

# **THE HEALTH OF CHILDREN AND YOUNG PEOPLE**

## **DATA SUPPLEMENT AND OVERVIEW**

### **DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2014**

Buckinghamshire Public Health©



## PREFACE

This section is a supplement to the Director of Public Health's Annual Report 2014 on the health of children and young people, and should be read in conjunction with the main report. It provides a brief overview and additional analysis of outcomes related to maternal, children and young people's health.

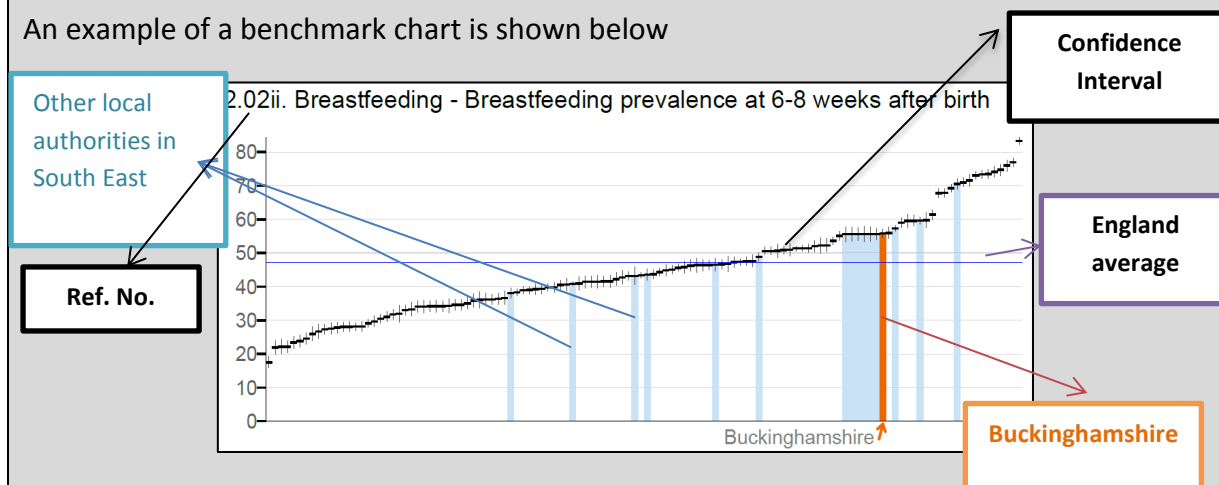
### Notes

Each indicator in this report is presented using different types of chart to show performance on the intended outcome. Definitions of public health outcome indicators are available at [www.phoutcomes.info](http://www.phoutcomes.info)

The comparison charts for many indicators are obtained from the Public Health Outcomes Framework (PHOF) and benchmark Buckinghamshire's performance against local authorities and highlights other Local Authorities in the South East of England. Charts obtained from the PHOF summary profile for Buckinghamshire, display the reference number of the PHOF indicator which can be used for reference only when accessing [www.phoutcomes.info](http://www.phoutcomes.info). The key used in these charts is shown below.

----- England value and confidence interval    ↑ Buckinghamshire    ■ Other local authority in South East

An example of a benchmark chart is shown below



Other type of charts presented in this report include trend charts showing rates or percentages for past few years by deprivation quintile (where possible) to understand the outcome over the years in context of deprivation levels in the population and compared with Buckinghamshire and England average. DQ1 means Deprivation Quintile 1 which is the least deprived. DQ5 means Deprivation Quintile 5, which is most deprived. Some benchmark charts compare CCG performance for certain indicators like flu vaccination uptake. Information in the report is also drawn from locally published reports as well as sources such as health needs assessments, literature review and profiles.

# **Key Statistics on the Health of Children and Young People in Buckinghamshire**

## **DEMOGRAPHY**

There are 126,500 children and young people aged 0-19 years living in Buckinghamshire (Census 2011), which is approximately a quarter of the total resident population. Around 1 in 4 (25.9%) school children aged 5-16 years are from Black and Minority Ethnic (BME) groups.

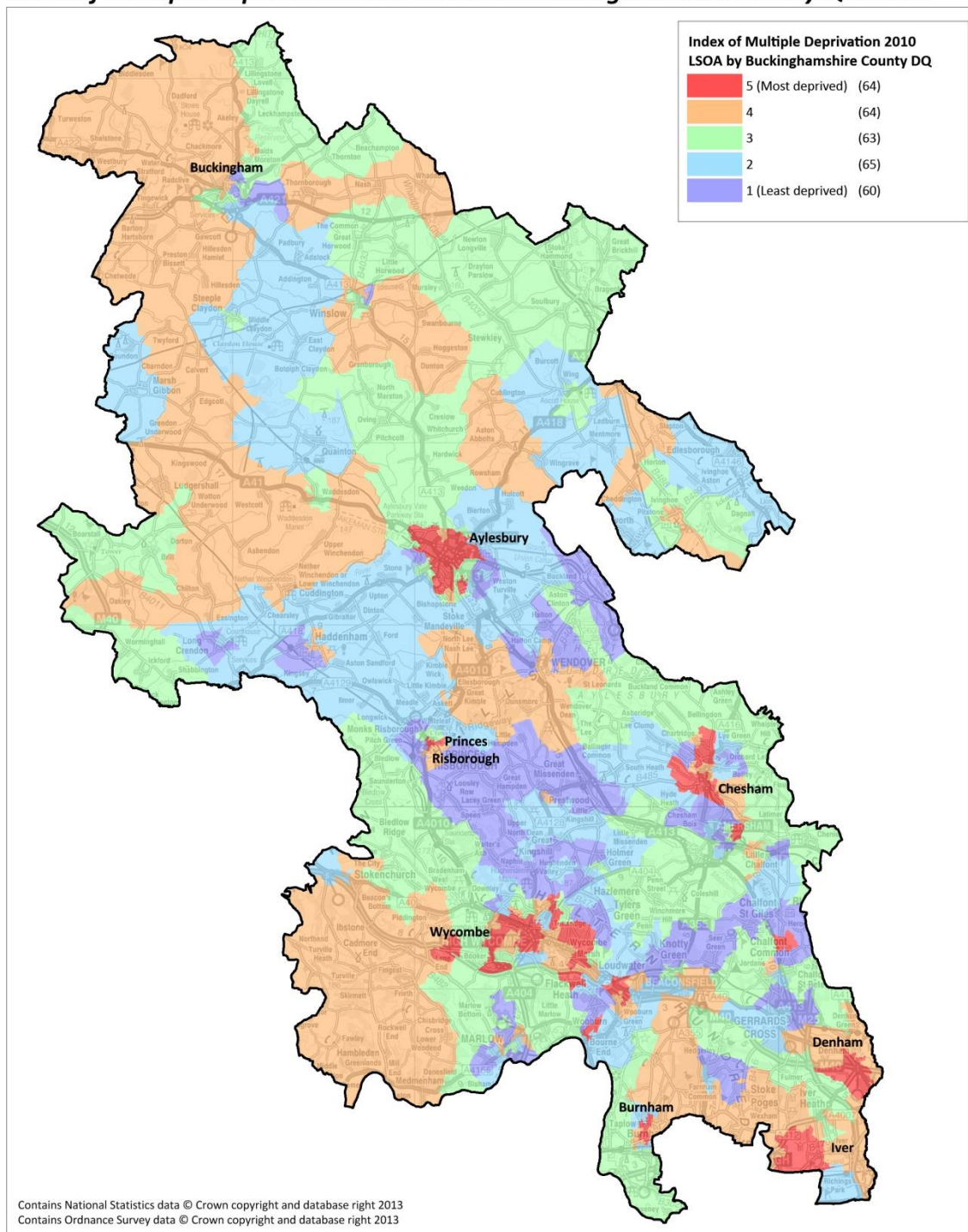
## **WIDER DETERMINANTS OF HEALTH**

One in ten (10.5%) children under 16 years of age are living in poverty (2011), which is almost half the England average of 20.6% (2011) [Fig 7]. Buckinghamshire ranks the 6<sup>th</sup> best (i.e. lowest proportion of children living in poverty) local authority out of 150 upper tier local authorities on this indicator. Growing up in poverty increases the risks of poor health and educational outcomes in childhood and later life.

5.3% (2011) of households in Buckinghamshire are households of lone parents with dependent children, which was lower than the England average of 7.1% and the South East average of 6.1% during the same period. Although many children growing up in lone parent families can thrive they are at increased risk of developing social and emotional problems. Throughout this report we analyse the health status of children and young people in geographical areas in Buckinghamshire. The population is divided into fifths known as quintiles based on the deprivation score of the area in which they live according to a nationally derived measure called the Index of Multiple Deprivation. The most deprived areas make up Quintile 5 and the least deprived Quintile 1. The location of these areas and populations is shown in the map (page 4).

## Deprivation Map of Buckinghamshire

*Index of Multiple Deprivation 2010 based on Buckinghamshire County Quintiles*



The map highlights areas of deprivation as classified by Index of Multiple deprivation (IMD) 2010. Further information is available via this link:

<https://www.gov.uk/government/publications/english-indices-of-deprivation-2010>

## MATERNAL AND CHILD HEALTH

### Maternal Health

There were 6,197 live births in Buckinghamshire in 2012 compared to 6,133 in 2011 and 6,103 in 2010 (HSCIC, 2014). The health and health behaviours of the mother have a vital role on the child's development before birth and its health in childhood and as an adult. Good quality care throughout pregnancy and childbirth has a direct impact on the health and life chances of the child. All factors affecting a mother's health such as stress, diet, drug use, alcohol use and smoking have a significant impact on the development of the baby both before and after birth.

Almost two-thirds (63.4%) of Buckinghamshire mothers who gave birth in the last three years (2010/11-2012/13) were white British, followed by 12.8% were Asian (8% Pakistani; 2.7% Indian); 8.1% any other white including Irish; 2.1% Black and 5.7% were other & mixed ethnic groups (10% unknown). Thirty percent of all Buckinghamshire births were to mothers who live in the most deprived quintile (DQ5). In 2012/13, 27.3% of births were to mothers aged 35 years and over in Buckinghamshire which was higher than the England average of 19.4% (SUS, HSCIC, 2014). In Chiltern and South Bucks District Council, around one in three mothers were aged 35 or over, compared to one in four in Wycombe and Vale of Aylesbury districts (2012). Almost 1 in 7 pregnant women were obese (BMI>30) in 2012/13, which has implications for the health of the mother and baby.

In 2013/14 approximately 0.3% of pregnant women had pre-existing diabetes and 3.1% developed diabetes during pregnancy in Buckinghamshire. Type 2 diabetes is up to six times more common in people of South Asian descent and the prevalence of self-reported, doctor-diagnosed diabetes in England is 5.9% and 8.6% among Indian and Pakistani women respectively. Diabetes is also three times more common among women in the most deprived quintile (DQ5) compared to the least. Mothers with diabetes (type 1 and type 2) may have a higher risk of having a large baby, which increases the risk of a difficult birth, induced labour or a caesarean section or a miscarriage. Babies born to mothers with diabetes are at increased risk of serious health problems around the time of birth and poorer health in later life. The best way to reduce the risk to mother and the baby is good

control of diabetes and all other associated risk factors such as excess weight, before and during pregnancy.

