

SUPPLEMENT TO THE AGENDA FOR

Health & Social Care Overview and Scrutiny Committee

Monday 21 March 2016

9.30 am

**Council Chamber, The Shire Hall, St. Peter's Square, Hereford,
HR1 2HX**

- 8. PUBLIC HEALTH ACCOUNTABILITY SESSION**
Please find attached additional papers.

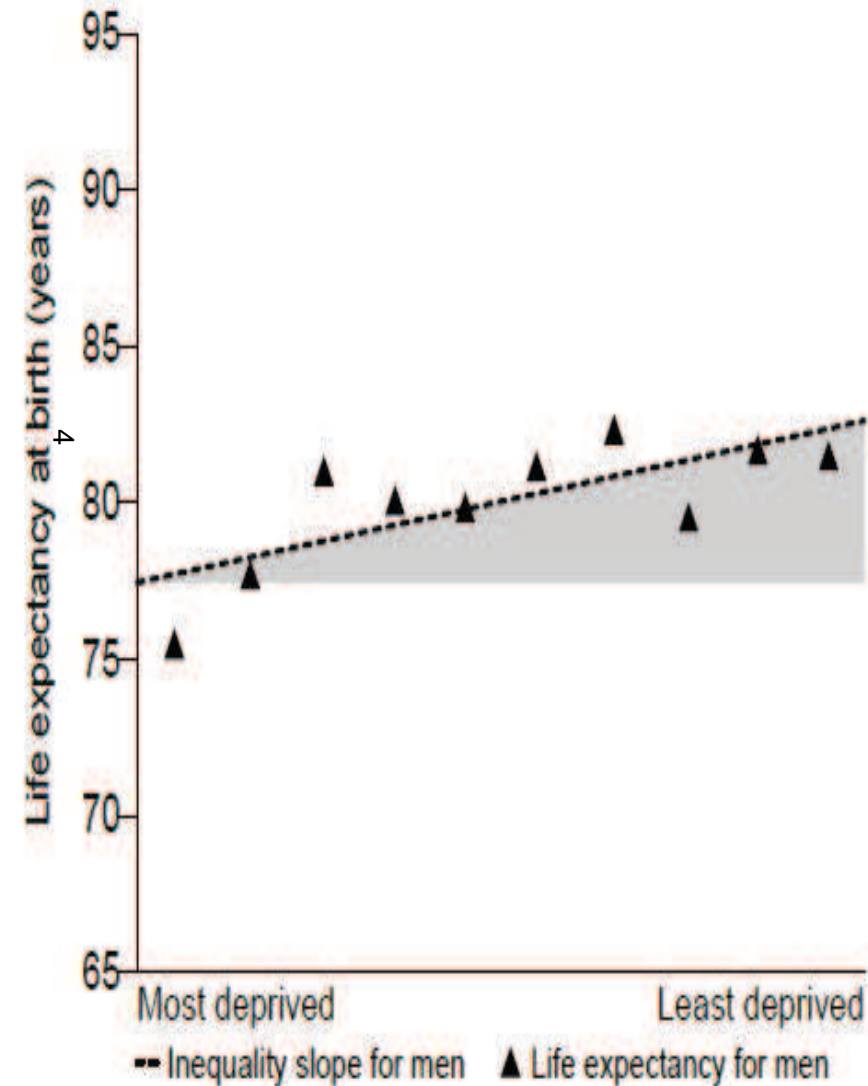
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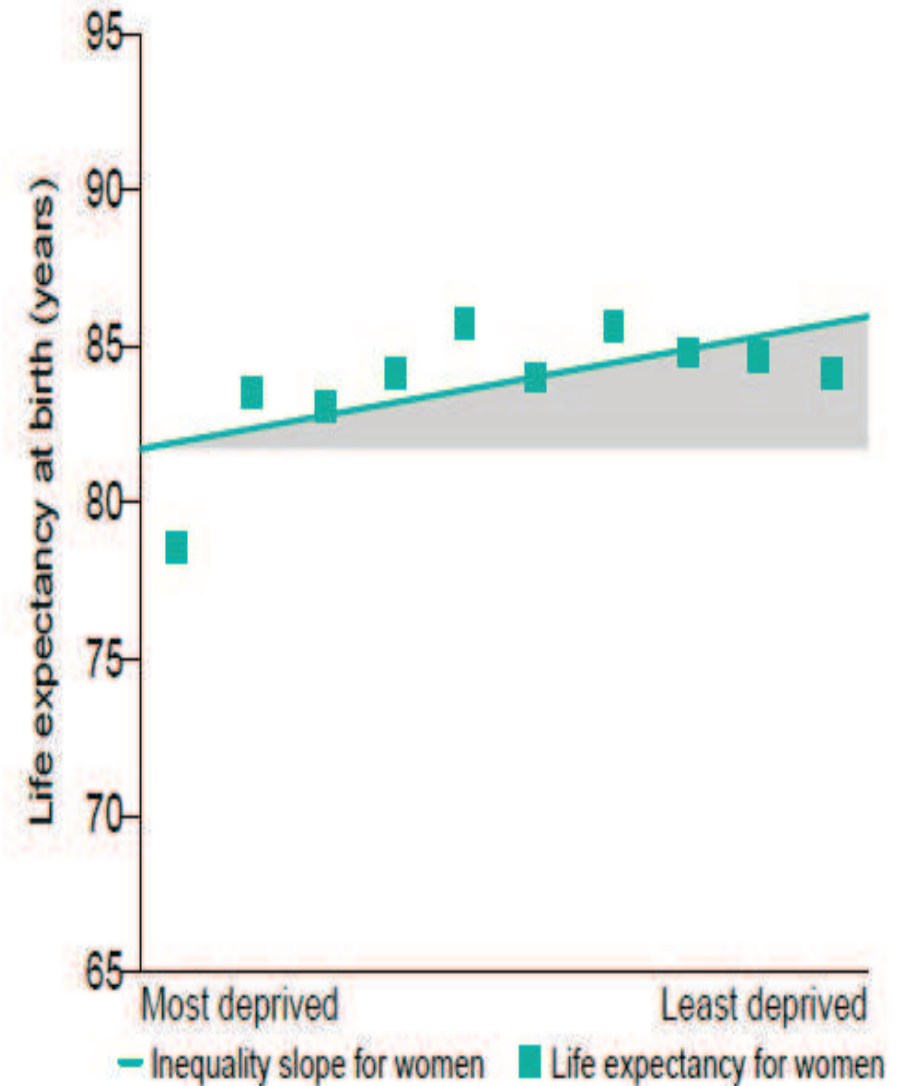
Health and Social Care Overview and Scrutiny Committee Accountability Session Public Health

