

Section Five: Children Health and Lifestyle

Introduction

The early years are critical in shaping health and wellbeing later in life. Improving outcomes for children, families and communities, as well as creating services that provide better access and experience are essential. Giving every child the best start in life is crucial to reducing health inequalities across the life course.

During pregnancy and in the first two years of the child's life the baby's brain and neurological pathways are set for life. It is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing.

Public Health England publishes an annual Child Health profile which can be accessed here: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview>

The 2017 profile, the latest available, provides a snap shot of child health in Darlington. It enables comparisons over time and against the regional and England averages. Child Health Profiles are designed to help the Local Authority and health services better understand local need and plan services to improve the health and wellbeing of local children and young people and reduce health inequalities.

The Darlington Child Health Profile 2017 provides an overview of the health and wellbeing of children in relation to 32 indicators. The indicators fall into the following five broad domains:

- Premature mortality i.e. death rate in infants (under 1 year) and children (1 – 17 years).
- Health protection in relation to vaccination and immunisation rates.
- Wider determinants of ill health for example child development, GCSE attainment rates and family homelessness.
- Health improvement including obesity and under 18 conception rates and hospital admission rates relating to alcohol and substance misuse.
- Prevention of ill health for example smoking status at time of delivery and hospital admissions for accidents and other specific conditions.

Some key points from the 2017 child health profile for Darlington are:

Premature Mortality (Infant Mortality)

The infant mortality rate (IMR) is the number of children who die aged less than 1 year old per 1,000 live births. The IMR is widely regarded as one of the best single indicators of population health, as well as providing an indication of the wellbeing of infants, children and pregnant women. It is also considered an indicator of progress towards addressing inequalities.

Most causes of infant deaths show a socio-economic gradient. Deprivation, births outside marriage, non-white ethnicity of the infant and maternal age under the age of 20 are independently associated with an increased risk of infant mortality.

The health of a baby is affected by the health of the mother. What a child experiences during the early years lays down a foundation for the whole of his or her life. Giving every child the best start in life is essential to reducing health inequalities across the life course.

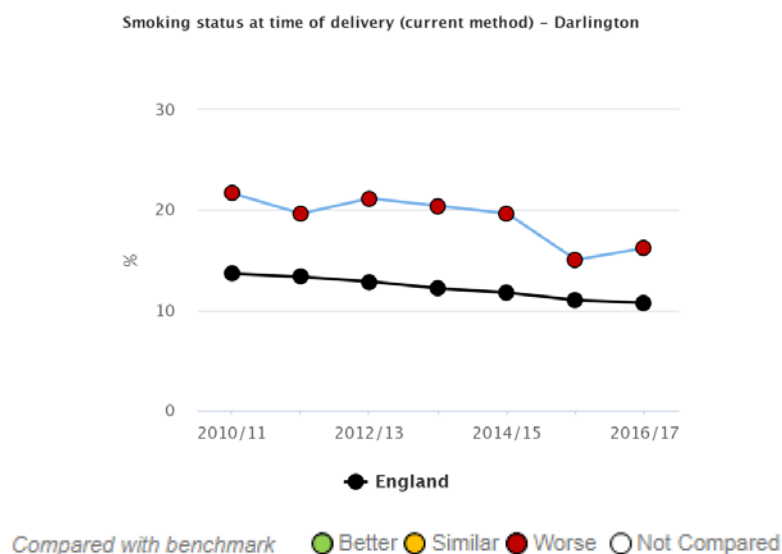
All staff and agencies should apply evidence based Interventions to reduce infant mortality. These can be categorised into three groups:

- Interventions that have a demonstrable impact on reducing health inequalities;
- Interventions that are likely to impact on the infant mortality gap; and
- Interventions that will reduce infant mortality overall.

In Darlington local services that are commissioned contribute to one or more of these groups of interventions to reduce infant mortality. This includes interventions to identify and tackle maternal obesity, reduce maternal smoking and reduce teenage pregnancies.

Smoking

In Darlington the burden of smoking in pregnancy has steadily reduced since 2010/11 with the proportion of those mothers recorded as smoking at time of delivery being 16.2% in 2016/17, a reduction of 5.5%. Mothers who smoke have access to a specialist stop smoking advisor and the 'Baby Clear' principles are applied across the maternity pathway and into the first two years of a child's life. The Baby Clear principles are designed to maximise the number of children growing up in smoke free environments through supporting parents and carers to change their behaviours.



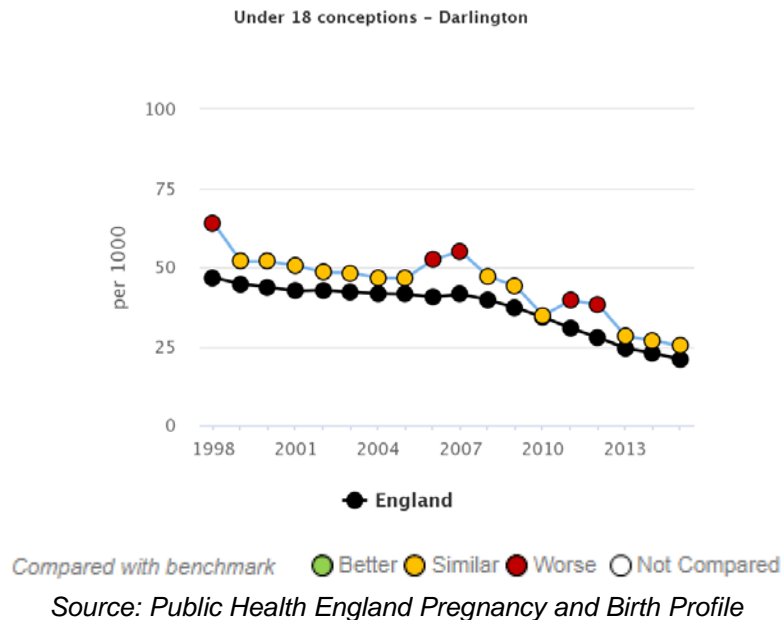
Source: Public Health England Pregnancy and Birth Profile