Immunisation against flu is very important for pregnant women because they have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. Flu in pregnant women could lead to premature birth (born before 37 weeks of gestation), low birth weight (birth weight less than 2500gms), and may even lead to stillbirth or death in the first week of life. Only 39.5% of pregnant women in Chiltern CCG and 43.1% of pregnant women in Aylesbury CCG in Buckinghamshire received the seasonal flu vaccine in 2013/14.

### **Teenage Conceptions**

Despite falling rates England still has the highest teenage conception rate in Western Europe. Teenage pregnancy can adversely affect both the physical and mental health of mother and the health of the baby. Children born to teenage mothers are also more likely to experience a range of poorer outcomes later in life.

In Buckinghamshire, teenage pregnancy rates have been consistently lower than most other areas in England and have continued to fall [Fig 30]. In 2012, the teenage conception rate in Buckinghamshire was 17.3 per 1000 girls aged 15-17 years which was 38% lower than the England average of 27.7. The under 16 conception rate in Buckinghamshire was 3.5 per 1000 girls aged 13-15 years which was also 38% lower than the England average (5.6) during the same period [Fig 32]. In 2012, Buckinghamshire had the 8<sup>th</sup> and the 17<sup>th</sup> lowest rate nationally out of 150 local authorities for under 18 and under 16 conception respectively. In Buckinghamshire, under 18 conception rates fell by 30% between 1998 and 2012 in line with national trends. The under 16 conception fell by 13% between 2009 and 2012.

### **Perinatal Mental Health**

Mental health problems are common following childbirth and can affect the woman, the baby, and family relationships without appropriate early intervention. Around one in 10 mothers may suffer from postnatal depression (mild or minor depressive illness), 1 in 20 (3-5%) from moderate-to-severe depressive illness and 2 in 1000 from more severe mental

health problems. Women with obsessive compulsive disorders, social anxiety and panic disorder are at risk of relapse in the postnatal period. Local estimates are that approximately 620 mothers may suffer from postnatal depression, 250 suffer from moderate-to-severe depressive illness and 12 will suffer from severe mental health problem known as puerperal psychosis every year.

### **Smoking in Pregnancy**

Smoking during pregnancy is one of the preventable causes of ill health for the mother and the baby. Babies of mothers who smoked during pregnancy are more likely to be born prematurely; twice as likely to have a low birth weight, up to three times as likely to die from sudden unexpected death in infancy and have around 40% increased chance of dying before their 1<sup>st</sup> birthday. In Buckinghamshire, approximately 1 in 10 pregnant women smoked at the time of booking and 7.9% smoked at the time of delivery (2012/13). This was lower than the national average of 12.7% still smoking at the time of delivery in 2012/13. However, self-reported smoking in pregnancy is often under-reported and poorly recorded. Recent initiatives in Buckinghamshire to improve data collection should help our understanding of smoking in pregnancy locally, and to develop any specific targeted interventions.

### **Breast Feeding**

Breastfeeding has a number of health benefits for both mother and the baby such as the reduction of the risk of infections in babies and the risk of breast cancer in the mother. In 2012/13, 55.9% of babies in Buckinghamshire continued to be breastfed at 6-8 weeks of age, which was higher than the England average of 47.2% [Fig 6]. Local data quality issues have made it difficult to get accurate breast feeding initiation figures for the last few years. However, preliminary quarterly data for 2013/14 indicates that the breast feeding initiation rate is around 80%.

### **Low Birth Weight and Prematurity**

Poor maternal health may result in babies born at term (after 37 weeks of pregnancy) with low birth weight (less than 2.5kg), which in turn may increase the risk of death to the baby in the first year of life. Low birth weight is also associated with poorer intellectual



development, poorer educational achievement across all social classes, and is linked to an increased risk of health problems in middle age.

The percentage of term (after 37 weeks of pregnancy) babies born with low birth weight in Buckinghamshire was 2.7% in 2011 [Fig 4]. This was similar to the national average of 2.8% (2011), but 69% higher than the nationally best performing local authority (1.6%).

The percentage of low birth weight (LBW) among all babies (including preterm-babies born less than 37 weeks of pregnancy) was 7.3% in 2013, and has not changed significantly since 2001 (7.1%) [Fig 5]. Since 2001 the national figure has fallen from 7.9% to 7.3% (2012). The national data for 2013 is not available for comparison at time of publication. In 2013, the percentage of LBW babies was 44% higher among babies in the most deprived quintile (i.e. 9.1% of live births) compared to least deprived (i.e. 6.3% of live births) in Buckinghamshire. [Fig 5]

In 2012/13, the live born non multiple deliveries born prematurely (24-36 weeks) was 6.3% (24-32wks: 1%; 32-36weeks: 5.3%) in Buckinghamshire, which was similar to the England average of 6.1%. However, this percentage of premature babies was higher among teenage mothers (8.9%), Asian mothers (10.5%); women living in the most deprived areas (DQ5: 7.1%) and among current smokers (9.9%) compared to Buckinghamshire as whole.

### **Deaths Under 1 Year of Age**

Infant mortality rates have fluctuated over the last decade in Buckinghamshire. The three year average infant mortality rate (IMR) in Buckinghamshire was 3.9 infant deaths per 1,000 live births (2010-12), [Fig 8] which was slightly lower than the national average of 4.1 per 1000 live births. This rate has fallen slightly from 4.2 per 1000 live births in 2001-03. Nationally, the local authority with the lowest infant mortality has a rate of 1.09 deaths per 1000 live births in 2010-12. Across the district councils within Buckinghamshire, the infant mortality rate ranges from 4.7 per 1000 live births in Aylesbury Vale, 3.9 in Wycombe, 3.5 in Chiltern to 1.8 South Bucks. Infant mortality rates were 3.7 times higher among infants in the most deprived quintile (6.3 / 1000) compared to the least deprived quintiles (1.7 / 1000) within Buckinghamshire (2010-12) [Fig 9].



## Childhood Immunisation

In 2012/13, 96.6% of eligible children received all three doses of five-in-one vaccine (DTAP/IPV/HiB) by their first birthday [Fig 14]. This is a single vaccine that protects children against five separate diseases (diphtheria, tetanus, whooping cough, polio and Haemophilus Influenza type b). During the same period, 95.2% of eligible children received one dose of Measles, Mumps, and Rubella (MMR) vaccine before their 2<sup>nd</sup> birthday and 91.9% of eligible children received two doses of MMR vaccine before their 5th birthday. All the above figures in Buckinghamshire were much better than the England average (94.7% DTAP/IPV/HiB vaccine; 92.3% MMR one dose and 87.7% MMR 2 doses) during the same period. The small number of children, who were born to Hepatitis B positive mothers, should receive a full course of hepatitis B vaccine. In 2012/13, 90.1% of eligible one year old children received all doses of hepatitis B vaccine [Fig 11], but only 51.2 % of eligible two year old children received all doses of hepatitis B vaccine [Fig 12]. There is no comparable national data for hepatitis B vaccine uptake at this moment.

## THE SCHOOL YEARS

### School Readiness

The percentage of children reaching a good level of development at the end of reception year was 54.9%, which was better than the national average of 51.7% (2012/13) [Fig 15]. Nationally, Buckinghamshire ranked 45<sup>th</sup> best performer (out of 150). However, this was much lower than the nationally best performing local authority, which has 69% of their children reaching a good level of development.

Among children eligible for free school meals, only 31.8% achieve a good level of development at the end of reception year in Buckinghamshire [Fig 17]. This was lower than the national average of 36.2% and much lower than the rate in the best performing Local Authority of 60% during the same period. Buckinghamshire ranks 101<sup>st</sup> nationally out of 150 local authorities for this measure, where 1 is the best performing area.

Within Buckinghamshire, only 41% of children from the most deprived Q5 areas reach a good level of development at the end of reception compared to 68.5% in the least deprived quintile [Fig 16].

### **Childhood Obesity**

Obese children are at an increased risk of developing various health problems, and are also more likely to become obese adults. Obesity has been rising among children in England over the past 20 years. In Buckinghamshire, almost one in five (19.1%) children aged 4-5 years [Fig 24] and more than a quarter (28.2%) of 10-11 year olds children were recorded as either overweight or obese in 2012/13 [Fig 26]. This was lower than the England average of 22.2% in 4-5 year olds and 33.3% in 10-11 year olds during the same period. A higher proportion of children from the most deprived areas are overweight or obese (Reception: 20.7%; Year6: 32.9 %) compared to the above Buckinghamshire average figures. Childhood Obesity (including overweight) levels appear to have increased by 18% (from 16.2% to 19.1%) in Reception year and by 3% (from 27.3% to 28.2%) in Year 6 in Buckinghamshire between 2006/07 and 2012/13.

### **Children and Young People's Mental Health**

The British Child and Adolescent Mental Health Survey found that 1 in 10 of children under the age of 16 had a diagnosable mental disorder. Among the 5 to 10 year olds, 5-10% (10% of boys; 5% of girls) had a mental health problem while among the 11 to 16 year olds the prevalence was 10-13% (13% for boys; 10% for girls). The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders. Mental health problems in children and young people cause distress and have wide-ranging ill effects such as impacts on educational attainment, social relationships, life chances and health. Half of mental illness in adult life (excluding dementia) is known to have started before age 15 years and three quarters by age 18.

There are strong links between mental health problems in children and social disadvantage. Children and young people living in the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes. Parental mental

illness is associated with increased rates of mental health problems in children and young people. It was estimated that one-third to two-thirds of children and young people whose parents have a mental health problem experience difficulties themselves.

### **Educational Attainment**

In 2012/13, 71% of children in Buckinghamshire achieved at least 5(A\*-C) GCSEs compared to 60.8% nationally [Fig 18]. Buckinghamshire ranks 7<sup>th</sup> best nationally out of 151 local authorities for this measure. The best local authority achieved 80% during the same period. The proportion of children achieving 5 (A\*-C) GCSEs in Buckinghamshire was 83.0% among the children in least deprived quintile (DQ1) compared to 51.7% for the children in the most deprived quintile (DQ5) [Fig 19].

Among pupils with known eligibility for free school meals, 34.3% achieved at least 5(A\*-C) grades compared to 38.1% for similar pupils in England. Achievement of at least 5(A\*-C) grades was highest among Chinese students in Buckinghamshire (92.7%) followed by White (72.2%); Mixed ethnic background (64.2%), Asians (68.2%) and Black (62.3%) background.

