



Working together to improve health and wellbeing in Cheshire and Merseyside



## Children and Young People Health and Wellbeing Profile: Liverpool City Region

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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 the Liverpool City Region 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 Liverpool City Region (LCR) 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 years and from older childhood to becoming a young adult.

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

# Children and Young People in Liverpool City Region

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

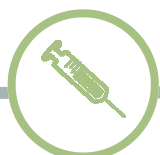
## Primary school



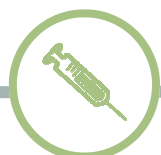
Obese children (age 4-5)



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)

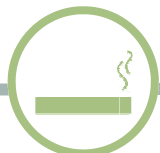


Tooth decay (age 5)

## Secondary school



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



First time entrants YJS (age 10-17)



NEETs (age 16-18)



GSCEs achieved



Self-harm hospital admissions (age 10-24)



Teenage pregnancy

## Young adults



Asthma hospital admissions (under 19)






## LCR FACTS

Children and young people represent 30.3% of the total Liverpool City Region population (0-24 years), similar to the England average.

Children and young people in the Liverpool City Region face a difficult start in life, with significantly higher levels of deprivation, child poverty and lone parent families in each of the six local authorities compared to the national average.

## KEY

Statistical significance compared to England:

-  Better
-  Similar
-  Worse

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## 1. Children and young people in the Liverpool City Region

Children and young people represent 30.3% of the total LCR population (0-24yrs), comparable to the England average. Across all ages there are slightly fewer proportions of females compared to males in each local authority, with the exception of those aged 15+ in Liverpool, where there are more females. One in five children in Liverpool belong to a minority ethnic group, which is far more than in any other local authority in LCR, but still fewer than the national average of 28.9%.

Children and young people in LCR face a difficult start in life, with significantly higher levels of deprivation, child poverty and lone parent families in each of the six local authorities compared to the national average, especially in Knowsley and Liverpool (Table 1). Hospital admissions are significantly higher in LCR compared to England across various stages of childhood for asthma and unintentional injuries.

	Halton	Knowsley	Liverpool	Sefton	St. Helens	Wirral	England
% of people in an area living in 20% most deprived areas in England (IMD2015) <sup>1</sup>	48.3	60.4	60.5	27.1	40.1	30.7	20.2
% child poverty (under 16yrs old, 2013) <sup>1</sup>	24.5	30.2	31.6	19.8	24.1	22.5	18.6
% of households that have lone parents with dependent children, 2011 <sup>2</sup>	10.1	11.9	10.2	7.8	8.5	9.1	7.1
Looked after children under 18yrs old, (per 10,000, 2014/15) <sup>2</sup>	81.5	94.6	110.7	84.1	112.6	99.9	60.0
Hospital admissions for accidental and deliberate injuries in 0-14yr olds, (per 10,000, 2014/15) <sup>1</sup>	159.1	163.3	122.8	116.9	157.5	115.1	109.6
Asthma hospital admissions in under 19yrs olds for, (per 100,000, 2014/15) <sup>3</sup>	356.8	368.1	304.7	336.8	350.7	292.3	216.1
<b>GREEN</b> better <b>YELLOW</b> similar <b>RED</b> worse      than England average							

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

## 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 LCR, Table 2 shows a mixed picture for babies and early years, and some of these indicators are also described in the bullet points below.

### Better compared to England averages:

- **All LCR local authorities** have fewer or similar numbers of babies being born with a low birthweight, similar death rates in infants under 12 months old, and similar or lower proportions of babies born at low birth weight.
- **All LCR local authorities** have better vaccination uptake, except two dose MMR in Liverpool.

### Worse compared to England averages:

- For **all LCR local authorities** where values are available, smoking in pregnancy is significantly higher and breastfeeding initiation and at 6/8 weeks is significantly lower.
- **Halton, Knowsley St. Helens** and **Wirral** have significantly higher hospital admissions among babies.
- **Halton, Knowsley** and **St. Helens** have more injury related admissions in children aged 0-4 years old.
- Only two-thirds of children in care in **Sefton** have up to date immunisations, with levels also low in **Liverpool** and **Wirral**.

