
DARLINGTON CHILD HEALTH PROFILE 2016

SUMMARY REPORT

Purpose of the Report

1. To inform members and partners of the key messages in the Darlington Child Health Profile 2016. The profile utilises the latest available data to provide a snapshot of child health in Darlington. It enables comparisons over time and against the regional and England averages. Child Health Profiles are designed to help the local authority and health services better understand local need and plan services to improve the health and wellbeing of local children and young people and reduce health inequalities.

Summary

2. The Darlington Child Health Profile 2016 provides an overview of the health and wellbeing of children in relation to 32 indicators. The indicators fall into the following five broad domains:
 - Premature mortality i.e. death rate in infants (under 1 year) and children (1 – 17 years).
 - Health protection in relation to vaccination and immunisation rates.
 - Wider determinants of ill health for example child development, GCSE attainment rates and family homelessness.
 - Health improvement including obesity and under 18 conception rates and hospital admission rates relating to alcohol and substance misuse.
 - Prevention of ill health for example smoking status at time of delivery and hospital admissions for accidents and other specific conditions.
3. The profile shows that the health and wellbeing of children in Darlington is generally worse than the England average. 15 of the reported indicators for Darlington are significantly worse when compared to England and 8 of these are also worse when compared to the regional figures.

Premature Mortality

4. The infant mortality (under 1 year of age) and child mortality (1 – 17 years of age) rates in Darlington are similar to previous years and in line with the England average rates.

Health Protection

5. Ensuring good uptake of vaccinations can bring benefits to the individual and the wider community. Vaccinated individuals produce antibodies to fight diseases should they come into contact with them.
6. If sufficient levels of the population are vaccinated the overall level of disease within the population is reduced as it is more difficult for the disease to pass from person to person. Therefore even those who have not been vaccinated have increased protection from the disease. This is referred to as *herd* immunity; the World Health Organisation recommends that at least 90% of the eligible population should be vaccinated for herd immunity to occur.
7. Achieving vaccination coverage of 95% offers the potential to eradicate some diseases for example measles and mumps.
8. Childhood immunisation rates amongst 2 year olds in Darlington are good and are above the recommended coverage rate of 90%.
9. 88.9% of children in care in Darlington were up to date with their immunisations in 2015; this is an improvement from the 2014 rate (85.2%). The rate in Darlington is in line with the England average (87.8%) but slightly lower than the regional average.

Health Improvement and Prevention of Ill Health

10. There has been a slight decline in rates of hospital admissions due to substance misuse amongst 15 – 24 year olds in Darlington. The rate in 2014/15 was 174 per 100,000 compared to 205.8 the previous year. The Darlington rate remains significantly higher than the England average of 88.8 per 100,000.
11. There has been a very slight decline in smoking status at time of delivery with 19.6% of women recorded as smokers in 2014/15 compared to 20.4% in 2013/14. The Darlington rate remains significantly higher than the England average of 11.4%.
12. Whilst hospital admissions caused by injuries in 0 – 14 year olds has declined slightly the number of attendances at A & E amongst 0 – 4 year olds in Darlington has increased significantly from previous years.
13. There were 7,704 recorded A & E attendances by Darlington residents aged 0 – 4 years in 2014/15 compared to 2,867 recorded the previous year. The Darlington rate in 2014/15 was 1,186.9 per 1,000 which is significantly higher than the England rate of 540.5 per 1,000.
14. Initial preliminary investigation of the increase in A & E attendances by 0 – 4 year olds in Darlington suggests it is likely to be due to service changes resulting in changes in the ways in which data is coded rather than a real increase in the number of 0 – 4 year olds having accidents.

15. Rates of obesity amongst 4 – 5 year olds in Darlington in 2014/15 fell slightly from the previous year whilst there was a slight increase in rates amongst 10 – 11 year olds.
16. The profile shows that in 2014/15 the rate of obesity amongst Darlington 4- 5 year olds was 10.3% compared to 11.2% in 2013/14. The rate was 20.2% amongst 10 – 11 year olds compared to 18.5% the previous year.
17. Rates of childhood obesity in Darlington remain similar to the England averages.
18. The rate of hospital admissions amongst 10 – 24 year olds as a result of self-harm declined to 526.8 per 100,000 in 2014/15 from 668.9 in 2013/14. The Darlington rate remains higher than the England average.

Priorities

19. To continue to improve the health and wellbeing of children and young people in Darlington and reduce inequalities in health between Darlington and England the focus for action should be informed by the indicators highlighted as being significantly worse locally than in England. Specifically these actions relate to:
 - In collaboration with Darlington Clinical Commissioning Group focus on stop smoking support via the Baby Clear Programme to reduce rates of smoking in pregnancy.
 - Undertake a more detailed analysis of data relating to A & E attendances by Darlington children to identify the potential reasons for the significant increase in recorded attendances.
 - Continue to develop collaboration and support by all partners to tackle health inequalities through action on the wider social determinants of health and specifically in relation to work being undertaken as part of the transformation of Children's services.
 - Influence opportunities presented through NHS and Council commissioning and contract management processes so that services commissioned reach those in greatest need and contribute to improvements in health and reduce inequalities.

Recommendation

20. It is recommended that :-

Members' and partners note the attached report for information and receive further reports as appropriate to lines of enquiry.

Miriam Davidson
Director of Public Health

Background Papers

Darlington Child Health profile: 2016, Public Health England, June 2016.

author : Judith Stonebridge Extension 6205

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	Effective use of healthcare and health improvement resources must take account of local needs assessments, appropriateness and acceptability of the action, efficiency and effectiveness of the action and the duration of the action.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	This report impacts on all Wards.
Groups Affected	This report impacts on all children across the Borough.
Budget and Policy Framework	This report does not represent any change to the budget and policy framework.
Key Decision	No.
Urgent Decision	No.
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the One Darlington: Perfectly Placed Sustainable Community Strategy in a number of ways through the contribution to the outcome 'better start in life'.
Efficiency	There are no issues relating to efficiency which this report needs to address.