



Working together to improve health and wellbeing in Cheshire and Merseyside



Children and Young People Health and Wellbeing Profile: Cheshire and Warrington

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Foreword

The health and wellbeing of children and young people in our region is a key public health priority. This report presents profiles for children and young people in Cheshire and Warrington to help identify the actions that can support and improve outcomes for this population. The profiles cover a wide range of indicators which all impact upon health and social wellbeing. The first 1000 days from conception and the early years are key stages which impact on children's health, readiness to grow, learn and succeed. Primary school indicators provide understanding of issues to tackle to reduce health and social inequalities. Finally, secondary school and young adult indicators show us what we can focus on to support the progression of young people to healthy adults making a positive contribution to society. This knowledge informs the actions needed to support the health and wellbeing of our children and young people in order to ensure they are given the best start in life.



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Introduction

This Cheshire and Warrington Children and Young People Health and Wellbeing profile should inform strategic priorities and potential areas for collaborative working. It is important to recognise that the range of potential issues of interest is large. The profile therefore provides a summary of demographics and a set of key indicators with the greatest relevance to pre-birth and early years, primary school and finally, older children and young adults.

Priorities that are identified will be developed into a Case for Change document that will feed into the overarching Cheshire and Warrington Health Strategy.

Children and Young People in Cheshire & Warrington

A comparison to England

Pre-birth & early years



Smoking during pregnancy



Teenage mothers



Infant deaths under 12 months



Low birth weight (term babies)



Breastfeeding initiation



Breastfeeding at 6-8 weeks

Primary school



Obese children (age 4-5)



Good level of development at end of reception



MMR vaccination (age 5)



Dtap/IPV/Hib vaccination (age 2)



Accidental/deliberate injuries hospital admission (age 0-4)

Secondary school



Tooth decay (age 5)



Learning disabilities



Current smoker (age 15)



Physically active (age 15)



Low life satisfaction (age 15)



Alcohol-specific hospital admissions (under 18)



Serious road traffic accidents

Young adults



First time entrants YJS (age 10-17)



NEETs (age 16-18)



GCSEs achieved



Self-harm hospital admissions (age 10-24)



Teenage pregnancy



Asthma hospital admissions (under 19)



Cheshire and Warrington FACTS




Children and young people represent 28.1% of the total Cheshire and Warrington population (0-24 years), lower than the England average of 30.3%

Children and young people in Cheshire and Warrington face a good start in life overall, with significantly lower levels of deprivation and child poverty compared to the national average.

However, there are pockets of need within each local authority, with high levels of deprivation in some areas.

KEY

Statistical significance compared to England:

-  Better
-  Similar
-  Worse

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1 Children and young people in Cheshire and Warrington

Children and young people represent 28.1% of the total Cheshire and Warrington population (0-24yrs) which is lower than the England average of 30.3%. There are slightly fewer proportions of females compared to males in each age group in each local authority. In Warrington and Cheshire East, 1 in 10 children belong to a minority ethnic group, and only 7.3% in Cheshire West and Chester, compared to the national average of 28.9%.

Children and young people in Cheshire and Warrington face a good start in life overall, with significantly lower levels of deprivation and child poverty. However, there are clear pockets of need within each local authority, as illustrated in the small area map of the Index of Multiple Deprivation produced by Public Health Englandⁱ. In Warrington, levels of lone parent families are higher than the national average (Table 1).

	Cheshire East	Cheshire West and Chester	Warrington	England
% of people in an area living in 20% most deprived areas in England (IMD2015) ¹	8.5	16.3	18.5	20.2
% child poverty (under 16yrs old, 2013) ¹	11.5	14.9	14.5	18.6
% of households that have lone parents with dependent children, 2011 ²	5.9	6.4	7.3	7.1
Looked after children under 18yrs old, (per 10,000, 2014/15) ²	47.3	75.6	67.5	60.0
Hospital admissions for accidental and deliberate injuries in 0-14yr olds, (per 10,000, 2014/15) ¹	126.8	116.3	126.1	109.6
Asthma hospital admissions in under 19yrs olds for, (per 100,000, 2014/15) ³	189.0	204.0	185.3	216.1
GREEN better YELLOW similar RED worse than England average				

Table 1. Indicators across all children and young adult stages (Interpretation guide on p.10)

ⁱ E.g. IMD 2015 from 'PHE local health': http://www.localhealth.org.uk/#v=map7;i=t1.imd_2015_score;z=316716,412351,117822,97699;sid=47;sly=ltla_2013_DR:l=en

2 Pre-birth and early years

The first 1000 days from conception and the early years are essential to ensuring children are healthy, ready to learn, grow and have good life chances. For Cheshire and Warrington, there is a mixed picture for babies and young children (Table 2).