Life Expectancy at Birth – Inequalities by Deprivation

Life expectancy gap for men: 5.2 years

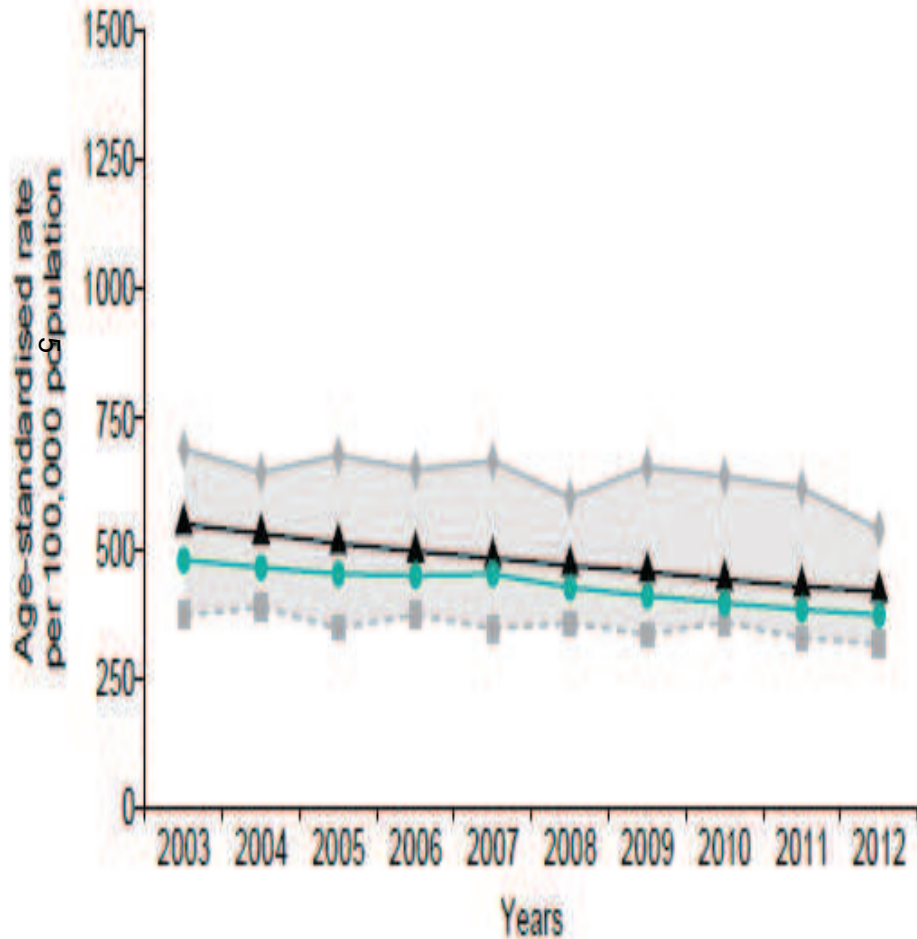


Life expectancy gap for women: 4.2 years

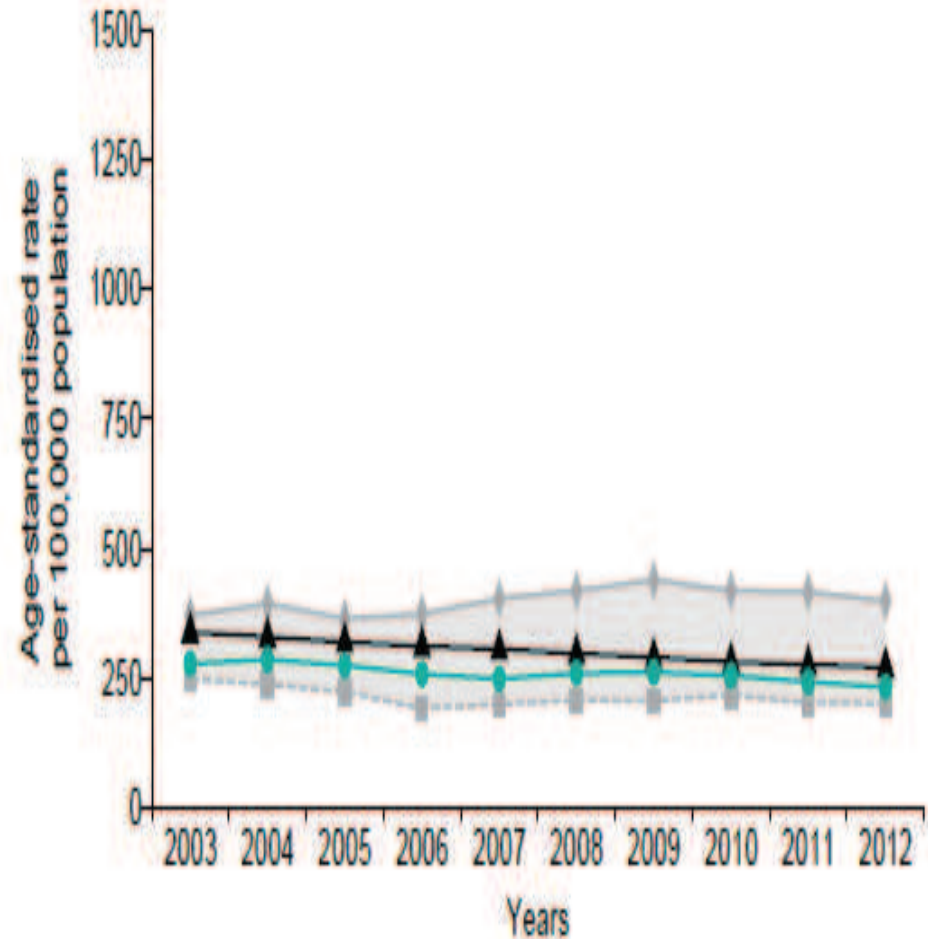


Early Deaths by All Causes – Inequalities by Deprivation

Early deaths from all causes:
MEN



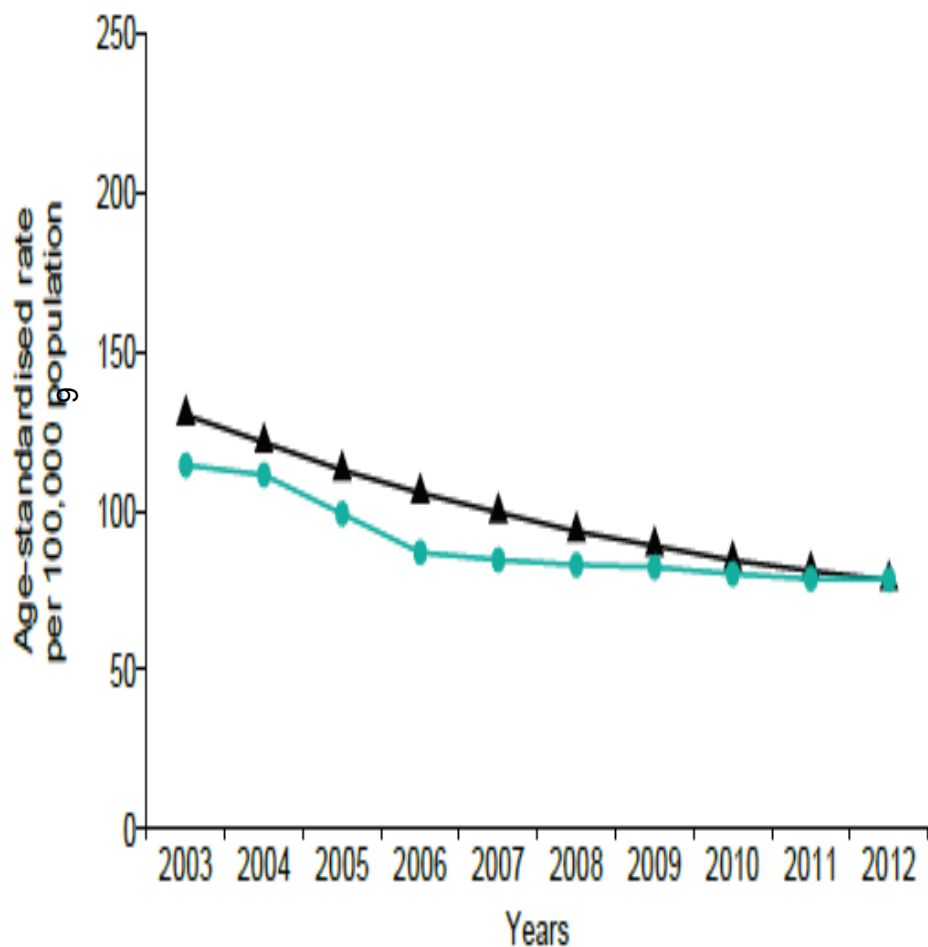
Early deaths from all causes:
WOMEN



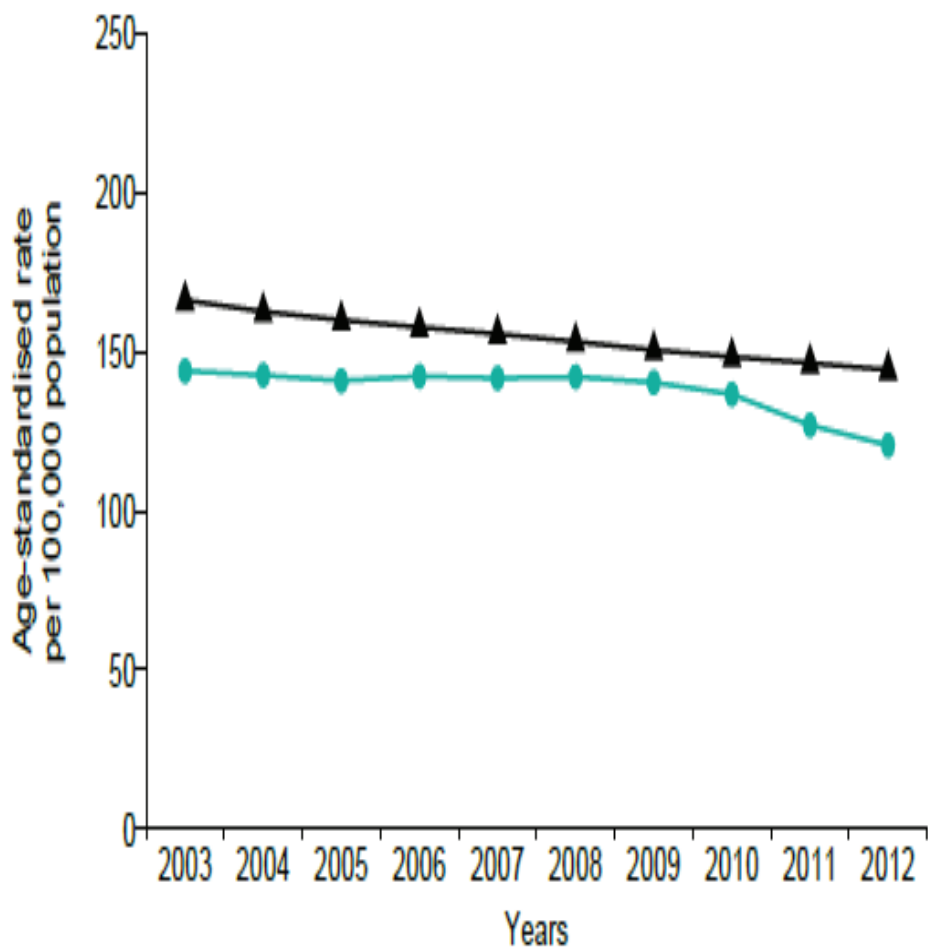
England average
 Local average
 Local least deprived
 Local most deprived
 Local inequality

Early Deaths from heart disease & stroke and cancer – Inequalities by Deprivation

Early deaths from heart disease and stroke



Early deaths from cancer



▲ England average

● Local average

■ Local least deprived

▲ Local most deprived

■ Local inequality

Mortality and Morbidity Profile

[Healthier Lives](#)

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Population Health Profile 2015

[Population Health Profile 2015](#)

Child Health Profile 2016

[Child Health Profile 2016](#)

GP practice flu vaccination uptake 2015-16

Org Name	Summary of Flu Vaccine Uptake %					
	65 and over	Under 65 (at-risk only)	All Pregnant Women	All Aged 2	All Aged 3	All Aged 4
ENGLAND	69.8	43.6	41.4	34	35.9	28.9
NHS COVENTRY AND RUGBY CCG	64.4	45.1	46.6	26.9	31.5	25.3
NHS HEREFORDSHIRE CCG	67.9	46.3	40.5	35.2	38.1	30.6
NHS WARWICKSHIRE NORTH CCG	68.6	44.3	44.2	34.0	34.6	28.9
NHS REDDITCH AND BROMSGROVE CCG	70.7	44.7	44.0	38.7	36.9	30.9
NHS SOUTH WARWICKSHIRE CCG	75.1	50.6	47.9	49.2	47.6	41.6
NHS SOUTH WORCESTERSHIRE CCG	71.7	48.8	43.1	44.2	44.0	36.2
NHS WYRE FOREST CCG	72.8	49.5	49.1	37.9	39.0	33.4
All AHW Total	69.8	46.9	45.3	36.4	37.8	31.4

Flu vaccination uptake in schools 2015-16

SIT	Area	Uptake in schools visited up to end of October
AHW	Herefordshire	64.1%
±	Coventry	60.7%
	Warks	69.8%
	Worcs	65.5%
BSBC	ALL	50.9%
SS	T&W	60.7%
	Stoke	57.9%
	Shropshire	68.6%
	Staffordshire	68.4%

Flu vaccination in HCWs 2015-16

Org Name	No. of HCWs with DIRECT Patient Care	No. Seasonal flu doses given since 1st September	% Seasonal flu doses given since 1st September 2015	Uptake December 2014	Change in 2015 compared to 2014
ENGLAND	945942	450511	47.6	52.6	-5
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	3041	1309	43.0	45.1	-2.1
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	4236	1994	47.1	42.1	5.0
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	5805	3515	60.6	49.7	10.9
WYE VALLEY NHS TRUST	2406	1570	65.3	57.8	7.5
GEORGE ELIOT HOSPITAL NHS TRUST	1669	736	44.1	41.9	2.2
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	4899	2823	57.6	61.6	-4.0
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	2969	975	32.8	44.6	-11.8
Total - ALL AHW HCWs	25025	12922	51.6	49.0	1.1

Childhood vaccination Q1 2015-16