In 2012, there were fewer (4.1%) 16-18 year olds not in education, employment or training (NEET) in Buckinghamshire than the national average of 5.8%. The proportion of NEET in the best performing local authority in England was 2% during the same period.

### **Looked After Children (LAC)**

In March 2013, there were 400 children and young people in care in Buckinghamshire. The proportion of Looked After Children in Buckinghamshire was 34 per 10,000 under 18, which was 43% lower than the national average of 60 per 10,000 under 18 years in 2013. The rate for the authority in England with lowest proportion of Looked After Children was 20 / 10,000 children under 18 (2013). The proportion of children taken in to care increased steeply in Buckinghamshire by 30.8% (from 26 to 34/10,000) between 2008-13 compared to 11.1% rise (54 to 60 /10,000) in England [Fig 23]. Buckinghamshire has a higher proportion of children and young people placed in care outside the county (over 50%). This is mainly due to the lack of in-county foster placements. This was higher than the England average of 35% and the South East region of 28%.

Children and young people are taken into care for a range of reasons. In 2011-12, 44% of children were taken in to care because of 'abuse or neglect', which was lower than the England average of 56%. This was followed by 'family dysfunction' (38%), which was higher than England's average of 18% during the same period. The other reasons for children and young people taken into care were absent parenting (5%), child disability (4%) socially unacceptable behaviour (4%) and others (5% due to family illness / disability, family in acute stress, low income etc.). These factors were similar to England average (2011/12).

Of the Looked After Children in Buckinghamshire who were eligible to sit GCSE examinations, only 4% achieved at least 5 A\*-C grades (including English and Maths) in 2013. The comparable figure for looked after children in England was 15.3% during the same period.<sup>1</sup>

Looked after children tend to have poorer health outcomes than their peers, in particular, they have four-five times higher rates of mental health disorders than those in private households<sup>2</sup>. The Strengths and Difficulties Questionnaire (SDQ) was completed for all children aged between 4 – 16 years, who have been in care for more than a year. In Buckinghamshire, the average score for all eligible looked after children were within the normal limits (12.93) compared to England average of 14.8 in 2012/13 (Normal score range: 0-13). Even though majority of looked after children in Buckinghamshire scored in the "normal" range, one in four (26%) had a score of 18 or above (SDQ), which is considered to indicate significant behavioural problems. National research identified that children and young people in care are also at increased risk of sexual abuse and exploitation compared to their peers.<sup>3 4</sup>

In 2012, 76.9% of looked after children in Buckinghamshire had a Special Education Needs statement, which was higher than the England average of 71.5%. In Buckinghamshire,

<sup>1</sup> [http://www.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/buckinghamshire/051\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](http://www.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/buckinghamshire/051_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

<sup>2</sup> Meltzer, H., 2003. *The mental health of young people looked after by local authorities in England*, London: Office for National Statistics.

<sup>3</sup> Dillane, J. Hill, M. and Munro, C. (2005) *A Study of Sexual Exploitation of Looked After and Accommodated Young People* Barnardo's [www.barnardos.org.uk/se1-3.pdf](http://www.barnardos.org.uk/se1-3.pdf)

<sup>4</sup> Jago, S. and Pearce, J. (2008) *Gathering Evidence of the Sexual Exploitation of Children and Young People: A Scoping Exercise* University of Bedfordshire. [www.beds.ac.uk/\\_data/assets/pdf\\_file/0018/40824/Gathering\\_evidence\\_final\\_report\\_June\\_08.pdf](http://www.beds.ac.uk/_data/assets/pdf_file/0018/40824/Gathering_evidence_final_report_June_08.pdf)

15.7% of all school children had Special Education Needs statement, which was lower than the England average of 19.8% during the same period.

Every looked after child should have an initial medical assessment by a doctor within 4 weeks of receiving a request from a social worker. Our local health needs assessment identified that these were often delayed. Children under 5 years should have 6 monthly health assessments and over 5 years should have annual health assessments up to the age of 18. In Buckinghamshire, 90% of looked after children (who had been in care for 12 months continuously) had received a health assessment, which was higher than the England average of 83% (2012/13). The percentage of looked after children receiving Health assessments who are placed out of the county was lower for both initial health assessments (88%) and repeat health checks (80%) than the Buckinghamshire average of 90% during the same period.

Overall, 91% of looked after children, at the end of 2012-13 (who had been in care for 12 months continuously) were up to date with their immunisation which is below the national target of 95%. In Buckinghamshire, 80% of all looked after children have seen a dentist in the last 12 months, which was less than the national average of 82% (2013).

Children and young people from all backgrounds are taken in to care. However, evidence shows that certain risk factors are associated an increased risk of entering in to care. These include children from families living in more deprived circumstances, single parents or young parents, parents with mental illness or alcohol misuse<sup>5</sup>.

### **Sexually Transmitted Infections (STI)**

Sexually Transmitted Infections are infections that are spread primarily through sexual contact and are among the most important causes of illness due to infectious disease across all age groups, but in particular among young people. If not identified and treated early, STIs can lead to serious consequences such as infertility, ectopic pregnancy, cervical cancer and early death.

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<sup>5</sup> Simkiss DE, Stallard N, Thorogood. A systematic literature review of the risk factors associated with children entering public care. *Child: Care, Health and Development*. Vol 39, Iss 5, 628–642, Sep 2013

The rate of all acute sexually transmitted infections (including chlamydia) in Buckinghamshire was 23.9 per 1000 population aged 15 -24 (2012) compared to 34.4 in England [Fig 33]. This was 30% lower than the national average (34.4/1000) but 70% higher than the authority with the lowest rate (14.1 / 1000) nationally.

In the last decade, the number of people known to be living with HIV in Buckinghamshire has tripled from 119 (2002) to 361 (2012). The highest numbers are in Wycombe district (146 in 2011), followed by the Aylesbury district (136) South Bucks (40) and Chiltern (39). Almost half (49.2%) of them were diagnosed at the late stage of HIV infection (CD4 cell count <350mm<sup>3</sup>) in Buckinghamshire (2010-12), which was similar to the England average of 48.3%. Among the people with HIV diagnosis, 66% were men, 39% were 45 years and older, 38% were aged 35-44 years, 18% were 25-34 years and 5% were less than 25 years old.

In 2012/13, 88.4% of girls aged 12-13 attending any school in Buckinghamshire received all three doses of HPV vaccine to help protect them from developing cervical cancer. This was slightly higher than the national average (86.1%) during the same period.

## **HOSPITAL ADMISSIONS**

### **Accident & Emergency Attendances**

The rate of accident and emergency attendances in children under five years of age in Buckinghamshire was 383.5 per 1000 children aged 0-4 years in 2011/12 [Fig 36], which was significantly lower than the England average of 510.8 per 1000 children aged 0-4 years. However, this was comparable to the South East average rate of 388.4 per 1000 children aged 0-4 years during the same period.

### **Emergency Hospital Admissions**

The emergency admission rate for children aged under 5 years increased significantly by 37% from 6164.6 per 100,000 population in 2003/04 to 8416.4 per 100,000 in 2012/13 [Fig 38]. Emergency admission rates among those under 19 years of age have also increased by 21% from 3314.9 (2003/04) to 4024.7 (2012/13) during the same period [Fig 54]. In

2012/13, the emergency admission rate, under 5 years among children in the most deprived areas (DQ5) was significantly higher by 23.4% than in children living in the least deprived areas (DQ1) [Fig 37,38]. Emergency admission rates were 36% higher among under 19 year olds living in most deprived quintile compared to the least deprived quintile during the same period [Fig 53, 54].

### **Injuries**

In 2012/13, there were 870 hospital admissions due to unintentional/deliberate injuries among 0-14 years with a rate of 90 /10,000 resident population (Fig: 41). During the same period, there were 529 hospital admissions due to unintentional/deliberate injuries among 15-24 years with a rate of 98.6 /10,000 [Fig 42, Fig 43]. This was lower than the national average during the same period for both age groups (0-14 years: 103.8; 15-24 years: 130.7). In 2012/13, the rate of hospital admissions due to unintentional /deliberate injuries was higher in the most deprived (DQ5) areas among both age groups ( 0-14 years: 103, 15-24 years: 91) compared to the least deprived (DQ1) areas ( 0-14 years: 86.6, 15-24 years: 86.9) in Buckinghamshire [Fig 41, Fig 43].

### **Alcohol**

There were 80 hospital admissions due to alcohol specific conditions among young people aged under 18 with a rate of 22.5/100,000 in 2010-13 [Fig 44]. This was significantly lower by 47% than the national average of 42.7/100,000 and has dropped in the last 10 years by 35%. Admission rates were similar among young people living in the most deprived areas (DQ5) (26.1 /100,000 population) and in the least deprived areas (DQ1: 24.4/100,000 population) [Fig 45].

### **Substance Misuse**

There were 50 admissions over a 3 year period (2010/11 to 12/13) for substance misuse, with a rate of 30.8 per 100,000 population aged 15-24 [Fig 47]. This was 59% lower than the national average of 75.2 per 100,000 population aged 15-24. This admission rate was higher in the most deprived areas (40.3 per 100,000) compared to the least deprived areas (5.2 per 100,000) during the same period [Fig 48].



### **Self-harm**

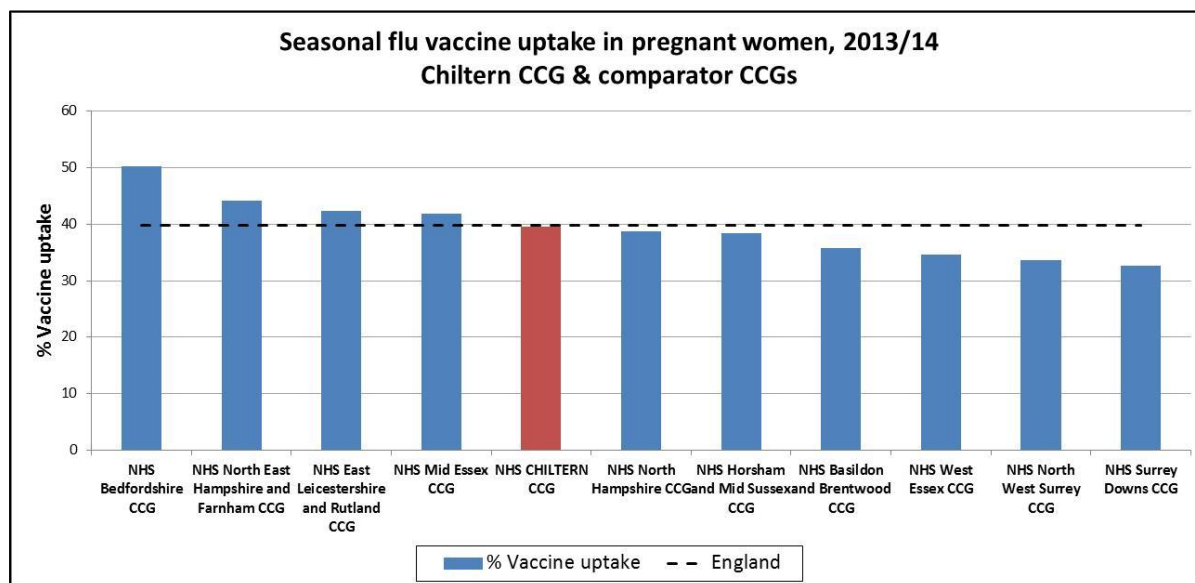
In the last 3 years (2010/11 – 12/13), there were 477 hospital admissions among young people aged 10-24 related to self-harm with a rate of 179.8 per 100,000 population [Fig 49]. This was 49% lower than the national average (352.3/100,000) which is statistically significant. This has fallen slightly over the last 3 years (from 193.2 in 2007/08- 2009/10) in Buckinghamshire, while the trend was increasing nationally (from 329.5 in 2007/08- 09/10). The rate of hospital admissions as a result of self-harm among 10-24 years was 41% higher in the most deprived areas (DQ5: 232/100,000) compared to the least deprived (DQ1: 137/100,000) over the last three year period (2010/11 – 12/13) [Fig 50], which was statistically significant.

