

Children's Need Profile for Rural West Area Partnership Board - child health and well-being

International health and wellbeing profiles, including England, have been collated across 43 countries spanning Europe and North America by the Health Behaviour in School-aged Children (HBSC) research network. HBSC is an international alliance that collaborates on the cross-national survey of school students collecting data every four years on 11, 13 and 15 year old boys' and girls'. The aim is to establish health and well-being, social environments and health behaviours and allow comparisons to be drawn between countries. The following information focuses on HBSC outcomes for England.

England

There are a few indicators where England is performing **better** than the majority of other countries. For example England has:

- higher levels of oral health
- lower levels of bullying
- a better smoking status than the international average (smoking before age 13 & smoking at least once a week).
- been ranked in the top half of all countries for levels of physical activity, despite low levels across all international data.

However, there are a number of areas where England is performing **worse** than average when compared to other countries. For example England has higher levels of:

- both girls and boys feel pressurised by schoolwork, especially at age 15
- soft drinks consumption across all ages
- girls reporting having been drunk (at least twice), ever trying cannabis, and having had sexual intercourse at age 15.
- children who drink alcohol at least once a week (except for 13 year old boys where it is the same as the average)
- young people watching television for two or more hours a day on weekdays across all ages.
- young people who rate their health as fair or poor is slightly, which increases slightly with age.
- girls having had sexual intercourse at age 15, with 32% of girls compared to the HBSC average of 23%, compared to 26% of boys.

In addition to the HBSC data, Child Health Profiles have been produced by the Child and Maternal Health Observatory (ChiMat) on behalf of the Public Health Observatories in England to draw together information to allow a picture of the health of each local area to be presented in a user-friendly format. In doing so, they provide a snapshot of child health and well-being for each local authority in England using key health indicators which enables comparison locally, regionally and nationally.



Health Profiles are designed to help local government and health services to understand their community's needs, make decisions and plan to improve local people's health and reduce health inequalities. Local profiles will enable evidence-based services to be commissioned based on the need of the local population by local organisations working in partnership.

Cheshire West and Chester

The area known as Cheshire West and Chester is defined by its position as a unitary authority in the North West of England. It has a population of 327,500 people, making it the fourth largest council in the North West of England. The area includes the historic city of Chester, the industrial and market towns of Ellesmere Port, Northwich and Winsford together with Neston, Frodsham, Helsby and Malpas. In total 32% of the local population live in rural wards.

Key headline information from borough wide Needs Analysis

In order to understand what life is like for children and young people in Cheshire West and Chester a number of sets of data have been brought together looking at such areas as education, health, safety and wellbeing.

- Cheshire West and Chester had a population of 98,100 children and young people (aged under 24) in 2008. Almost a third of Cheshire West and Chester's population is under the age of 25.
- Cheshire West and Chester has a relatively small Black and Minority Ethnic population at around 6%.
- The largest concentrations of children and young people are in the areas of Chester, Northwich and Ellesmere Port.
- More children in care are aged 5-11 and 12 to 19 than 0-4.
- In 2011 there were 3,918 incidents of anti-social behaviour, 406 of which were alcohol related.
- In 2011 there were 2,019 children and young people identified as offenders (number of offenders as opposed to the number of crimes – may be more than one offender involved in a specific crime) and 96% of those were aged 11-19.
- In 2011 there were 1,507 children and young people that were victims of crime 91% of which were aged 11-19 (number of victims as opposed to the number of crimes – may be more than one victim involved in a crime)
- In 2011 there were 883 missing from home incidents involving children and young people mainly aged 11-19 with Chester and



Ellesmere Port Neighbourhood Policing Units recording the highest numbers.(number of incidents rather than individuals – may be multiple incidents involving the same individual)

- In December 2011 there were 448 young people (4.9%) who were not in education, training or employment.
- Cheshire Domestic Abuse Partnership say that in Cheshire, 22% of school pupils have seen adults hurt one another at home and that 900 mothers are supported by its services a year.
- There are high hospital admission rates in the under 5s, particularly for injuries and in areas of deprivation.
- Alcohol is the leading substance misuse problem in young people accessing substance misuse services locally
- Between 1 April 2011 and 31 March 2012, 42 individual young people engaged with structured substance misuse treatment services in West Cheshire.
- Alcohol (43%), cannabis (26%) and amphetamines (21%) were the most common substances young people sought help with.
- It is estimated that for Cheshire West and Chester as a whole there are between 689 and 5306 disabled children and young people aged 0-19 years old*

