

REPORT TO: Children and Young People Policy and Performance Board

DATE: 2nd June 2008

REPORTING OFFICER: Strategic Director – Children and Young People

SUBJECT: Child Health in Halton

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 To brief Members on the health of children in Halton relative to other boroughs
- 1.2 To identify current action to address health in children
- 1.3 To suggest approaches to closing the gap in health inequalities

2.0 RECOMMENDATION: That

- (1) Members consider the issues contained in this report and comment upon the approaches identified in para.4.

3.0 SUPPORTING INFORMATION

3.1 Health Status

The North West public health observatory recently compiled a range of health indicators for children. The observatory combined fifty outcome indicators for children into a single index. Halton came 42nd out of 43 for the combined health indicator (figure 1). It shows that health of children in Halton was poor relative to other areas with similar levels of deprivation.

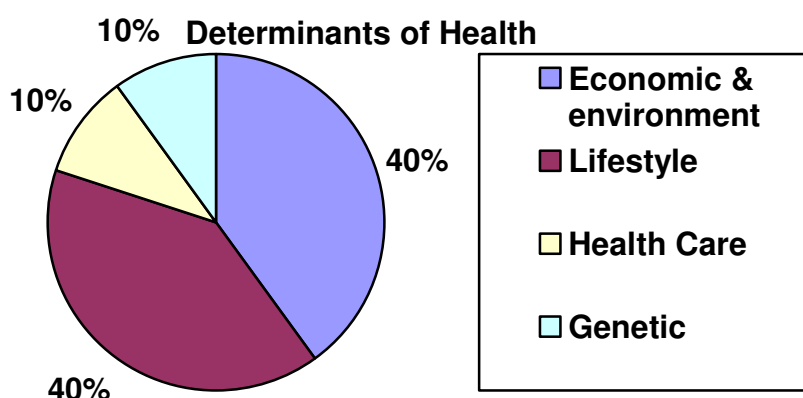
The recent Joint Area Review assessment explored the areas of childhood obesity, breastfeeding and hospital admissions. The JAR also highlighted that it is not always easy or possible to get up to date data on health outcomes as mortality data is calculated in arrears and much of the child health service information is paper based. More recent local data suggest that the figures are not significantly different to those on the observatory website.

Table 1 table demonstrates that we have high risk factors for poor child health (lone parents, low income, families on benefits education, obesity), higher hospital admissions and uptake of treatment services and lower uptake of preventive services.

Health is improving in many areas and services are responding to health needs. Emerging challenges over the last few years include the increase in childhood obesity and alcohol use in young people.

3.2 The causes of poor health in children are partly due to socio economic and environmental factors (income, education, housing environment), partly cultural and lifestyle related (exposure to tobacco smoke, feeding practices, physical activity, emotional security and wellbeing) and to a lesser extent affected by preventive and treatment services (e.g immunisation, parenting support).

Figure 2



3.3 Action to Improve Health

The Children and Young People's plan identifies key areas for action and a range of work has been undertaken over a number of years to support families and address health issues.

A review of child deaths within the first year of life in 2007 identified that almost all of these were from health conditions that couldn't have been prevented by services.

Breastfeeding initiation improved from 36% to 42% in six months following the introduction of an innovative social marketing campaign Get Closer. This has been hailed regionally and nationally as best practice. A baby welcome award has been recently been launched.

A healthy weight strategy has been developed in partnership and care pathways developed that identify the role that key partners play in prevention and identification of childhood obesity. Children's weight management services will be commissioned during 2008.

A child health promotion programme has been developed that identifies the schedule of health input to children throughout their life. This includes health checks, immunisation schedules and other preventive opportunities. The programme will be shortly updated to reflect recent national guidance.

Informal feedback from JAR inspectors was that there was good evidence of services and initiatives making a difference on the ground but that the outcomes still needed to improve.

Halton is well advanced in developing Children's Trust arrangements with health staff from the Primary Care Trust Children's directorate being managed by the local authority as part of children the Children's Trust. This should help integrated planning and delivery of services with better outcomes for children and families.

4.0 POLICY IMPLICATIONS

Health is a key component of the wellbeing of children and one of the five outcomes of the government strategy Every Child Matters. This has been reaffirmed in the children's plan in December 07. The Child Health Strategy published earlier this year identifies what contact and support should be provided to children as individuals based on need.

If current trends continue then the health of children will improve in many areas although the gap between Halton and the rest of the country will remain. Health effects relating to obesity and risk taking behaviour such as alcohol and sexual health are likely to increase.

