

REPORT TO: Health and Wellbeing Board
DATE: 9 July 2014
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
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 Public Health England 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 2014 Child health profile and the progress that has been made against a challenging baseline. Out of the 32 areas 17 have improved (Green Arrow), 4 have stayed the same (=) and 5 are worse (Red Arrow). For 6 of the measures data changes mean the results cannot be compared;
- 2) Of the five areas showing poorer performance in 2014 when compared to 2013, for four of these indicators Halton was performing either at or above the England average rate and continues to do so; and
- 3) Feedback any 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 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

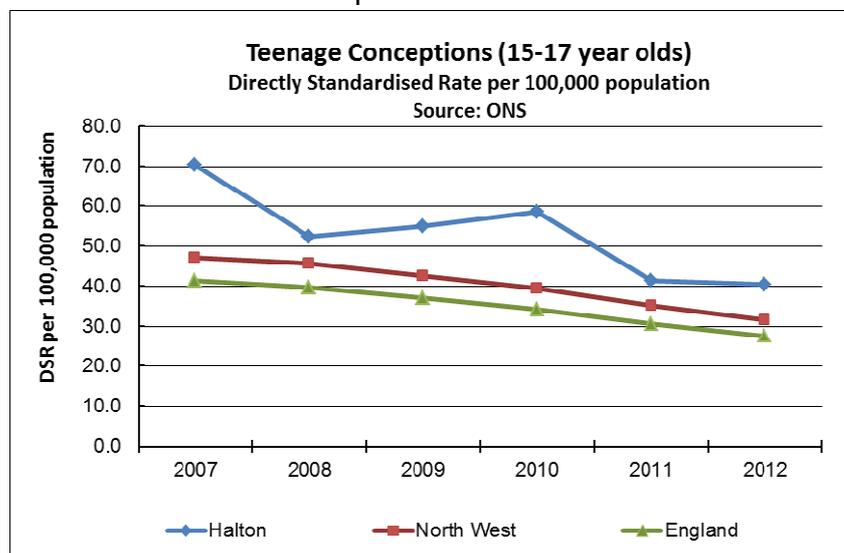
child poverty. Halton is the 27th most deprived borough in England (out of 326 boroughs) and as such would be expected to have lower than average health outcomes. The infant and child mortality rates have both improved and are now similar to the England average.

3.3 There are 32 health and wellbeing indicators included in the CHIMAT report (see Appendix A). In the 2014 report there was an improvement in 17 outcomes. For five outcomes there was poorer performance in 2014 when compared to 2013, however for four of these indicators Halton was performing either at or above the England average rate. Six indicators had new methods of reporting data and therefore cannot be compared to the 2013 report. The details in relation to performance are listed below.

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

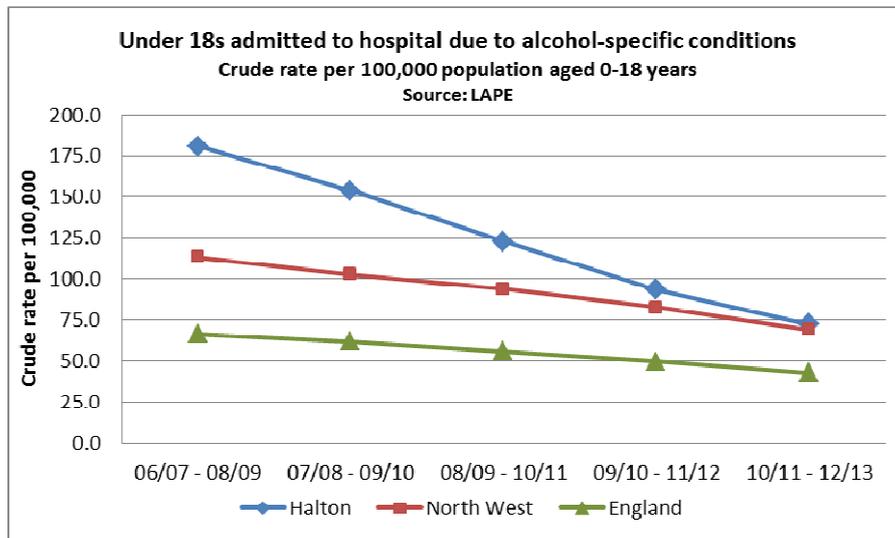
- Infant and child mortality rates have reduced and are at the England average rate. This is a great success, given the level of deprivation in the borough. Work that impacts upon this includes improving maternity services and women booking in early, accident prevention work and preventing sudden infant deaths (SIDs)
- The number of low birth weight babies has improved and the Halton percentage is now below the England average, but not significantly different. Improvements in birth weight are achieved through maternity services, smoking cessation and improving maternal health.
- Teenage conception rates have shown a dramatic improvement from 63.3 to 41.5, Chart 1 shows the extent of the reduction since 2007. A range of interventions are in place, such as 'Teens and tots' programme and Healthitude in schools.

