This is close to the England average of 1.1%.



- Halton has seen a reduction in the rate and number of 0-18 year olds being admitted to hospital for alcohol specific conditions. The chart below shows the improvements that have been made since 2006/7-2008/09.



### Halton challenges

3.6 Halton continues to be challenged in a range of areas. This year's profile indicates we are lagging behind the national average with the number of children in care, overweight and obese early years children, hospital admissions due to substance misuse in children aged 15-24, injuries in children age 0-14 and injuries in young people aged 15-24 and for self harm in people aged 10-24, A&E attendances in children age 0-4 and breastfeeding initiation.

3.7 Programmes to address challenges include:

*Early Years obesity:* There are a number of initiatives underway to address this issue. An Early Years Nutrition Strategy and Action Plan is under development with input with a wide range of stakeholders. Responsibility for Health Visiting will transfer to Halton Council in October and there will be a renewed contract with an emphasis on early years feeding. A new section of the Health improvement team is being developed with an emphasis on early years. A new Infant Feeding Coordinator has just been appointed to work with staff and Children's Centres.

*Hospital admissions for self harm and substance misuse:* Halton continues to prioritise the Prevention of Mental Health Conditions as a Health and Wellbeing Board priority. The Halton Emotional Health and Wellbeing Strategy has a comprehensive action plan which takes a life course

approach and places equal importance on the prevention, promotion, early detection, effective treatment and recovery from mental ill health. A new Targeted Service for Children and Young people has been procured as a partnership between NHS Halton CCG and the Council, as well as a specialist service for Children in Care.

Young Addaction now provides a universal and targeted youth service offer, along with specialist community treatment for substance misuse. All secondary schools have been provided with access to self-harm awareness training, and the Widnes Vikings deliver an anti-cyber bullying project as part of the Healthitude programme.

*Breastfeeding:* Halton and St Helens division of Bridgewater community health care trust have achieved UNICEF baby friendly stage 1 and 2, and are due to be inspected on the final stage in July 2015. Stage 3 involves an audit of patient's experience of midwifery and health visiting services, against the BFI standards. The successful completion of BFI stage 3 is an indication that the healthcare services fully support, encourage and enable women in their care, to breastfeed.

Support to breastfeed is available to all Halton women who choose to do so. An antenatal infant feeding workshop is offered to all families, to support women in making their feeding choice. After the baby has been born all staff are trained to support breastfeeding and peer support services are available both while in hospital and in the community. The Baby Welcome award is also maintained across Halton. This is displayed in the window of shops, cafes, restaurants and schools (etc.) and notifies breastfeeding women, that they would be welcome to feed their baby on the premises.

*Hospital admissions for injury:* A piece of analysis on this area is now underway for the Children's JSNA so we can really understand what is happening. Likewise a bespoke campaign based on local insight is being developed. Accident prevention equipment for early years is available for all parents through Children's Centres.

*A & E attendances:* There has been a big increase in A & E attendances as parents are now using the Walk In Centres for their children. We are however working with both Acute Trusts and the GPs to place paediatric expertise in the community so children do not go to A & E with inappropriate conditions and so children with complex needs are better managed and remain out of hospital.

## **4.0 POLICY IMPLICATIONS**

- 4.1 The Halton Child Health Profile 2015 highlights a number of key health issues for Halton. The Health and Wellbeing Strategy together with a number of related strategies is already addressing many of the issues highlighted.

## **5.0 FINANCIAL IMPLICATIONS**

- 5.1 There are no direct financial implications as a result of this report. Actions identified within the Health and Wellbeing Strategy and associated strategies however, may have implications that will be reported to the relevant boards as they arise.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES ([click here for list of priorities](#))**

### **6.1 Children and Young People in Halton**

Improving the Health of Children and Young People is a key priority in Halton and will continue to be addressed through the Health and Wellbeing Strategy whilst taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

### **6.2 Employment, Learning and Skills in Halton**

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

### **6.3 A Healthy Halton**

All issues outlined in this report focus directly on this priority.