Teenage Pregnancy

Children born to teenage mothers are more likely to experience significant inequalities including poorer health, developmental and economic outcomes. The rate of teenage pregnancies in Darlington was historically high but through concerted and coordinated action over a number of years the rate of teenage conceptions has reduced significantly in Darlington, which now has a rate similar to the England average. Actions have

included the provision of high quality sexual health and contraceptive services that are accessible to young people and a high quality PHSE offer provided in an age appropriate way in all local primary and secondary schools in Darlington. The PHSE curriculum is a multidisciplinary offer with delivery and input from health and education professionals.

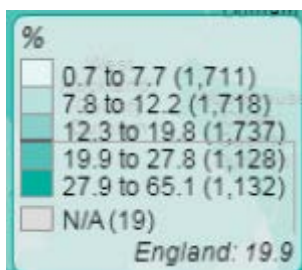
Under 18 conceptions

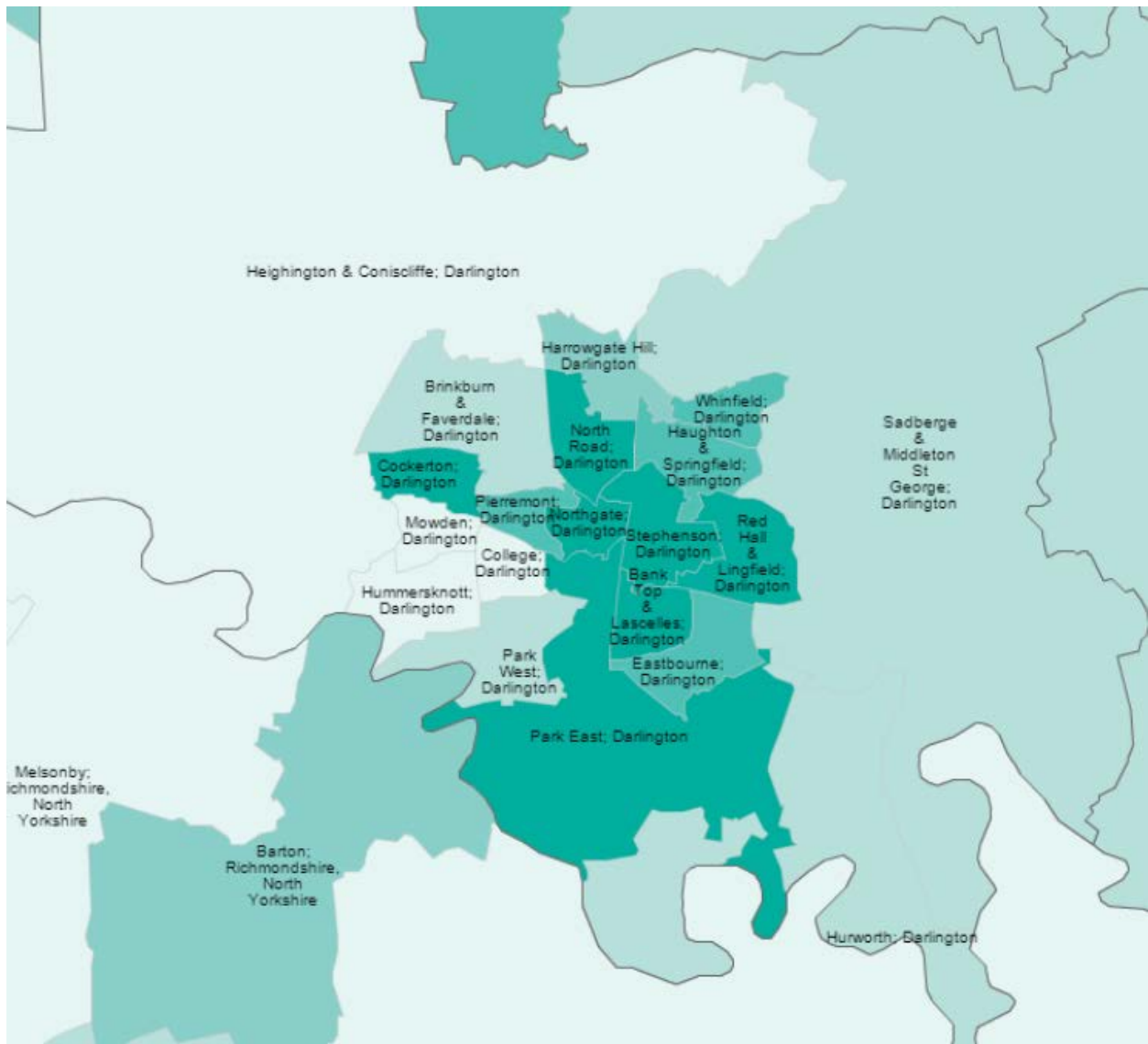


Poverty

Most causes of infant deaths show a socio-economic gradient with an increase in poverty associated with an increased risk of infant mortality. Reducing poverty through economic development, maximising income and improving educational aspiration and attainment is a core strategic aim of the borough. This is a long term strategic aim and the outcomes will be generational.