Chart 1: Under 18 conceptions



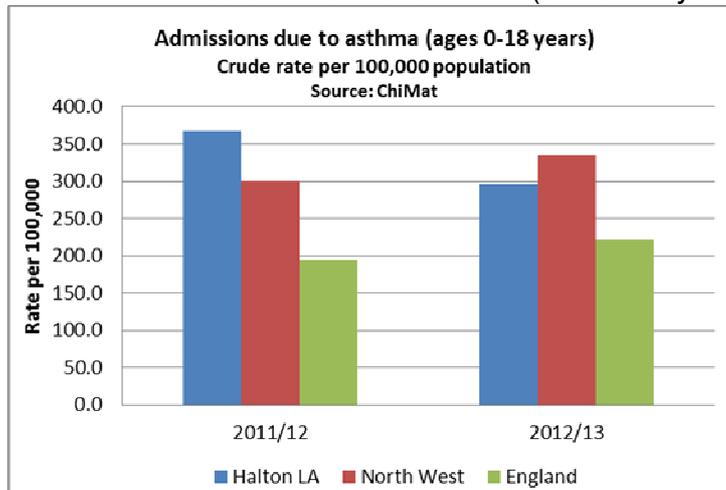
- The number of teenage mothers has remained static and is similar to the England average.
- MMR rates continue to improve (for the first dose by age 2 years), and is better than the England average rate, at 94.4%. MMR rates are very close to the 95% target, which provides good protection against an outbreak. Provisional data for 2013/14 suggests that the uptake for Halton has increased to 95.1%, and has therefore met the target.
- The percentage of reception age children who are obese has remained the same as in 2010/11 and the percentage of obese children in year 6 has improved. There is a comprehensive weight management programme delivered in the school setting with children and families.
- The percentage of GCSE's achieved (5A*-C) has improved and is slightly above the England average, but statistically similar. The rate of GCSE's achieved (5A*-C) for children in care has not previously reported in the child health profile. No children in care have achieved this level in Halton, however this is statistically similar to the England average rate.
- The number of children and young people who are Not in Education, employment or training (NEET) has improved, but remains worse than the England average rate.
- Halton has seen a reduction in the rate and number of 0-17 year olds being admitted to hospital for alcohol specific conditions. Chart 2 shows the improvements that have been made since 2006/7-2008/09.

Chart 2: Hospital admissions due to alcohol specific conditions (under 18s)



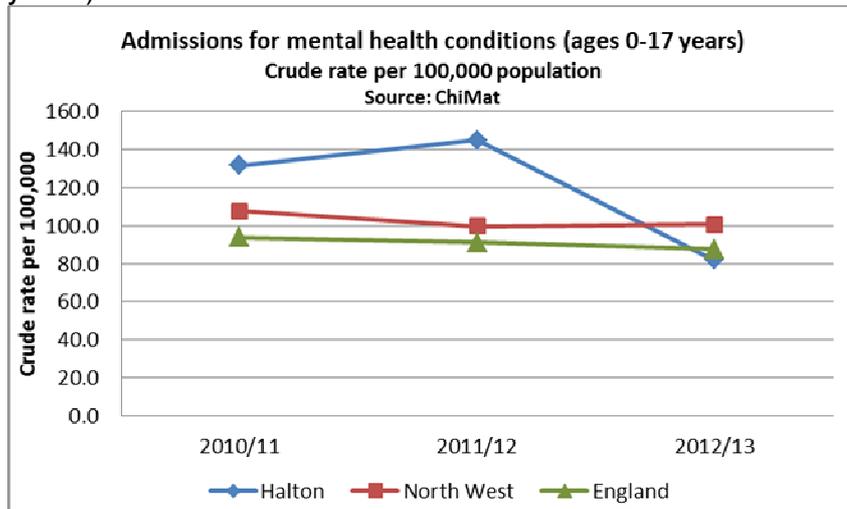
- There have been reductions in the rate of hospital admissions for asthma in 0 to 18 year olds, this is shown in chart 3.