A step change is needed in order to reverse these trends. This would involve a number of approaches:

- 4.1 Prioritising action that would change the social and economic determinants of health in the most disadvantaged communities and families to reduce child poverty, and raise educational attainment, aspirations and employment. An example would be targeting worklessness initiatives in areas with highest number of children in poverty.
- 4.2 Reorientation of mainstream services so that health being everybody's business- all staff taking the health promoting opportunities when they arise. E.g. a care worker advising and signposting a social care client to stop smoking., urban regeneration planning accessible play areas for children.
- 4.3 Family focused approach with coordination of services. Many of the families with poorest health outcomes are also those who are engaged with a range of other services- e.g. drug and alcohol services, criminal justice services, social care services, housing services. Strengthening coordination and targeting of effort as has taken place with MARAC (domestic violence) is likely to have benefits in terms of health outcomes.
- 4.4 Reviewing the scale and scope of activity across children's services to ensure that the scale of the challenge and response are matched. This might mean greater investment into weight prevention and management

services; improving access to leisure services and investing in peer education programmes to manage risk taking behaviour.

The first three approaches would not require major new resource but would mean changing the way that services are delivered, training and culture change. It isn't possible to quantify the relative impact that each of these approaches will have but a combination is likely to make a greater difference in achieving whole systems change than one area alone.

5.0 OTHER IMPLICATIONS

Poor health in children is likely to lead to lower productivity and higher levels of incapacity benefit claimants in future years along with hither needs for health and social care.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

This is central to the children and young people's agenda

6.2 Employment, Learning and Skills in Halton

Parental skills and employment is a major determinant of children's health. Action should be targeted to those most in need. Raising aspiration and attainment levels across Halton will improve health and reduce risk taking behaviour.

6.3 A Healthy Halton

Children's health is core to this partnership. Children with poor health are likely to continue health problems into adult life and require more treatment services.

6.4 A Safer Halton

Many of the risk taking behaviour in young people puts not only their health but wellbeing in danger. Alcohol use makes people vulnerable to crime and unwanted sexual contact. Drug use is associated with mental health problems. Young people misusing alcohol are also a major source of concern and antisocial behaviour in local communities.

6.5 Halton's Urban Renewal

High levels of health problems are associated with high levels of worklessness and incapacity benefit claimants. There is good evidence that obesity, smoking and alcohol have a major impact on productivity and sickness absence.

