
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 6 November 2013
Subject: Child Health Profile
Report of: David Regan, Director of Public Health

Summary

This brief report provides an overview of the health of Manchester children based upon the recently published national 2013 Child Health Profile. The report is intended to provide an overview of child health issues that the board will discuss more fully in January 2014. The report also incorporates the key messages from the annual report from England's Chief Medical Officer (Our Children Deserve Better, Prevention Pays) which was released on 24 October 2013.

Recommendations

The Board is asked to:

1. Note the contents of this report
-

Board Priority(s) Addressed:

1-6

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester Child Health Profile 2013.

Annual Report of England's Chief Medical Officer: Our Children Deserve Better, Prevention Pays.

1. Introduction

- 1.1 This profile (largely based on 2010-12 data) is produced by the Child and Maternal Health Observatory (ChiMat) working with North West Public Health Observatory (NWPHO) on an annual basis to help the City Council and health services improve the health and well-being of children and tackle health inequalities. It provides a snapshot of local child health reporting on 32 indicators including the infant mortality rate, immunisation rates, childhood obesity, dental health, the teenage conception rate, smoking in pregnancy and wider determinants such as GCSE attainment, children living in poverty and children living in care.

2. Main Findings

- 2.1 The report shows that the level of child poverty is worse than the England average (21.1%) with 38.0% of children aged under 16 years living in poverty and that the well-being of children in Manchester is generally worse than the England average.
- 2.2 Children in Manchester have worse than average levels of obesity- 11.3% (England= 9.1%) of children aged 4-5 years and 23.8% (England average= 19.2%) of children aged 10-11 years are classified as obese. These rates have remained stable since the introduction of the National Child Measurement Programme in 2006-07. However there is no clear evidence as of yet of a downward trend. On a more positive note 58.8% of children participate in at least three hours of sport a week which is better than the England average.
- 2.3 In 2011/12, children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was similar to the England average.
- 2.4 The recent reduction in teenage conceptions- 57.2 per 1000- represents good progress but is still above the national average- 35.4 per 1000.
- 2.5 There were 1,310 children in care at 31 March 2012 which gives a higher rate when compared to the England average. The report shows that a lower percentage of children in care are up-to-date with their immunisations but more recent data sets this at 90% coverage. For the general child population we expect to hit the 95% "international gold standard" for coverage in 2013-14.
- 2.6 The rate of under 19 year old hospital admissions for asthma is high and is priority for health service commissioners and providers across the city.
- 2.7 The full profile can be found at appendix 1 of this report

3. The report of England's Chief Medical Officer 2013

- 3.1 In her latest annual report, Our Children Deserve Better, Prevention Pays, England's Chief Medical Officer, Professor Dame Sally Davies, has said that

we must be much more ambitious about giving every child the best start in life, and this should be a priority for all decision makers on Health and Wellbeing Boards. In particular she states that:

- as the majority of child deaths are in the first year of life, and these relate to prematurity, we must make greater efforts to reduce smoking during pregnancy and to improve the health and diet of pregnant women to reduce premature births
- all children should be offered vitamin supplements to safeguard their health (up to 25% of children are vitamin D deficient, leading to a rise in rickets cases)
- our high levels of obesity require a multi factorial response in terms of health, social environment, emotional environment and education
- we need more research into mental health problems in adolescents as there are concerns about funding and services, and 75% of lifetime mental health disorders start before 18 years of age, with the peak onset of most conditions being from eight to 15 years

3.2 Local progress against the first two of these recommendations will be reported to the Board in January 2014 and included in the annual report of the Manchester Health and Wellbeing Board.