Chart 3: Admission rates for asthma (under 19 years) 2011-2013



- Hospital admissions for mental health conditions have improved and are now similar to the England average. Chart 4 shows the trend over the past 3 years. It is believed that reduced waiting times and improvements to the service's triaging of patients will have impacted upon this figure.

Chart 4: Hospital admissions for mental health conditions (0-17 years)



- There have been reductions in the number of women who are smokers at the time of the birth of their baby, which is illustrated in chart 5 (for Halton and St Helens PCT) and chart 6 (recently available data for Halton only). Performance remains worse than the England average.

Chart 5: Smoking status at time of delivery PCT level.

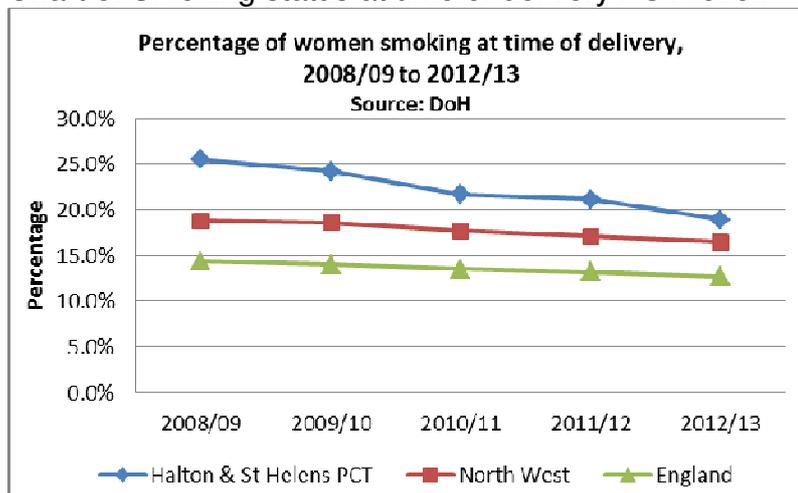
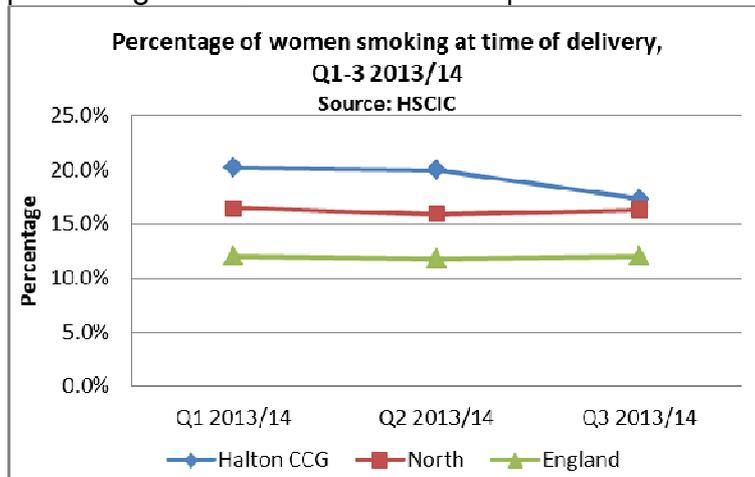


Chart 6: Smoking status at time of delivery for Halton CCG percentage for Qs1-3 2013/14 compared to the North and England



- There has been a small increase in the number of women who initiate and maintain breastfeeding, but the percentage remains significantly worse compared to the England average.
- The rate of children living in poverty has reduced but remains worse than the England average.
- First time entrants to youth justice system have more than halved, but remain worse than the England average.

3.5 Halton has maintained:

- The rate of immunisation for children in care remains above the England average, at 94.4%.
- Primary immunisation rates are similar to the England average, and have remained static. They are meeting the required 95% coverage rate.
- The rate of family homelessness has increased slightly but remains better than the England average rate.
- The number of children killed or seriously injured in road traffic accidents has increased, but isn't significantly different to the England average rate.
- The number of children in care has increased and is lower than but not statistically different to the England average rate.