### **Asthma**

There were 170 asthma related admissions in 2012/13 with a rate of 137.8 per 100,000 population aged under 19 [Fig 51]. This was 38% lower than the national rate of 221.4, which was statistically significant and has fallen by 24% in the last 10 years. The rate of asthma related hospital admissions among children and young people in the most deprived areas (241/100,000) was more than twice as high than that in the least deprived areas(102/100,000) in 2012/13 [Fig 52].

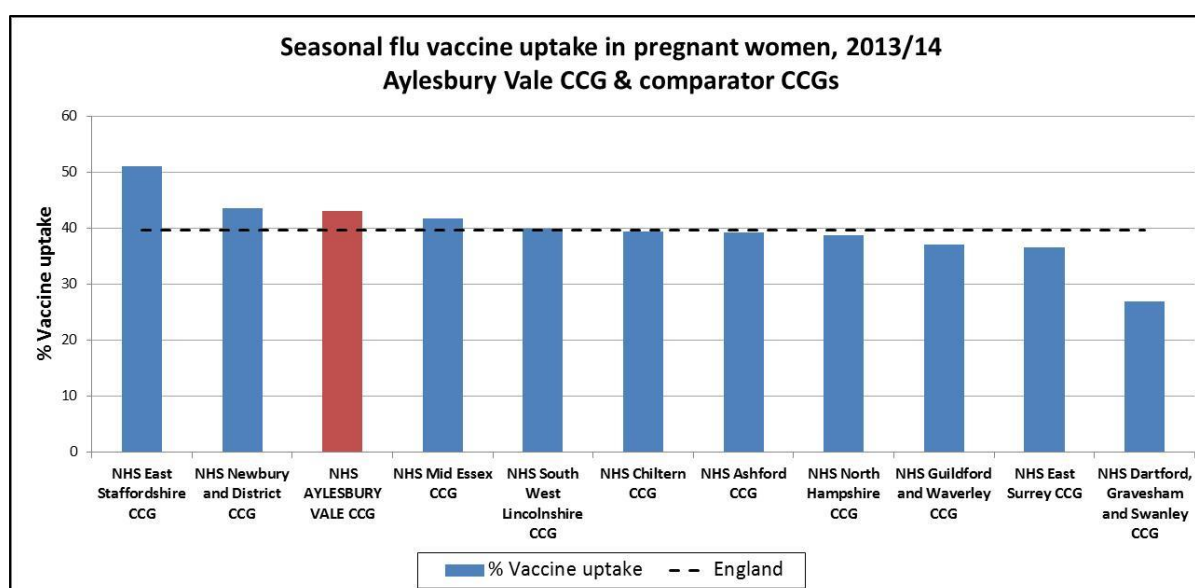
## MATERNAL AND CHILD HEALTH

**Figure 1: Seasonal influenza vaccine uptake (%) in pregnant women - 1 September 2013 to 31 January 2014. NHS Chiltern CCG and comparator CCGs.**



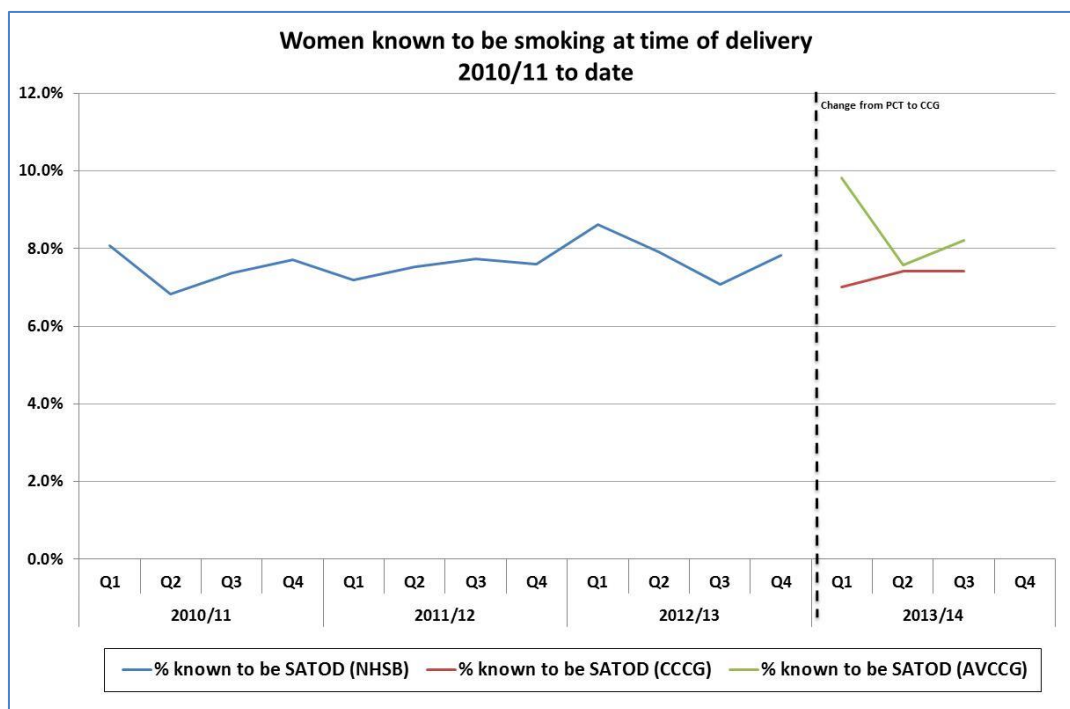
Source: ImmForm website: Registered patient GP practice data

**Figure 2: Seasonal influenza vaccine uptake (%) in pregnant women - 1 September 2013 to 31 January 2014. NHS Aylesbury Vale CCG and comparator CCGs.**



Source: ImmForm website: Registered patient GP practice data

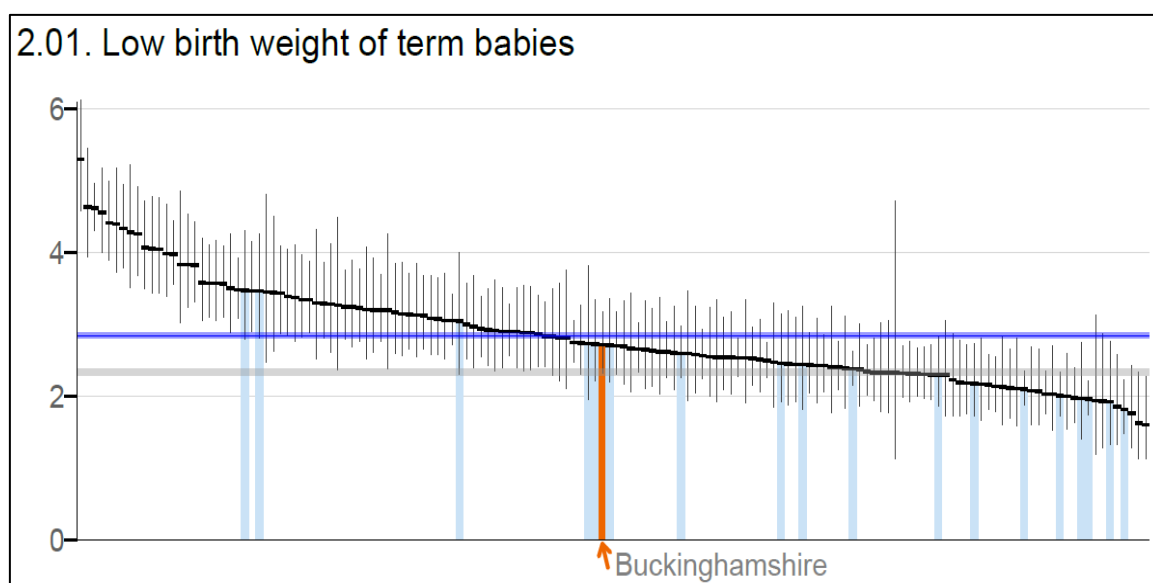
**Figure 3: Percentage of women who smoke at the time of delivery (SATOD) – Quarterly trend data for Buckinghamshire, 2010/11 – 2013/14.**



Source: Health & Social Care Information Centre returns on smoking status at time of delivery.

