REPORT TO:	Children, Young People and Families Policy and Performance Board
DATE:	12th September 2016
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Public Health
SUBJECT:	Child Health
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

To provide 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 report 2016.
2) Feedback any comments to the reporting officer.

3.0 SUPPORTING INFORMATION

3.1 The purpose of this report is to provide a summary of the health needs of children, young people and their families in Halton, including information on areas of particular interest, such as children's dental health. It will also give a brief summary of the work that is taking place to improve health outcomes for families.

3.2 Children and young people (CYP) under the age of 20 make up a quarter of the population of Halton, which is a similar proportion of CYP as for England as a whole. In 2014 there were 1,556 live births. The health of CYP and their families is directly influenced by the environment and circumstances within which they live and is closely linked to levels of deprivation. Halton is the 27th most deprived borough in England (out of 326 boroughs) and 24.5% of children under the age of 16 are currently living in poverty (compared to 18.6% in England). Overall this is reflected in the health and wellbeing of children in Halton which is generally worse than the England average.

3.3 Overleaf there is a summary of the health outcomes of children and young people in Halton.

Health & wellbeing amongst children & young people in Halton

Life expectancy increased by 2.3 years for females and 3.0 years for males in last decade (same as England average)

- Good level of development
- Physical development
- Communication & language
- Personal, social & emotional development
- Inequality gap

2014/15

24.5% children under age 16 live in poverty (England 18.6%)

18% children under 16 live in households where at least adult is out of work (England 14%)

Halton Children's Trust
...Working together to make the difference

Significant increase in rate of children in need and children in care. Now above England levels

	2014	2037	% change
0-4	8100	7000	-13.6%
5 to 19	22600	22000	-2.7%
20 to 24	7500	6800	-9.3%

population estimates 2037 compared to 2014

Maternity and first year of life

Smoking at time of delivery now **18.5%**, down from **27%** in 2006/07 (England 10.6%)

Low birth weight (of term babies) **1.9%** (England 2.9%, NW 2.8%)

Breastfeeding initiation **52.8%** and at 6-8 weeks **21.8%**. Below England (74.3% initiation, 43.5% at 6-8 weeks) but some improvements have been made.

Infant mortality rate reduced to **2.7**, and now below England (4.0)

Immunisations due by 1st birthday, above **94%** and generally higher than England & NW. Flu uptake amongst pregnant women **49.1%** (England 42.3%)

Early years

MMR at 2 years **95%** (England 92%)

Children achieving a good level of development at the end of reception is **62%** (England 69%; provisional 2015/16 data)

Admissions due to injury amongst 0-4 year olds significantly higher than England

Fewer 3 and 4 year olds take up free early education **90%** (England 96%)

Decayed, missing or filled teeth: **10.3%** of 3 year olds (England 11.7%, NW 14.3%; 2013) and **26.2%** of 5 year olds (England 24.7%, NW 33.4%; 2014/15)

School age and transition

73% reduction in alcohol admissions for under 18s (2006 to 2015). Now similar to England.

Obesity in Reception Year **11%** (England 9.1%)
Obesity in Year 6 is **20.7%**. (England 19.1%)

Admissions due to self harm 10-24 year olds higher than England

Significant reduction in teenage conception rate (**54% reduction** 2007 to 2014; but remains higher than England (45% reduction)

GCSE attainment above England rate **68.7%** (England 66.5%)

Reduction in NEET to **5.2%** (England 4.2%)

Reduction in youth unemployment **1.3%** (England 1.5%)