	Halton	Knowsley	Liverpool	Sefton	St. Helens	Wirral	England
Number of births, (2013) <sup>4</sup>	1597	1816	5646	2844	2049	3560	N/A
% smoke during pregnancy (2014/15) <sup>3</sup>	18.3	19.4	16.2	*	17.3	*	11.4
Women giving birth with mild/moderate depressive illness /anxiety (lower est. 2013/14) <sup>5</sup>	150	175	550	270	195	330	N/A
Teenage mothers: under 18 birth rate (rate per 1,000 aged 15-17, 2014) <sup>1</sup>	10.1	10.0	8.3	6.5	8.9	9.3	6.7
Infant deaths under 12 mths, (per 1,000 live births, 2012/14) <sup>3</sup>	2.7	3.5	4.7	4.8	2.9	4.0	4.0
Low birth weight of term babies (% all births, 2014) <sup>3</sup>	1.9	2.7	2.6	2.6	2.3	1.9	2.9
% initiating breastfeeding in 1 <sup>st</sup> 48 hours, (2014/15) <sup>3</sup>	52.8	47.7	53.8	56.0	58.1	55.6	74.3
% breastfeeding 6-8 wks after birth, (2014/15) <sup>3</sup>	*	19.1	33.3	28.2	*	31.0	43.8
Admissions of babies under 14 days, (per 1,000, 2014/15) <sup>6</sup>	92.6	86.4	50.6	63.8	101.5	70.2	60.7
Hospital admissions for accidental and deliberate injuries in 0-4 yr olds, (per 10,000, 2014/15) <sup>6</sup>	207.1	170.8	118.4	124.8	194.2	133.5	137.5
%Dtap /IPV /Hib vaccination aged 2 yrs, (2014/15)** <sup>6</sup>	98.0	98.1	96.4	97.0	96.9	98.2	95.7
%MMR vaccination - 2 doses aged 5 yrs, (2014/15)** <sup>6</sup>	91.3	91.5	87.8	91.3	90.6	92.3	88.6
% children in care with up-to-date vaccinations, (2015) <sup>7</sup>	96.6	94.4	78.9	64.9	100	83.7	87.8
<b>GREEN</b> better <b>YELLOW</b> similar <b>RED</b> 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 some children in LCR. The bullet points below describe some of the presented indicators (Table 3) for children during primary school years in LCR.

#### Better compared to England averages:

- **Wirral** has better than average levels of school readiness.

#### Worse compared to England averages:

- **Halton, Knowsley and Liverpool** have significantly worse levels of children not achieving good levels of development at the end of reception.
- **Halton, Knowsley, Liverpool and St. Helens** have significantly higher proportions of obese children age 4-5 years. For **Knowsley** and **Liverpool** significantly higher levels of obesity are also seen in older children (10-11 years).
- **Knowsley, Liverpool, St. Helens and Halton** have significantly higher levels of children with missing decayed or filled teeth.

**Further comments:** Higher or lower levels of children with learning disabilities known to schools could be an indication of prompt, delayed or under-diagnosis. To interpret this value further local investigation is needed in LCR local authorities.

	Halton	Knowsley	Liverpool	Sefton	St. Helens	Wirral	England
% children achieving a good level of development at the end of reception, (2014/15) <sup>3</sup>	54.7	60.3	56.5	66.2	64.4	69.5	66.3
% children with free school meals achieving a good level of development at the end of reception, (2014/15) <sup>1</sup>	40.6	50.0	45.6	48.4	49.6	54.4	51.2
% obese children aged 4-5, (2014/15) <sup>3</sup>	11.0	11.2	11.8	10.0	10.7	9.3	9.1
% obese children aged 10-11, (2014/15) <sup>3</sup>	20.7	22.5	23.0	18.0	18.5	19.6	19.1
% children aged 5 with one or more decayed, missing or filled teeth, (2011/12) <sup>3</sup>	33.6	40.3	35.8	26.5	32.9	32.1	27.9
Children with learning disabilities known to schools (per 1,000 pupils, 2014) <sup>8</sup>	30.4	71.4	38.3	22.3	46.3	20.5	33.7
<b>GREEN</b> better <b>YELLOW</b> similar <b>RED</b> worse      than England average							

**Table 3. Primary school indicators** (Interpretation guide on p.10)



## 4. Secondary school to young adults

Progression to secondary school gives new opportunities and choices for many children and young people. 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:

- **Liverpool** has significantly fewer 15 year olds reporting drinking and smoking.
- **Wirral** has a significantly higher percentage of children attaining five GCSEs (A\*-C including English and Maths).
- **Knowsley, Sefton** and **Wirral** have significantly higher chlamydia detection rates.

### Worse compared to England averages:

- **All LCR local authorities** have significantly higher levels of carers aged 16-24 (unpaid).
- **All LCR local authorities** (excepting Sefton) have significantly higher levels of carers aged under 15 years who provide 20+ hours of unpaid care per week.
- **All LCR local authorities** have significantly higher levels of child carers aged 16-24 who provide 20+ hours of unpaid care per week.
- **All LCR local authorities** have significantly higher rates of hospital admissions for unintentional and deliberate injuries in young people (15-24 years) and self-harm (except Liverpool).

