
DARLINGTON CHILD HEALTH PROFILE 2017

DRAFT SUMMARY REPORT

Purpose of the Report

To inform members and partners of the key messages in the Darlington Child Health Profile 2017. The 2017 profile shows 2015/16 data, the latest available, to provide a snap shot 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

1. The Darlington Child Health Profile 2017 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.
2. The profile shows that the health and wellbeing of children in Darlington is generally worse than the England average. 13 of the reported indicators for Darlington are significantly worse when compared to England.

Premature Mortality

3. 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

4. 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.
5. 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.
6. Achieving vaccination coverage of 95% offers the potential to eradicate some diseases for example measles and mumps.
7. Childhood immunisation rates amongst 2 year olds in Darlington are good and are above the recommended coverage rate of 90%.
8. However the percentage of children in care in Darlington with up to date immunisations has shown a significant decrease from 88.9% in 2015 to 53.8% in 2016. This large fall could be due to a data anomaly as up until 2016 Darlington was following the England trend and Darlington's local neighbour's data does not show this decrease. Further investigation is needed to assess the data quality. .

Health Improvement and Prevention of Ill Health

9. There continues to be a slight decline in rates of hospital admissions due to substance misuse amongst 15 – 24 year olds in Darlington. The rate in 2015/16 was 145 per 100,000 compared to 174 the previous year. The Darlington rate remains significantly higher than the England average of 95.4 per 100,000.
10. There has been a significant decline in smoking status at time of delivery with 14.8% of women recorded as smokers in 2015/16 compared to 19.6% in 2014/15. The Darlington rate remains significantly higher than the England average of 10.6%.
11. Whilst hospital admissions caused by injuries in 0 – 14 year olds has remained similar the number of attendances at A & E amongst 0 – 4 year olds in Darlington has increased from previous years. There were 10,651 recorded attendances in 2015/16, compared to 7,704 recorded in the previous year. The Darlington rate in 2015/16 was 1,666 per 1,000 which is significantly higher than the England rate of 587.9 per 1,000.
12. Previous years data suggested the increase in A & E attendances was likely 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. Therefore we will continue to monitor this trend going forward.
13. Rates of childhood obesity in Darlington remain similar to previous years and to the England averages.

14. The rate of hospital admissions amongst 10 – 24 year olds as a result of self-harm continued to decline to 405.7 per 100,000 in 2015/16 from 526.8 in 2014/15. The Darlington rate remains higher than the England average.
15. Hospital admissions for mental health conditions in children aged 0-17 in Darlington has decreased to become significantly better than the England average of 86 per 100,000. This is a reduction in Darlington from 92.5 per 100,000 in 2014/15 to 44.2 per 100,000 in 2015/16.
16. Hospital admissions for dental caries (0-4 years) in Darlington is significantly better than the England average. However the percentage of children aged 5 years with decayed, missing or filled teeth has increased to 35.4% in 2015/16 from 29.4% in 2014/15 and is now significantly worse than the England average of 24.8%.
17. Hospital admissions (under 18s) due to alcohol-specific conditions have improved by reducing from 84.8 per 100,000 in 2014/15 to 76.2 per 100,000 in 2015/16. However Darlington still remains above than the England average.

Priorities

18. 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:
 - Undertake a more detailed analysis of data relating to children in care in Darlington with up to date immunisations to identify the potential reasons for the significant reduction in vaccinations.
 - Share key lines of enquiry (KLOEs) in relation to children’s oral health and investigate the need for an oral health strategy.
 - 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

19. It is recommended that :-
 - (a) Members and partners note the attached report for information and receive further reports as appropriate to lines of enquiry.

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Background Papers

Darlington Child Health profile: 2017, Public Health England, June 2017.

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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	The impact of the report on any individual ward is considered to be minimal.
Groups Affected	The impact of the report on any specific group is considered to be minimal.
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 Community Strategy in a number of ways through the involvement of local elected Members' contributing to the Healthy Darlington Theme Group.
Efficiency	There are no issues relating to efficiency which this report needs to address.