

Public Health Outcomes for Children and Young People

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Aims of the Session

- Marmot Review 10 Years On
- Overview of key public health outcomes
- Areas of progress and challenge
- Local action

Health Equity in England: The Marmot Review 10 Years On

- Since 2010
 - life expectancy in England has stalled
 - years in ill health have increased
 - inequalities in health have widened
 - rates of child poverty have increased: more than 4 million children

The Marmot Review 10 Years On

- Best Start in Life
 - progress in early years development (school readiness) – socioeconomic inequalities
 - higher levels of development for children from low-income families in more deprived areas
 - loss of funding e.g. early years services
 - low rates of pay and required qualifications in childcare workforce

The Marmot Review 10 Years On












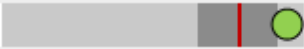

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - continued inequalities in educational attainment
 - significant increase in both primary and secondary school exclusions
 - changes to school funding
 - reductions in youth services

Child Health Profiles

Indicator

Local No Local Value NE Ave Eng Ave Eng Worst

Eng Best

Infant mortality rate	2016 - 18	–	24	2.8	3.3	3.9	8.2		1.0
Child mortality rate (1-17 years)	2016 - 18	–	18	11.7	12.6	11.0	23.4		6.2
New data Population vaccination coverage - MMR for one dose (2 years old)	2018/19	↓	2,857	95.3%	94.5%	90.3%	74.3%		97.1%
<90% 90% to 95% ≥95%									
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2018/19	↓	2,898	96.7%	96.7%	94.2%	81.6%		98.8%
<90% 90% to 95% ≥95%									
Children in care immunisations	2019	↑	354	94.9%	91.0%	86.8%	44.1%		100%
New data School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	2,113	72.6%	71.8%	71.8%	63.1%		80.6%
Average Attainment 8 score New data	2018/19	–	119,784	42.8	44.9	46.9	39.0		57.5
Average Attainment 8 score of children in care New data	2018	–	-	19.5	20.8	18.9	7.9		31.8
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2018	–	840	14.9%	6.5%	5.5%	14.9%		1.5%
First time entrants to the youth justice system	2018	↓	74	316.7	331.8	238.5	554.3		72.3
Children in low income families (under 16s)	2016	↓	11,395	23.6%	22.6%	17.0%	31.8%		6.4%
Family homelessness	2017/18	→	68	0.6	0.7	1.7	7.7		0.1
Children in care New data	2019	→	595	109	101	65	197		25

Child Health Profiles

Indicator			Local No	Local Value	NE Ave	Eng Ave	Eng Worst		Eng Best
Children killed and seriously injured (KSI) on England's roads New data	2016 - 18	–	35	24.0	21.6	17.7	52.5		4.0
Low birth weight of term babies New data	2018	➔	96	3.82%	3.26%	2.86%	4.65%		1.01%
Reception: Prevalence of obesity (including severe obesity)	2018/19	➔	327	11.5%	10.8%	9.7%	14.2%		5.4%
Year 6: Prevalence of obesity (including severe obesity)	2018/19	➔	765	24.8%	22.8%	20.2%	29.6%		10.7%
Children with one or more decayed, missing or filled teeth	2016/17	–	-	28.4%	23.9%	23.3%	47.1%		12.9%
Hospital admissions for dental caries (0-5 years) New data	2016/17 - 18/19	–	95	171.8	422.7	307.5	10.9		1,393.4
Under 18s conception rate / 1,000	2017	➔	106	25.7	24.7	17.8	43.8		6.1
Teenage mothers New data	2018/19	➔	35	1.3%	1.2%	0.6%	2.3%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2016/17 - 18/19	–	140	85.8	60.0	31.6	106.7		7.8
Hospital admissions due to substance misuse (15-24 years) New data	2016/17 - 18/19	–	100	100.4	117.8	83.1	236.6		32.0
Smoking status at time of delivery	2018/19	➔	450	17.5%	15.7%*	10.6%	25.7%		1.6%
Baby's first feed breastmilk New data	2018/19	–	1,275	48.0%	50.6%	67.4%	43.6%		98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2018/19	–	669	25.9%	33.6%	46.2%*	-	Insufficient number of values for a spine chart	-

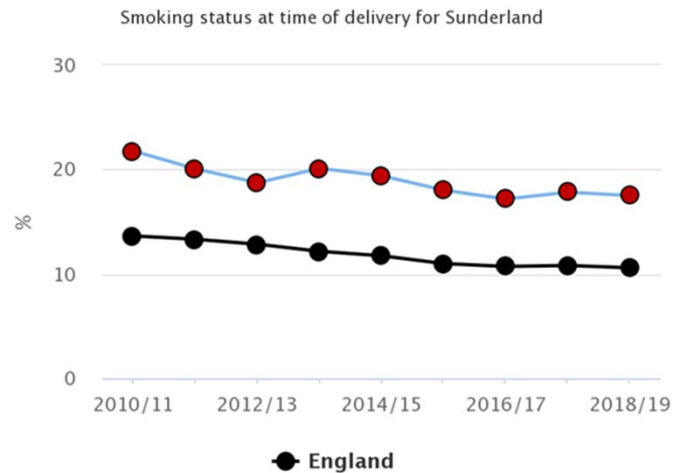
Child Health Profiles

Indicator			Local No	Local Value	NE Ave	Eng Ave	Eng Worst		Eng Best
A&E attendances (0-4 years) New data	2018/19	↑	23,715	1,585.9	967.4	655.3	1,917.4		126.3
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2018/19	↓	680	147.4	127.5	96.1	184.9		45.1
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2018/19	→	445	138.9	174.0	136.9	276.7		56.0
Hospital admissions for asthma (under 19 years) New data	2018/19	→	195	338.7	245.8	178.4	485.9		50.3
Hospital admissions for mental health conditions New data	2018/19	→	100	183.3	105.7	88.3	193.9		22.9
Hospital admissions as a result of self-harm (10-24 years) New data	2018/19	—	200	435.8	536.5	444.0	1,072.7		91.1