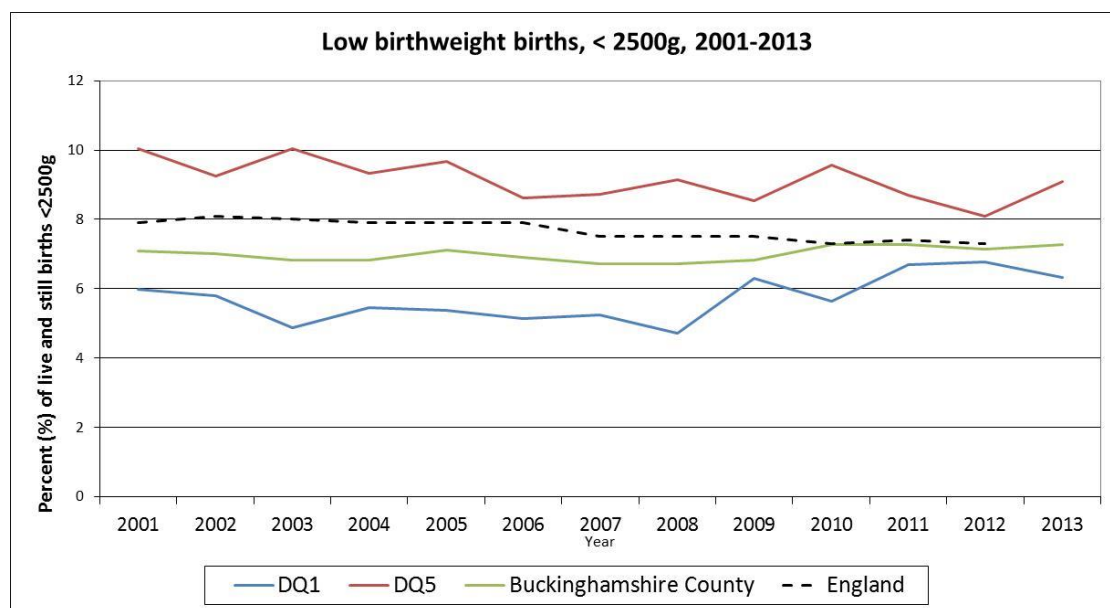
**Figure 4: Percentage of all live births at term (37 complete weeks) with low birth weight (<2500grams) in Buckinghamshire benchmarked against other local authorities in South East - 2011.**

Key: England value and confidence interval    ↑ Buckinghamshire    ■ Other local authority in South East



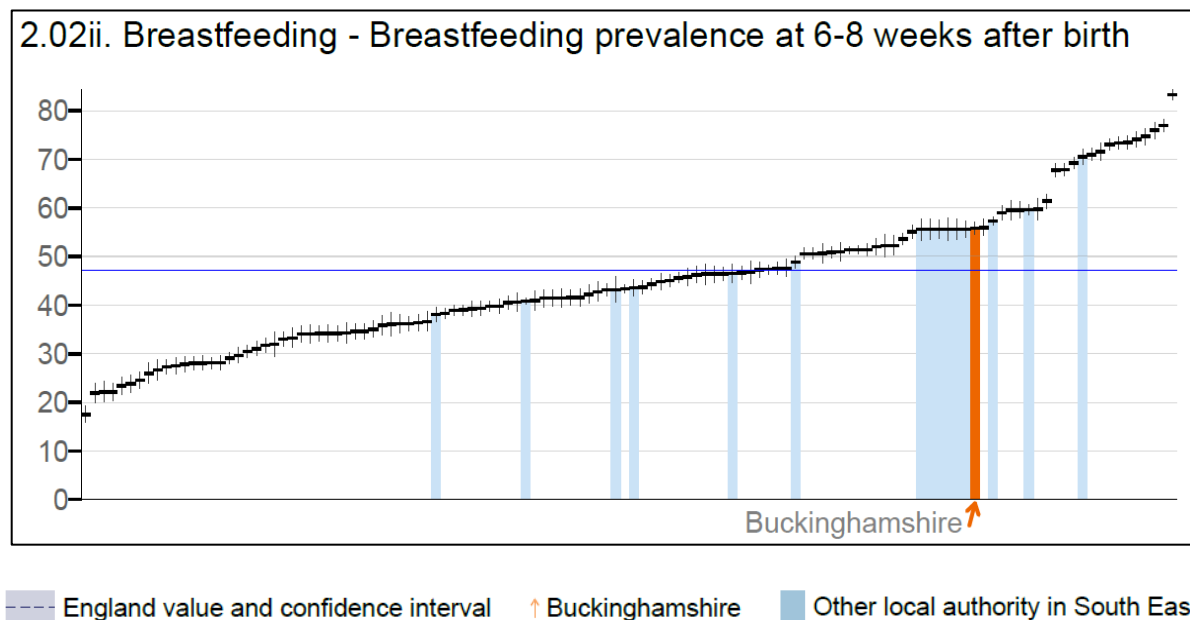
Data stated as percentage (%). Source: Public Health Outcomes Framework (PHOF)

**Figure 5: Percentage of all births with low birth weight (<2500 grams) in Buckinghamshire by deprivation quintile, Trend chart. 2001 – 2013.**



Source: ONS birth files. Note that 2013 data for England is not published.

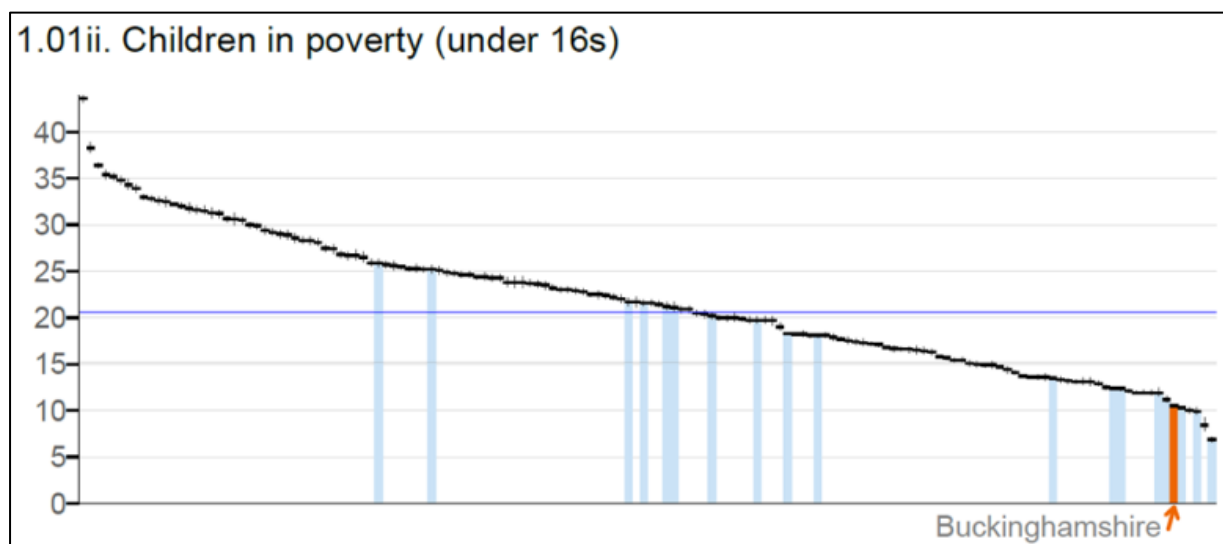
**Figure 6: Percentage of all infants due a 6-8 week check that are totally or partially breastfed in Buckinghamshire in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



Data stated as percentage (%). Source: Public Health England.

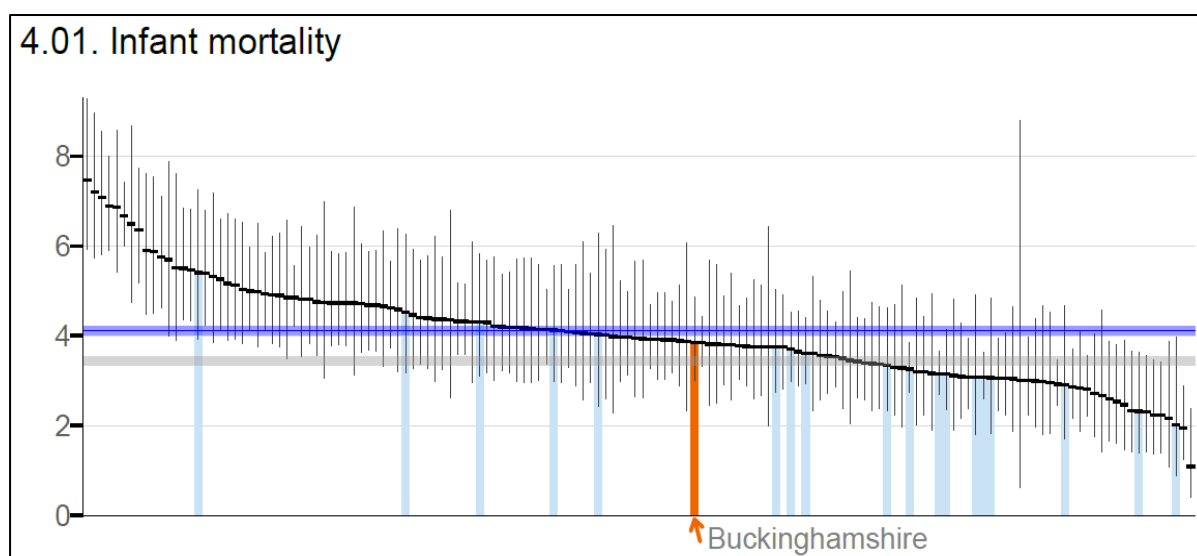
## CHILDREN AND YOUNG PEOPLE'S HEALTH

**Figure 7: Percentage children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income) for under 16s only in Buckinghamshire benchmarked against other local authorities in South East, 2011.**



Data stated as percentage (%). Source: Public Health England.

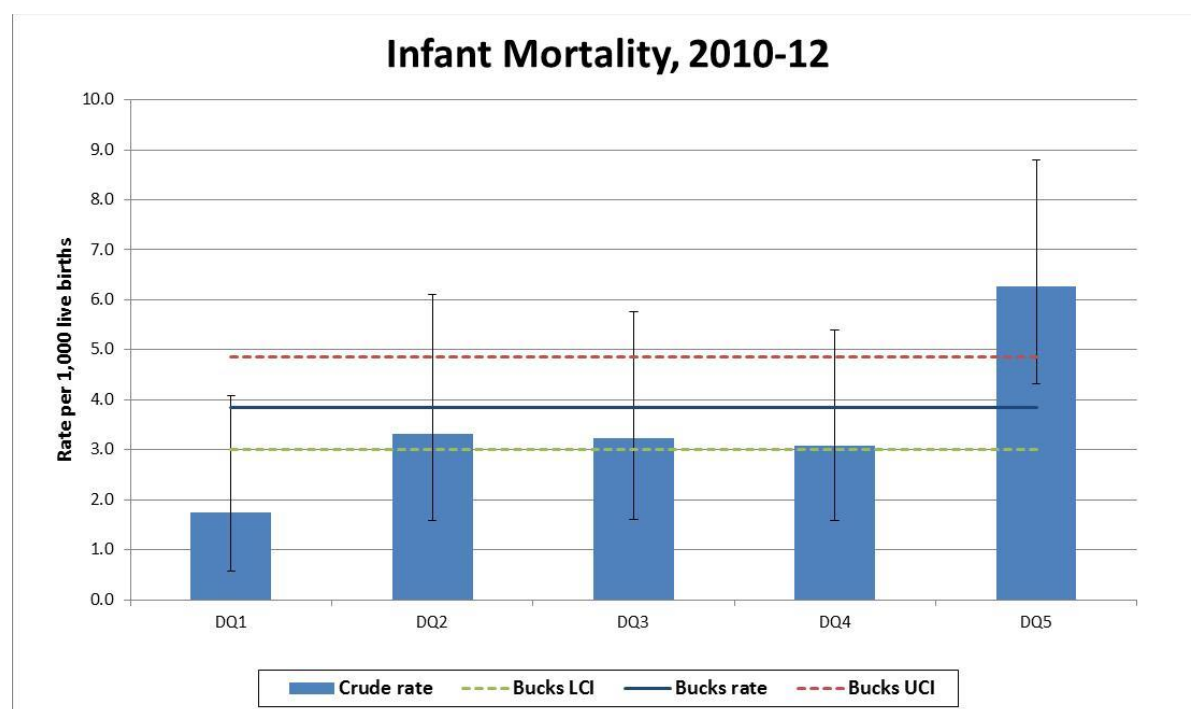
**Figure 8: Infant mortality rate - Number of deaths in infants aged under 1 year per 1,000 live births in Buckinghamshire benchmarked against other local authorities in South East, 2010-2012.**



Data stated as rate per 1000 live births. Source: Public Health England.