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

- The measure for child development has changed so cannot be compared to last year. When the rankings are compared performance remains low. 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.

- Child tooth decay in 12 year olds is significantly worse than the England average, however this data is for 2008/9, and is due to be measured again in 2014. Early indications from 5 year old data indicate that local programmes have reduced tooth decay by approximately 22%. A toothpaste and toothbrush distribution programme is in place for school aged children. Evidence suggests this to be a very effective intervention in areas where water is not fluoridated.
- 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. An infant feeding co-ordinator and a team of breastfeeding support workers work in partnership to support local women to successfully
- Smoking at the time of delivery has improved but remains worse than the England average. Pregnant women have access to an incentive scheme to support them to give up smoking during pregnancy. Smoking is also being picked up through HWB child development action plan.
- While reductions have been seen in the rate of hospital admissions for areas that can be compared (alcohol specific conditions, mental health conditions, substance misuse and asthma). Hospital admissions for injury and self-harm cannot be compared due to changes in data. Halton has worse than the England average admission rates for all of these areas except admissions for mental health conditions. Through the Health and Wellbeing board strategies have been developed to address admission rates for alcohol, substance misuse 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. In many areas the trend is moving in the right direction and improvements to child health have been made. 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 worse than 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:
- Child development

- Children and young people who are Not in Education, Employment or training and Youth justice
- Hospital admissions (all causes other than for mental health conditions)
- Breastfeeding rates and Smoking at the time of delivery
- Child poverty

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 Appendix A

Table 1: Health Outcomes for children and young people in Halton, comparing 2014 CHIMAT data to the 2013 report

Indicator Number	Indicator	2013	2013 Signif to Eng	2014	2014 Signif to Eng	↑/↓/=
1	Infant mortality rate	4.8		4.1		↓
2	Child mortality rate (age 1-17 years)	20.8		9.8		↓
3*	MMR immunisation (by age 2 years)	91.7		94.4		↑
4*	Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	95.5		95.5		=
5	Children in care immunisations	100		94.4		↓
6	Acute sexually transmitted infections (including Chlamydia)	38.9		42.4		↑
7	Children achieving a good level of development at the end of reception	N/A	N/A	37.0		
8	GCSE achieved (5A*-C inc. Eng and maths)	59.0		62.5		↑
9	GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	0.0		
10	16-18 year olds not in education, employment or training	10.3		8.9		↓
11	First time entrants to the Youth Justice System	1259.5		594.0		↓
12	Children in poverty (aged under 18 years)	27.3		26.7		↓
13	Family homelessness	0.9		1.3		↑
14	Children in care	44.0		51.0		↑
15	Children killed or seriously injured in road traffic accidents	24.6		32.2		↑
18	Low birthweight of all babies	8.5		6.8		↓
17	Obese children (age 4-5 years, residents)	9.6		11.8		=
18	Obese children (age 10-11 years, residents)	19.5		23.1		↓
19	Children with one or more decayed, missing or filled teeth	N/A	N/A	33.6		
20	Teenage conception rate (age under 18 years)	63.3		41.5		↓
21	Teenage mothers (age under 18 years)	1.5		1.5		=
22	Hospital admissions due to alcohol specific conditions	122.9		72.3		↓
23	Hospital admissions due to substance misuse (age 15-24 years)	149.4		150.3		=
24*	Smoking status at time of delivery	21.1		18.9		↓
25*	Breastfeeding initiation	51.1		52.3		↑
26*	Breastfeeding prevalence at 8-8 weeks after birth	22.0		22.1		↑
27	A&E attendances (age 0-4 years)	535.0		511.2		↓
28	Hospital admissions caused by injuries in children (0-14 years)	N/A	N/A	130.8		
29	Hospital admissions caused by injuries in young people (15-24 years)	N/A	N/A	211.1		
30	Hospital admissions for asthma (age under 19 years)	367.9		296.1		↓
31	Hospital admissions for mental health conditions	145.1		82.1		↓
32	Hospital admissions as a result of self-harm (10-24 years)	N/A	N/A	636.4		
* PCT value						not significantly different to England average
N/A	Not included in previous profile/new indicator					significantly better than England average
-	Data suppressed or not available					significantly worse than England average
For the definitions of the indicators please see the CHIMAT profile						data should be ignored due to an issue with the height measurement equipment

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

None.

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