Best Start in Life Profiles

- Smoking during pregnancy
- Breastfeeding at 6-8 weeks
- Childhood obesity
- Under 18 conceptions
- Unintentional and deliberate injuries
- Oral health
- Childhood immunisation (MMR)
- School readiness

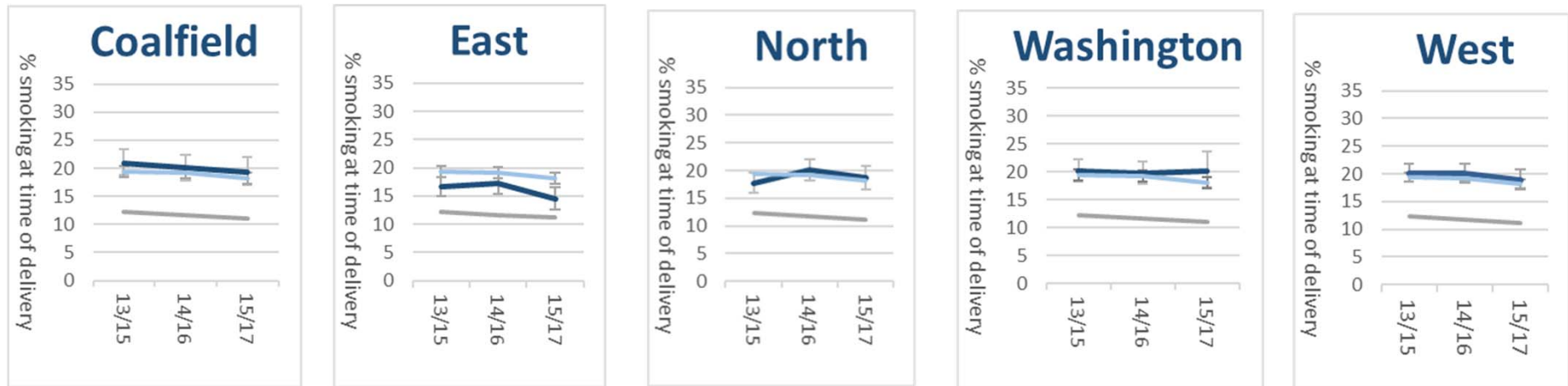
Smoking During Pregnancy



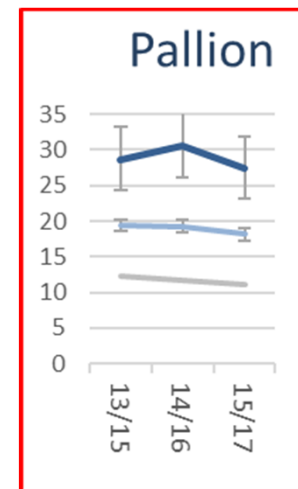
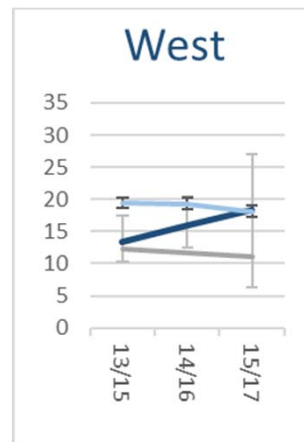
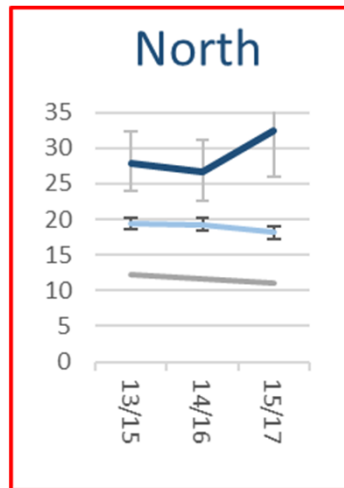
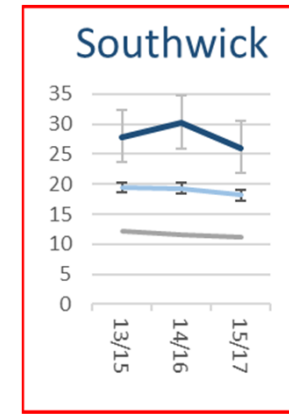
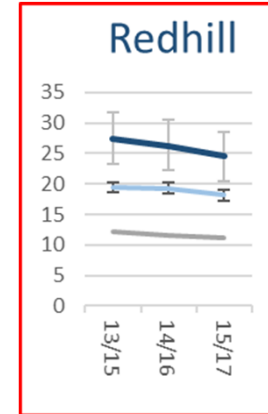
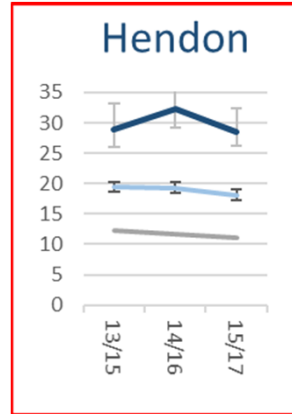
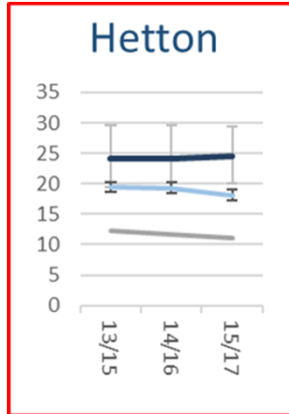
Sunderland – 17.5% in 2018/19. It is reducing but remains amongst the highest rates in the North East and statistical neighbours