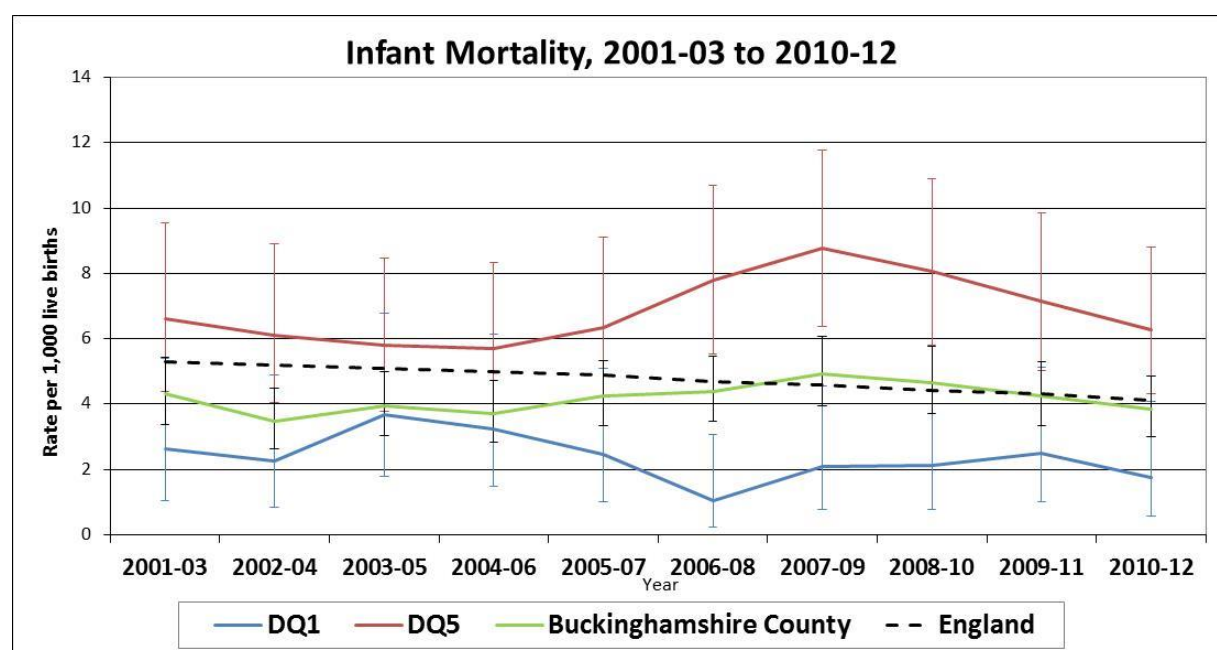
**Figure 9: Infant mortality rate – Number of deaths in infants aged under 1 year per 1,000 live births in Buckinghamshire by deprivation quintile 2010-12.**

[DQ1 – Least deprived. DQ5 – Most deprived]



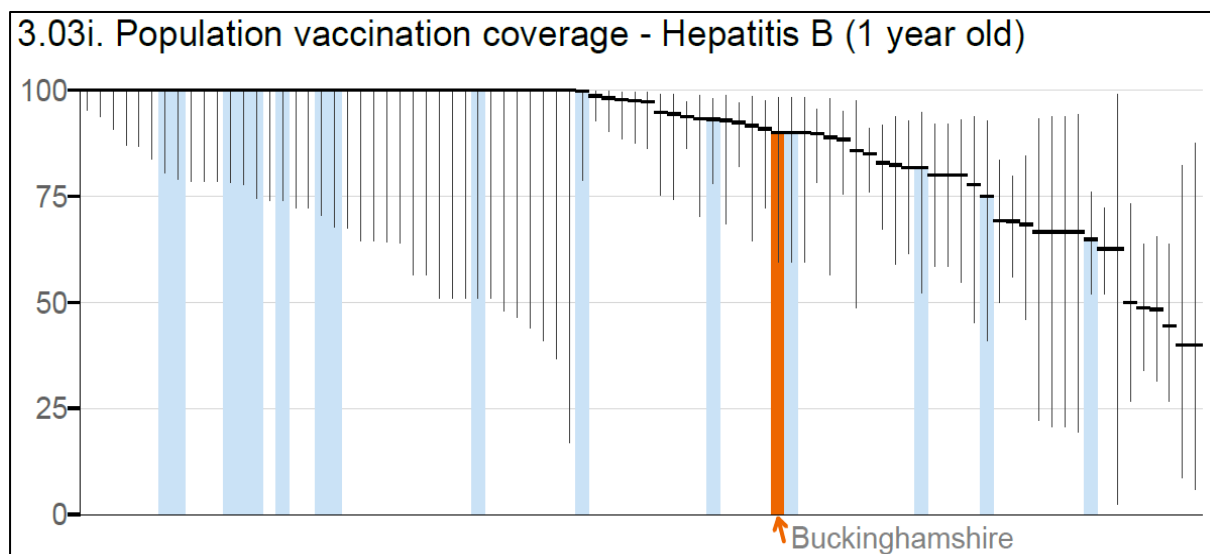
Source: ONS Annual District Birth and Death Extracts

**Figure 10: Infant mortality rate in Buckinghamshire by deprivation quintile. Trend chart. 2001/03 – 2010/12.**



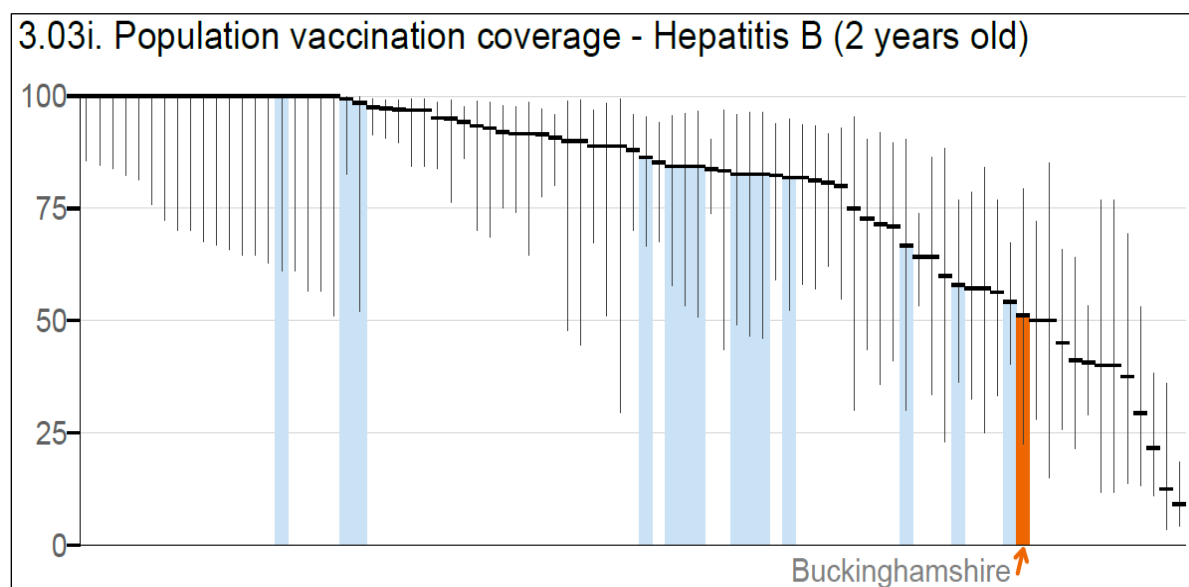
Source: ONS Annual District Death Extracts

**Figure 11: Percentage of eligible children who received 4 doses of Hepatitis B vaccine at any time by their 1<sup>ST</sup> birthday in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



*Data stated as percentage (%)*

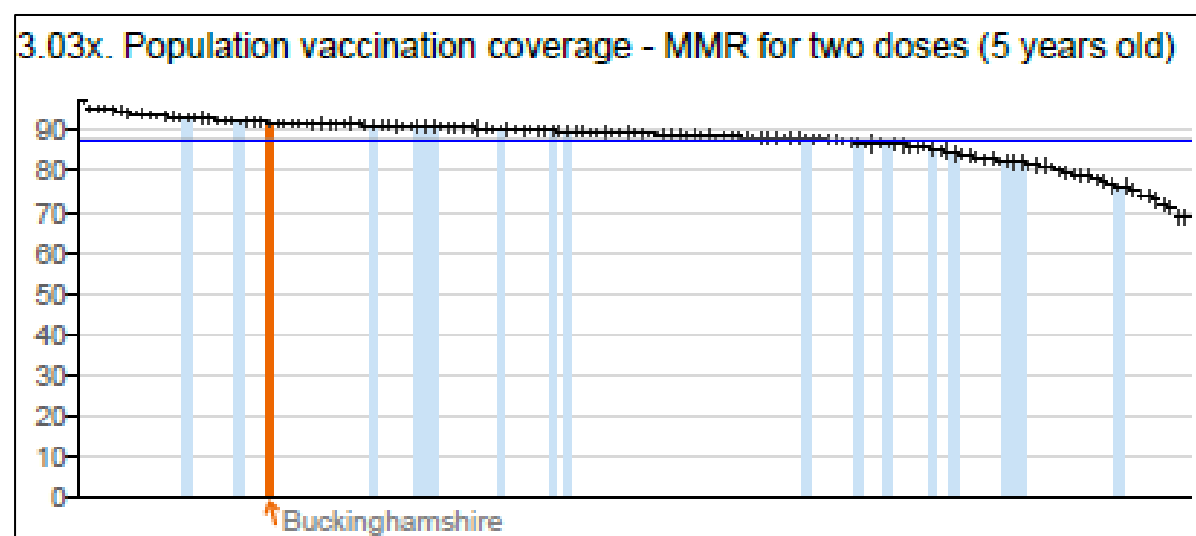
**Figure 12: Percentage of eligible children who received 4 doses of Hepatitis B vaccine at any time by their 2<sup>nd</sup> birthday in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