- **Liverpool** and the **Wirral** have more children killed or seriously injured in road traffic accidents.
- **Halton, Liverpool, St. Helens** and **Wirral** have higher levels of hospital admissions related to substance misuse.
- **Wirral** and **St. Helens** have significantly more 15 year olds reporting having been drunk recently.
- **Sefton, St. Helens** and **Wirral** have higher rates of alcohol-related hospital admissions.
- Teenagers in **Liverpool** self-report significantly lower levels of life satisfaction.
- **All LCR local authorities** (except Wirral) have higher levels of estimated mental health problems in children aged 5 to 16 years.
- **All LCR local authorities** (except Wirral) have significantly higher levels of children not in education, employment or training. **Knowsley** and **Liverpool** have significantly fewer children with 5 GCSEs (A\*-C including English and Maths).
- **Halton, Knowsley, Liverpool** and **St. Helens** have more 15 year olds with an average daily sedentary time in the last week over 7 hours per day. Furthermore, **Knowsley** and **St. Helens** have fewer 15 year old who are physically active for one hour a day on a weekly basis.

	Halton	Knowsley	Liverpool	Sefton	St. Helens	Wirral	England
% 15yr olds who are smokers, 2014/15 <sup>9</sup>	8.9	7.1	6.5	7.0	8.7	7.4	8.2
% 15yr olds drunk in the last 4 weeks, 2014/15 <sup>9</sup>	16.5	15.6	11.8	14.9	16.8	21.3	14.6
% 15yr olds with a mean daily sedentary time +7hrs per day in the last week, 2014/15 <sup>9</sup>	76.9	76.6	78.1	72.2	78.3	69.8	70.1
% physically active for at least one hour per day seven days a week 2014/15 <sup>9</sup>	12.0	9.8	11.9	14.6	11.0	14.2	13.9
% aged 15 reporting low life satisfaction, 2014/15 <sup>9</sup>	11.5	15.1	16.8	12.4	12.5	12.5	13.7
Teenage pregnancy rate per 1,000 (U18), 2014 <sup>1</sup>	31.5	32.8	32.5	21.1	36.2	30.8	22.8
Chlamydia detection in 15 to 24yrs olds (per 100,000), 2014**1	1,993	2,336	2,248	3,280	2,243	3,108	2,035
Hospital admissions due to unintentional and deliberate injuries in 15-24yr olds, (per 10,000), 2014/15 <sup>1</sup>	188.0	194.8	185.1	167.5	225.2	170.4	131.7
Hospital admissions due to self-harm in 10-24yr olds, (per 100,000), 2014/15 <sup>3</sup>	689.8	689.9	411.0	487.0	843.1	526.0	398.8
Hospital admissions due to alcohol specific conditions (under 18yrs, per 100,000 aged, 2012/13 - 14/15) <sup>3</sup>	48.6	44.3	40.6	49.1	77.9	61.2	36.6
Hospital admissions due to substance misuse (15-24 years), (per 100,000), 2012/13-14/15 <sup>3</sup>	195.5	112.6	104.1	76.8	197.4	161.1	88.8
% mental health disorder in 5-16yr olds, (estimates, 2014) <sup>2</sup>	10.2	10.6	10.4	9.4	10.1	9.6	9.3
Children under 15yrs killed or seriously injured in road traffic accidents (per 100,000), 2012/14 <sup>3</sup>	22.6	25.8	39.6	22.8	25.0	29.7	17.9
GCSEs achieved (% 5 A*-C inc. English and Maths), 2014/15 <sup>3</sup>	56.5	45.9	47.1	55.8	55.4	61.0	57.3
% 16-18yr olds not in education, employment or training (NEET), 2015**** <sup>3</sup>	5.2	7.0	6.3	4.9	6.4	4.5	4.2
First time entrants to the youth justice system (per 100,000), (aged 10-17yrs), 2014 <sup>3</sup>	329	490	431	368	445	430	409
% children providing unpaid care, (aged <15yrs), 2011 <sup>2</sup>	1.40	1.29	1.38	1.38	1.22	1.26	1.11
% young people providing unpaid care, (aged 16-24yrs), 2011 <sup>2</sup>	6.3	7.7	5.4	6.5	6.3	6.2	4.8
% children providing considerable unpaid care (+20hrs per week) (aged <15), 2011 <sup>2</sup>	0.32	0.38	0.32	0.23	0.28	0.27	0.21
% young people providing considerable unpaid care (+20hrs per week) (aged 16-24), 2011 <sup>2</sup>	2.2	2.7	1.7	1.9	2.1	1.8	1.3
<b>GREEN</b> better <b>YELLOW</b> similar <b>RED</b> worse      than England average							

**Table 4. Secondary school to young adults indicators** (Interpretation guide on p.6)

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

\*\*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.