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	61,399	10.6	10.5	10.7
Neighbours average	-	-	-	-	-	-
Gateshead	↓	1	263	13.4	12.0	15.0
South Tyneside	↓	7	208	14.0	12.3	15.8
Tameside	↓	9	356	14.6	13.3	16.1
Darlington	↓	10	162	15.6	13.5	17.9
Barnsley	↓	6	455	16.0	14.7	17.4
St. Helens	↓	4	304	16.2	14.6	17.9
Wakefield	↓	2	617	16.4	15.2	17.6
Halton	↓	5	220	17.3	15.3	19.5
Sunderland	↓	-	450	17.5	16.1	19.0
County Durham	↓	3	852	17.5	16.5	18.6
Hartlepool	↓	8	167	17.7	15.4	20.2

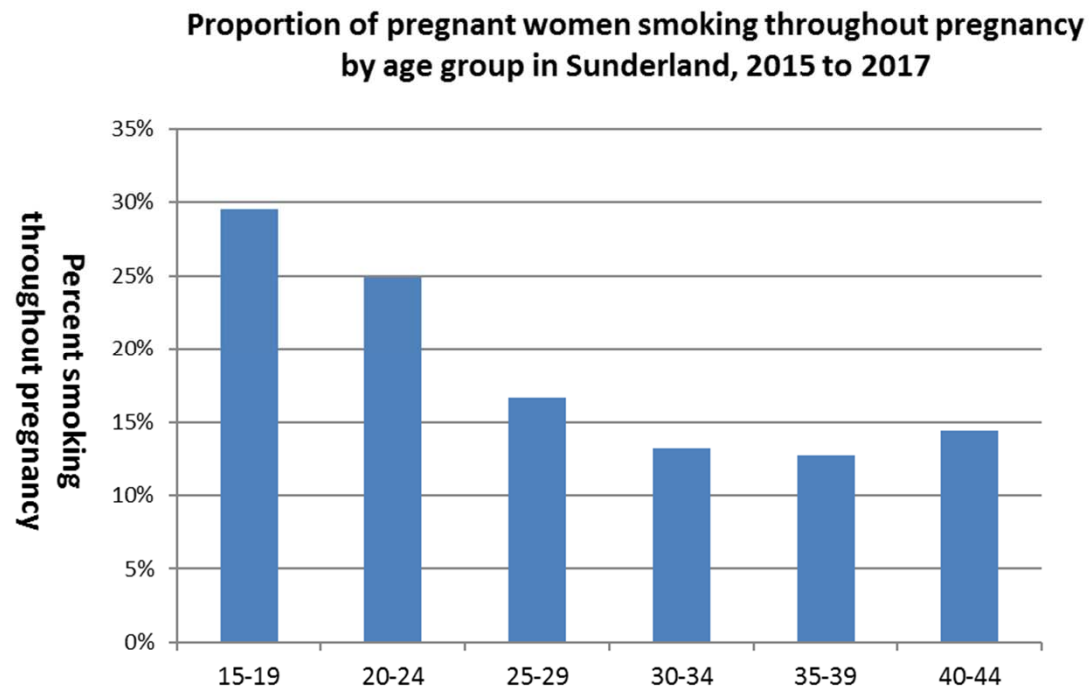
Smoking During Pregnancy



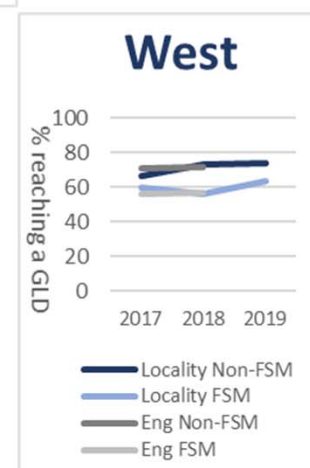
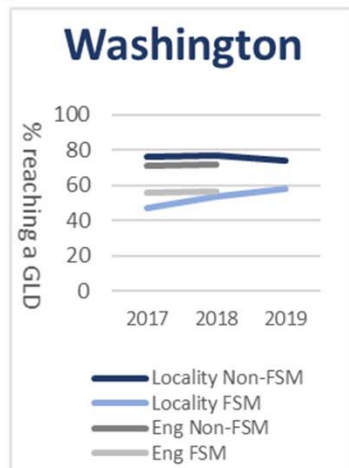
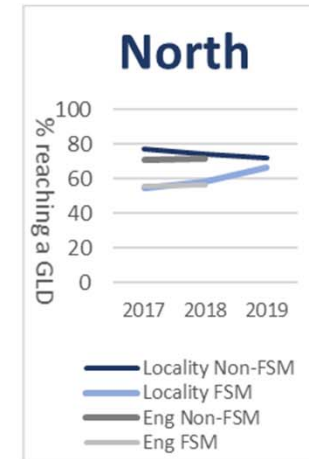
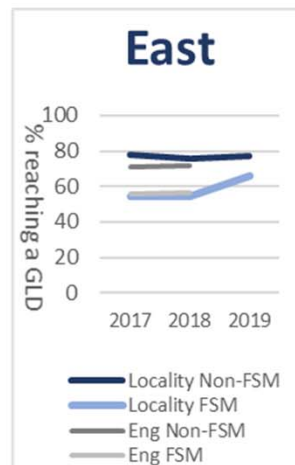
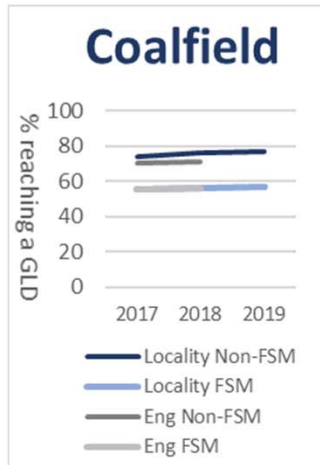
Smoking During Pregnancy