Better compared to England averages:

- **Chester East** and **Cheshire West and Chester** have significantly fewer babies being born with a low birth weight.
- **All Cheshire and Warrington local authorities** have significantly higher vaccination uptake for MMR and DTaP/IPV/HIB.

Worse compared to England averages:

- In **Cheshire West and Chester** and **Warrington** significantly fewer babies are breastfed.
- In **Cheshire East** significantly more women smoke at the time of delivery.
- **All Cheshire and Warrington local authorities** have significantly higher rates of hospital admissions for both babies and for childhood injuries.

	Cheshire East	Cheshire West and Chester	Warrington	England
Number of births, (2013) ⁴	3770	3577	2366	N/A
% smoke during pregnancy (2014/15) ³	12.5	11.4	11.0	11.4
Women giving birth with mild/moderate depressive illness /anxiety (lower est. 2013/14) ⁵	370	345	230	N/A
Teenage mothers: Under 18 birth rate (rate per 1,000 aged 15-17, 2014) ¹	5.4	7.5	6.2	6.7
Infant deaths under 12 mths, (per 1,000 live births, 2012/14) ³	4.3	3.3	4.6	4.0
Low birth weight of term babies (% all births, 2014) ³	2.0	2.1	2.4	2.9
% initiating breastfeeding in 1 st 48 hours, (2014/15) ³	74.0	68.9	68.5	74.3
% breastfeeding 6-8 wks after birth, (2014/15) ³	45.2	35.4	37.6	43.8
Admissions of babies under 14 days, (per 1,000, 2014/15) ⁶	89.7	95.2	115.7	60.7
Hospital admissions for accidental and deliberate injuries in 0-4yr olds, (per 10,000, 2014/15) ⁶	167.0	165.7	163.2	137.5
%DTaP/IPV/Hib vaccination aged 2 yrs, (2014/15)** ⁶	96.8	97.2	98.0	95.7
%MMR vaccination - 2 doses aged 5 yrs, (2014/15)** ⁶	90.3	91.0	90.6	88.6
% children in care with up-to-date vaccinations(2015) ⁷	98.0	75.8	88.2	87.8
GREEN better YELLOW similar RED worse than England average				

Table 2. Pre-birth and early years' indicators (Interpretation guide on p.10)

*= value not published for data quality reasons **= value estimated from former primary care organisations covered by the LA

3 Primary school

Primary school is a significant milestone and presents a key opportunity for tackling health and social inequalities faced by children across Cheshire and Warrington (Table 3).

Better compared to England averages:

- **East Cheshire** has significantly better levels of school readiness, and significantly fewer obese children at reception age and at 10-11 years old.
- **Cheshire West and Chester** has better levels of good development at the end of reception and significantly lower proportions of children aged 5 with one or more decayed, missing or filled teeth.
- **Warrington** has significantly fewer obese children aged 10-11 years old.

Worse compared to England averages:

- **Warrington** has a significantly higher proportion of children aged 5 with one or more decayed, missing or filled teeth.

Further comments: Lower levels of children with learning disabilities known to schools could be an indication of delayed diagnosis or under-diagnosis. To interpret this value further local investigation is needed.

	Cheshire East	Cheshire West and Chester	Warrington	England
% children achieving a good level of development at the end of reception, (2014/15) ³	68.4	68.8	67.6	66.3
% children with free school meals achieving a good level of development at the end of reception, (2014/15) ¹	48.7	49.6	47.4	51.2
% obese children aged 4-5, (2014/15) ³	7.0	9.7	8.3	9.1
% obese children aged 10-11, (2014/15) ³	15.4	18.5	16.1	19.1
% children aged 5 with one or more decayed, missing or filled teeth, (2011/12) ³	22.2	24.4	31.6	27.9
Children with learning disabilities known to schools (per 1,000 pupils, 2014) ⁸	4.5	29.7	35.0	33.7
GREEN better YELLOW similar RED worse than England average				

Table 3. Primary school indicators (Interpretation guide on p.8)

4 Secondary school to young adults

Progression to secondary school gives new opportunities and choices for many children and young adults. It is essential that children are supported with positive environments and opportunities to grow in to confident and healthy young adults (Table 4).

Better compared to England averages:

- In **Cheshire East** GCSE achievement is significantly higher;
- Children in **Cheshire East** and **Warrington** self-report significantly lower daily mean sedentary time over the last week;
- **Cheshire West and Chester** were more likely to be physically active at 15 years old;
- **Cheshire West and Chester** has significantly more children who self-report being physically active for at least one hour per day seven days and also significantly lower hospital admissions for self-harm and substance misuse;
- **Warrington** and **Cheshire West and Chester** have significantly lower levels of first time entrants to the youth justice system – this is also amongst the lowest levels in the North West region.