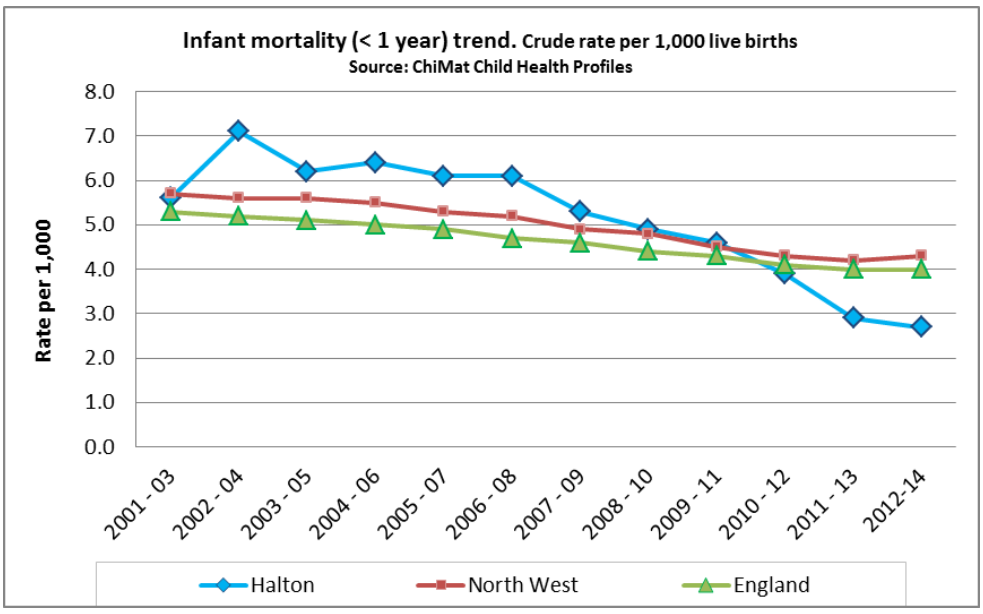
Produced by Public Health Evidence & Intelligence Team.
Icons sourced from www.flaticon.com and www.freepik.com

3.5 **Overview of child health data**

A summary of CYP health data is published in the CHIMAT report annually. The advantage of this report is that it gives us the opportunity to benchmark our performance against the rest of England. There are 32 health and wellbeing indicators included in the CHIMAT report (see Appendix 1 for breakdown). In the 2016 report out of the 32 areas, 17 have improved since the 2015 report (green arrow), 3 have stayed the same (=) and 7 are worse (red arrow). Results cannot be compared for 5 outcomes, due to changes in data collection, numbers being too small or there being no update available. Below is a more detailed description of a selection of relevant health issues and examples of the work that is taking place to improve outcomes.

3.6 **Infant mortality**

Rates of infant mortality are steadily declining and are now below, but not significantly different to, the England average.



This is a great success, given that infant mortality is affected by maternal health, adverse events and environmental factors. Work to prevent infant mortality includes:

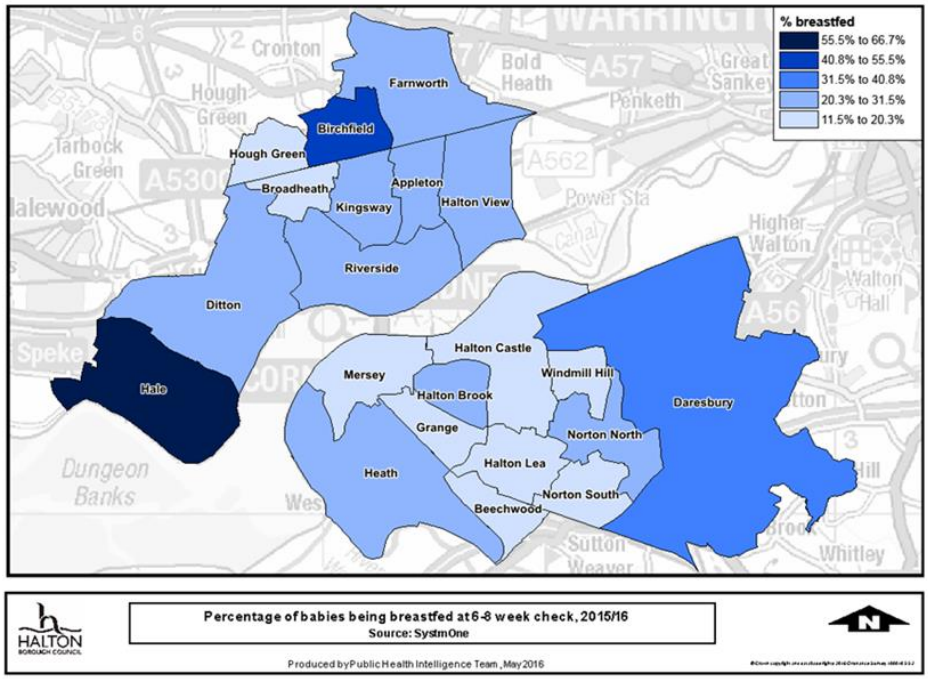
- Improving maternity services particularly ensuring that women book to see a midwife early in their pregnancy, and ongoing monitoring and support throughout the pregnancy.
- Accident prevention work through the healthy child programme, the Halton HELPs scheme, and awareness raising activities.
- The prevention of sudden infant deaths (SIDs) through giving information and support to parents through the Healthy Child Programme, such as ensuring safe sleeping arrangements and not smoking near the baby