Upper Tier LA Name	12m DTaP/IP V/Hib %	12m MenC %	12m PCV %	12m Rota %
ENGLAND	93.6	-	93.5	-
AHW	97.0	98.0	96.9	-
Herefordshire	95.1	96.3	94.9	90.2
Coventry	97.7	98.1	97.7	93.7
Warwickshire	97.6	99.2	97.6	96.6
Worcestershire	96.5	97.4	96.1	93.0

Childhood vaccination Q1 2015-16

Local Authority Name	24m DTaP/IP V/Hib3 %	24m PCV Booster %	24m Hib/Men C booster %	24m MMR1 %
ENGLAND	95.5	91.8	91.9	91.8
AHW	98.4	96	96.5	96.8
Herefordshire	97.3	94.6	94.6	93.9
Coventry	98.1	95.6	95.8	96.6
Warwickshire	99.4	98.6	98.9	99.2
Worcestershire	98	94.5	95.5	95.6

Childhood vaccination Q1 2015-16

LA Name	5y DTaP/IP V/Hib %	5y MMR1 %	5y MMR2 %	5yDTaP/IPV Booster %	5y HibMen C Booster %
ENGLAND	95.8	94.7	88.5	87.7	93.2
AHW	97.5	97.5	92.8	92.1	93.9
Herefordshire	95.6	94.8	88.9	86.5	93.6
Coventry	99.1	99.2	94.4	92.2	93.1
Warwickshire	98.5	98.4	95.0	94.7	95.7
Worcestershire	96.1	96.4	91.1	91.5	93.0

Public Health Services Commissioning – An overview

Service	Commissioner	Providers
NHS Health Checks	Herefordshire Council	Taurus, Asda, Boots, Day Lewis, Help2Change, Ice Creates, Nestor Primecare
Stop Smoking Behavioural Support	Herefordshire Council	Taurus, Asda, Boots, Day Lewis, HG Clewer, Help 2 Change, Ice Creates, Matrix Healthcare, Nestor Primcare, North 51, Rowlands
Stop Smoking Pharmacotherapy	Herefordshire Council	Boots, Chandos, Chave and Jackson, Lloyds, Rowlands
Sexual Health	Herefordshire Council	Worcester Community Healthcare Trust
Substance Misuse	Herefordshire Council	Addaction
Children 0-19	Herefordshire Council	Wye Valley NHS Trust
National Diabetes Prevention Programme	Herefordshire CCG and Council	Commissioning underway
Active HERE	Herefordshire Council	Brightstripe

Key work completed during the year 2015/16

- Active HERE started in January 2016 targeting the inactive adult population in partnership with Brightstripe
- Herefordshire was successfully selected as a demonstration site for the National Diabetes Prevention Programme
- Transfer of the Health Visiting contract and associated public health funding to the council.

Active HERE

- Sport England grant for 3 years with PH grant leverage
- Council has a sub grant agreement with Brightstripe to deliver with local clubs
- The Healthy Lifestyle Trainer Service acts as a Gateway by assessing and signposting people who are inactive
- Evaluation being conducted by Tiller Research Ltd.
- Launched January 2016 : 30 people now recruited



**If you're a sitting duck
get active**

Feel better Improve existing health conditions, lose weight and feel good.

Fit it in Find an activity that you can fit into a busy life, a bit of your time and local to you.

Friends and fitness Meet new people, an activity to do with your friends or try something new.