www.chimat.org.uk

Child Health Profile



Manchester

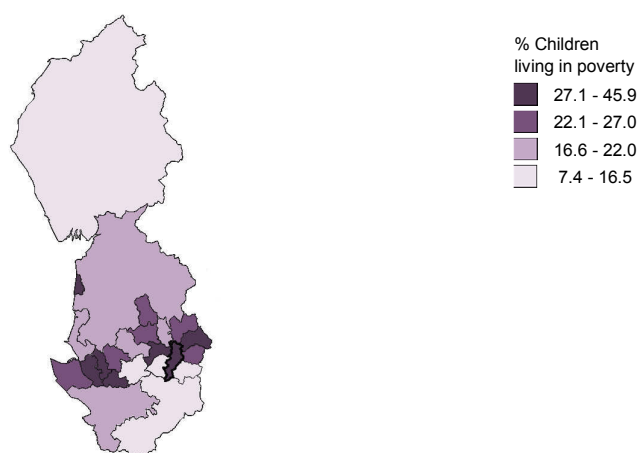
March 2013

This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities. This profile is produced by the Child and Maternal Health Observatory (ChiMat) working with North West Public Health Observatory (NWPHO).

The child population in this area	Local	North West	England
Live births in 2011	8,094	88,752	688,120
Children (age 0-4 years), 2011	36,600	432,900	3,328,700
% of total population	7.3%	6.1%	6.3%
Children (age 0-19 years), 2011	128,200	1,690,200	12,710,500
% of total population	25.5%	24.0%	23.9%
Children (age 0-19 years) in 2020 (projected)	138,131	1,744,967	13,575,943
% of total population	26.0%	23.8%	23.7%
School children from black/ethnic minority groups	29,787	149,950	1,661,440
% of school population (age 5-16 years)	53.7%	17.1%	25.6%
% of children living in poverty (age under 16 years)	38.0%	22.9%	21.1%
Life expectancy at birth			
Boys	74.1	77.0	78.6
Girls	79.1	81.1	82.6

Children living in poverty

Map of the North West, with Manchester outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data © Crown copyright 2012

Key findings

25.5% of the population of Manchester is under the age of twenty. 53.7% of school children are from a black or minority ethnic group.

The health and well-being of children in Manchester is generally worse than the England average. The infant mortality rate is worse and the child mortality rate is worse than the England average.

The level of child poverty is worse than the England average with 38.0% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average.

Children in Manchester have worse than average levels of obesity. 11.3% of children aged 4-5 years and 23.8% of children aged 10-11 years are classified as obese. 58.8% of children participate in at least three hours of sport a week which is better than the England average.

In 2011/12, children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was similar to the England average.

There were 1,310 children in care at 31 March 2012 which gives a higher rate when compared to the England average. A lower percentage of children in care are up-to-date with their immunisations and GCSE achievement is similar to the England average for this group of children.

Data sources: Live births, Office for National Statistics (ONS) 2011; population estimates, ONS 2011 Census mid-year estimates; population projections, ONS interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education 2012; children living in poverty, HM Revenue & Customs (HMRC) 2010; life expectancy, ONS 2008-10



YORKSHIRE & HUMBER PUBLIC HEALTH OBSERVATORY



ChiMat is funded by the Department of Health and is part of YHPHO.
This profile is produced by ChiMat working with NWPHO on behalf of the Public Health Observatories in England.