*(To determine the number of disabled children locally, figures have been based on a percentage of the 2007 0-19 child and young person population forecasts. The forecasts cover 2007 -2022 and have been disaggregated to give a figure for total population for 2010. The numbers of disabled young people have then been calculated based upon recognised levels of disability as follows: 1% (most complex disabled young people) = 689 7.7% (all disability/impairments) = 5306. The definitions above have come from the 'Commission Support Programme – Commissioning for Outcomes and Efficiency' document (November 2010)

Key Health and Wellbeing Data

Around 23% of the population of Cheshire West and Chester is under the age of 20 with 6% of school children from a black or minority ethnic group. The level of child poverty is below the England average for children aged under 16, whilst the health and well-being of children in Cheshire West and Chester is mixed compared with the England average.

There are a number of areas where Cheshire West and Chester are performing worse or significantly worse* than the England average at the end of March 2012.

- Obese children (aged 10-11)
- Children killed or seriously injured in road traffic accidents
- Chlamydia diagnosis rate* (age 15-24 years)

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- Children achieving a good rate of development aged 5* (with respect to the Early Years Foundation Stage Profile)
- Teenage mothers* (age under 18 years)
- Hospital admissions due to alcohol specific conditions*
- Hospital admissions due to substance misuse*
- Breastfeeding initiation*
- Hospital admissions due to injury*
- Hospital admissions due to self-harm*

There are a few indicators where Cheshire West and Chester are performing significantly better than the England average

- MMR Immunisation
- Children in care immunisation
- NEET figures
- First time entrants to Youth Justice
- Children in poverty
- Rate of family homelessness
- Children in care
- Participation in sport/PE

GCSE achievement in Cheshire West and Chester is similar to the England average, with 59.2% of young people gaining five or more GCSEs at A* to C grade, including mathematics and English. The percentage of young people aged 16 to 18 not in education, employment or training is lower than the England average.

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Social Care

- Open children's social care referrals (proxy for children in need)

these are defined as children deemed to be in need under S17 of the Children Act and as such are currently in receipt of a service from one of the children's social work teams. Involvement can be for the purpose of assessment, whether this is an initial or core assessment, or alternatively for intervention and thereby subject to a Child in Need Plan.

The rate of open children's social care referrals in the Rural West APB was 89 per 10,000 children. Both Rural West APB and Cheshire West and Chester (169 per 10,000) are significantly lower than the England average (346 per 10,000).

- Children with a child protection plan

these are children to be deemed to be most at risk from abuse, thus requiring a multi-agency Child Protection Plan.

The rate of children subject to a child protection plan in the Rural West APB (13 per 10,000 children) is significantly lower than the national rate (39). Rural West APB was also lower than Cheshire West and Chester (37).

- Children in care (placed within APB)

A child in care, is a child who does not live with their parents either on a voluntary basis (section 20 - children Act) in this circumstance the parent retains Parental responsibility. However if the child is in care on a permanent basis (Section 31 - children act) this is called a care order and the Local Authority share Parental Responsibility.

The rate of children in care in the Rural West APB is lower (30, per 10,000 children) than the rates for both Cheshire West and Chester (54) and England (59).



- Children with a disability open to children's social care

Disabled Children and their families would receive support from the Children with disabilities teams because they are defined as children in need because of their disability.

The rate of children with a disability open to children's social care in the Rural West APB is significantly low (30 per 10,000 children) when compared to the national rate (49). Rural West APB was also lower than Cheshire West and Chester (38).

Education

There are strong associations between levels of education and health, with those people having lower levels of educational attainment being more likely to suffer from ill health and die at a younger age. Improving educational outcomes can help to reduce health inequalities on a National and local scale.

- Statement of special educational needs

A student with a special educational needs (SEN) typically has significantly greater difficulty in learning than the majority of pupils of their age, or has a disability, which means that they cannot make full use of the general educational facilities provided for pupils of their age. A SEN statement sets out a child's needs and the help they should be given to help them fulfill their potential. All statements are reviewed on an annual basis to ensure that any extra support provided continues to meet the need of the child. The rate of children with a statement of SEN in the Rural West APB (82 per 10,000 children) is significantly lower than England (203) and when compared to Cheshire West and Cheshire (200).