The map below shows Income Deprivation Affecting Children Index (IDACI).



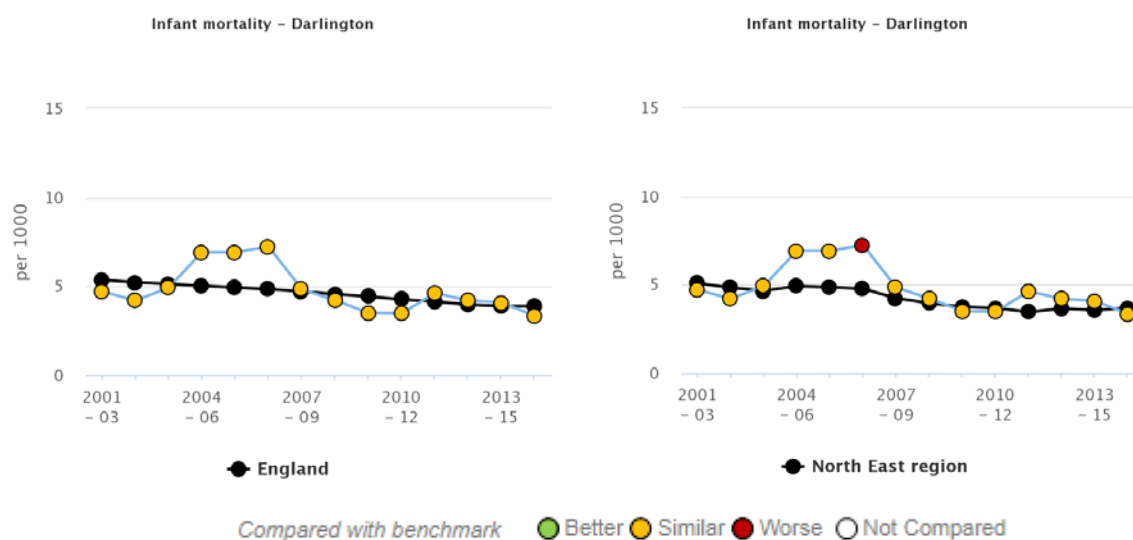


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The evidence and examples of best practice suggest that children and families disadvantaged through poverty should be supported in their efforts to improve their life chances particularly in the early or foundation years.

The evidence suggests that this is best achieved through agencies working together to target their knowledge and expertise to identify and support those most in need and affected by poverty. Darlington has a history of joint working between health, social care and education professionals including co-location of staff in Children's Centres. This has been continued through the new commissioning responsibilities of the Authority for Health Visiting and School Nursing Services. Examples of joint working and sharing of information and support for those children identified as disadvantaged can be seen through the work to join up health and early years developmental assessments.

Infant mortality (against England average and North East average)



Source: Public Health England Overview of Child Health

Key risk factors for poorer developmental outcomes in children

It is widely accepted that adverse factors relating to a young child's family and environment cause poorer outcomes for the child, both to their safety, and to their development and behaviour. Parental mental health issues, substance misuse, domestic violence, financial stress and teenage motherhood are themes which are frequently identified as indicating poorer outcomes for children.

Factors rarely occur in isolation, with certain combinations being more common than others. The children within these households are at a higher risk of poorer development and physical harm. It should be noted that the presence of these risk factors can make poor outcomes and harm more likely, but it is not an inevitable outcome. Many parents in Darlington facing challenging circumstances successfully raise healthy and happy children.

Academic analysis of Serious Case Reviews where children suffered harm or there was a fatality due to abuse or neglect identified three key factors that increased risk of harm or fatality in families. These were the presence of:

- domestic violence
- parental mental health problems
- parental substance misuse

Any one or a combination of any of these risks was shown to increase the risk of harm or a fatality. These also coexisted with a broad range of other factors including previous criminal convictions, poverty, frequent house moves and hostility towards professionals, which also common in cases of harm due to abuse or neglect.

In Darlington the Local Safeguarding Children's Board (LSCB) provides the arrangements for inter-agency working to protect children and provides the framework

where improvements can be made to the way in which professionals and agencies work together to safeguard children.

The tables below show Darlington in comparison to our CIPFA nearest neighbours. The first ranking table shows the crude rate per 10,000 of children in care. The second table ranks Darlington to its nearest neighbours for percentage of children where there is a cause for concern.

Children in care

Area	Value	Lower CI	Upper CI
England	62	61	62
St. Helens	117	106	129
Wirral	113	105	121
Stockton-on-Tees	101	92	111
Darlington	97	85	111
Gateshead	95	86	105
Halton	94	83	105
Sefton	85	78	93
County Durham	81	76	87
North Tyneside	73	65	81
Calderdale	69	61	76
Wigan	66	60	72

Source: Children looked after in England, Department for Education.

Percentage of children where there is a cause for concern

Area	Value	Lower CI	Upper CI
England	37.8	37.2	38.4
Calderdale	48.2	40.1	56.4
Gateshead	42.9	34.6	51.6
Stockton-on-Tees	40.9	33.5	48.6
County Durham	40.8	35.2	46.6
North Tyneside	39.1	31.2	47.6
Darlington	37.8	28.8	47.6
Wigan	36.0	30.6	41.8
Wirral	33.6	28.4	39.1
Halton	32.1	23.1	42.7
St. Helens	31.6	25.6	38.2
Sefton	30.1	23.5	37.7

Source: Department for Education

Health Improvement

There are a number of factors that contribute to improving the health outcomes for children and young people which also establish health behaviours that are carried through to adulthood and can have an influence on outcomes throughout life. These factors are often linked to behaviours such as participation in physical activity, or smoking and alcohol use which are manifested in specific outcomes including obesity rates or hospital admissions due to alcohol.