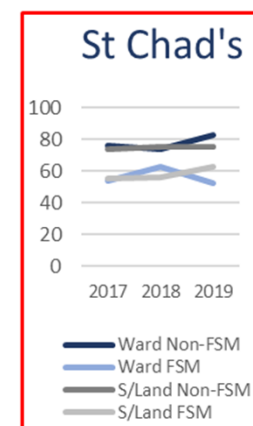
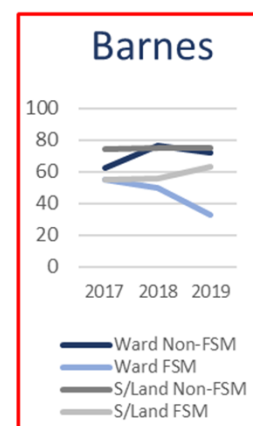
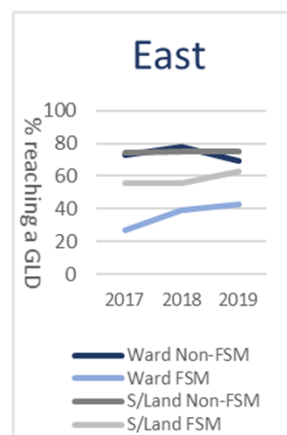
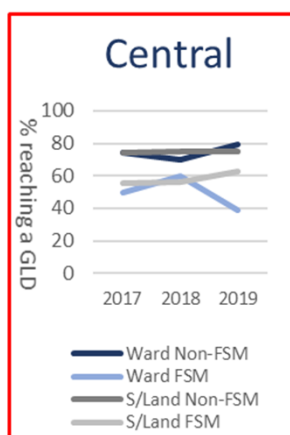
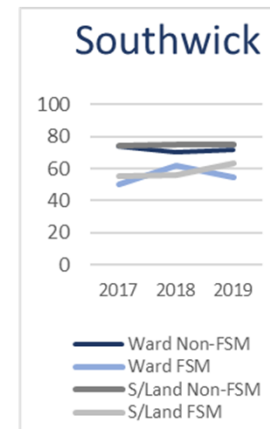
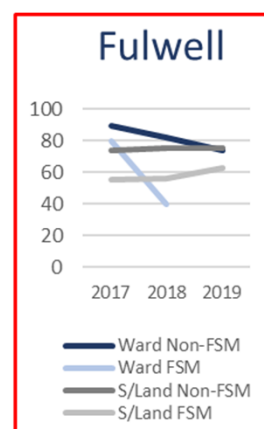
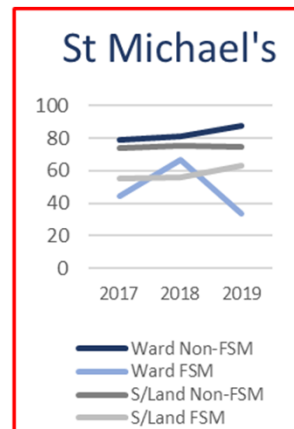
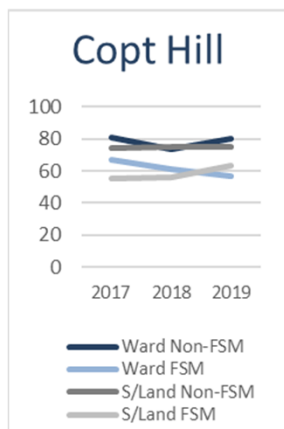
Age Groups