*Data stated as percentage (%)*

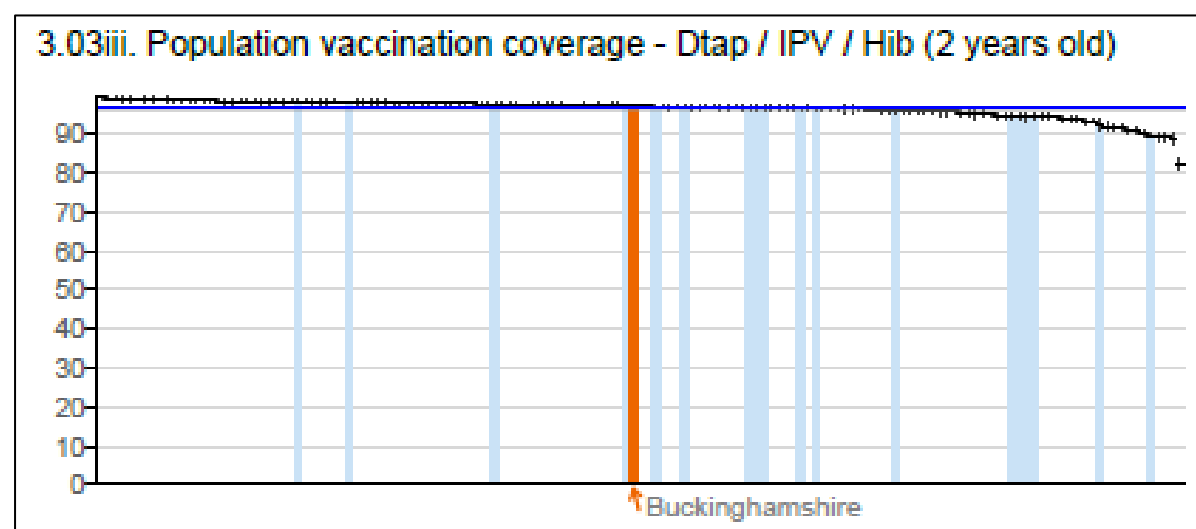


**Figure 13: Percentage of eligible children who have received two doses of MMR vaccine on or after their 1<sup>st</sup> birthday and at any time up to their 5<sup>th</sup> birthday in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



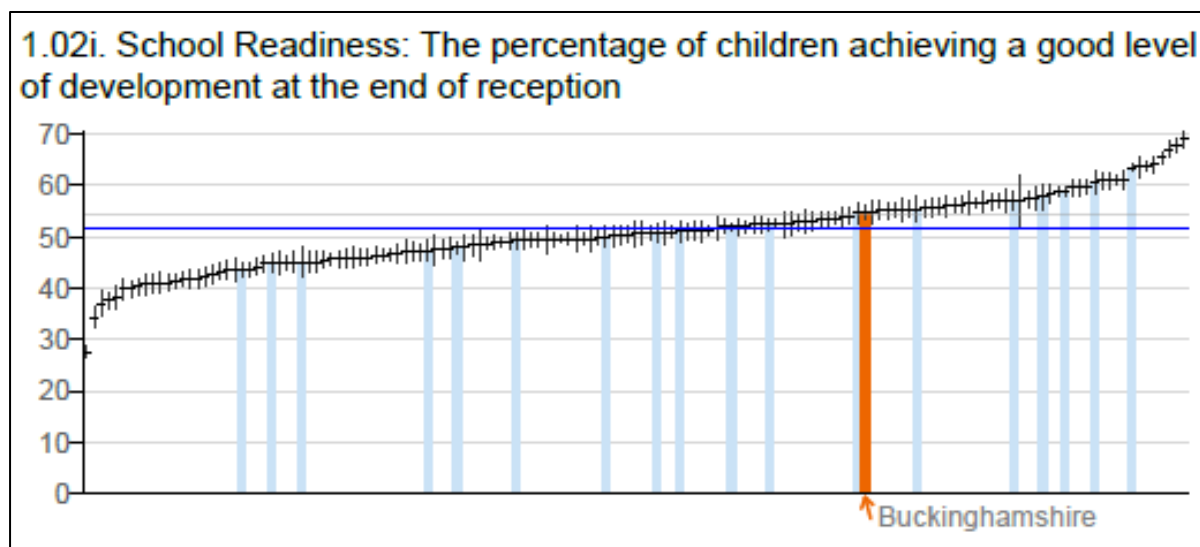
Data stated as percentage (%). Source: Public Health England.

**Figure 14: Percentage of eligible children who have received two doses of Dtap / IPV / Hib vaccine at 2 years old in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



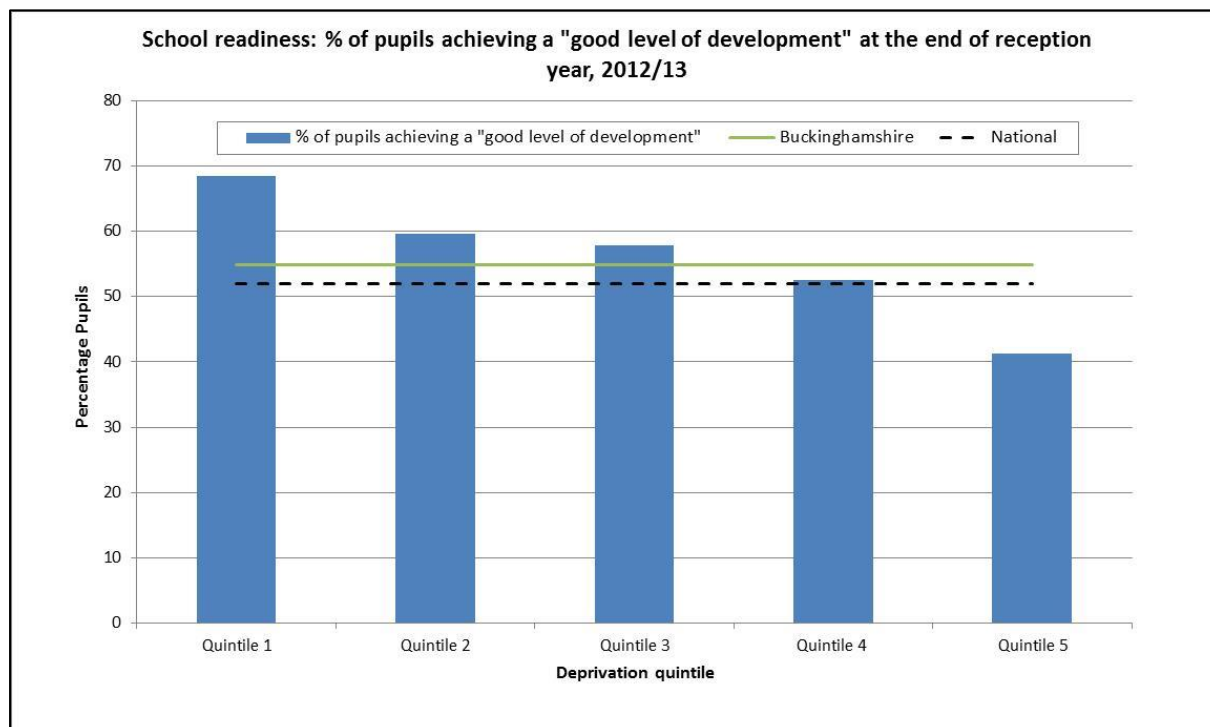
Data stated as percentage (%). Source: Public Health England.

**Figure 15: School readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



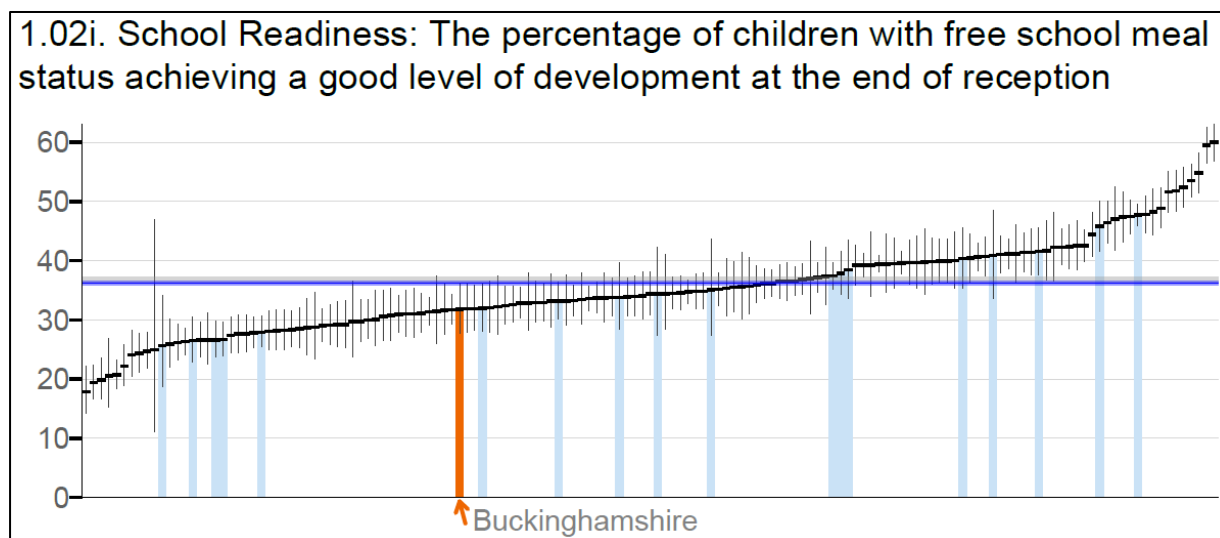
Data stated as percentage (%). Source: Public Health England.