In Darlington the Healthy Lifestyles Survey is undertaken every year, with on average 4,000 children and young people in Darlington between the ages of 9 to 16 across primary and secondary schools taking part. It enables children and young people to self-report a range of their behaviours as well as their knowledge and attitudes to a range of health, lifestyle and behaviours as well as how they experience growing up in Darlington today.

Of those young people taking part in the survey in 2016/17; 73% primary school pupils achieved 60 minutes of physical activity every day over seven days, whereas this drops significantly to 21% of secondary school pupils.

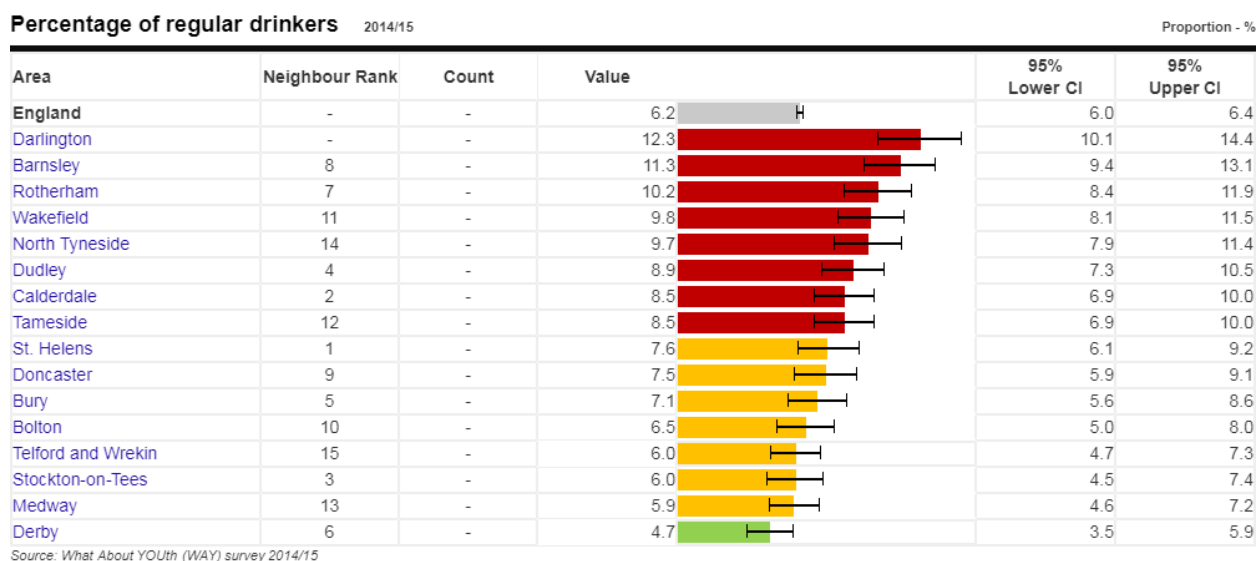
14% of secondary school pupils surveyed in 2016/17 reported that they had consumed alcohol in the seven days prior to the survey. The perception of this age group was that half of pupils their age regularly consumed alcohol. 74% expressed the view that it was not okay to be drunk at their age.

The 2016/17 survey also found that three quarters of children and young people aged between 11 to 16 years reported that they have never smoked; with half of those who had smoked saying they had only tried it once. 91% of those that responded agreed that smoking is never a good idea for young people their age.

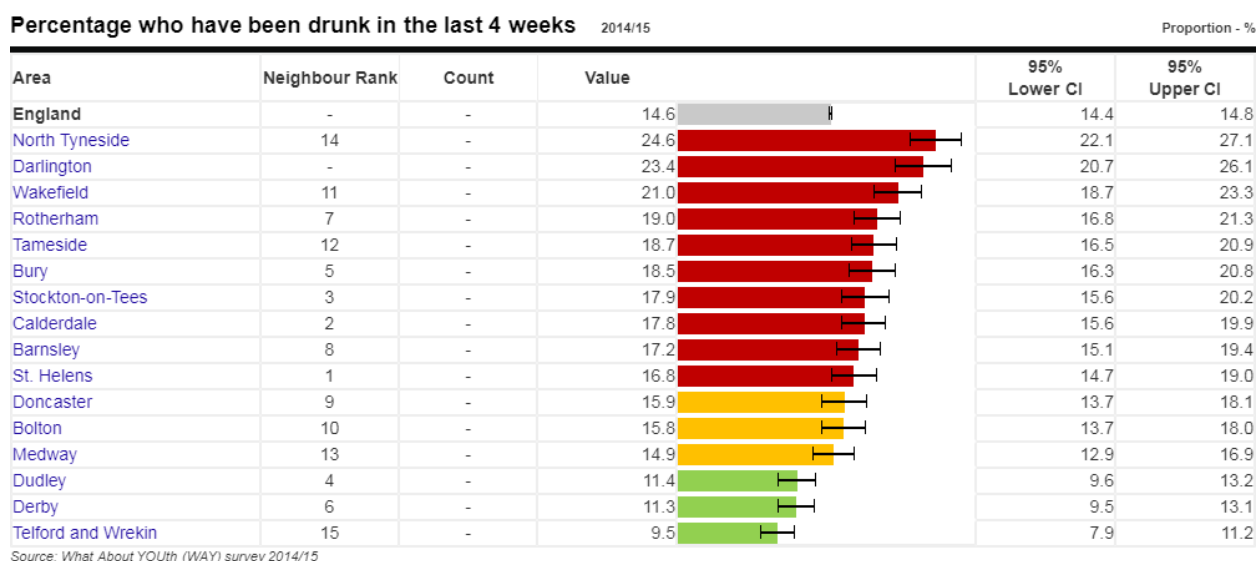
The Public Health Outcomes Framework uses What About YOUth? Survey. This is a newly established national survey to collect robust Local Authority (LA) level data on a range of health behaviours amongst 15 year olds. The sample size is significant and the majority of LAs achieved a level of confidence in the results. The results of this national survey allow Darlington to benchmark the reported behaviours of young people against other local authorities and England. This survey does indicate that in terms of behaviours around alcohol Darlington is a statistically significant outlier, with a greater proportion of young people reporting as regular drinkers and having been drunk.