3.7 **Low Birth Weight**

The number of low birth weight term babies in Halton is reducing and is significantly better than the England average. Improvements in birth weight are achieved through maternity services, smoking cessation programmes and improving maternal health.

3.8 **Breastfeeding**

Breastfeeding rates are making slow progress but breastfeeding initiation and continuation at 6-8 weeks are significantly lower than the England average. The map below shows the variation in breastfeeding rates at 6-8 weeks by ward, ranging from 11% to 66%.



Halton has a ratified infant feeding strategy and comprehensive action plan. Work includes:

- UNICEF inspects community health services (midwives and health visitors) to ensure they are compliant with UNICEF Baby Friendly standards. These standards measure the ability of health services to actively support women to breastfeed. Bridgewater Community Health Care Trust the providing organisation for midwives and health visitors has achieved: Stage 1 (policy's and processes), Stage 2 (staff) and Stage 3, the final stage which tests women's experiences. Currently we are preparing for re-inspections which will additionally include children's centres.
- Infant feeding sessions are offered to all pregnant women as part of the antenatal offer.
- A team of breastfeeding support workers hold regular groups in community venues across the borough.
- A press release and awareness raising events took place in June for Breastfeeding awareness week.
- A leaflet was sent to schools, to support them to incorporate breastfeeding into the national curriculum.

3.9 **Smoking at time of delivery**

Smoking during pregnancy increases the risks of complications during pregnancy and impacts upon the health of the child. In Halton just under one in five women smoked during their pregnancy and although the rate decreased during 2014/15, it is significantly worse than the England average. The community midwives have attended 'Baby clear' training, which is bespoke training for midwives to improve the support provided to women to help them to quit smoking during pregnancy. Midwives have also been given training to support women to manage their stress levels. This was as a result of insight work that found stress to be a barrier for women stopping smoking when they are pregnant.

3.10 **Immunisations**

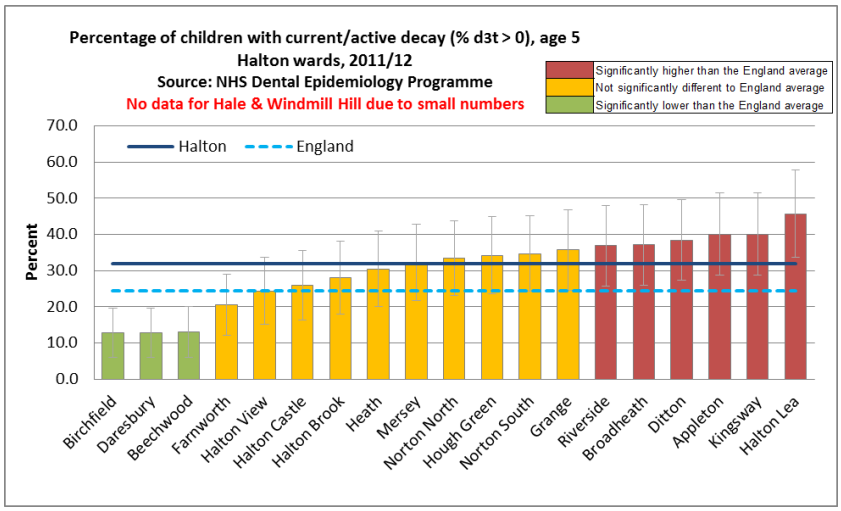
MMR rates (for the first dose by age 2 years) continue to exceed the 90% target for local authorities. Having over 95% of children immunised gives protection against the spread of diseases to the child as well as the overall population. Similarly the coverage of diphtheria, tetanus, polio, pertussis & Hib immunisations (by age 2 years) exceeds the 90% target. Immunisation coverage for children in care in Halton has also improved and exceeded 90%.