01432 383567 Active HERE can support you in finding suitable activities for you!

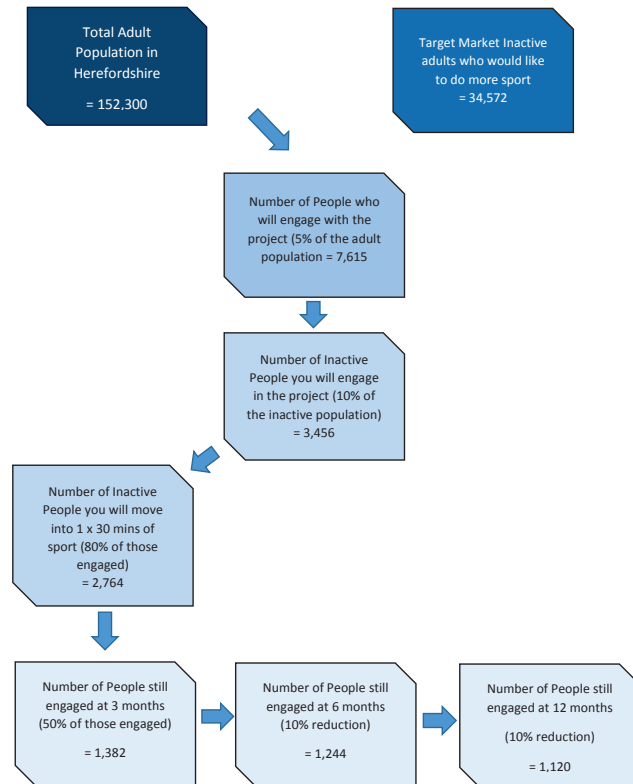
In partnership with:



Active HERE

Active HERE Pathway

Target Modelling



"If sport and physical activity was a drug, it would be regarded as a miracle"

Professor Sally Davies, Chief Medical Officer – Department of Health

Inactivity costs the UK economy:

1 IN 6 DEATHS in the UK are caused by inactivity

£7.4 BILLION

56% of adults meet the guidelines of 150 minutes a week of moderate intensity physical activity. For over 2/3rd of them sport is part of the activity mix.

HOW TO TAKE:
150 MINUTES OF MODERATE INTENSITY A WEEK.
BROKEN DOWN INTO BOUTS OF TEN MINUTES OR MORE.

SPORT ENGLAND

The advertisement features a central image of a box of pills labeled 'SPORT ENGLAND'. The box is open, showing pills with icons of a person running, a person on a bicycle, and a person playing tennis. To the right of the box are stacks of money, with a large flame icon containing the text '£7.4 BILLION'. The background is dark blue with a radial light effect.

National Diabetes Prevention Programme

- it is a key deliverable within the NHS Forward Plan as an example of sustainable and transformational change
- England is the first country to implement at scale a national evidence-based programme
- Herefordshire was selected as a demonstration site following an expression of interest
- it will reduce incidence of Type-2 diabetes
- four lead providers will be procured nationally announced 10 March, ready to start in June
- Herefordshire will select through a mini competition which one delivers here, completed by June
- the programme lasts a minimum of 9 months and the goals will be weight loss, UK dietary recommendations, physical activity recommendations
- CCG is the lead organisation and the council is a partner within a MoU with DoH – our task is to case- find and aid recruitment into the programme and ensure local alignment of the national provider with local provision - referrals expected : year 1 – 1350; year 2 – 2004.
- NHS Health check will be a key route to identifying people who are pre-diabetic, this will be via inclusion of HbA1c blood test and slight amendments to the delivery, this will be piloted in two GP practices and lessons learnt quickly rolled out (estimate of 42% of people undertaking checks to be identified as potentially at risk and requiring HbA1c test –people per year)
- National provider will be selected and Expected number of people on the programme 2016-17 is approximately 1,700 referrals and approximately 600 completing the programme
- Payment for the national provider is on the basis of assessment, then on retention at four stages of the programme
- This will be implemented across England in waves, the first wave completed by the end of 2016 covering half of England

Successes during 2015/16

- Sexual Health and Substance Misuse Services Commissioned and New Providers commenced service provision.
- Continued overall improvement of Childhood immunisation uptake in 2015-16
- Secured additional funding from CCG to provide nursing provision to special schools.

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Challenges during 2015/16

- MMR 2 and Low flu vaccine uptake in 2015-16
- 700k cut to the PH grant causing significant cost pressure; Staffing gaps and turnover within Public Health Team
- Lack of access to mobile technology and electronic records by health colleagues has inhibited sharing of information and access to services (inc. CQC recommendations)

Key work for 2016/17

- Health and Wellbeing Toolkit for the Council Employees and rolling it out to other employers across Herefordshire
- Flu Immunisation Campaign 2016-17
- Diabetes Prevention Programme Implementation

Key areas of risk for 2016/17

- Staffing gaps - recruitment and retention of staff, including the need to recruit specialist capacity in order to fulfil public health function
- Reducing inequalities: migrant & refugee challenges, opportunities and resources uncertain
- Need for continued advances and investment into information technology to reduce underreporting risks

Any opportunities or suggestions for future scrutiny work

- Mental health services for children and young people. Supporting schools and young people.
- Delivery of an obesity framework
- Extent to which public health is imbedded in Sustainability and Transformational Programme work



Herefordshire

Unitary Authority



This profile was produced on 2 June 2015

Health Profile 2015

Health in summary

The health of people in Herefordshire is varied compared with the England average. Deprivation is lower than average, however about 13.2% (4,000) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is 5.2 years lower for men in the most deprived areas of Herefordshire than in the least deprived areas.

Child health

In Year 6, 16.8% (264) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 56.5*, worse than the average for England. This represents 20 stays per year. Levels of smoking at time of delivery are worse than the England average.

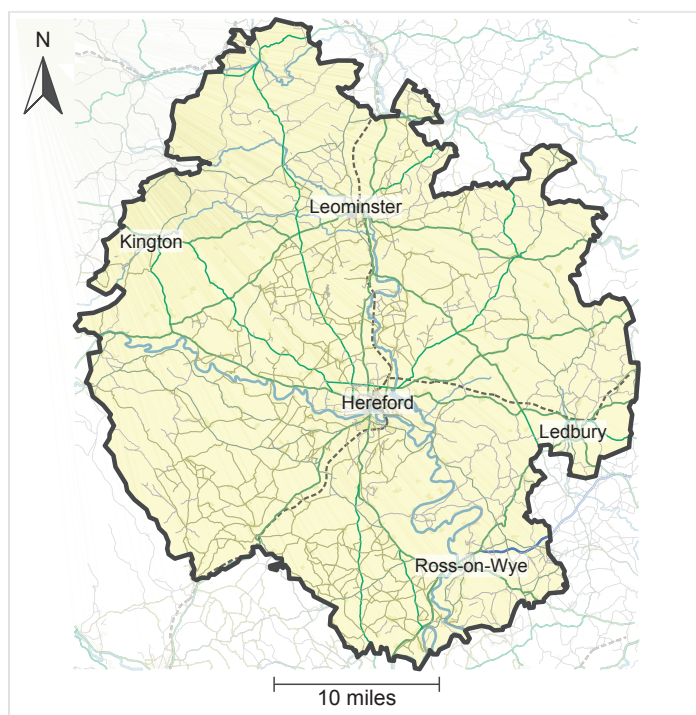
Adult health

In 2012, 23.7% of adults are classified as obese. The rate of alcohol related harm hospital stays was 546*, better than the average for England. This represents 1,055 stays per year. The rate of self-harm hospital stays was 171.2*, better than the average for England. This represents 302 stays per year. The rate of smoking related deaths was 246*, better than the average for England. This represents 309 deaths per year. Estimated levels of adult physical activity are better than the England average. Rates of sexually transmitted infections and TB are better than average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment, drug misuse and early deaths from cancer are better than average.

Local priorities

Priorities in County of Herefordshire include reducing alcohol related harm, stopping smoking, and improving the dental health of children. For more information see <https://factsandfigures.herefordshire.gov.uk/>

* rate per 100,000 population



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Population: 186,000

Mid-2013 population estimate. Source: Office for National Statistics.