The tables below show regular drinkers (based on What About YOUth survey 2014/15 results) in comparison to our CIPFA nearest neighbours and the percentage who have been drunk in the last four weeks (again, by CIPFA neighbours).

Percentage of regular drinkers



Percentage who have been drunk in the last four weeks



Prevention of ill health

Behavioural factors can contribute to the prevention of ill health in children and young people and influence health outcomes throughout their lives. Other non-behavioural factors can also have a significant impact on outcomes for children and young people which endure throughout their lives. These factors are related to emotional and mental health.

Emotional health

Local information reported by children and young people through the Darlington Healthy Lifestyles Survey indicates that the majority (87%) of children and young people in Years 5-11 (aged 9 to 16) report that they are generally happy and contented with their lives and with 78% reporting that they have people that they can talk to and get support if they have problems. However responses indicate that young people are generally reporting feeling stressed. The most common stressors were school life, body image and dealing with their emotions.

The What About YOUth survey supports the local survey reports particularly with respect to stressors, with the national survey showing that a statistically smaller proportion of 15 year olds in Darlington reported that they think that they are the right size (table below showing in comparison to CIPFA neighbours).

Percentage who think they are the “right size”

Percentage who think they're the right size 2014/15 Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	52.4	52.0	52.7
Barnsley	8	-	56.1	53.2	59.0
Dudley	4	-	55.0	52.2	57.8
Wakefield	11	-	52.7	49.8	55.5
Derby	6	-	52.6	49.6	55.5
St. Helens	1	-	52.0	49.1	54.9
Medway	13	-	52.0	49.2	54.8
Bury	5	-	52.0	49.1	54.8
Telford and Wrekin	15	-	51.8	48.9	54.6
Rotherham	7	-	51.6	48.7	54.5
Doncaster	9	-	51.2	48.2	54.2
North Tyneside	14	-	50.9	48.1	53.8
Tameside	12	-	50.7	47.9	53.5
Bolton	10	-	50.0	47.2	52.9
Calderdale	2	-	49.1	46.2	52.0
Stockton-on-Tees	3	-	48.8	45.8	51.9
Darlington	-	-	48.1	44.8	51.3

Source: What About YOUth (WAY) survey 2014/15

The impact of poor emotional and mental health in children and young people and lack of access to support and preventative services can result in demand for services. In Darlington through the multiagency and multidisciplinary work the demand seen in the high proportion of school pupils with statements of SEN where primary need is social, emotional and mental health does not translate into hospital admissions for mental health conditions or self-harm.

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (CIPFA nearest neighbours comparison)

Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (School age) 2016

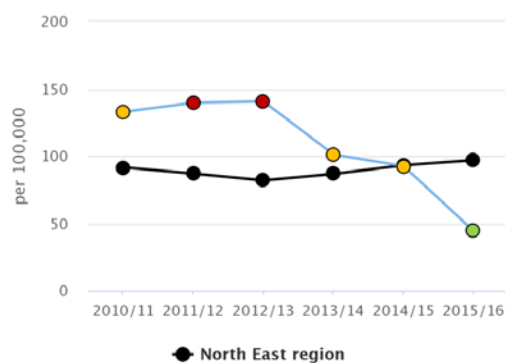
Crude rate - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	1,133,622	14.3	14.3	14.3
North East region	59,554	15.5	15.4	15.6
South Tyneside	4,377	20.5	20.0	21.1
Redcar and Cleveland	4,066	18.8	18.3	19.3
Middlesbrough	3,965	16.8	16.4	17.3
Newcastle upon Tyne	6,255	16.1	15.7	16.4
Northumberland	7,171	15.6	15.2	15.9
Darlington	2,483	15.5	15.0	16.1
Sunderland	6,081	15.1	14.8	15.5
Gateshead	4,222	14.9	14.5	15.3
Stockton-on-Tees	4,528	14.8	14.4	15.2
County Durham	10,181	14.4	14.1	14.6
Hartlepool	2,111	13.9	13.3	14.4
North Tyneside	4,114	13.4	13.1	13.8

Source: Department for Education special educational needs statistics <https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013>