- Good development aged 5

The development of children at the age of 5 years is assessed by a teacher and measured against the Early Years Foundation Stage Profile. Specifically monitoring the percentage of children achieving a good level of development (This measure defines children achieving 78 points or more across a range of disciplines (scales) and at least 6 in each of the scales associated with the Personal, Social and Emotional and Communication, Language and Literacy areas of learning). Within the Rural West APB the percentage of children achieving a good rate of development at age 5 (64%) is significantly higher than England (59%). Rural West APB is also higher when compared to both Cheshire West and Chester (56%).

- Key Stage 2 measures

National Curriculum tests are a measurement of achievement against the precise attainment targets of the National Curriculum rather than any generalised concept of ability in any of the subject areas. Progress towards all targets is measured annually using the results of the National Curriculum end of Key Stage 2 assessment tests, which pupils sit in May of each year. The National Curriculum standards have been designed so that most pupils will progress by approximately one level every two years. This means that by the end of Key Stage 2 (age 11), pupils are expected to achieve Level 4.

The percentage of children achieving Level 4 in English and mathematics at Key Stage 2 in the Rural West APB (88%) and Cheshire West and Chester (77%) we significantly higher than the national figure (74%).

- Key Stage 4 measures

As previously highlighted, there are strong associations between levels of education and health. The percentage of children in the Rural West APB achieving 5 GCSEs A*



to C (including English and Mathematics) at Key Stage 4 is significantly higher (73%) when compared to both England and Cheshire West and Chester figures of 59%.

- Free School Meal

The socio-economic background of pupils is known to be an important determinant of educational achievement. Due to the complexity of obtaining such measures, Free School Meal (FSM) eligibility is regularly used as proxy for socio-economic status. Parents, guardians or carers are eligible to receive FSM for their children if they are in receipt of the following:

- Income Support or the pupil is receiving the benefit in their own right
- Income Based Jobseekers Allowance
- Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit (but not Working Tax Credit) and have an annual income (as assessed by Her Majesty's Revenue and Customs) that does not exceed £16,190.
- The Guarantee element of State Pension Credit

Free School Meal - Key Stage 2 measures

The percentage of children entitled to free school meals who achieved Level 4 in English and Mathematics at Key Stage 2 in the Rural West APB (60%) is higher than both Cheshire West and Chester (55%) and England (58%).

Free School Meal - Key Stage 4 measures

The percentage of children claiming free school meals who achieve 5 GCSEs A* to C (including English and Mathematics) at Key Stage 4 in the Rural West APB (38%) is comparable to the national average (35%) Cheshire West and Chester (24%) is significantly lower than the national average.

Population Statistics

Life expectancy at birth is defined as the number of years a new born baby would expect to live should they experience an area's current age-specific mortality rates throughout their lifetime.

Life Expectancy at Birth (Males)

The life expectancy at birth for males in the Rural West APB is 80.5 years, which is higher than both the National average (78.6 years) and Cheshire West and Chester (79.2 years) figures. Both Rural West APB and Cheshire West and Chester are statistically higher than the National average.

Life Expectancy at Birth (Females)

The life expectancy at birth for females in the Rural West APB is 83.6 years. This is higher than both the National average (82.6 years) and Cheshire West and Chester (82.3 years) figures. Rural West APB was statistically higher than the National average.

Early Years

- Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday and calculated per 1,000 live births. It is used as an indicator on the nation's health due to its association with other health factors such as maternal health, quality and accessibility of medical care, and socioeconomic conditions. The rate of infant



mortality in the Rural West APB is 3.2 per 1,000 births. Rural West APB was lower than the rates for Cheshire West and Chester (3.9) and England (4.6).

- Child mortality rate (1-17 years)

The rate of child mortality (1 – 17 years) in the Rural West APB is lower (16.1 per 100,000 population) than the rates for Cheshire West and Chester (17) and England (16.5).

- Birth weight

Birth weight is measured to identify children who are at most risk of dying young or suffering health related problems in childhood. A child is classed as being born underweight if they weigh less than 2,500 grams/5lb 8oz. There is a strong correlation between social deprivation and low birth weight. The rate of low birthweight births (<2,500g) in the Rural West APB (6.2%) was lower than both Cheshire West and Chester (6.6%) and the National rate (7.4%). However, Cheshire West and Chester was found to be statistically lower than the National rate.

Health Improvement

- Obesity

In the long term, obesity can have a severe impact on people's health, increasing the risk of developing ill health, including type 2 diabetes, some cancers, as well as heart and liver disease. The Government set out its commitment for action on obesity in the public health White Paper Choosing Health: Making Healthy Choices Easier, which targets the stemming the rise in obesity among children aged under 11.

