

REPORT TO: Health and Wellbeing Board
DATE: 22 May 2013
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Adults
SUBJECT: CHIMAT – Child Health Profile
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

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

2.0 **RECOMMENDATION: That**

1. the Board note the contents of the 2013 Child health profile and the progress that has been made against a challenging baseline. Out of the 26 areas 19 have improved (Green Arrow), 5 have stayed the same (=) and 3 are worse (Red Arrow). The new data for Teenage conceptions shows dramatic improvements; and

2. feedback any comments to the Director of Public Health.

3.0 **SUPPORTING INFORMATION**

3.1 Each year the Child and Maternal Health Observatory 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 their 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 are similar to the England average.

Indicator Number	Indicator	2012	2012 Signif to Eng	2013	2013 Signif to Eng	↑/↓/=	Recently released data
1	Infant mortality rate	4.7		4.8		↑	
2	Child mortality rate (age 1-17 years)	20.8		20.8		=	
3*	MMR immunisation (by age 2 years)	87.1		91.7		↑	96
4*	Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	95.5		95.5		=	
5	Children in care immunisations	88.9		100		↑	
6	Acute sexually transmitted infections (including Chlamydia)	N/A		38.9			
7	Children achieving a good level of development at age 5	48.0		55.2		↑	
8	GCSE achieved (5A*-C inc. Eng and maths)	55.7		59.0		↑	
9	GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	-	-		
10	Not in education, employment or training (age 16-18 years)	9.3		10.3		↑	9.9
11	First time entrants to the Youth Justice System	1440.0		1259.5		↓	
12	Children living in poverty (aged under 16 years)	28.0		27.3		↓	
13	Family homelessness	-	-	0.9			
14	Children in care	47.0		44.0		↓	
15	Children killed or seriously injured in road traffic accidents	28.5		24.6		↓	
16	Low birthweight	8.5		8.5		=	
17	Obese children (age 4-5 years)	11.8		9.6		↓	
18	Obese children (age 10-11 years)	23.8		19.5		↓	
19*	Participation in at least 3 hours of sport/PE	66.4		66.4		=	
20*	Children's tooth decay (at age 12)	1.0		1.0		=	
21	Teenage conception rate (age under 18 years)	60.6		63.3		↑	41.5
22	Teenage mothers (age under 18 years)	2.8		1.5		↓	
23	Hospital admissions due to alcohol specific conditions	153.9		122.9		↓	
24	Hospital admissions due to substance misuse (age 15-24 years)	163.6		149.4		↓	
25*	Smoking in pregnancy	21.8		21.1		↓	
26*	Breastfeeding initiation	48.7		51.1		↑	
27*	Breastfeeding at 6-8 weeks	N/A		22.0			
28	A&E attendances (age 0-4 years)	N/A		535.0			
29	Hospital admissions due to injury (age under 18 years)	2080.3		1525.0		↓	
30	Hospital admissions for asthma (age under 19 years)	N/A		367.9			
31	Hospital admissions for mental health conditions	179.5		145.1		↓	
32	Hospital admissions as a result of self-harm	329.6		208.7		↓	
* PCT value			not significantly different to England average				
* Same years data used in both profiles			significantly better than England average				
			significantly worse than England average				
		N/A	Not included in previous profile				
		-	Data suppressed or not available				

Table 1: Health Outcomes for children and young people in Halton, comparing 2013 CHIMAT data to the 2012 report

3.3 There are 26 out of the 32 health and wellbeing indicators included in the CHIMAT report are applicable to Halton (see table 1). In the 2013 report there was an improvement in 19 areas, equal performance in 5 and reductions in performance in 2 outcomes. Six indicators were new in 2013, and therefore cannot be compared to the 2012 report. The details in relation to performance are listed below.

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

- Improving MMR rates (for the first dose by age 2 years), this rate has improved to reach the England average rate and in quarter 3, 2012/13 data suggests that MMR rates are 96% which exceed the 95% target.
- The rate of immunisation for children in care improved to 100%, which is higher than the England average.
- The number of both reception age children and year 6 children who are obese has decreased and is now similar to the England average rate.
- Teenage conception rates showed a small increase in the CHIMAT report which was reporting data from 2010, however 2011 shows a dramatic improvement in this figure, to 41.5, which would appear to be much closer to the England average. The number of teenage mothers has reduced and is now similar to the England average.
- The percentage of GCSE's achieved (5A*-C) has improved to be similar to the England average rate.
- The rate of family homelessness is better than the England

average rate. The number of children living in poverty has reduced as has the number of children in care.