Hospital admissions for mental health conditions in children aged 0-17

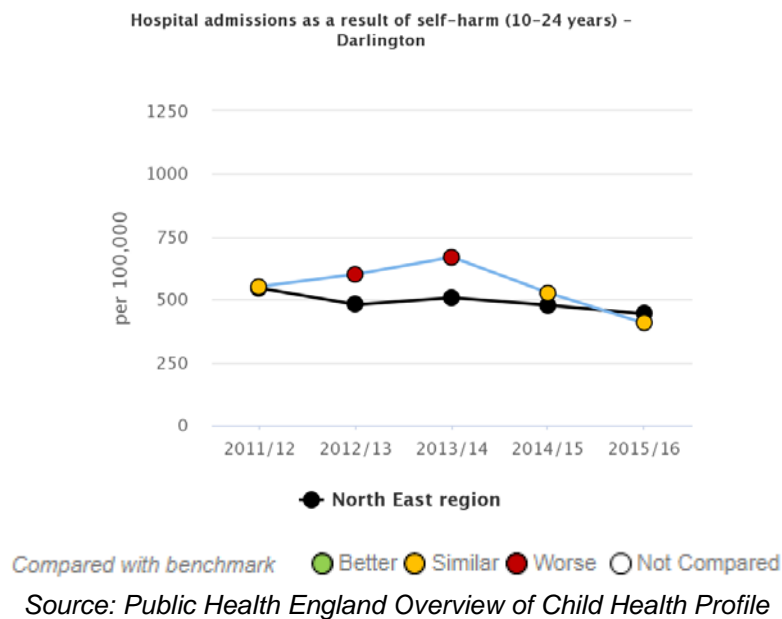
Hospital admissions for mental health conditions - Darlington



Compared with benchmark: Better (Green), Similar (Yellow), Worse (Red), Not Compared (White)

Source: Public Health England Overview of Child Health Profile

Hospital admissions for self-harm (10-24 years)



Bullying

Bullying is identified as having a significantly negative impact on an individual's self-esteem, emotional wellbeing and mental and physical health. Local data from the Darlington Healthy Lifestyles Survey 2016/17 indicates that around a third of children and young people have been bullied in the last year. Of those who reported being bullied the majority (59%) reported that they had been bullied at school. The vast majority (96%) expressed the view that it was not okay to bully another person.

The national What About YOUTH Survey showed that a similar proportion of 15 year olds in Darlington reported that they had been bullied recently compared to England.

Percentage who were bullied in the past couple of months (CIPFA comparisons)

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	55.0	54.7	55.3
North East region	-	55.4	54.4	56.3
Hartlepool	-	62.3	58.1	66.5
Northumberland	-	60.7	57.8	63.6
Gateshead	-	58.4	55.3	61.4
Stockton-on-Tees	-	57.1	54.0	60.2
Darlington	-	56.3	53.0	59.6
Redcar and Cleveland	-	55.0	51.8	58.3
Sunderland	-	54.3	51.1	57.5
Middlesbrough	-	54.1	50.5	57.7
County Durham	-	54.0	51.0	57.0
South Tyneside	-	53.7	50.4	57.1
North Tyneside	-	51.6	48.6	54.6
Newcastle upon Tyne	-	50.1	47.0	53.2

Source: What About YOUTH (WAY) survey 2014/15

In Darlington there is significant multi-agency and multi-disciplinary actions in relation to emotional health and wellbeing and bullying underway. As part of the local action plan

Section 5: Other factors that influence health and wellbeing

for the Future in Mind the NHS England programme aiming to promote, protect and improve children and young people's mental health and wellbeing a series of preventative focussed programmes was commissioned in partnership with NHS England, Darlington Clinical Commissioning Group , Darlington Borough Council and local academies.

The programmes included Youth Mental Health First Aid, where school, health and social care staff were trained in Youth Mental Health first Aid. This provided them with knowledge, skills and confidence to identify and intervene early when a young person is showing signs of emotional or psychological distress. Staff in schools were also trained to deliver Mindfulness to children and young people, through a Mindful Schools programme. This is aimed to improve the knowledge and skills about Mindfulness and enable young people to have access to the benefits of this evidence based intervention to support them managing their emotions and maintain their mental wellbeing. There was also a programme of Peer Support training for young people in Darlington schools to provide emotional and mental health focussed support to their peers and other young people who may be experiencing emotional distress. These programmes all aim to de-escalate and prevent emotional or psychological conditions in young people and avoid intervention or referral for services or treatment.

Health Protection

Ensuring good uptake of vaccinations can bring benefits to the individual and the wider community. Vaccinated individuals produce antibodies to fight diseases should they come into contact with them. Achieving 'herd immunity' protects the population through prevention the circulation of the disease, removing the risk of unprotected individuals contracting a disease and outbreaks occurring in the community. In some cases this can eradicate some diseases for example Measles and Mumps and Rubella.

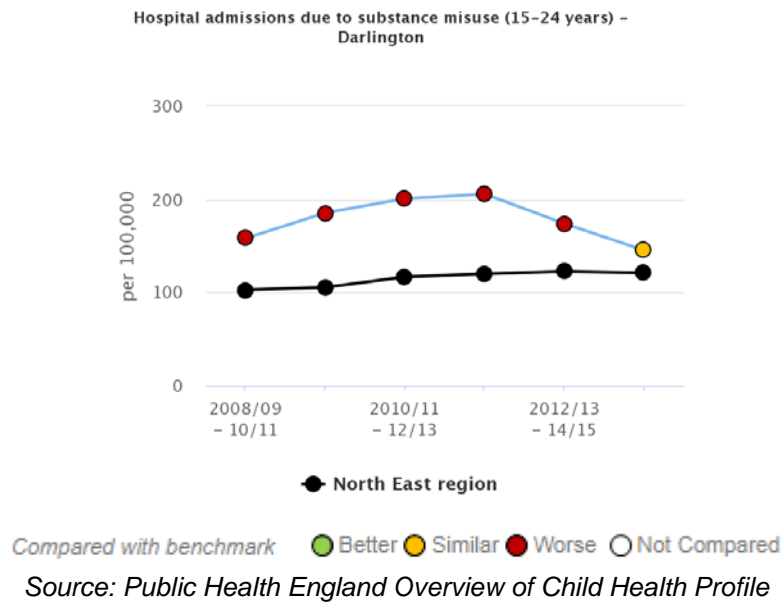
Childhood immunisation rates amongst 2 year olds in Darlington are historically good with the uptake for most of the vaccines provided as part of the UK schedule achieving or exceeding the 95% required for 'herd immunity'.