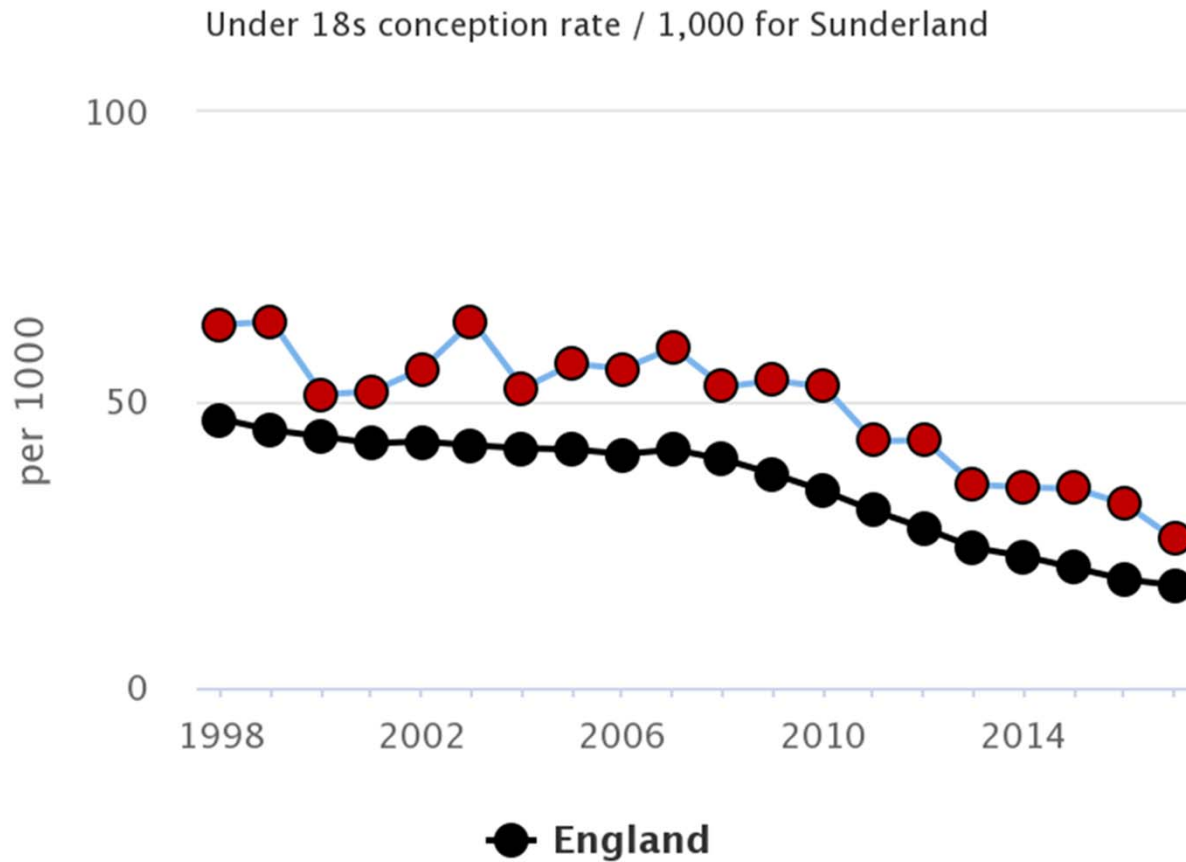
School Readiness



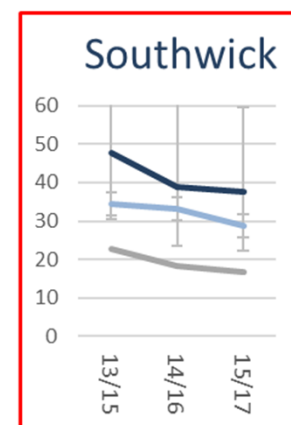
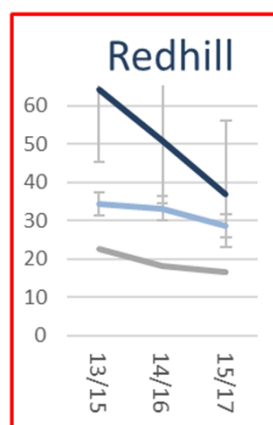
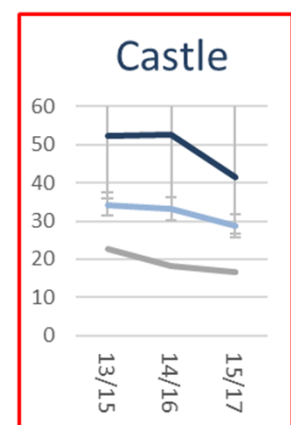
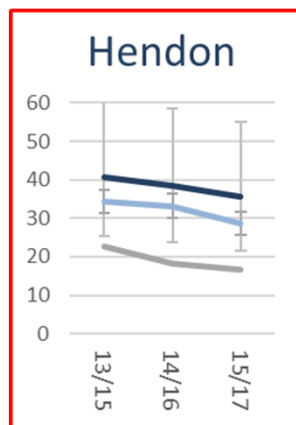
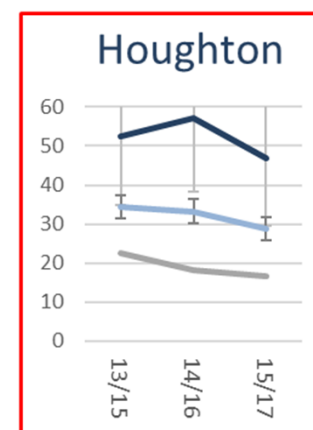
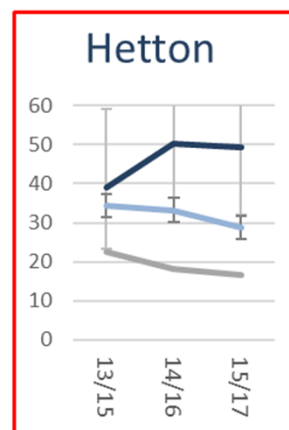
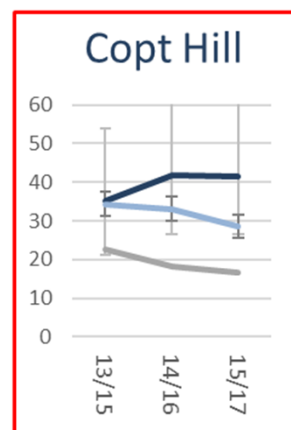
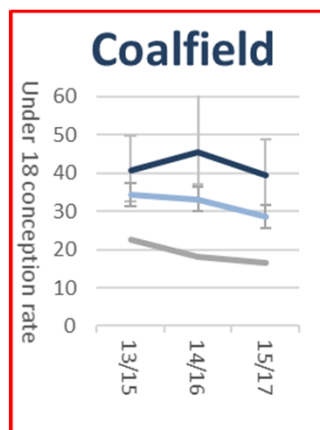
School Readiness