While overall the level of childhood immunisations is equal to or better than the England average, there has been a decline in uptake in recent years. There are also differences between practices uptake rates. For example 74% of five year olds have been immunised against measles mumps and rubella in Windmill Hill practice compared to 97% in Brookvale practice.

3.11 **Dental Health**

Population measures of dental health are captured through a cycle of epidemiological surveys, recording the number of children who have decayed, missing or filled teeth in different age groups. Recent surveys have suggested that dental health is improving for children in Halton. A survey in 2012/13 showed that Halton had significantly lower numbers of children aged three who had decayed, missing or filled teeth. The survey also showed that active dental decay in children aged three was similar to the England average. Hospital admissions due to dental caries in children aged 1 to 4 years in Halton are significantly better than both the North West and England averages.

Just over a quarter (26.2%) of five year olds in Halton have one or more decayed missing or filled teeth, which is a reduction from 33.6% in 2011/12 and is similar to England and below the north west average. The 2014/15 data is not yet available at ward level, however the graph below shows that there was inequalities in the dental health of five years olds between wards in 2011/12.



The last survey of 12 years olds took place in 2008/09 and showed higher rates in Halton of decayed missing or filled teeth, and active dental decay than the England average.

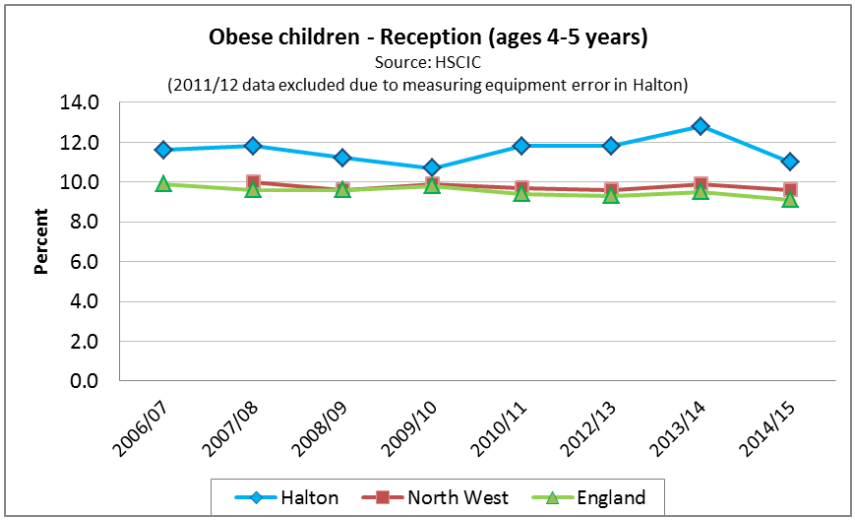
Evidence suggests that the most effective method of improving dental health for a whole population is through toothbrush and toothpaste distribution schemes and encouraging regular check-ups with a dentist. A toothbrush and toothpaste distribution scheme is in place and delivered to school aged children in Halton. Data suggests that slightly fewer CYP access a dentist regularly, with 62% of 0-17 year olds accessing dental care in the past two years, compared to 69.5% on average in England.