## 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.

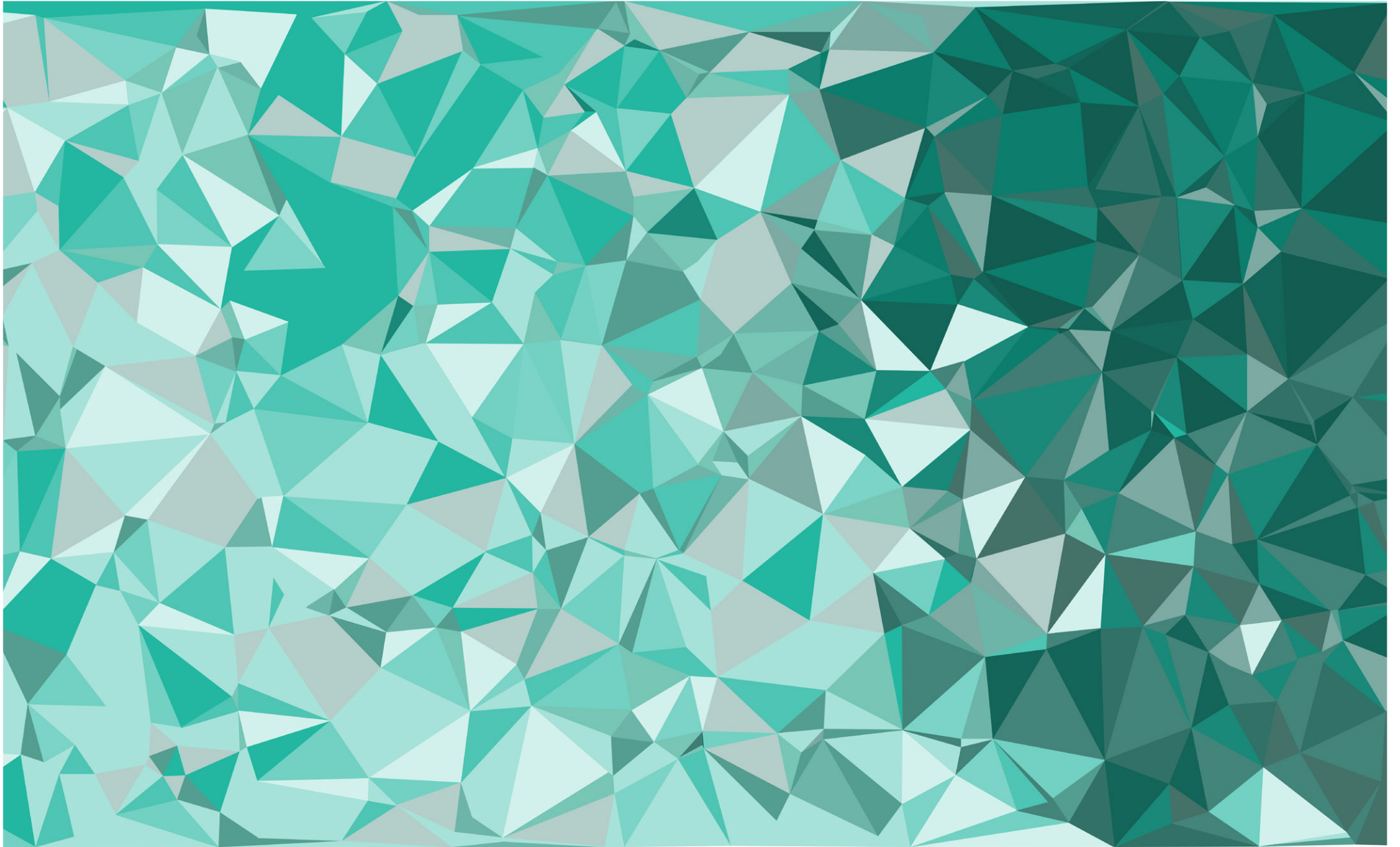
**RED** This means the value is statistically significantly worse than the England and the difference shown is not likely to be a chance finding.

## Data sources

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

### Also see local authority JSNAs:

- <http://www.haltonchildrenstrust.co.uk/wp-content/uploads/2014/04/Childrens-JSNA-Chapter-5-School-Age.pdf>
- <http://knowsleyknowledge.org.uk/jsna-2/>
- [www.liverpool.gov.uk/jsna](http://www.liverpool.gov.uk/jsna)
- <https://www.sefton.gov.uk/media/728969/SSNA-2014-Early-Life.pdf>
- [http://www.sthelens.gov.uk/media/822416/jsna\\_2015\\_executive\\_summary.pdf](http://www.sthelens.gov.uk/media/822416/jsna_2015_executive_summary.pdf)
- <http://info.wirral.nhs.uk/ourjsna/wirralplan.html>



Working together to improve health and wellbeing in Cheshire and Merseyside