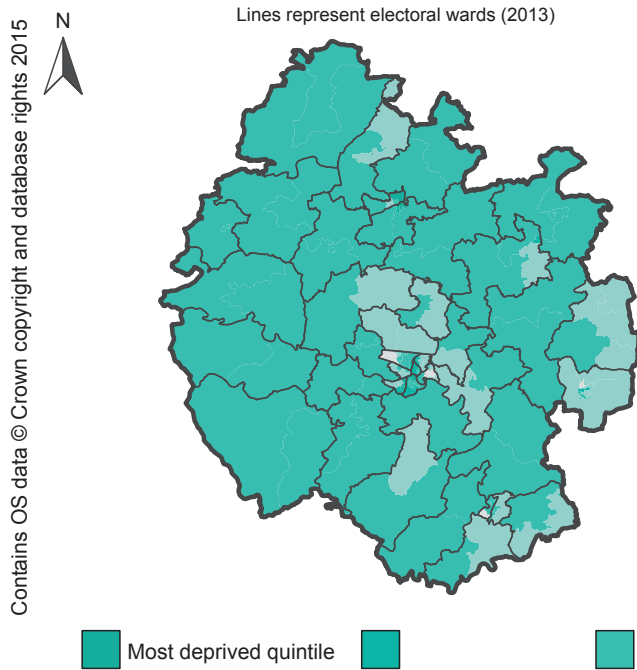
This profile gives a picture of people's health in Herefordshire. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

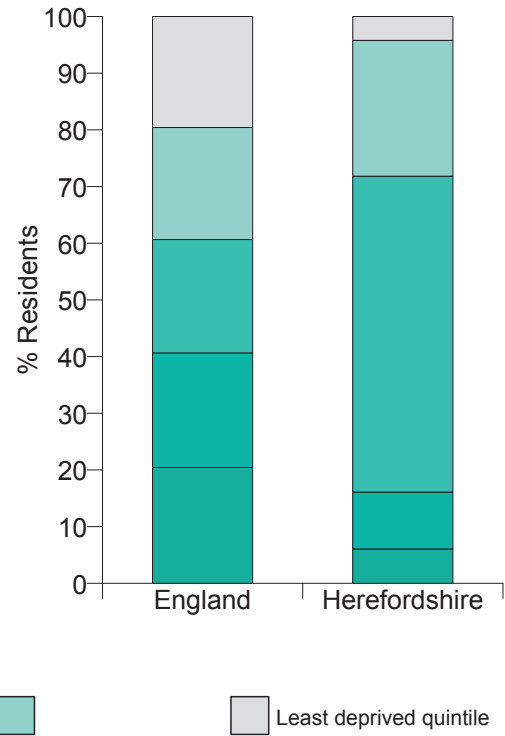
Follow [@PHE_uk](https://twitter.com/PHE_uk) on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



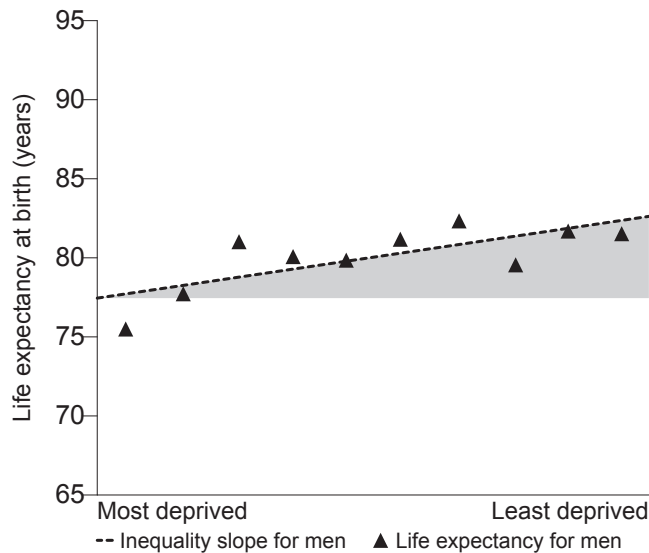
This chart shows the percentage of the population who live in areas at each level of deprivation.



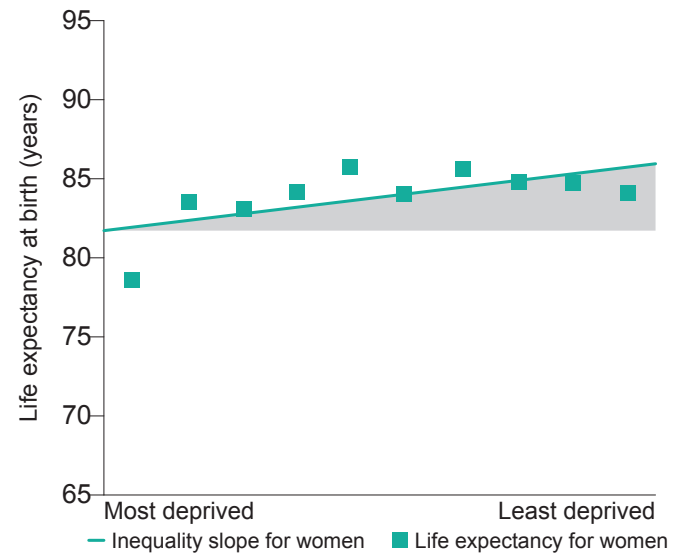
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 5.2 years