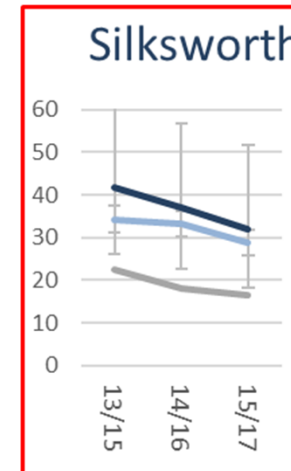
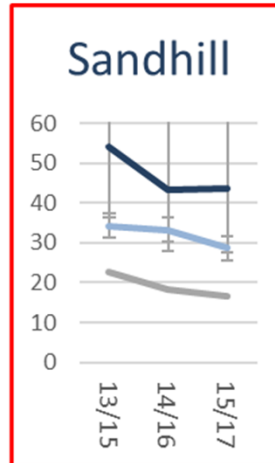
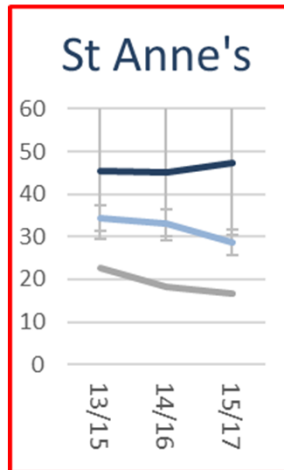
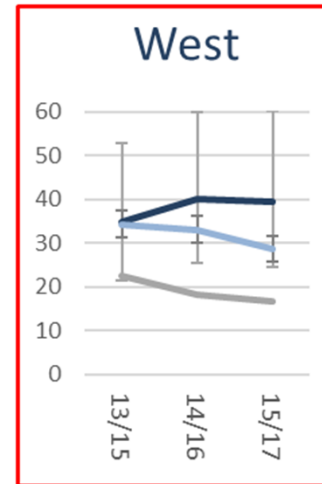
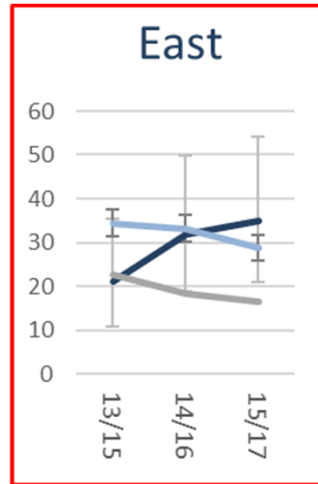
Teenage pregnancy



Teenage pregnancy

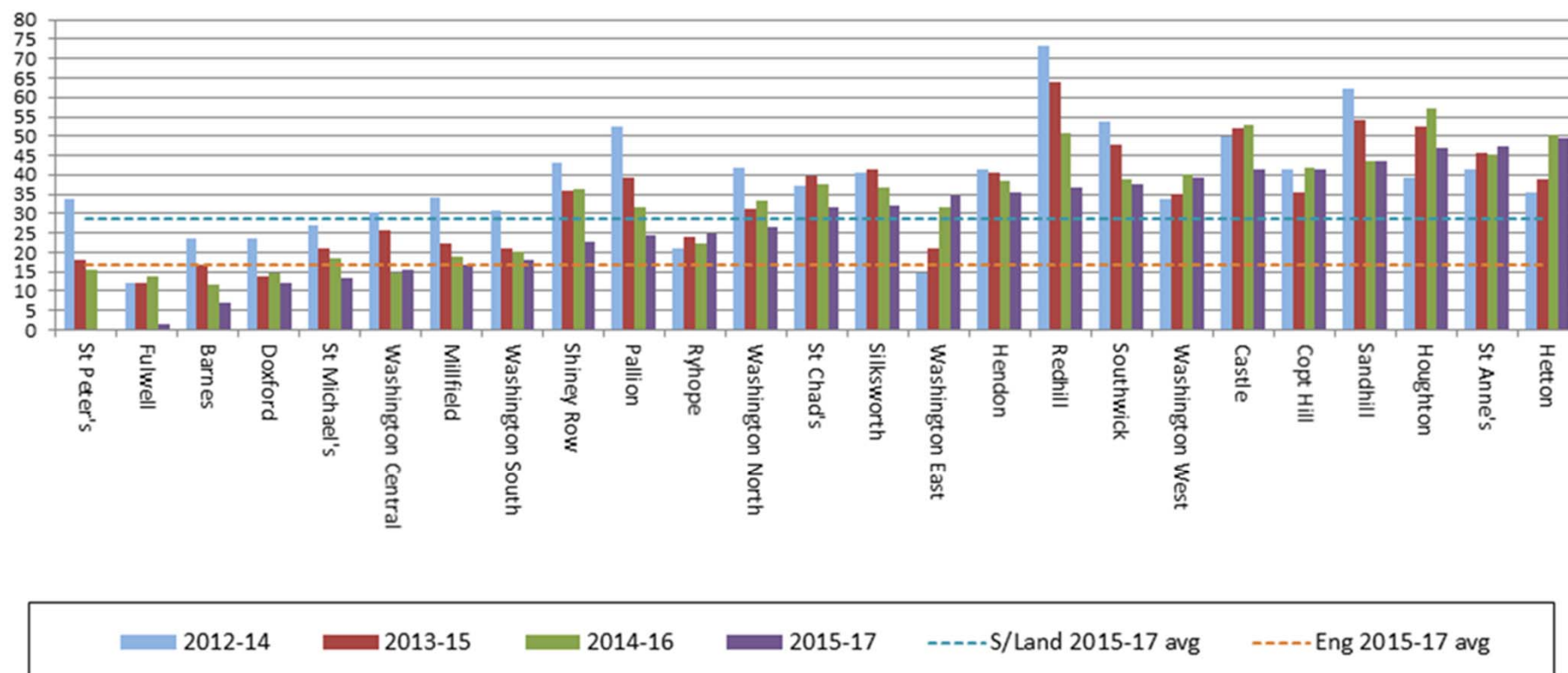


Teenage pregnancy



Teenage pregnancy

Under 18 Conception Rates (per 1,000 15-17 population) by Ward: 2012-14 to 2015-17



What has been happening to deliver improvement?