Figure

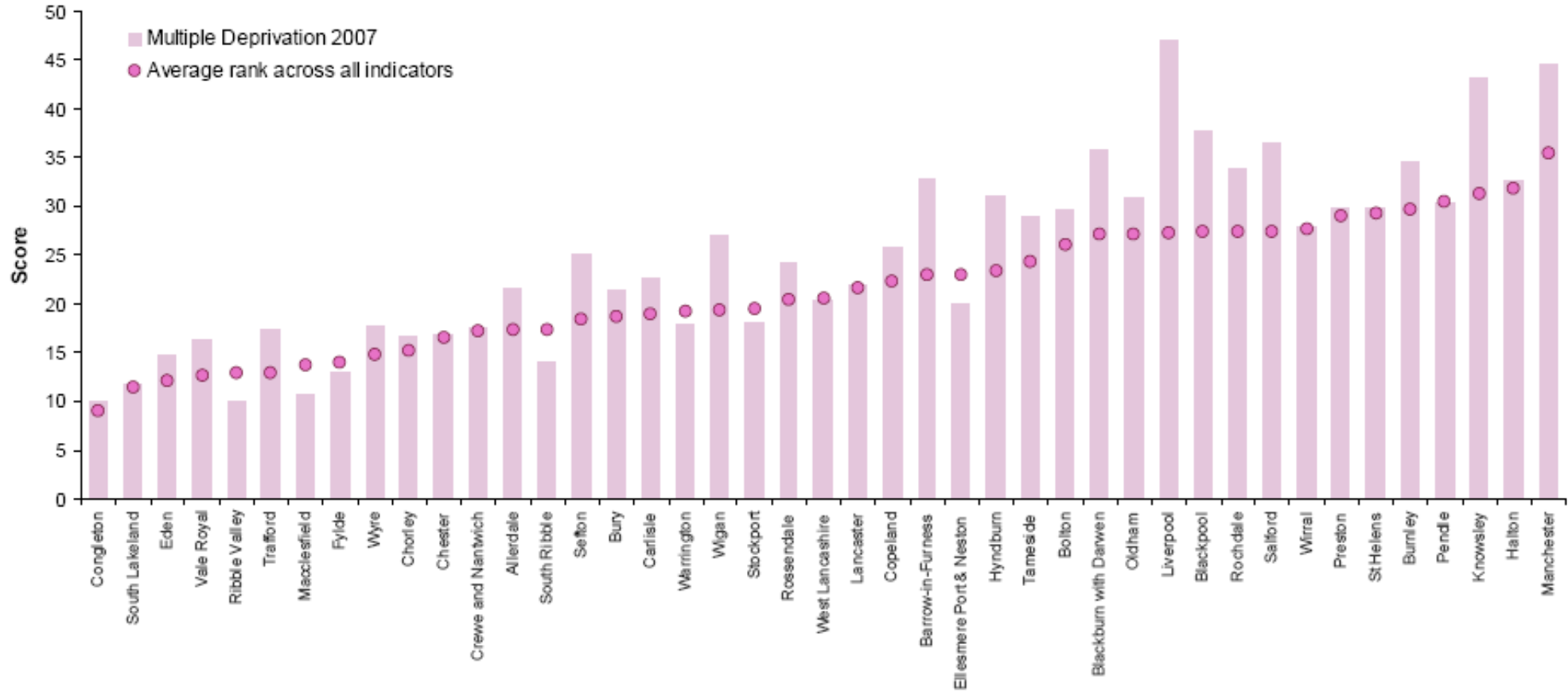


Table 1

Table i. Summary of Children and Young People Indicators for all local authorities in the North West. Overall position is determined from the average rank across all 50 indicators with the position shown for each of the five domains.

Local Authority	Average rank across all indicators	Average rank within each domain				
		Mortality	Hospital Admission	Health Status	Prevention	Risk Factors and Determinants
Congleton	8.9	7.8	9.1	2.0	20.4	8.7
South Lakeland	11.4	14.4	14.0	18.0	21.6	7.5
Eden	12.1	15.2	8.7	2.0	7.2	14.7
Vale Royal	12.6	15.6	10.7	13.0	20.4	12.8
Ribble Valley	12.8	17.4	8.6	4.0	26.6	11.6
Trafford	12.9	8.4	11.9	24.0	10.2	15.3
Macclesfield	13.7	8.0	20.5	7.0	20.4	11.7
Fylde	13.9	20.4	10.4	29.0	15.4	12.6
Wyre	14.7	9.6	6.5	36.0	26.4	16.1
Chorley	15.2	15.6	20.4	12.0	11.8	12.9
Chester	16.5	29.8	19.7	10.0	20.4	13.7
Crewe and Nantwich	17.2	19.8	18.3	23.0	20.4	17.9
South Ribble	17.3	7.0	24.9	27.0	11.8	14.3
Allerdale	17.3	11.0	24.0	4.0	7.2	18.2
Sefton	18.4	13.8	11.5	13.0	27.4	22.9
Bury	18.6	15.0	16.1	8.0	10.4	21.1
Carlisle	18.9	22.6	17.6	25.0	7.2	21.4
Warrington	19.1	22.0	18.6	15.0	35.4	17.7
Wigan	19.3	13.6	18.9	11.0	9.8	21.7
Stockport	19.4	28.4	22.8	15.0	8.0	20.1
Rossendale	20.4	6.4	23.5	21.0	35.0	17.9
West Lancashire	20.5	17.4	25.2	1.0	17.6	19.3
Lancaster	21.6	35.4	24.2	18.0	21.6	18.0
Copeland	22.2	18.8	29.6	8.0	7.2	23.3
Barrow-in-Furness	22.9	15.2	37.3	28.0	21.4	16.9
Ellesmere Port and Neston	23.0	22.8	29.6	4.0	19.8	22.8
Hyndburn	23.4	29.6	17.2	34.0	26.2	20.9
Tameside	24.2	20.4	25.2	31.0	22.4	24.9
Bolton	26.1	34.6	29.3	35.0	7.2	25.8
Oldham	27.1	33.2	29.4	36.0	13.2	24.9
Blackburn with Darwen	27.1	38.6	22.9	40.0	13.6	25.7
Liverpool	27.3	28.0	17.5	31.0	36.0	28.9
Blackpool	27.3	23.4	19.6	18.0	24.8	31.1
Rochdale	27.4	28.6	29.5	41.0	13.8	28.2
Salford	27.4	25.4	16.8	21.0	29.6	32.1
Wirral	27.7	21.6	35.4	15.0	27.8	26.7
Preston	29.0	38.2	28.2	42.0	26.2	23.7
St Helens	29.2	30.2	33.1	25.0	34.4	25.8
Burnley	29.6	36.6	34.5	43.0	34.8	23.7
Pendle	30.5	30.6	39.2	39.0	35.0	22.8
Knowsley	31.2	19.4	23.9	29.0	40.8	34.6
Halton	31.8	25.2	34.1	31.0	34.6	31.3
Manchester	35.4	40.4	27.3	38.0	39.8	37.8

3.0	value is below the 25th percentile
12.0	value is between 25th and 75th percentiles
30.0	value is above the 75th percentile