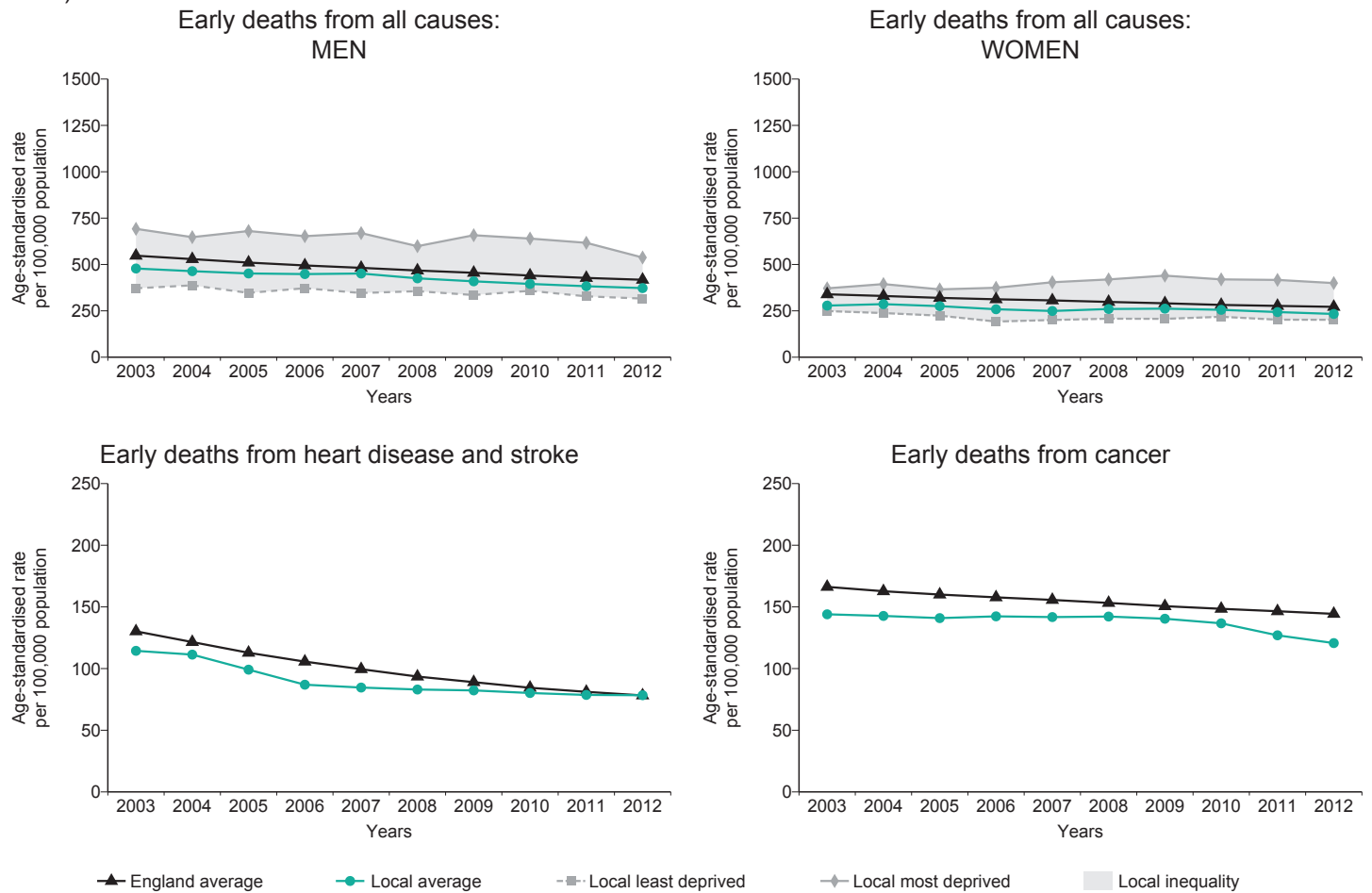


Life expectancy gap for women: 4.2 years



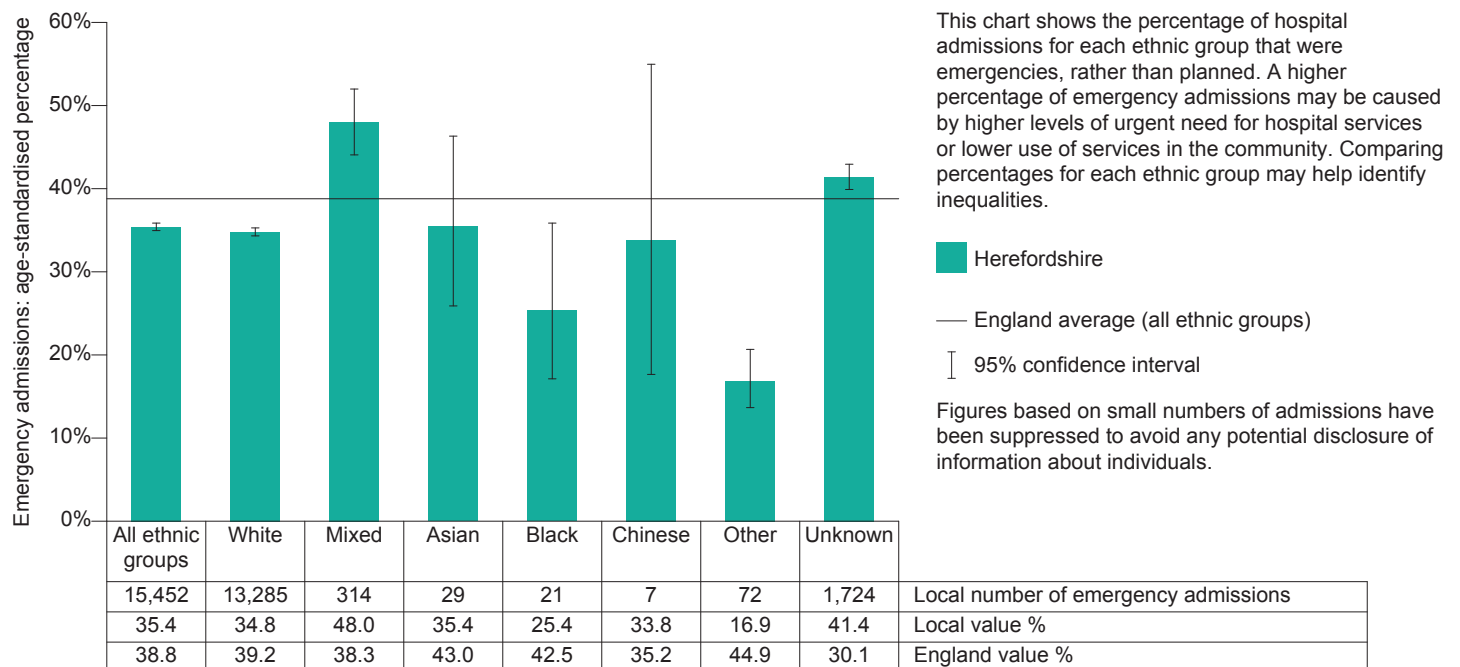
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



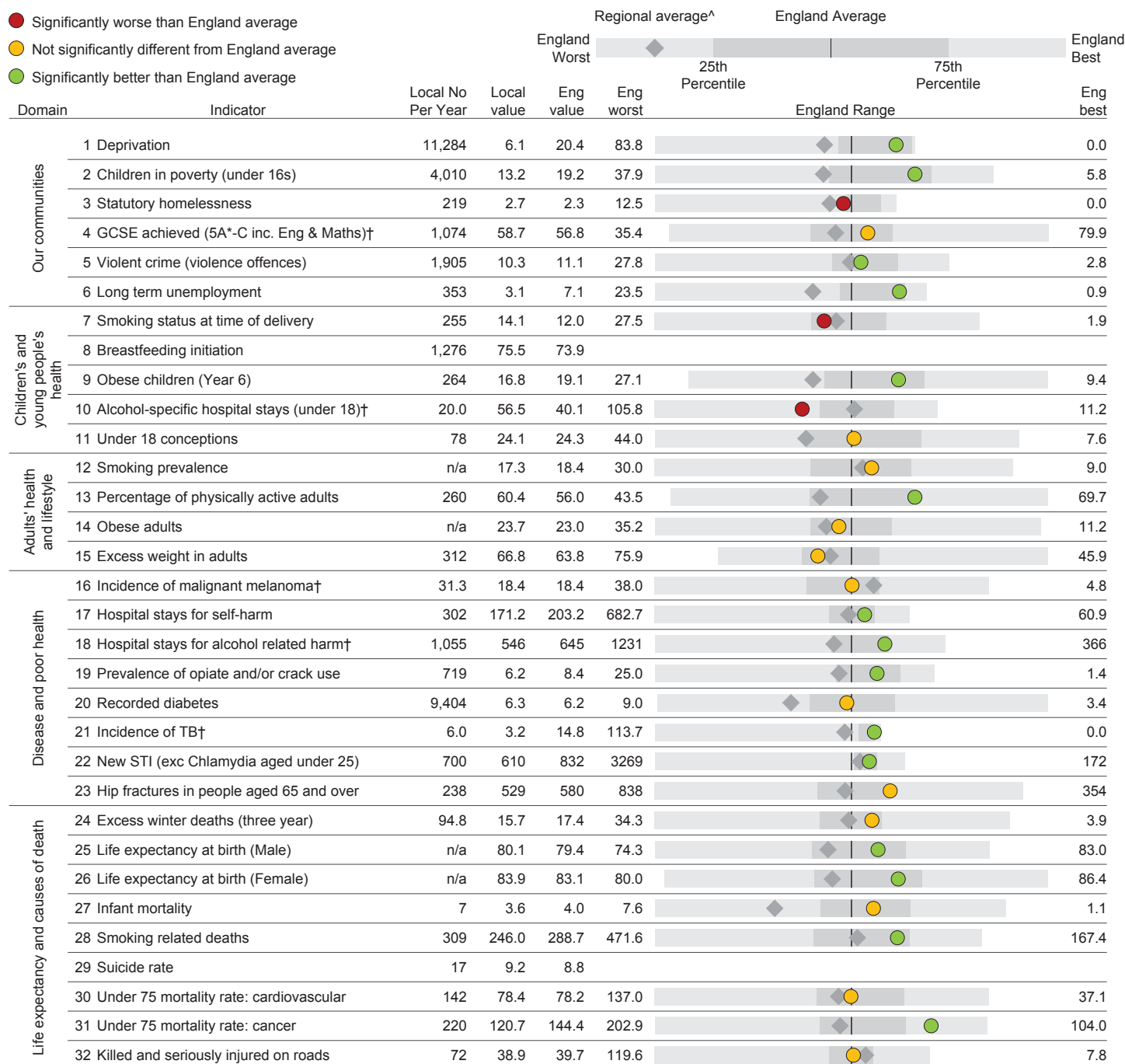
Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



Health summary for Herefordshire

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 **2** % children (under 16) in families receiving means-tested benefits & low income, 2012
3 Crude rate per 1,000 households, 2013/14 **4** % key stage 4, 2013/14 **5** Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14
6 Crude rate per 1,000 population aged 16-64, 2014 **7** % of women who smoke at time of delivery, 2013/14 **8** % of all mothers who breastfed their babies in the first 48hrs after delivery, 2013/14 **9** % school children in Year 6 (age 10-11), 2013/14 **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) **11** Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 **12** % adults aged 18 and over who smoke, 2013
13 % adults achieving at least 150 mins physical activity per week, 2013 **14** % adults classified as obese, Active People Survey 2012 **15** % adults classified as overweight or obese, Active People Survey 2012 **16** Directly age standardised rate per 100,000 population, aged under 75, 2010-12 **17** Directly age sex standardised rate per 100,000 population, 2013/14 **18** The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 **19** Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 **20** % people on GP registers with a recorded diagnosis of diabetes 2013/14 **21** Crude rate per 100,000 population, 2011-13, local number per year figure is the average count **22** All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 **23** Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 **24** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 **25, 26** At birth, 2011-13 **27** Rate per 1,000 live births, 2011-13 **28** Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 **29** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 **30** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **31** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **32** Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values.