3.12 **Child Development**

The measure of child development of reception aged children has improved from 45.6% to 54.7%. However performance remains well below the England average of 66.3%. Provisional data for 2015/16 indicates another improvement to 62% in Halton, closing the gap between England from 14% in 2013/14 to 7%. Child development is one of the priority areas for the Health and Wellbeing Board and One Halton, and a steering group is driving this work forward. Examples of work to improve child development through health initiatives include: an increased focus on improving detection and support for maternal mental health, working to support bonding and attachment and an integrated assessment, between health visitors and early years settings of a child's development at aged 2-2 1/2. This work is beneficial due to the evidence that strong relationships directly impact upon the brain development of the infant and the importance of early development on lifelong health.

3.13 **Obesity**

Historically Halton has had higher than the England average rates of children who are obese. There has been progress in slowing the year on year rise of obesity and the percentage of obese children in Year 6 (age 10-11) remained similar to the previous year and similar to the England average. The reception year obese percentage decreased from the previous year; however it remained significantly worse than the national average.



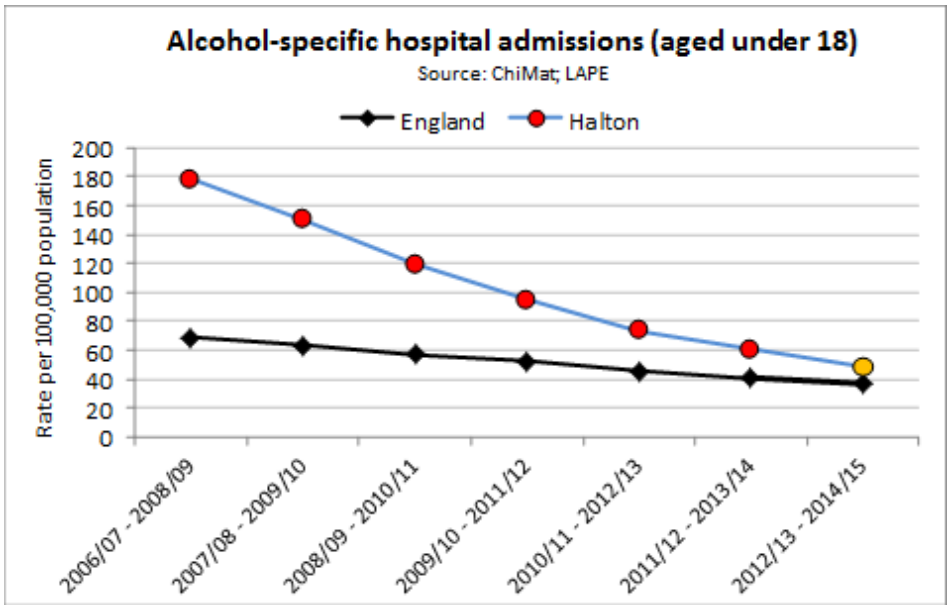
The healthy child programme (midwives, health visitors and school nurses), health improvement team and children's centres deliver a wide range of services to support women through pregnancy and young families to achieve a healthy weight. This is through advice in pregnancy, infant nutrition, active play and family programmes. Examples of work include: breastfeeding support, sessions to support families to introduce solid foods at six months, the schools Healthitude programme and Fit for life, a healthy weight programme delivered in schools for the whole family.

3.14 **Teenage conception and deliveries**

In 2014/15 1.2% of all babies born in Halton were to a teenage mother, which is close to the England average of 0.9%. The teenage conception rate reduced to 31.5% in 2014, which is a great improvement. The rate is worse than the England average, but similar to the North West average. A range of interventions are in place to reduce teenage pregnancies, such as the 'Teens and tots' programme, C card and the Healthitude programme in schools.

3.15 **Admissions to hospital due to alcohol**

Halton has seen a reduction in the rate and number of 0-17 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 and that the rate is now similar to the England average. In Halton there has been a lot of work on reducing alcohol consumption, coordinated through the alcohol strategy and admission rates for alcohol are now similar to the England average.



3.5 A Joint Strategic Needs Assessment for children and young people is available at www.halton.gov.uk/JSNA, this provides a more in depth overview of the health needs of CYP in Halton, the evidence of what works and further details of existing services. There is also currently an ongoing programme of work to refresh all the data in the JSNA. Children's ward health profiles have also been produced, which include all the data available at a ward level. An example of a children's ward health profile can be found in Appendix 2, and individual ward's profiles can be found at www.halton.gov.uk/JSNA.