- Continued focus on BSIL and young people – Health and Wellbeing Board Priorities
- Local Maternity System Prevention Workstream
- Commissioning of services e.g. 0-19 (including Family Nurse Partnership), substance misuse, Change4Life, sexual health service, specialist stop smoking support
- Teenage Pregnancy Action Group
- Prevention Workstream

Best Start in Life

- BSIL System Led Assessment
- Recent establishment of working group and action plan
- LMS led audits, local improvement plans and regional pathways
- Specialist stop smoking advisor for pregnant women
- JSNA
- BSIL Profiles
- Behavioural Insights Funding – Breastfeeding
- This Mum Moves
- Infant feeding research
- Healthy start vitamins



Children and Young People

- High performing 0-19 public health contract
- Launch of enhanced parenting pathway in November 2019 - 20 visits starting from early in pregnancy (16-20 weeks gestation) until child reaches 2 years.
- Targeted toothbrushing scheme
- Reducing the word gap and perinatal mental health training
- Working toward full UNICEF baby friendly accreditation
- Secondary school drop-ins and holiday provision offered
- C Card and pregnancy testing, currently completing training for EHC
- Change 4 Life Sunderland – universal offer plus targeted work with schools, holiday programmes, work with pregnant women



Health Visitor Service Delivery - Overview in the North East

All local authorities in the region compared to national average, Q2 2019/20

	Period	England	North East	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton on Tees	Sunderland
% face-to-face NBVs	Q2 19/20	97.8	97.6	100		100		100	98.7	99	96.8	100	90.9	90.8	100
% infants who received a 6-8 wk review by 8 wks	Q2 19/20	84.9	92	95.9	95	95.9		94.7	86.1	95	87.1	95		82.9	95.9
% who received 12 month review by 15 months	Q2 19/20	83.8	93.9	97.4	99.6	96.9		97.1	92.7	94.9	93.7	96	60.1	95.5	98.9
% who received a 2-2½ year review	Q2 19/20	79	91.3	94.4	98	95.5		98.8	86.7	84.2	90.2	92.3	74.5	91.4	98.4
% who received a 2-2½ yr review using ASQ-3	Q2 19/20	93.1	94.2	97.5	99.3	94.1	98.6	99.1	96.9	95.6	92.2	100		98.1	85.4
Infants totally/partially breastfed*	Q2 19/20	48.1		28.5	36.1			30.9	50.7	41.5	40.6	27.9			26.3

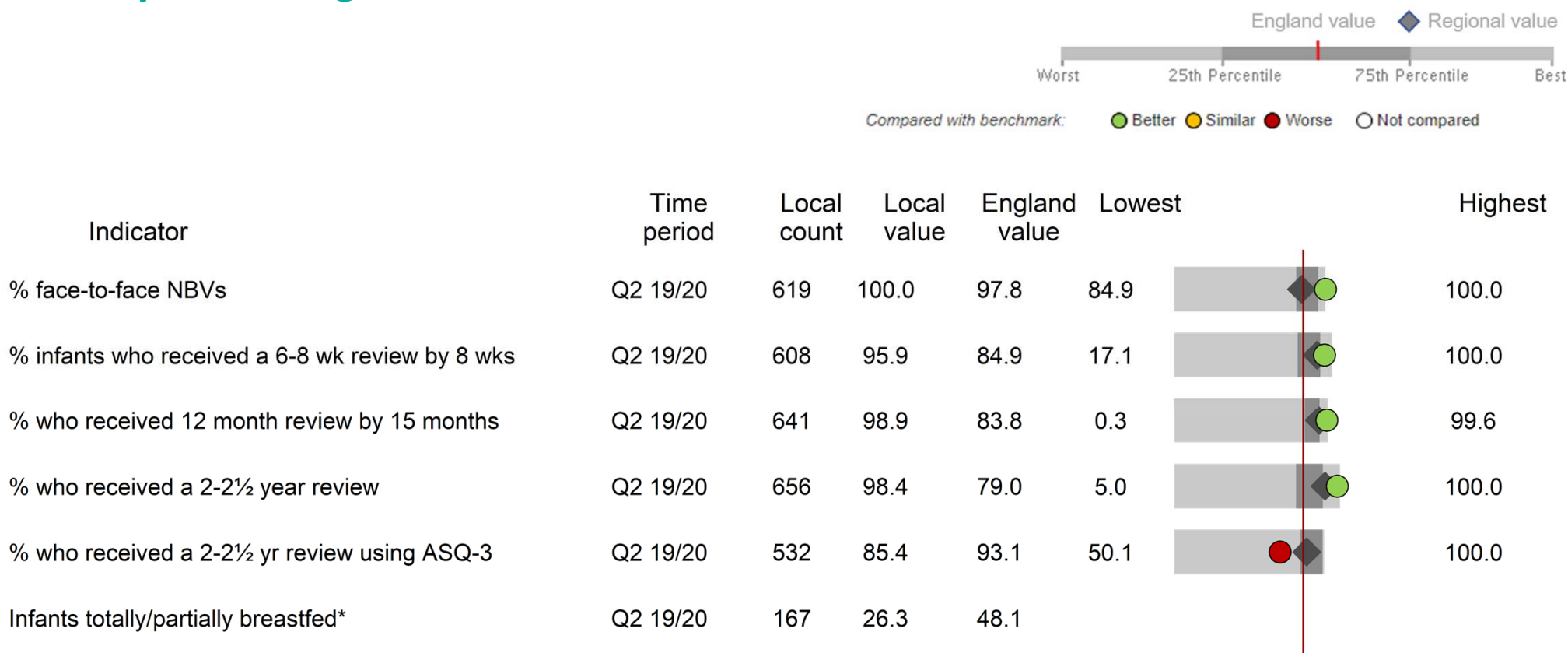
Source: Public Health England, Health Visitor Service Delivery Metrics

Compared with benchmark: Better Similar Worse Not compared

Note: Grey indicates that values are not available either due to no submission or not passed stage 1/2 data validation

Health Visitor Service Delivery - Overview in Sunderland

Comparison against national, Q2 2019/20



Source: Public Health England, Health Visitor Service Delivery Metrics

Note: Breastfeeding prevalence may be omitted due to missing data at regional and/or national level

Enhanced Parenting Pathway Target Group

- Any pregnant mother regardless of age who has been identified as having a high vulnerability and would benefit from additional support:
- Mental health difficulties
- Substance misuse
- Domestic abuse
- Current or previous safeguarding proceedings
- Leaving care or looked after
- Refugee/asylum seeker
- Professional judgement should be used to identify families who would benefit from extra support.