Section five: immunisation in this JSNA provides a more comprehensive summary of immunisations and vaccinations in children and young people in Darlington. This can be found via the Darlington Borough Council JSNA webpage.

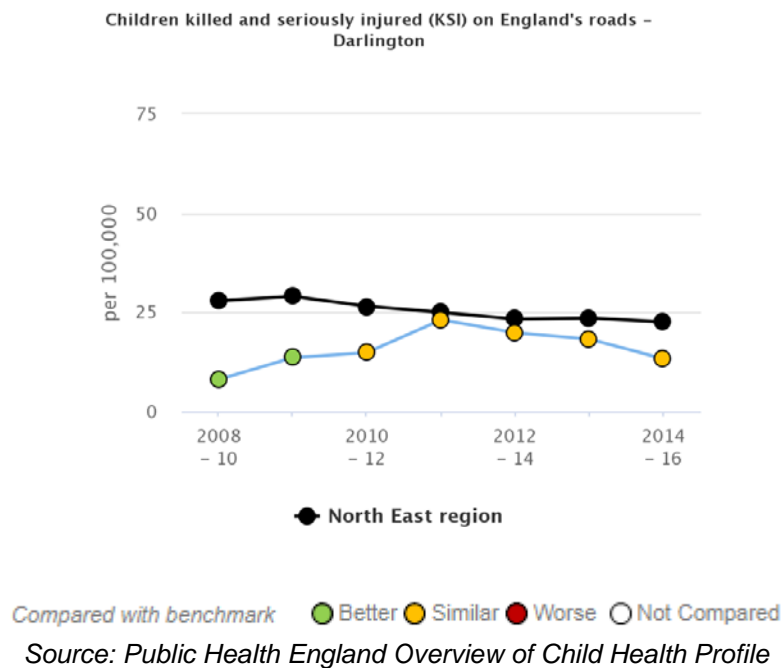
The burden of disease and ill Health

The majority of children and young people in Darlington are healthy and free from illness or disease, however for some conditions, the rates of hospital admissions for treatment remain higher than expected. The underlying causes of many of these admissions include social and environmental, parental and behavioural. These admissions may not indicate an underlying burden of disease from a common or complex condition such as asthma or diabetes.

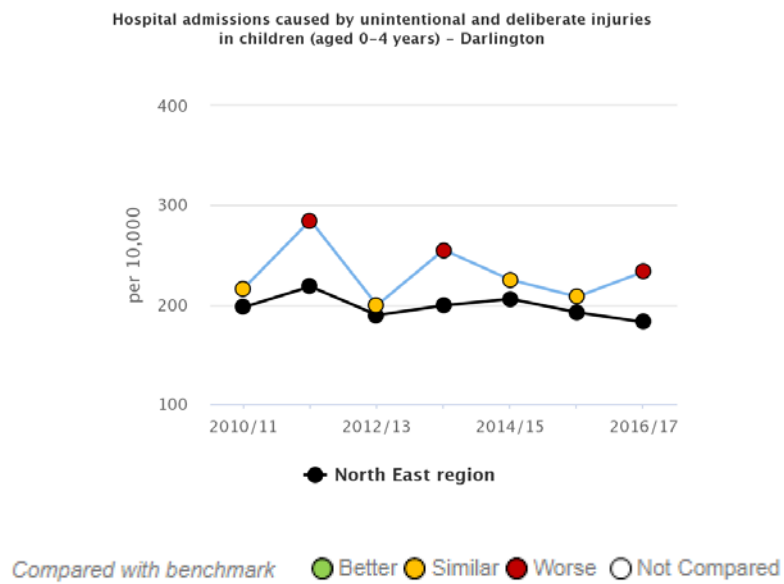
Hospital admissions due to substance misuse amongst 15 – 24 year olds in Darlington



Children killed or seriously injured on road traffic accidents (aged 0-15)

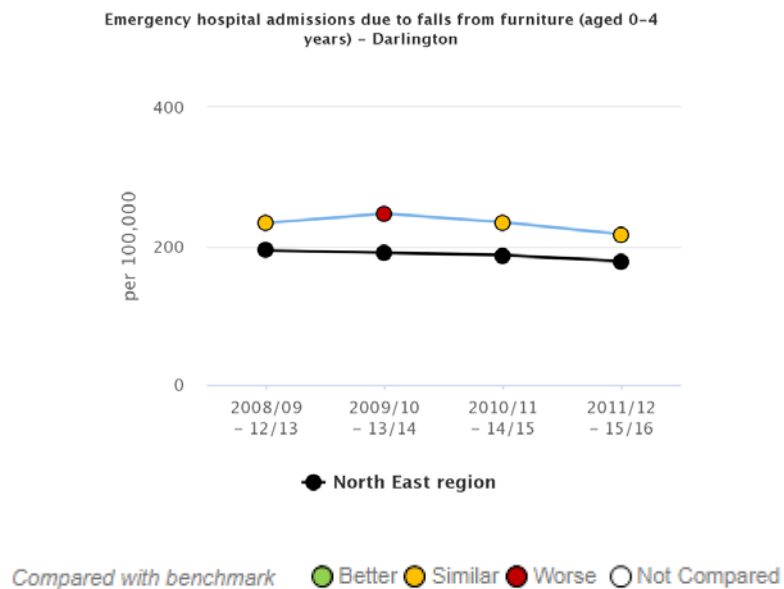


Hospital admissions caused by unintentional and deliberate injuries in children (0-4)