4.0 POLICY IMPLICATIONS

4.1 The paper highlights a number of key health issues for Halton. The Health and Wellbeing Strategy together with a number of related strategies are working to address 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 and One Halton 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

There are no financial risks associated directly with this report.

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

None under the meaning of the Act.

Appendix 1

Health outcomes for children and young people in Halton, comparing 2016 CHIMAT data to the 2015 profile.

Halton Child Health Profile: changes 2015 to 2016

Please click indicator for trend chart where available

Indicator Number	Indicator	2015 Halton value	2015 Signif to Eng	2016 Halton value	2016 Signif to Eng	↑/↓/=
1	Infant mortality rate	3.3		2.7		↓
2	Child mortality rate (age 1-17 years)	8.4		9.7		↑
3	MMR immunisation (by age 2 years)	96.3		95.3		↓
4	Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	97.7		98.0		↑
5	Children in care immunisations	95.2		96.6		↑
6	Children achieving a good level of development at the end of reception	45.6		54.7		↑
7	GCSE achieved (5A*-C inc. Eng and maths)	57.2		56.5		↓
8	GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	-	-	no's too small
9	16-18 year olds not in education, employment or training	8.4		6.2		↓
10	First time entrants to the Youth Justice System	364.0		328.9		↓
11	Children in poverty (aged under 16 years)	25.6		24.5		↓
12	Family homelessness	0.6		0.5		=
13	Children in care	75.0		81.0		↑
14	Children killed or seriously injured in road traffic accidents	26.7		22.6		↓
15	Low birthweight of term babies	2.3		1.9		↓
16	Obese children (age 4-5 years, residents)	12.8		11.0		↓
17	Obese children (age 10-11 years, residents)	20.4		20.7		=
18	Children with one or more decayed, missing or filled teeth	33.6		33.6		no update
19	Hospital admissions for dental caries (1-4 years)	N/A	N/A	80.2		not comparable
20	Teenage conception rate (age under 18 years)	33.3		33.3		no update
21	Teenage mothers (age under 18 years)	1.4		1.2		=
22	Hospital admissions due to alcohol specific conditions	60.5		60.5		no update
23	Hospital admissions due to substance misuse (age 15-24 years)	177.9		195.5		↑
24	Smoking status at time of delivery	19.0		18.3		↓
25	Breastfeeding initiation	51.6		52.8		↑
26	Breastfeeding prevalence at 6-8 weeks after birth	21.7		23.1*		↑
27	A&E attendances (age 0-4 years)	1303.0		1265.0		↓
28	Hospital admissions caused by injuries in children (0-14 years)	155.0		159.1		↑
29	Hospital admissions caused by injuries in young people (15-24 years)	229.9		188.0		↓
30	Hospital admissions for asthma (age under 19 years)	282.7		356.8		↑
31	Hospital admissions for mental health conditions	92.4		70.8		↓
32	Hospital admissions as a result of self-harm (10-24 years)	779.1		689.8		↓

* Data not included in published 2016 profile, so local data used above

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

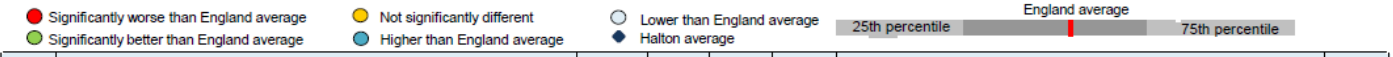
For the definitions of the indicators please see the ChiMat profile

Appendix 2

Child Health Profile for Grange

Summary of child health and well-being

The chart below shows how children's health and well-being in this area compares with 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.