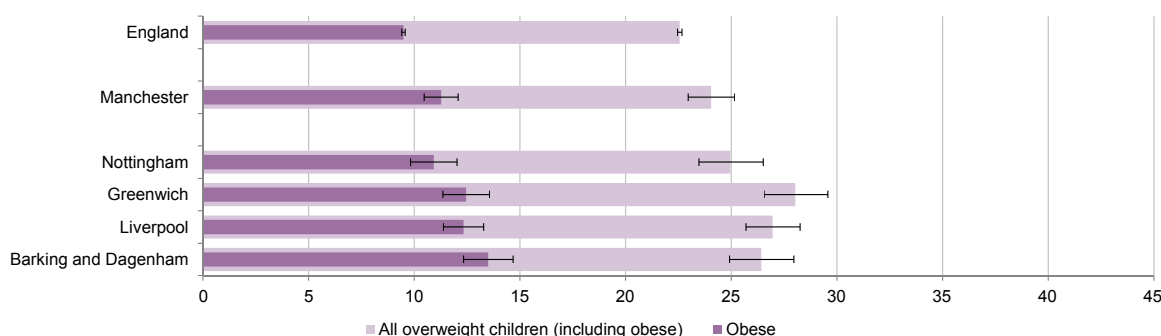
Manchester Child Health Profile

March 2013

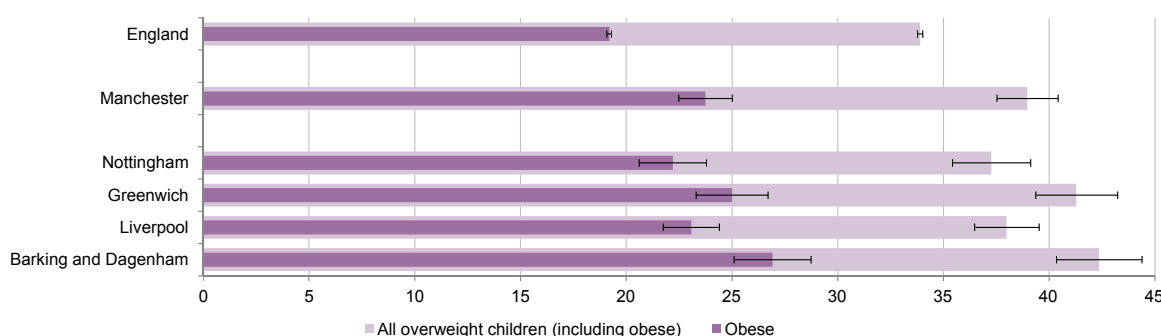
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared to their statistical neighbours. This area has a higher percentage in Reception and a higher percentage in Year 6 classified as obese or overweight compared to the England average.

Children aged 4-5 years classified as obese or overweight, 2011/12 (percentage)



Children aged 10-11 years classified as obese or overweight, 2011/12 (percentage)



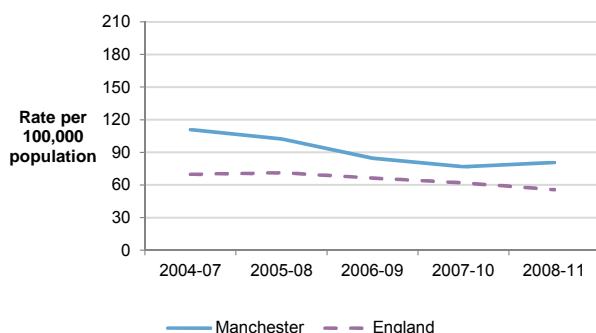
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

Data source: National Child Measurement Programme (NCMP), The Information Centre for health and social care

Young people and alcohol

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

In comparison with the 2004-07 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose has decreased in the 2008-11 period. Overall rates of admission in the 2008-11 period are higher than the England average.

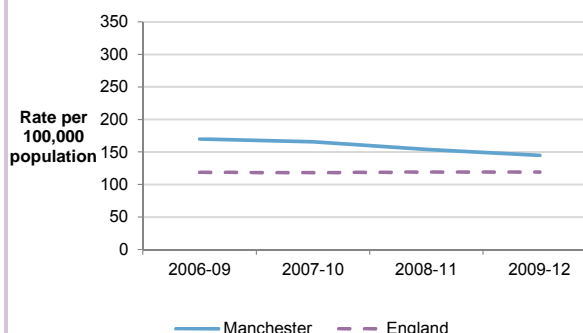


Data source: Local Alcohol Profiles for England, North West Public Health Observatory

Young people's mental health

Young people aged under 18 admitted to hospital as a result of self-harm (rate per 100,000 population aged 0-17 years)

In comparison with the 2006-09 period, the rate of young people under 18 who are admitted to hospital as a result of self-harm has decreased in the 2009-12 period. Overall rates of admission in the 2009-12 period are higher than the England average*. Nationally, levels of self-harm are higher among young women than young men.