- The number of children killed or seriously injured in road traffic accidents has reduced and is the England average rate
- Reductions in the rate of hospital admissions occurred for alcohol specific conditions, mental health conditions substance misuse, injury and self-harm.
- Improvements have been seen in child development at age 5
- Reductions in numbers of women who are smokers at the time of the birth of their baby have been seen, and there has been an increase in the number of women who initiate breastfeeding.
- Child tooth decay in 12 year olds remains below the England average, however this data is for 2008/9, and won't be measured again until 2014. Early indications from 5 year old data indicate that local programmes have reduced tooth decay by approximately 22%.
- Primary immunisation rates have significantly improved and are now above the England average.

3.5

Halton has maintained:

- The number of children participating in 3 hours of PE and remains higher than the England average
- Infant and child mortality rates at the England average rate. In 2013 there was a very small drop which was not significant and the Halton rate remains similar to the England average. Improvements have been made in this area over

the previous few years.

- The number of low birth weight babies has remained at the England average rate.

3.6 Areas where performance in Halton remains lower than the England average:

- Small improvements have been made in improving levels of child development at age 5, but this measure remains low. Child development is one of the priority areas for the Health and wellbeing board, and as such has a targeted action plan.
- The rate of children living in poverty remains below the England average. There is a child poverty strategy in place, which is due to be refreshed.
- Not in Education, employment or training (NEET) is below the England average rate, and 2013 figures were worse than 2012. Recent quarter 2 data suggests that the trend is improving.
- First time entrants to youth justice remain below the England average.
- Breastfeeding initiation and at 6-8 weeks remain below the England average. An action plan is being implemented to improve breastfeeding rates, and will be driven through the Health and Wellbeing board (HWB) child development action plan.
- Smoking at the time of delivery has improved year on year but remains below average. Again this is being picked up through HWB child development action plan.

- While reductions have been seen in the rate of hospital admissions for all areas (alcohol specific conditions, mental health conditions substance misuse, injury and self-harm). Reductions were not seen for emergency admissions for Asthma, because it was not included in the CHIMAT 2012 report. Halton has higher than the England average admission rates for all of these areas. Through the Health and Wellbeing board strategies are being developed to address admission rates for alcohol and mental health conditions.

The full CHIMAT report can be found at
<http://www.chimat.org.uk/profiles/static>

3.7 **Recommendations**

Child health remains a challenge for Halton, and there is a need to continue to drive to improve outcomes for children and young people. While improvements have been seen this year, we need to work to maintain these improvements and continue to reduce the gap between Halton's outcomes and the England average.

- 3.8 The Board is asked to support work in the areas listed above where performance remains below the England average. It is also recommended that where progress has been made, programmes in these areas are supported to continue. The main areas identified in CHIMAT where further improvements are needed include:
- Children and young people who are Not in Education, Employment or training and Youth justice
 - Hospital admissions (all causes)

- Breastfeeding rates and Smoking at the time of delivery
- Child poverty
- Child development

4.0 **POLICY IMPLICATIONS**

4.1 CHIMAT data is used to identify progress against key performance indicators, many of which are part of the Public Health Outcomes Framework. The data is included within the Joint Strategic Needs Assessment (JSNA) and should be used to inform commissioning decisions in relation to Halton's health priorities for Children and Young People.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this time.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

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

6.2 **Employment, Learning & Skills in Halton**

Employment, learning and skills opportunities are measured in this report, and will influence health outcomes for the population of Halton. All issues outlined in this report focus directly on this priority

- 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**
Child poverty will be linked to local employment opportunities and renewal programmes.

- 7.0 **RISK ANALYSIS**

- 7.1 Halton Borough Council may be at risk of not meeting national targets if the priority areas are not noted and prioritised. There are no financial risks. The recommendations do not require a full risk assessment.

- 8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 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**

Document	Place of Inspection	Contact Officer
Maternal and Child Health Profile	www.chimat.org.uk/profiles/static	Julia Rosser
Compiled by: Julia Rosser, Public Health Consultant and Jen Oultram, Intelligence Office.		