[^] "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and <http://fingertips.phe.org.uk/profile/health-profiles>

Please send any enquiries to healthprofiles@phe.gov.uk

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County of Herefordshire

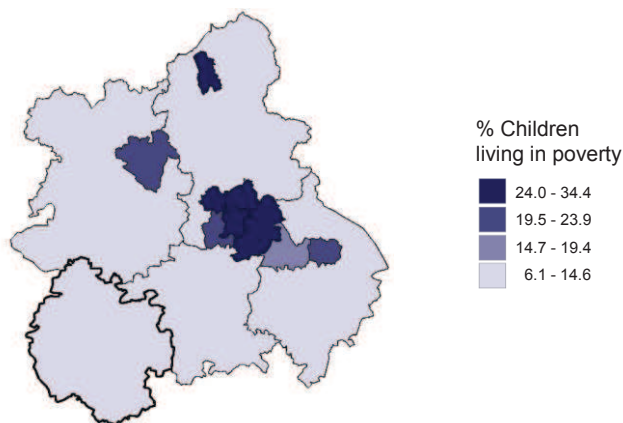
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	West Midlands	England
Live births in 2014	1,728	70,123	661,496
Children (age 0 to 4 years), 2014	9,900 (5.3%)	364,800 (6.4%)	3,431,000 (6.3%)
Children (age 0 to 19 years), 2014	40,000 (21.4%)	1,402,300 (24.5%)	12,907,300 (23.8%)
Children (age 0 to 19 years) in 2025 (projected)	40,800 (20.6%)	1,471,500 (24.3%)	13,865,500 (23.7%)
School children from minority ethnic groups, 2015	1,898 (9.4%)	240,816 (32.5%)	1,931,855 (28.9%)
Children living in poverty (age under 16 years), 2013	13.2%	21.5%	18.6%
Life expectancy at birth, 2012-2014			
Boys	80.7	78.9	79.5
Girls	84.2	82.9	83.2

Children living in poverty

Map of the West Midlands, with County of Herefordshire outlined, showing the relative levels of children living in poverty



Contains Ordnance Survey data

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

Key findings

Children and young people under the age of 20 years make up 21.4% of the population of County of Herefordshire. 9.4% of school children are from a minority ethnic group.

The health and wellbeing of children in County of Herefordshire is generally similar to the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is better than the England average with 13.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

Children in County of Herefordshire have average levels of obesity: 8.3% of children aged 4-5 years and 18.2% of children aged 10-11 years are classified as obese.

In 2011/12, 33.6% of five year olds had one or more decayed, filled or missing teeth. This was similar to the England average. Recent hospital admission rates for dental caries in children aged under 5 years are lower than the England average.

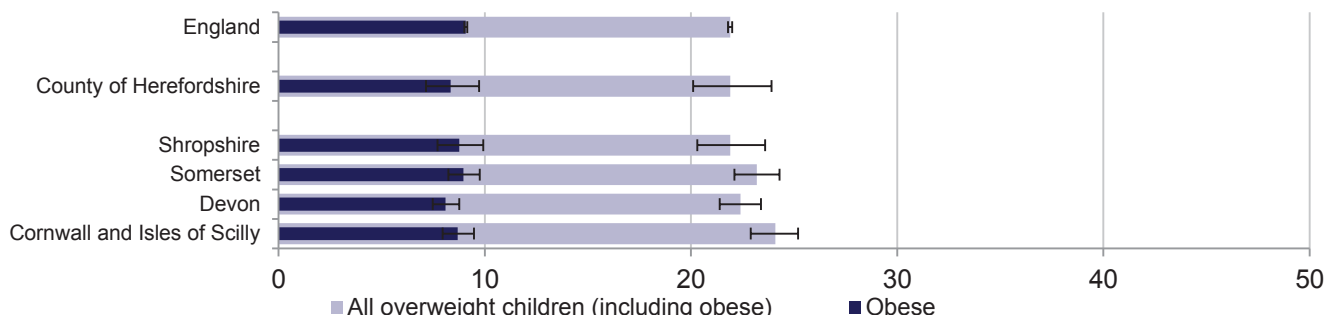
In 2014, 94 children entered the youth justice system for the first time. This gives a higher rate than the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16 to 18 not in education, employment or training is higher than the England average.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

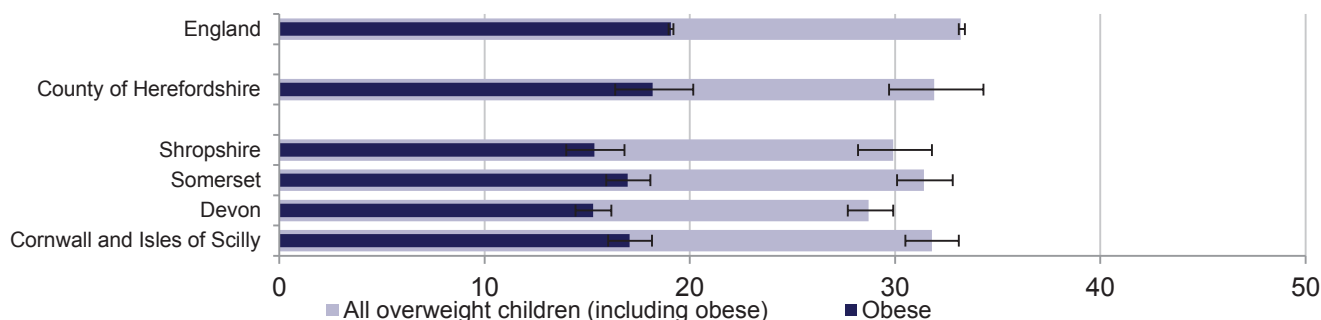
Childhood obesity

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 with their statistical neighbours. Compared with the England average, this area has a similar percentage in Reception and a similar percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2014/15 (percentage)



Children aged 10-11 years classified as obese or overweight, 2014/15 (percentage)



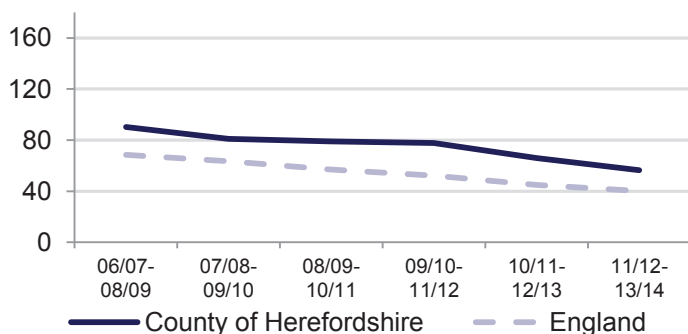
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval. Data source: Public Health Outcomes Framework

Young people and alcohol

In comparison with the 2006/07-2008/09 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 is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average.