- **All Cheshire and Warrington local authorities** have the three lowest levels in the North West of young people not in employment, education or training (NEET) (based 2014 data).

Worse compared to England averages:

- **Cheshire East** has significantly higher proportions of 15 year olds who self-report being drunk in the last four weeks;
- **Warrington** and **Chester East** have significantly higher rates of hospital admissions for injuries (15-24 year olds), for alcohol specific conditions and also for self-harm;
- **Warrington** has significantly higher admissions for substance misuse – double that of England
- **Cheshire East** and **Warrington** have significantly lower levels of chlamydia screening detection in young people aged 15 to 24 years old.

	Cheshire East	Cheshire West and Chester	Warrington	England
% 15yr olds who are smokers, 2014/15 ⁹	7.5	6.8	9.0	8.2
% 15yr olds drunk in the last 4 weeks, 2014/15 ⁹	19.1	14.3	16.5	14.6
% 15yr olds with a mean daily sedentary time +7hrs per day in the last week, 2014/15 ⁹	67.1	70.3	66.7	70.1
% physically active for at least one hour per day seven days a week 2014/15 ⁹	14.7	16.2	12.2	13.9
% aged 15 reporting low life satisfaction, 2014/15 ⁹	12.8	12.3	12.4	13.7
Teenage pregnancy rate per 1,000 (U18), 2014 ¹	17.8	19.9	22.6	22.8
Chlamydia detection in 15 to 24yrs olds (per 100,000), 2014 ^{**1}	1,949	1,998	1,432	2,035
GCSEs achieved (% 5 A*-C inc. English and Maths), 2014/15 ³	63.9	58.6	59.0	57.3
% 16-18yr olds not in education, employment or training (NEET), 2015 ^{****3}	2.8	2.9	3.2	4.2
First time entrants to the youth justice system (per 100,000), (aged 10-17yrs), 2014 ³	371	191	169	409
Hospital admissions due to unintentional and deliberate injuries in 15-24yr olds, (per 10,000), 2014/15 ¹	161.2	127.8	232.1	131.7
Hospital admissions due to self-harm in 10-24yr olds, (per 100,000), 2014/15 ³	491.3	347.3	818.3	398.8
Hospital admissions due to alcohol specific conditions (under 18yrs, per 100,000 aged, 2012/13 - 14/15) ³	47.6	36.3	62.5	36.6
Hospital admissions due to substance misuse (15-24 years), (per 100,000), 2012/13–14/15 ³	93.0	55.0	163.2	88.8
% mental health disorder in 5-16yr olds, (estimates, 2014) ²	8.4	8.8	8.9	9.3
Children under 15yrs killed or seriously injured in road traffic accidents (per 100,000), 2012/14 ³	16.7	21.2	17.0	17.9
% children providing unpaid care, (aged <15yrs), 2011 ²	0.94	1.05	1.23	1.11
% young people providing unpaid care, (aged 16-24yrs), 2011 ²	4.1	4.7	5.2	4.8
% children providing considerable unpaid care (+20hrs per week) (aged <15), 2011 ²	0.15	0.15	0.25	0.21
% young people providing considerable unpaid care (+20hrs per week) (aged 16-24), 2011 ²	1.0	1.3	1.4	1.3
GREEN better YELLOW similar RED worse than England average				

Table 4. Secondary school to young adult indicators (Interpretation guide on p.10)

***there are several data quality issues with this indicator: It is not a measure of morbidity. The number of positives detected is highly dependent on the screening services offered to the population. The Department of Health Public Health Outcomes Framework 2013-2016 recommends that local areas aim to achieve a chlamydia detection rate among 15 to 24 year olds of at least 2,300 per 100,000 population.*

*****Situation change: new legislation requires all those aged 16-18 to be in some kind of employment, education or training.*

Interpretation guide

The values in each column in Tables 1 to 4 represent local measures for the identified row indicators in the named area. Some areas might have lower or higher values than others, but not be statistically different to the England comparator. Measures of statistical significance (such as 95% confidence intervals) give us an idea of precision and confidence that can be used when interpreting estimated local values and the probability that the difference shown is (or is not) a chance finding.

GREEN This means the value is statistically significantly better than the England value and the difference shown is not likely to be a chance finding.

YELLOW This means the value is NOT statistically significantly different to the England value and the difference shown is not likely to be a chance finding.

