

## **HEALTH AND WELL BEING BOARD 4 JULY 2019**

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### **DARLINGTON CHILD HEALTH PROFILE 2019**

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#### **SUMMARY REPORT**

##### **Purpose of the Report**

1. To inform members and partners of the key messages in the Darlington Child Health Profile 2019. The 2019 profile reports data from 2017/18 to provide a snap shot of child health in Darlington. It allows for comparisons over time and against the regional and England averages. Child Health Profiles are designed to help the local authority and local health services better understand local need and to plan services to improve the health and wellbeing of local children and young people, and to reduce health inequalities.

##### **Summary**

2. The Darlington Child Health Profile 2019 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. Eleven of the reported indicators for Darlington are significantly worse than the England average.

##### **Recommendation**

4. It is recommended that Health and Wellbeing Board members and partners note the attached report for information and receive further reports as appropriate to lines of enquiry.

##### **Reason**

5. To inform the Board of the key messages in the Darlington Child Health Profile 2019.

**Miriam Davidson  
Director of Public Health**

**Background Papers**

Darlington Child Health profile: 2019, Public Health England, March 2019.

Author: Dr Malcolm Moffat PH Registrar

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.
Efficiency	There are no issues relating to efficiency which this report needs to address.

**MAIN REPORT**

**Information and Analysis**

**Premature Mortality**

6. The infant (under 1 year of age) mortality rate in Darlington in 2015/17 was similar to previous years and statistically similar to the England average rate. An equivalent rate for child (1-17) mortality could not be calculated due to the very small number of cases.

## Health Protection

7. Encouraging comprehensive vaccination coverage offers benefits to the individual recipient as well as to the wider community. If sufficient numbers of individuals are vaccinated the overall burden of disease within the population is reduced as person to person transmission is less likely to occur. As a result, even those who have not been vaccinated have increased protection against the viral or bacterial pathogen. 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.
8. Achieving vaccination coverage of 95% offers the potential to eradicate some diseases, for example measles and mumps.
9. Childhood immunisation rates amongst 2 year olds in Darlington are good and are above the recommended coverage rate of 90%.
10. 88.8% of children in care in Darlington were up to date with immunisations in 2018. This is in keeping with the England average and a significant improvement on the local uptake rate of 53.8% reported in 2016 and assumed at the time to be a data error.

## Wider Determinants of Ill Health

11. There is a growing appreciation that the material, social and economic circumstances into which we are born and raised are important determinants of health and wellbeing. Research into health inequalities has argued that addressing the wider determinants of ill health in childhood is likely to offer the most significant long-term benefit, as health inequalities often emerge in the antenatal period and accumulate through life. Sir Michael Marmot and others, therefore, have advocated for a life course approach to health inequalities, which recognises the crucial importance of these early years of life in determining future health outcomes. Local authorities, with responsibilities for public health, education, housing and the local environment, are well placed to consider and address these wider determinants.
12. Rates of good developmental progress at the end of reception and average GCSE attainment in Darlington remain similar to the English averages. The proportion of 16-17 year olds not in education, employment or training (NEET) in Darlington is 4.4%, statistically significantly better than the national and regional averages and significantly improved since 2017.
13. The rate of 10-17 year olds in Darlington coming into contact with the youth justice system for the first time remains similar to the England average and has fallen since 2010.
14. 20% of children under 16 in Darlington lived in low income families in 2016 (the most recently reported data period), significantly worse than the England average. Values for Darlington and England were statistically similar in 2010 but have since diverged, with the rate of improvement faster in England than in Darlington. However, the rate of family homelessness in Darlington in 2017/18 was the lowest in England.
15. The rate of children in care in Darlington is significantly higher than the rate for England, and has increased since 2011.

## Health Improvement and Prevention of Ill Health

16. 1.4% of all births were to teenage mothers in Darlington in 2017/18, significantly worse than the England average and statistically similar to previous reporting periods. 16.2% of new mothers were smokers at the time of delivery, the same figure as 2016/17 and significantly higher than the rate for England (10.8%).
17. Rates of childhood obesity in Darlington remain similar to previous years and to the England average, although obesity rates among 10-11 year olds have increased.
18. Hospital admissions due to substance misuse among 15-24 year olds in Darlington have increased to a rate of 132 admissions per 100,000 population since the previous reporting period. The rate in 2016/17 was 125 admissions per 100,000 population and had improved over the previous several years to be similar to the England average. The most recent data for Darlington is once again statistically significantly worse than the England average.
19. The rate of admission episodes for alcohol-specific conditions among under 18s in Darlington remains significantly higher than the England average in 2015/16-2017/18, but the gap between Darlington and England has narrowed very significantly since data were first collected in 2006/7-2008/9.
20. Hospital admissions caused by injuries in 0-14 year olds and in 15-24 year olds remain significantly higher in Darlington than in England, with little change since the previous reporting period. A&E attendances among 0-4 year olds in Darlington continue to reduce from a peak of 1,662 admissions per 1,000 population in 2015/16 to 1,150 admission per 1,000 population in 2017/18, but remain significantly higher than the England average and among the highest in the country.
21. The rate of hospital admissions among 10-24 year olds as a result of self-harm and the rate of hospital admissions among 0-17 year olds for mental health conditions in Darlington in 2017/18 were similar to the England averages and in keeping with data from the previous reporting period.

## Priorities

22. The Child Health Profile for 2019 re-emphasises the importance of continuing to work collaboratively to improve the health and wellbeing of children and young people in Darlington and of supporting initiatives that will 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:
  - Advocating for a 'Best Start in Life' approach to health inequalities, as per the key recommendations of the Director of Public Health's most recent annual report, recognising the crucial importance of childhood and adolescence to health and wellbeing in later life. Efforts here should include work to decrease smoking in pregnancy and the implementation of the healthy weight plan. A whole-system approach requires the involvement of various local authority partners to address the wider determinants of health that give rise to these persistent and pernicious health inequalities.
  - Supporting ongoing work to better understand children and young people's use of hospital-based healthcare services in Darlington. Actions arising from this work

are likely to involve partnership working with healthcare providers to ensure that local services are responsive to local need.

- Recognising the particular needs of vulnerable children and young people, including looked after children, children with substance misuse problems and children in contact with the criminal justice system. A health needs assessment of children and young people engaged with the Youth Offending Service (YOS) was produced in April 2019, and includes specific recommendations concerning the health and wellbeing needs of this group.