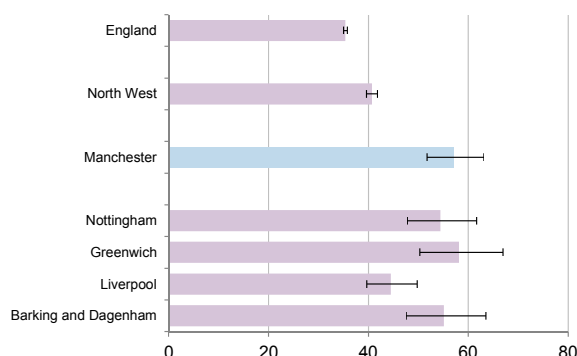
*Information about admissions in the single year 2011/12 can be found on page 4
Data source: Hospital Episode Statistics, The Information Centre for health and social care

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These charts compare Manchester with its statistical neighbours, the England and regional average and, where available, the European average.

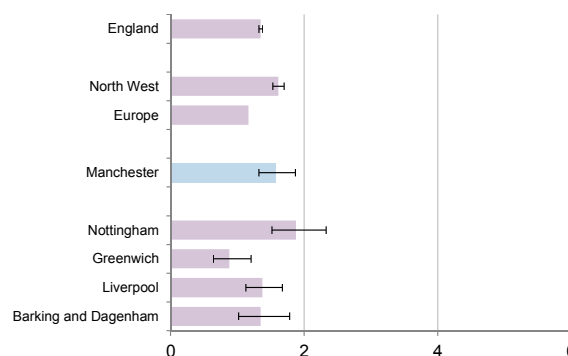
**Teenage conceptions in girls aged under 18 years, 2010
(rate per 1,000 female population aged 15-17 years)**



In 2010, approximately 57 girls aged under 18 conceived for every 1,000 of the female population aged 15-17 years in this area. This is higher than the regional average. The area has a higher teenage conception rate compared to the England average.

Data source: Department for Education

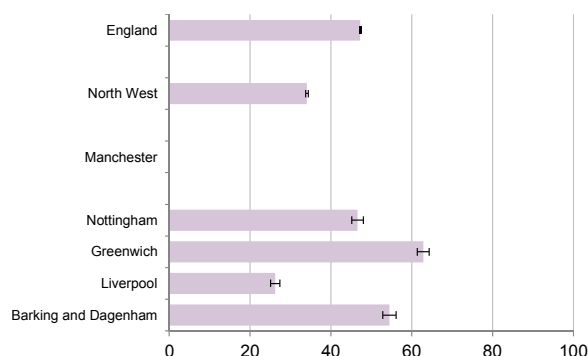
Teenage mothers aged under 18 years, 2011/12 (percentage of all deliveries)



In 2011/12, 1.6% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a similar percentage of births to teenage girls compared to the England average and a higher percentage compared to the European average of 1.2%*.

Data source: Hospital Episode Statistics, The Information Centre for health and social care
* European Union 27 average, 2009. Source: Eurostat

Breastfeeding at 6 to 8 weeks, 2011/12 (percentage of infants due 6 to 8 week checks)



No breastfeeding initiation or breastfeeding at six to eight weeks data are available for this area.

Data source: Department of Health

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2011/12 (percentage of children age 2 years)



A lower percentage of children (89.1%) have received their first dose of immunisation by the age of two in this area when compared to the England average. By the age of five, the percentage of children who have received their second dose of MMR immunisation is lower with 83.5% of children being immunised. This is lower than the England average. In the North West, there were 31 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data source: The Information Centre for health and social care, Health Protection Agency

Note: Where no data are available or have been suppressed, no bar will appear in the chart for that area.

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Summary of child health and well-being in Manchester

The chart below shows how children's health and well-being in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significantly better than England average
- ◆ Regional average

25th percentile England average 75th percentile
range of values that differ significantly from the average