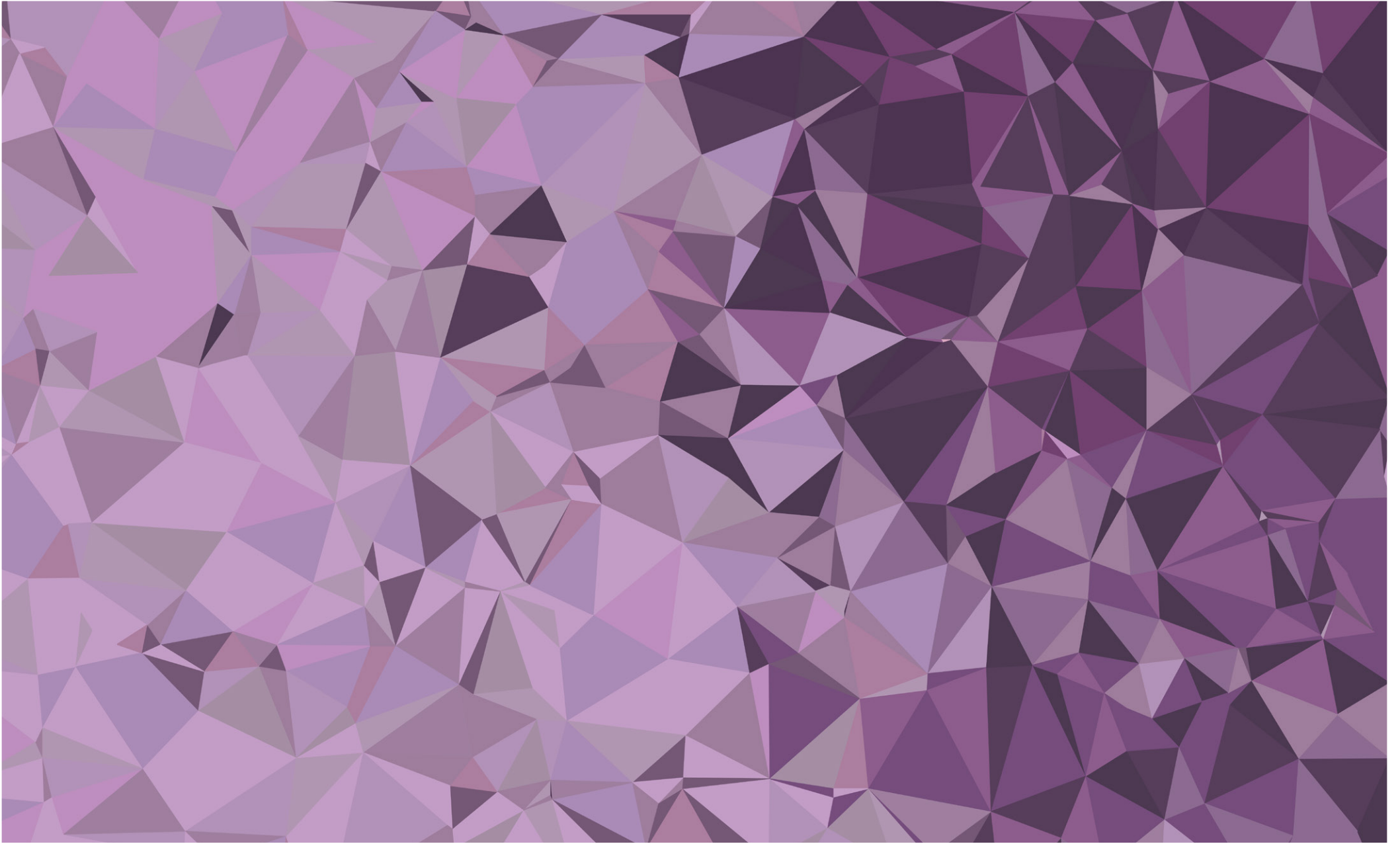
RED This means the value is statistically significantly worse than the England and the difference shown is not likely to be a chance finding.

Data sources

- ¹ <http://fingertips.phe.org.uk/>
- ² <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/>
- ³ <http://fingertips.phe.org.uk/profile/child-health-profiles>
- ⁴ <http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101629>
- ⁵ <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=503>
- ⁶ <http://fingertips.phe.org.uk/profile/cyphof>
- ⁷ <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=251>
- ⁸ <http://fingertips.phe.org.uk/profile/learning-disabilities/data>
- ⁹ <http://fingertips.phe.org.uk/profile/what-about-youth>

Also see local authority JSNAs:

- http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx
http://inside.cheshirewestandchester.gov.uk/find_out_more/datasets_and_statistics/statistics
<https://www.warrington.gov.uk/jsna>



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