Currently, height and weight are measured in primary schools at Reception Year (children aged 4 and 5) and Year 6 (children aged 10 and 11). These records are used to estimate the number of children who are overweight or obese and hence more likely to develop health problems in the future.

- Children (age 4-5 years)

The rate of obesity in children aged 4 – 5 in the Rural West APB was lower (7.9%) than both the National rate (9.4%) and Cheshire West and Chester (9.6%).

- Children (age 10-11)

As identified with children aged 4 – 5, the rate of obesity in children aged 10 – 11 years in Rural West APB was lower (17.7%) than the rates Nationally (19%) and for Cheshire West and Chester (20.1%).

- Teenage Conception Rate (per 1,000)

Teenage pregnancy carries significant private and public costs and is more likely to have adverse outcomes for mother and child, socially, economically and in terms of health status. Teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor health, and have lower rates of economic activity in adult life. Furthermore, teenage motherhood is more common in socially deprived areas perpetuating the disadvantage that young parenthood brings from one generation to the next.

The rate of teenage conceptions in Rural West APB was 21.1 per 1,000 for women aged 15-17. Rural West APB was statistically lower when compared to the National rate (40.2) and lower than Chester (37.6).



- Births to mothers aged under 20 (per 1,000)

The rate of births to mothers aged under 20 in Rural West APB (13.5 per 1,000) was lower than Cheshire West and Chester (24.7) and statistically lower (26.0) when compared to the National rate.

- Hospital admissions due to alcohol specific conditions

Hospital admissions due to alcohol analysis looks at a wide range of diseases and injuries and estimates the proportion which can be attributable to the consumption of alcohol. The rate of hospital admissions for children and young people (0-17 years) in Rural West APB (44.0 per 100,000 population) due to an alcohol specific condition was low when compared with Cheshire West and Chester (73). Rural West APB was significantly lower when compared to the National rate (59). Cheshire West and Chester was statistically higher than the National rate.

- Hospital admissions due to substance misuse (aged 15-24)

The rate of hospital admissions due to substance misuse amongst those aged 15-24 in the Rural West APB was higher (84.0 per 100,000) than the National rate (63.5) but lower than the rate for Cheshire West and Chester (96.0). Cheshire West and Chester was statistically higher than the National rate.

Prevention of ill health

- Breastfeeding initiation

Breast feeding promotes health and prevents disease in both the short and long term, for both infant and mother. The feeding status of children is monitored at initiation (within 48hours) with additional status checks traditionally undertaken at the first Health Visitor contact and at the 6 week follow up. The rate of breast feeding initiation in the Ellesmere Port APB (53.9%) was lower than Cheshire West and Chester (69.3%) and over 20% lower than the National rate (74.5%).

- Hospital admissions due to injury (per 100,000)

The rate of hospital admissions for children and young people aged 0-17 years as a result of unintentional and deliberate injuries in the Rural West APB (1,447 per 100,000 population) was statistically high, as was Cheshire West and Chester (1,552), when compared to the National rate (1,342).

- Hospital admissions for mental health conditions

The rate of hospital admissions for children and young people aged 0-17 years for mental health conditions between 2008 and 2010 was 57.0 per 100,000 population. The admissions rate for Rural West APB was comparable to the rate for Cheshire West and Chester (62) but statistically lower than the rate for England (88).

- Hospital admissions as a result of self-harm

Self-harm is classified as *'self-poisoning or self-injury, irrespective of the apparent purpose of the act'*. The rate of hospital admissions for children and young people aged 0-17 years as a result of self-harm in Rural West APB (108.0 per 100,000 population) is lower than both Cheshire West and Chester (142) and the National rate (119). Cheshire West and Cheshire was statistically higher than the National rate.

Conclusions

The health of people within the Rural West APB is varied with many of the health outcomes indicating that the performance falls within top 25% of English council



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performance. The majority of indicators appear to be better than the England average, such as:

- Open children's social care referrals
- Children with a child protection plan
- Children with a statement of Special Educational Needs (SEN)
- Children achieving a good rate of development at age 5
- Percentage achieving level 4 in English and mathematics at Key Stage 2
- Children achieving 5 GCSEs A* to C including English and mathematics at Key Stage 4
- Life Expectancy at Birth (Females/Males)
- Teenage conception rate
- Births to mothers aged under 20
- Hospital admissions due to alcohol specific conditions
- Hospital admissions for mental health conditions

In addition to the significant differences between Rural West APB and the England averages, Rural West appears to have marked differences in comparison to Cheshire West and Chester.