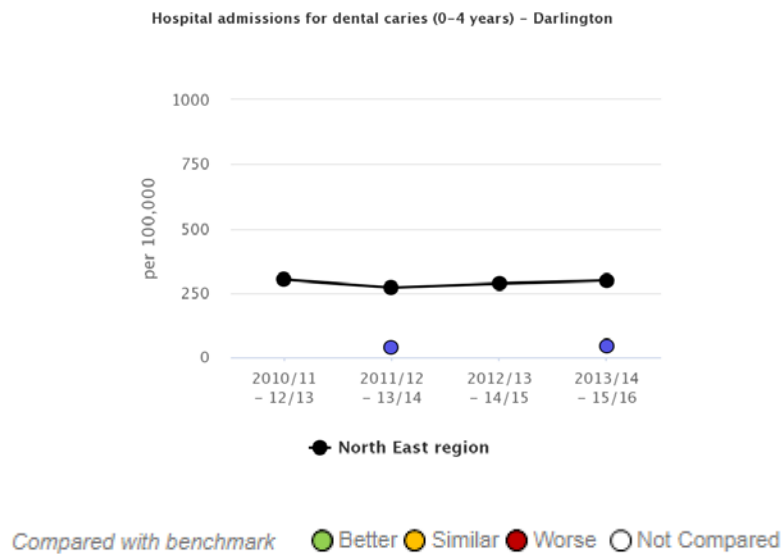
Source: Public Health England Overview of Child Health Profile

Emergency hospital admissions due to falls from furniture (0-4 years)



Source: Public Health England Overview of Child Health Profile

Hospital admission rate for dental caries 0-4 years



Source: Public Health England Overview of Child Health Profile

The burden of disease from common childhood conditions such as asthma and diabetes as well as the result of a diagnosed long term condition in children and young people in Darlington is largely similar to England and other neighbouring authorities.

Admissions for diabetes for children and young people aged 19 or less (in comparison to 10 most similar CCGs)

Admissions for diabetes for children and young people aged under 19 years 2015/16 Crude rate - per 100,000

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	6,836	55.4	54.1	56.7
NHS North Lincolnshire CC...	7	33	91.3	62.9	128.3
NHS St Helens CCG	10	33	80.9	55.7	113.7
NHS Darlington CCG	-	18	77.4	45.9	122.3
NHS Barnsley CCG	4	37	67.2	47.3	92.6
NHS Durham Dales, Easingt...	9	39	64.7	46.0	88.5
NHS Warwickshire North CC...	8	24	60.8	39.0	90.5
NHS Hardwick CCG	2	12	57.5	29.7	100.5
NHS Newark & Sherwood CCG	6	14	51.3	28.0	86.1
NHS North East Lincolnshi...	3	17	46.2	26.9	74.0
NHS Chorley And South Rib...	5	16	42.1	24.1	68.4
NHS Bassetlaw CCG	1	9	38.2	17.5	72.6

Source: Hospital Episode Statistics (HES). Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved.

Hospital admission for asthma for children and young people aged 19 or less (in comparison to 10 most similar CCGs)

Hospital admissions for asthma (under 19 years) 2015/16 Crude rate - per 100,000

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	25,001	198.6	196.2	201.1
NHS Chorley And South Rib...	5	125	329.2	274.0	392.2
NHS Warwickshire North CC...	8	93	235.7	190.3	288.8
NHS St Helens CCG	10	92	225.7	181.9	276.8
NHS North Lincolnshire CC...	7	73	202.1	158.4	254.1
NHS Durham Dales, Easingt...	9	112	185.8	153.0	223.6
NHS Bassetlaw CCG	1	42	178.4	128.6	241.1
NHS Barnsley CCG	4	94	170.7	138.0	208.9
NHS Darlington CCG	-	35	150.5	104.8	209.3
NHS Hardwick CCG	2	31	148.7	101.0	211.0
NHS North East Lincolnshi...	3	45	122.4	89.3	163.8
NHS Newark & Sherwood CCG	6	25	91.6	59.3	135.2

Source: Hospital Episode Statistics (HES). Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved.

Percentage with a long-term illness, disability or medical condition diagnosed by a doctor (in comparison to CIPFA nearest neighbours)

Area	Value	Lower CI	Upper CI
England	14.1	13.8	14.3
Gateshead	17.3	15.0	19.6
St. Helens	16.7	14.5	18.9
County Durham	16.3	14.1	18.5
Stockton-on-Tees	15.6	13.4	17.9
Wirral	15.5	13.3	17.6
Sefton	15.2	13.0	17.5
Darlington	15.1	12.8	17.5
Wigan	15.0	12.7	17.3
North Tyneside	13.4	11.4	15.4
Halton	12.4	10.2	14.7
Calderdale	12.1	10.2	14.1

Source: What About YOUth (WAY) survey, 2014/15