	Indicator	Local no. per year	Local value	Eng. ave.	Eng. worst		Eng. best
Preventable mortality	1 Infant mortality rate	47	5.9	4.4	8.0		2.2
	2 Child mortality rate (age 1-17 years)	23	23.7	13.7	23.7		7.5
Health protection	3 MMR immunisation (by age 2 years)	6,498	89.1	91.2	78.7		97.2
	4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	6,975	95.6	96.1	85.7		98.8
	5 Children in care immunisations	785	77.0	83.1	0.0		100.0
	6 Acute sexually transmitted infections (including Chlamydia)	4,247	40.3	35.6	75.2		19.9
Wider determinants of ill health	7 Children achieving a good level of development at age 5	3,803	58.5	63.5	51.5		76.5
	8 GCSE achieved (5A*-C inc. Eng and maths)	2,329	53.2	59.4	40.9		79.6
	9 GCSE achieved (5A*-C inc. Eng and maths) for children in care	20	21.5	14.6	0.0		40.0
	10 Not in education, employment or training (age 16-18 years)	1,090	7.0	6.1	11.8		1.6
	11 First time entrants to the Youth Justice System	707	1,915.1	876.4	2,436.3		342.9
	12 Children living in poverty (aged under 16 years)	35,310	38.0	21.1	45.9		7.4
	13 Family homelessness	370	1.8	1.7	7.4		0.1
	14 Children in care	1,310	121.0	59.0	150.0		19.0
	15 Children killed or seriously injured in road traffic accidents	28	30.7	22.1	47.9		4.4
Health improvement	16 Low birthweight	602	7.7	7.4	11.0		5.0
	17 Obese children (age 4-5 years)	660	11.3	9.5	14.5		5.8
	18 Obese children (age 10-11 years)	1,034	23.8	19.2	27.8		12.3
	19 Participation in at least 3 hours of sport/PE	31,997	58.8	55.1	40.9		79.5
	20 Children's tooth decay (at age 12)	-	1.1	0.7	1.5		0.2
	21 Teenage conception rate (age under 18 years)	398	57.2	35.4	64.7		6.2
	22 Teenage mothers (age under 18 years)	126	1.6	1.3	2.8		0.3
	23 Hospital admissions due to alcohol specific conditions	78	80.8	55.8	138.3		16.9
Prevention of ill health	24 Hospital admissions due to substance misuse (age 15-24 years)	74	75.4	69.4	186.3		25.7
	25 Smoking in pregnancy	1,227	14.6	13.2	29.7		2.9
	26 Breastfeeding initiation	-	-	74.0	41.8		94.3
	27 Breastfeeding at 6-8 weeks	-	-	47.2	19.7		82.8
	28 A&E attendances (age 0-4 years)	31,116	886.7	483.9	1,187.4		136.3
	29 Hospital admissions due to injury (age under 18 years)	1,960	181.2	122.6	211.1		72.4
	30 Hospital admissions for asthma (age under 19 years)	564	484.4	193.9	484.4		73.4
	31 Hospital admissions for mental health conditions	110	101.7	91.3	479.7		22.6
	32 Hospital admissions as a result of self-harm	131	121.1	115.5	311.9		26.0

Notes and definitions - Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

- 1 Mortality rate per 1,000 live births (age under 1 year), 2009-2011
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2009-2011
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2011/12
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2011/12
- 5 % children in care with up-to-date immunisations, 2012
- 6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2011
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2011/12
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2011/12 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local Connexions services, 2011
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2010/11

- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2010
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2011/12
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2012
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2009-2011
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2011
- 17 % school children in Reception year classified as obese, 2011/12
- 18 % school children in Year 6 classified as obese, 2011/12
- 19 % children participating in at least 3 hours per week of high quality PE and sport at school age (5-18 years), 2009/10
- 20 Weighted mean number of decayed, missing or filled teeth in 12 year olds, 2008/09

- 21 Under 18 conception rate per 1,000 females age 15-17 years, 2010
- 22 % of delivery episodes where the mother is aged less than 18 years, 2011/12
- 23 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2008-11
- 24 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2009-12
- 25 % of mothers smoking at time of delivery, 2011/12
- 26 % of mothers initiating breastfeeding, 2011/12
- 27 % of mothers breastfeeding at 6-8 weeks, 2011/12
- 28 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2010/11
- 29 Crude rate per 10,000 (age 0-17 years) for emergency hospital admissions following injury, 2011/12
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2011/12
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2011/12
- 32 Crude rate per 100,000 (age 0-17 years) for hospital admissions for self-harm, 2011/12