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

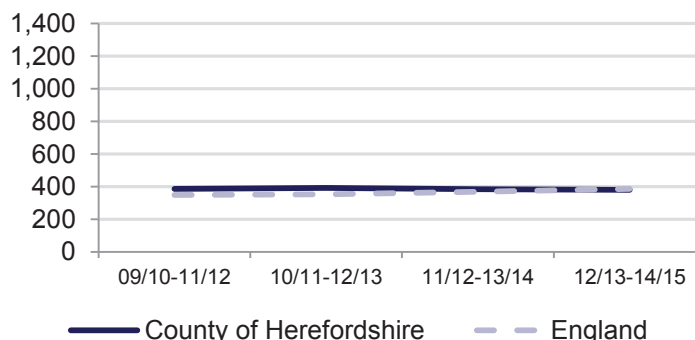


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2009/10-2011/12 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2012/13-2014/15 period. The admission rate in the 2012/13-2014/15 period is similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)

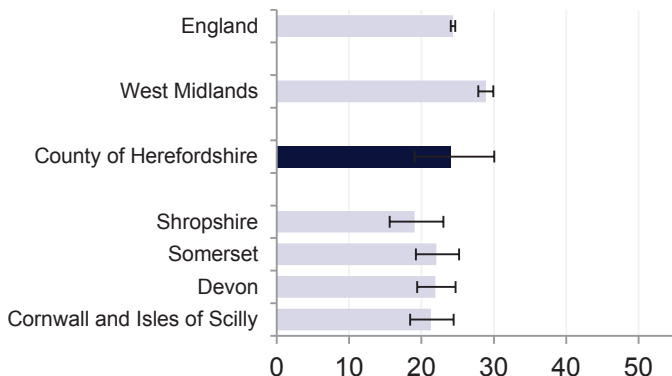


*Information about admissions in the single year 2014/15 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

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

Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 24 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is similar to the regional average. The area has a similar teenage conception rate compared with the England average.

Source: Conceptions in England and Wales, ONS

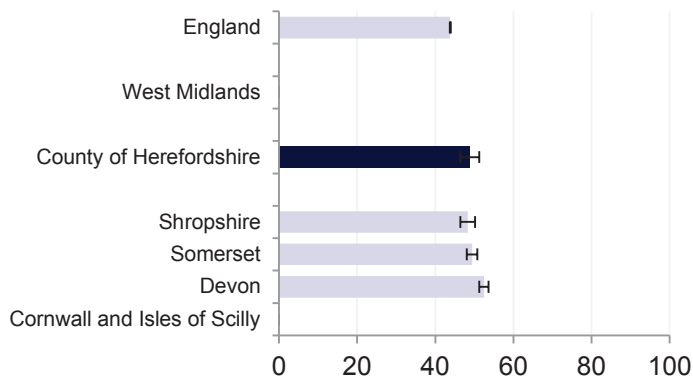
Chlamydia detection, 2014 (rate per 100,000 young people aged 15 - 24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2014, the detection rate in this area was 1,652 which is lower than the minimum recommended rate.

Source: Public Health Outcomes Framework. The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

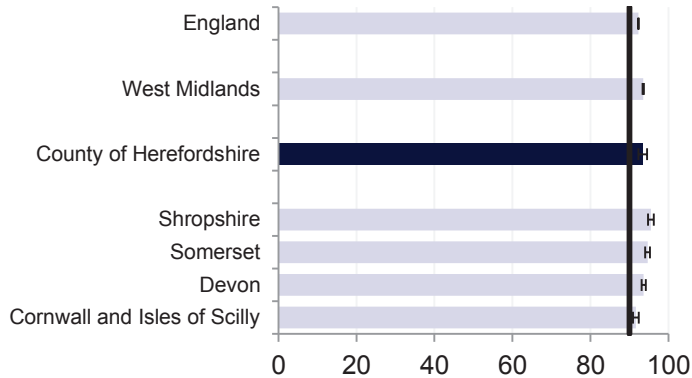
Breastfeeding at 6 to 8 weeks, 2014/15 (percentage of infants due 6 to 8 week checks)



In this area, 48.8% of mothers are still breastfeeding at 6 to 8 weeks. 67.7% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%*.

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

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2014/15 (percentage of children age 2 years)



More than 90% (the minimum recommended coverage level, shown as a vertical black line on the chart above) of children have received their first dose of immunisation by the age of two in this area (93.5%). By the age of five, only 87.6% of children have received their second dose of MMR immunisation. In the West Midlands, there were 5 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Sources: Public Health Outcomes Framework; Public Health England

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing 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



	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	6	3.5	4.0	7.2		1.6
	2 Child mortality rate (1-17 years)	4	11.3	12.0	19.3		5.0
Health protection	3 MMR vaccination for one dose (2 years) ● >=90% ● <90%	1,816	93.5	92.3	73.8		98.1
	4 Dtap / IPV / Hib vaccination (2 years) ● >=90% ● <90%	1,884	97.0	95.7	79.2		99.2
	5 Children in care immunisations	-	-	87.8	64.9		100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of reception	1,235	65.1	66.3	50.7		77.5
	7 GCSEs achieved (5 A*-C inc. English and maths)	1,056	57.4	57.3	42.0		71.4
	8 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	9 16-18 year olds not in education, employment or training	320	5.7	4.7	9.0		1.5
	10 First time entrants to the youth justice system	94	573.6	409.1	808.6		132.9
	11 Children in poverty (under 16 years)	3,990	13.2	18.6	34.4		6.1
	12 Family homelessness	90	1.1	1.8	8.9		0.2
	13 Children in care	270	75	60	158		20
Health improvement	14 Children killed or seriously injured in road traffic accidents	7	22.1	17.9	51.5		5.5
	15 Low birthweight of term babies	47	3.0	2.9	5.8		1.6
	16 Obese children (4-5 years)	149	8.3	9.1	13.6		4.2
	17 Obese children (10-11 years)	288	18.2	19.1	27.8		10.5
	18 Children with one or more decayed, missing or filled teeth	-	33.6	27.9	53.2		12.5
	19 Hospital admissions for dental caries (1-4 years)	2	25.1	322.0	1,406.8		11.7
	20 Under 18 conceptions	78	24.1	24.3	43.9		9.2
	21 Teenage mothers	15	0.9	0.9	2.2		0.2
	22 Hospital admissions due to alcohol specific conditions	20	56.5	40.1	100.0		13.7
	23 Hospital admissions due to substance misuse (15-24 years)	18	89.4	88.8	278.2		24.7
Prevention of ill health	24 Smoking status at time of delivery	-	-	11.4	27.2		2.1
	25 Breastfeeding initiation	1,126	67.7	74.3	47.2		92.9
	26 Breastfeeding prevalence at 6-8 weeks after birth	817	48.8	43.8	19.1		81.5
	27 A&E attendances (0-4 years)	3,167	319.9	540.5	1,761.8		263.6
	28 Hospital admissions caused by injuries in children (0-14 years)	330	111.7	109.6	199.7		61.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	249	125.1	131.7	287.1		67.1
	30 Hospital admissions for asthma (under 19 years)	71	185.7	216.1	553.2		73.4
	31 Hospital admissions for mental health conditions	49	136.0	87.4	226.5		28.5
	32 Hospital admissions as a result of self-harm (10-24 years)	111	375.7	398.8	1,388.4		105.2

Notes and definitions - Where data is not available or figures 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), 2012-2014
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2012-2014
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2014/15
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2014/15
- 5 % children in care with up-to-date immunisations, 2015
- 6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2014/15
- 7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2014/15
- 8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 9 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2014
- 10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2014

- 11 % 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, 2013
- 12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2014/15
- 13 Rate of children looked after at 31 March per 10,000 population aged under 18, 2015
- 14 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2012-2014
- 15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2014
- 16 % school children in Reception year classified as obese, 2014/15
- 17 % school children in Year 6 classified as obese, 2014/15
- 18 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 19 Crude rate per 100,000 (age 1-4 years) for hospital admissions for dental caries, 2012/13-2014/15
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013

- 21 % of delivery episodes where the mother is aged less than 18 years, 2014/15
- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2012/13-2014/15
- 24 % of mothers smoking at time of delivery, 2014/15
- 25 % of mothers initiating breastfeeding, 2014/15
- 26 % of mothers breastfeeding at 6-8 weeks, 2014/15
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2014/15
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2014/15
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2014/15
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2014/15
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2014/15
- 32 Directly standardised rate per 100,000 (age 10-24 years) for emergency hospital admissions for self-harm, 2014/15