

Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care in Derbyshire

Addendum: Children and Young People's Health Benchmarking Tool

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Children and Young People’s Health Benchmarking Tool

The Benchmarking Tool, developed by the Child and Maternal (ChiMat) Health Intelligence Network, presents a selection of indicators that are most relevant to the health and wellbeing of children and young people in an easily accessible way to support local decision making.

The ChiMat Health Intelligence Network was established in response to the recommendations of the Children and Young People’s Health Outcomes Forum: an independent group of experts from local government, the NHS and charities advising the Government on improving services and outcomes for children and young people.

The Children and Young People’s Benchmarking Tool will inform local discussions and encourage improvements in services and health outcomes for children and young people.

The Benchmarking Tool brings together and builds upon health outcome data from the Public Health Outcomes Framework (PHOF) and the NHS Outcomes Framework (NHS OF). The Children and Young People’s Health Outcomes Forum also recommended a number of important additional indicators and increased detail for some existing indicators.

This report looks at those supplementary indicators which are not part of PHOF or NHSOF, and thus not considered in the main State of Derbyshire Report.

- Derbyshire performed significantly better than England in 12 indicators.
- Derbyshire’s performance in 6 indicators was similar to England.
- Derbyshire performed significantly worse than England in 2 indicators.

Performing Significantly Better than England

Children in care with up to date immunisations

87.0% compared to 83.3% for East Midlands and 83.2% for England. The percentage has risen significantly over the last period.

Acute sexually transmitted infections (including chlamydia)

Sexually transmitted infections continue to be an important public health problem in England. This indicator highlights variation in levels of infection and may indicate differing levels of risky sexual behaviour in young people.

At 29.5 per 1000 15-24 year olds, significantly lower than 32.7 for East Midlands and 34.4 for England. The rate has fallen significantly over the last period.

Family homelessness

The UN Convention on the Rights of the Child highlights the right of every child to an adequate standard of living. Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

At 0.7 families per 1000, significantly lower than for East Midlands, at 1.4, and England, at 1.7. The rate has fallen over the last period but not significantly.

Children in care

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

The rate of 43 children per 10,000 is significantly lower than 51 for East Midlands and 60 for England. Falling but not significantly.

Children killed or seriously injured in road traffic accidents

Road traffic collisions are a major cause of deaths in children, and comprise higher proportions of accidental deaths as children get older. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.

The rate of 16.1 per 100,000 is lower than for East Midlands, at 20.5, and significantly lower than for England, at 20.7.

Percentage of live *and still* births weighing <2500g

Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life (NICE). There are social inequalities in low birthweight in England and Wales and these inequalities are likely to affect childhood and adult health inequalities in the future, hence strategies will need to address differences in low birthweight and further monitoring of trends is therefore desirable.

The proportion of 8.0% is significantly lower than for East Midlands and England, both 7.3%.

Obese children

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

The prevalence of obesity in 4-5 year olds is 8.3%, lower than for East Midlands (9.0%) and significantly lower than for England (9.3%). It has increased significantly over the last period.

The prevalence of obesity in 10-11 year olds is 17.6%, lower than for East Midlands (18.3%) and significantly lower than for England (8.9%). It has fallen over the last period, but not significantly.

Children with one or more decayed, missing or filled teeth

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived communities than those that are more affluent. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.

22.3% of 5 year olds in Derbyshire are in this category, significantly lower than 29.8% in East Midlands and 27.9% in England.

A&E attendances (0-4 years)

A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

At 471.4 attendances per 1000 population the rate for Derbyshire is significantly higher than for East Midlands (440.5) but significantly lower than for England (510.8).

Hospital admissions for asthma (under 19 years)

Asthma is the commonest long-term medical condition in childhood. Emergency admissions should be avoided whenever possible. Unplanned hospitalisation for asthma, diabetes and epilepsy in children and young people under 19 years is a national quality indicator in the NHS Outcomes Framework.

The rate of 188.6 per 100,000 is significantly higher than for East Midlands (152.0), but significantly lower than for England (221.4). The rate has risen significantly over the last period.

Hospital admissions for mental health conditions

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

The rate of 64.2 per 100,000 is significantly lower than for East Midlands (96.2), but significantly lower than for England (87.6).

Performing Significantly Worse than England

GCSE achieved 5A*-C including English & Maths

Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

At 59.1% this is lower compared with 59.3% for East Midlands and significantly lower than for England, at 60.8%.

Hospital admissions as a result of self-harm (10-24 years) - 3 years pooled

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

The rate of 410.7 per 100,000 is significantly higher than for both East Midlands (357.4) and England (352.3). The rate has been falling, but not significantly.

However the rate for the latest single year (377.5) although significantly higher than for East Midlands (327.4) is similar to that for England (346.3).

Performance similar to England

The indicators for which performance was similar to that for England are:-

Child mortality rate (age 1-17 years);

Percentage of children in care who achieved 5 or more GCSEs at grades A*-C including English and mathematics;

Percentage of delivery episodes, where the mother is aged under 18 years;

Hospital admissions due to alcohol specific conditions;

Hospital admissions due to substance misuse (15-24 years);

Hospital admissions as a result of self-harm (10-24 years) - single year;