	Indicator	Local number	Local value	England ave.	England worst	England best
Life expectancy, poverty, breastfeeding & low birthweight	1 Life expectancy at birth - Males		76.3	79.5	74.7	83.3
	2 Life expectancy at birth - Females		80.4	83.2	79.8	86.7
	3 Children in poverty (under 16 years)	445	29.0	18.6	34.4	5.9
	4 Low birthweight babies (<2500g)	45	9.2	7.4	12.3	1.7
	5 Breastfeeding at 6-8 weeks	48	18.9	43.8	19.1	81.5
NCMP data	6 Reception year children who are obese	33	12.8	9.3	13.6	5.1
	7 Year 6 children who are obese	43	19.2	19.0	26.9	10.1
	8 Reception year children with excess weight	73	28.3	22.2	28.9	15.5
	9 Year 6 children with excess weight	72	32.1	33.4	43.4	22.4
Development, dental, FSM & SEN	10 Good level of development (at end of Reception)	108	37.9	59.5	40.0	73.6
	11 Children's tooth decay (at age 5)	10	35.7	24.5	51.0	0.0
	12 Pupils receiving free school meals	489	40.2	15.2	40.2	1.8
	13 Pupils will Special Education Needs support	213	17.5	12.6	20.5	7.9
Hospital attendances & admissions	14 A&E attendance 0-4 years	370	795.7	540.5	1,761.8	263.3
	15 Emergency admissions due to injuries (0-14 years)	76	178.3	109.6	199.7	61.3
	16 Emergency admissions due to self-harm (10-24 years)	48	1,166.8	398.8	1,388.4	105.2
	17 Emergency admissions due to lower respiratory tract infections (0-18 years)	31	536.2	326.6	806.5	91.1
	18 Emergency admissions due to asthma (0-18 years)	16	174.3	216.1	553.2	73.4
GCSE, conceptions, NEET & benefits	19 GCSE - 5A*-C including English & Maths	135	47.4	56.8	35.4	73.8
	20 Teenage Conceptions	-	-	27.8	52.0	8.8
	21 Not in education, employment or training	20	6.5	4.7	9.0	0.0
	22 Benefit Claimants (16 to 24 years)	120	2.9	1.5	3.4	0.4

1 Male life expectancy at birth (in years), 2011-15 (England, 2012-14)

2 Female life expectancy at birth (in years), 2011-15 (England, 2012-14)

3 % 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, 2013 (England 2013)

4 % low birthweight babies (<2500g), 2010-14 (England, 2014)

5 % of women breastfeeding at 6-8 week check, 2013/14 to 2015/16

6 % school children in Reception year classified as obese, 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

7 % school children in Year 6 classified as obese, 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

8 % school children in Reception year with excess weight (overweight and obese), 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

9 % school children in Year 6 with excess weight (overweight and obese), 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

10 % of children achieving a good level of development at end of reception, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

11 % of children at age 5 with active decay, 2011/12 (England, 2011/12)

12 % of pupils receiving free school meals, January 2016 (England, January 2015)

13 % of pupils with Special Education Needs support, January 2016 (England, January 2015)

14 A&E attendance rate per 1,000 in the 0-4 population, 2014/15 (England, 2014/15)

15 Emergency admission rate for injuries per 100,000 population aged 0-14 years, 2012/13 to 2014/15 (England, 2014/15)

16 Emergency admission rate for self-harm per 100,000 population aged 10-24 years, 2012/13 to 2014/15 (England, 2014/15)

17 Emergency admission rate for lower respiratory tract infections per 100,000 population aged 0-18 years, 2012/13 to 2014/15 (England, 2014/15)

18 Emergency admission rate for asthma per 100,000 population aged 0-18 years, 2010/11 to 2014/15 (England, 2014/15)

19 % of pupils at end of key stage 4 achieving 5 GCSE's at grades A*-C, including English and Maths, 2012/.13 to 2014/15 (England, 2013/14)

20 Teenage conception rate per 1,000 population (aged under 18 years), 2011-13 (England, 2012)

21 % of 16-18 yr olds not in education, employment or training, January 2016 (England, 2014)

22 people aged 16-24 years claiming benefits, as a proportion of resident population aged 16-64, August 2015 (England, August 2015)

Available from: http://www4.halton.gov.uk/Pages/health/JSNA.aspx

Notes and definitions

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