### **6.4 A Safer Halton**

This report identifies progress against areas of risk taking behaviour in children and young people, and should inform priorities for the Safer Halton agenda.

### **6.5 Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and should therefore, be a key consideration when developing strategies that examine the wider determinants of health and wellbeing.

## **7.0 RISK ANALYSIS**

Developing strategies to address the issues outlined by Halton Child Health Profile 2015 in itself does not present a risk. However, there may be risks associated with the recommended actions. These will be assessed as appropriate. There are no financial risks associated directly with this report. The recommendations are not so significant that they require a full risk assessment.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

This is in line with all equality and diversity issues in Halton.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Halton Child Health Profile 2015	<a href="http://www.chimat.org.uk/profiles">www.chimat.org.uk/profiles</a>	Katherine Woodcock



## Appendix

Health outcomes for children and young people in Halton, comparing 2015 CHIMAT data to the 2014 profile.

Indicator Number	Indicator	Halton 2014	2014 Signif to Eng	Halton 2015	2015 Signif to Eng	↑/↓/=
1	Infant mortality rate	4.1		3.3		↓
2	Child mortality rate (age 1-17 years)	9.8		8.4		↓
3*	MMR immunisation (by age 2 years)	94.4		96.3		↑
4*	Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	95.5		97.7		↑
5	Children in care immunisations	94.4		95.2		↑
6	New sexually transmitted infections (including chlamydia)	N/A	N/A	3561.5		not comparable
7	Children achieving a good level of development at the end of reception	37.0		45.6		↑
8	GCSE achieved (5A*-C inc. Eng and maths)	62.5		57.2		↓
9	GCSE achieved (5A*-C inc. Eng and maths) for children in care	0.0		-	-	no's too small
10	16-18 year olds not in education, employment or training	8.9		8.4		↓
11	First time entrants to the Youth Justice System	594.0		364.0		↓
12	Children in poverty (aged under 16 years)	26.7		25.6		↓
13	Family homelessness	1.3		0.6		↓
14	Children in care	51.0		75.0		↑
15	Children killed or seriously injured in road traffic accidents	32.2		26.7		↓
16	Low birthweight of all babies	6.8		6.5		↓
17	Obese children (age 4-5 years, residents)	11.8		12.8		↑
18	Obese children (age 10-11 years, residents)	23.1		20.4		↓
19	Children with one or more decayed, missing or filled teeth	33.6		Same data as previous		no update
20	Teenage conception rate (age under 18 years)	41.5		33.3		↓
21	Teenage mothers (age under 18 years)	1.5		1.4		=
22	Hospital admissions due to alcohol specific conditions	72.3		60.5		↓
23	Hospital admissions due to substance misuse (age 15-24 years)	150.3		177.9		↑
24*	Smoking status at time of delivery	18.9		19.0		not comparable
25*	Breastfeeding initiation	52.3		51.6		not comparable
26*	Breastfeeding prevalence at 6-8 weeks after birth	22.1		21.7		not comparable
27	A&E attendances (age 0-4 years)	511.2		1303.0		↑
28	Hospital admissions caused by injuries in children (0-14 years)	130.6		155.0		↑
29	Hospital admissions caused by injuries in young people (15-24 years)	211.1		229.9		↑
30	Hospital admissions for asthma (age under 19 years)	296.1		282.7		↓
31	Hospital admissions for mental health conditions	82.1		92.4		↑
32	Hospital admissions as a result of self-harm (10-24 years)	636.4		779.1		↑

\* PCT value for 2014 (and 2015 for indicators 3 & 4)

N/A Not included in previous profile/new indicator  
- Data suppressed or not available

	not significantly different to England average
	significantly better than England average
	significantly worse than England average
	significance not tested

For the definitions of the indicators please see the ChiMat profile