What is the Sunderland Growing Healthy Pathway?

- The EPP provides holistic, coordinated packages of care to families in greatest need, from pregnancy until their children are two.
- It is an early intervention service which aims to enhance parents understanding of their children's needs and to facilitate them to become responsive and sensitive care givers.
- It is an intensive voluntary pathway where practitioners work collaboratively with families in a strengths based way to support them in their parenting skills. It also addresses wider determinants of health that impact negatively on family health and well-being.

Goals

- To improve the physical, emotional and social health of families.
- Early support to promote attachment and sensitive parenting.
- To improve children's health and to promote optimum development.
- To improve economic opportunities for parents.

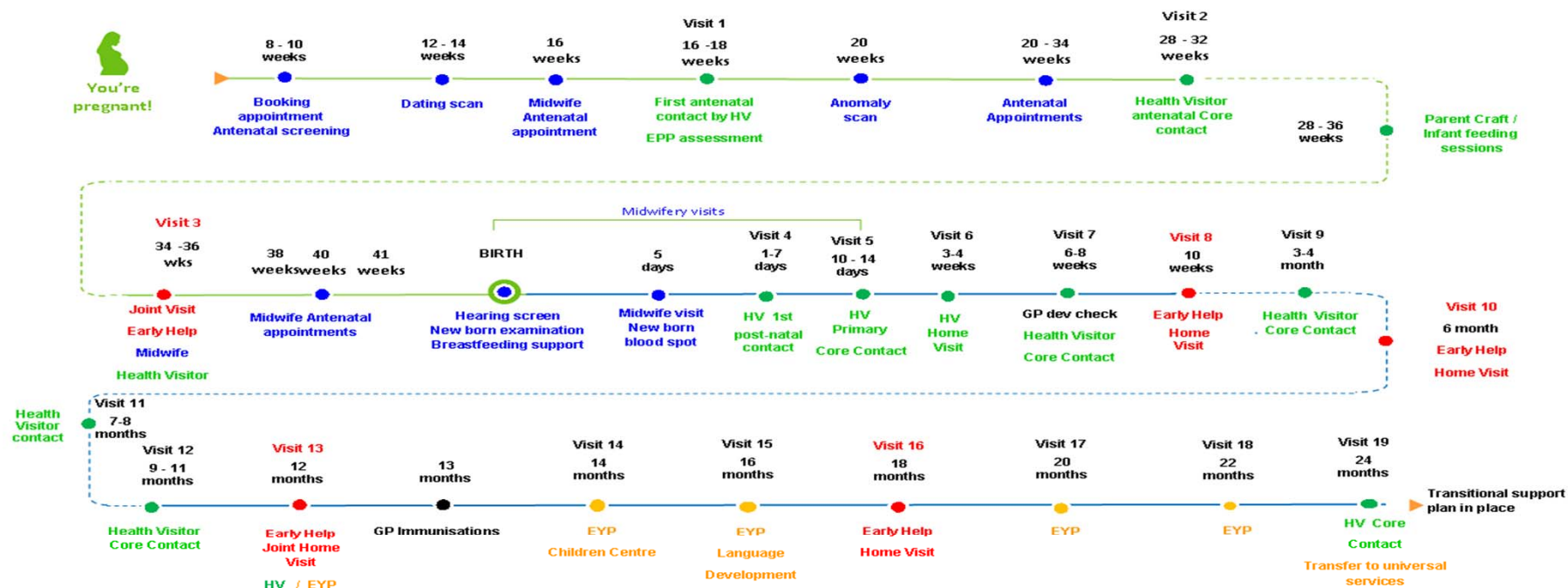
Interventions

- The visit guidance and interventions uses the Solihull approach as a basis for visits and focuses on providing proactive practical and emotional support for parents which builds on their strengths and addresses gaps in knowledge to care safely for their child.
- The plan includes:
 - Parental health and wellbeing
 - Child health and development
 - Child safety and emotional wellbeing
 - Parenting capacity to meet the child's needs.
 - Attachment and healthy relationships

Visit Guidance

- There are 20 visits starting from early in pregnancy (16-20 weeks gestation) with the comprehensive health assessment and finishes when the child reaches 2 years.
- Each visit has guidance for the practitioner and suggested resources to support the themes are embedded, but these are flexible and will be delivered depending on the needs of the family. (see visit guidance document)
- There are joint visits and multi-agency reviews within the pathway, to support the integrated work and good communication and so the families are clear about their goals and feel supported.

Sunderland Enhanced Parenting Pathway (EPP)



5 Early Help Visits:

- Contact 1 Visit 3 Ante-natal Visit 34 - 36 weeks Joint
- Contact 2 Visit 8 Post natal Visit 10 weeks
- Contact 3 Visit 10 6 months Home Visit
- Contact 4 Visit 13 One Year Home Visit Joint
- Contact 5 Visit 16 18 months Home Visit

Children and Young People

- Young People's Drug and Alcohol Service
 - working with the service to increase activity and deliver service improvements
 - led pathway mapping workstream and changes to referral pathways – will mean all young people who attend A&E due to alcohol or drugs will be referred to YDAP
- Public healthy places framework for schools (5)
- Young Health Champions
- Health Related Behaviour Survey
- Support for schools to implement statutory guidance for relationship education and RSE (TfC)
- ACES – a pilot in Washington and training delivered to schools by TfC



Summary

- Impact of the context in which we are trying to deliver improvement
- Effort focused on getting service offers right, and ensuring strong delivery
- Making use of data – improvements, challenges and inequalities
- Strategic priorities
- A renewed focus on partnership and collaborative working to deliver change – locally and regionally
- Research and funding opportunities