**Figure 16. School readiness - Percentage of pupils achieving good level of development at end of reception year by deprivation quintile, 2012/13.**



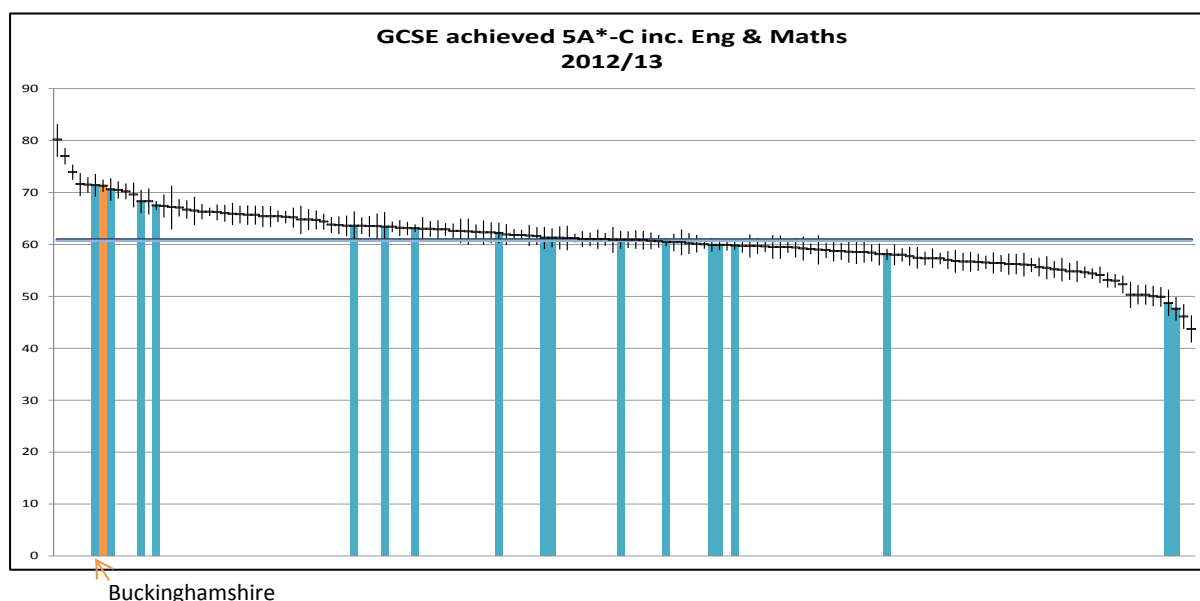
Source: School Management Support Team, Performance and Information, Buckinghamshire County Council

**Figure 17: School readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children by free school meal status in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



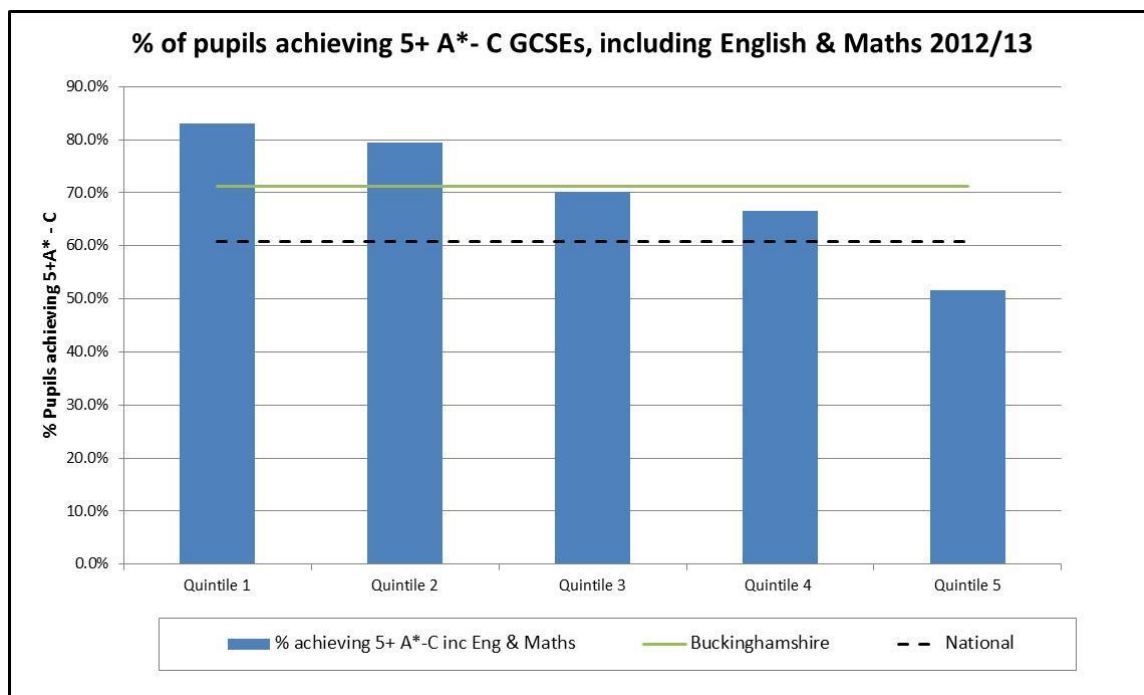
Data stated as percentage (%). Source: Public Health England.

**Figure 18: GCSE achievement by pupils in Buckinghamshire – The percentage of pupils achieving 5A\*-C GCSE's including English and Maths in Buckinghamshire benchmarked against Other local authorities in South East, 2012/13.**



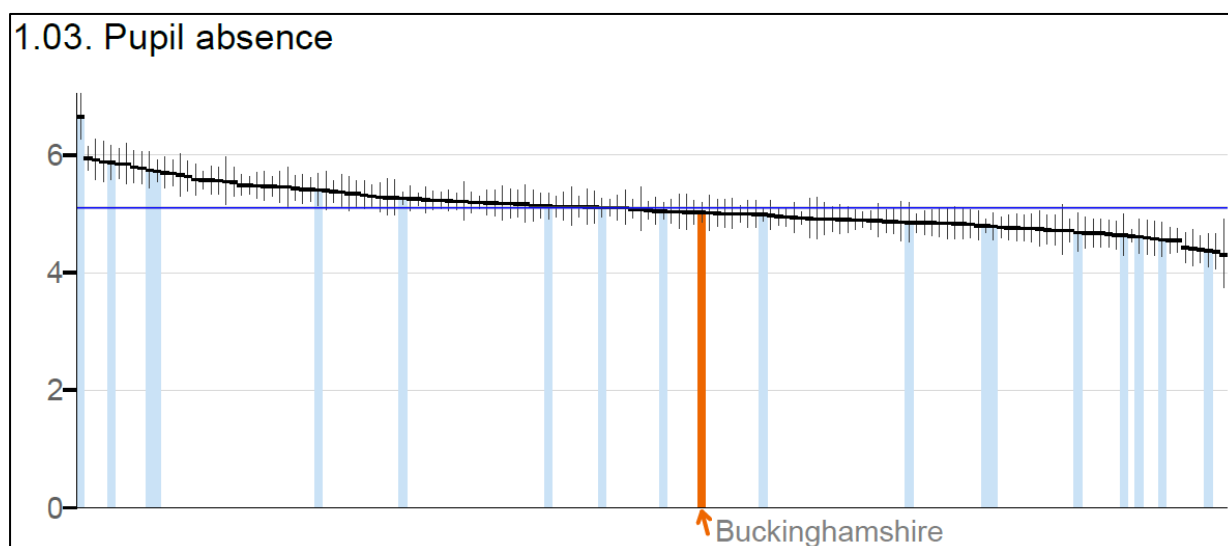
Data stated as percentage (%) Source: Children and Young People's Benchmarking Tool, Public Health England.

**Figure 19: GCSE achievement: Percentage of pupils achieving 5+A\* -C at GCSE in Buckinghamshire, by deprivation quintiles, 2012/13.**



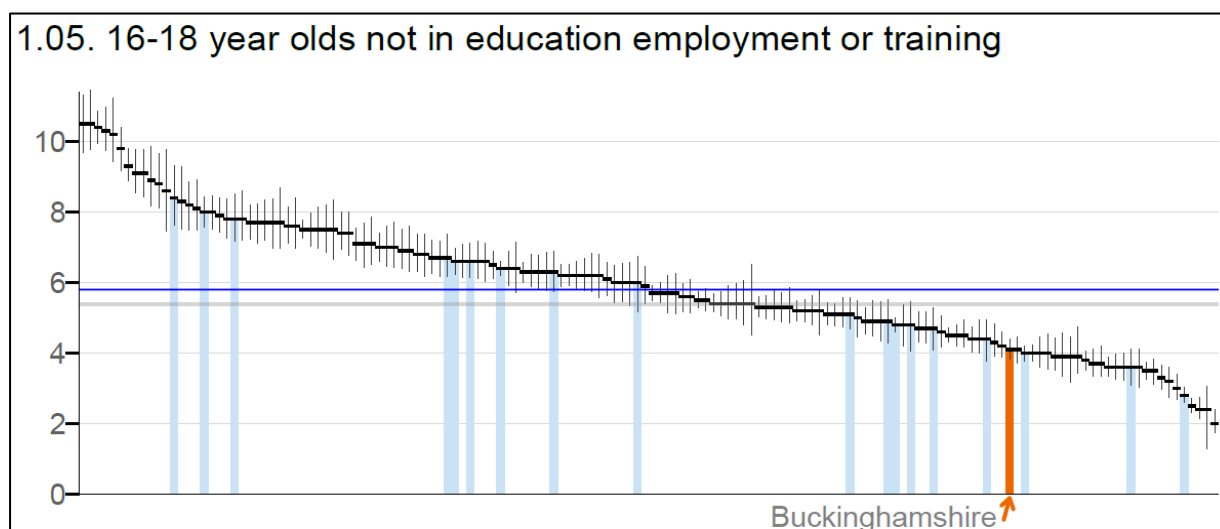
Source: School Management Support Team, Performance and Information. Buckinghamshire County Council

**Figure 20: Pupil absence – Percentage of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence) in Buckinghamshire benchmarked against other local authorities in South East, 2011/12.**



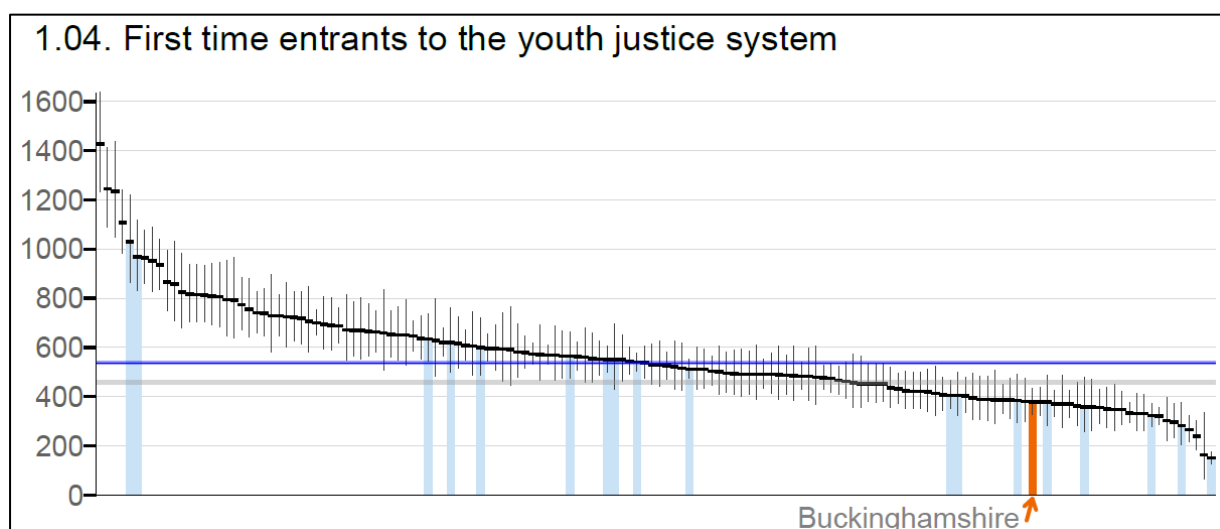
Data stated as percentage (%). Source: Public Health England.

**Figure 21: Percentage 16-18 year olds Not in Education, Employment or Training (NEET) in Buckinghamshire benchmarked against other local authorities in South East, 2012.**



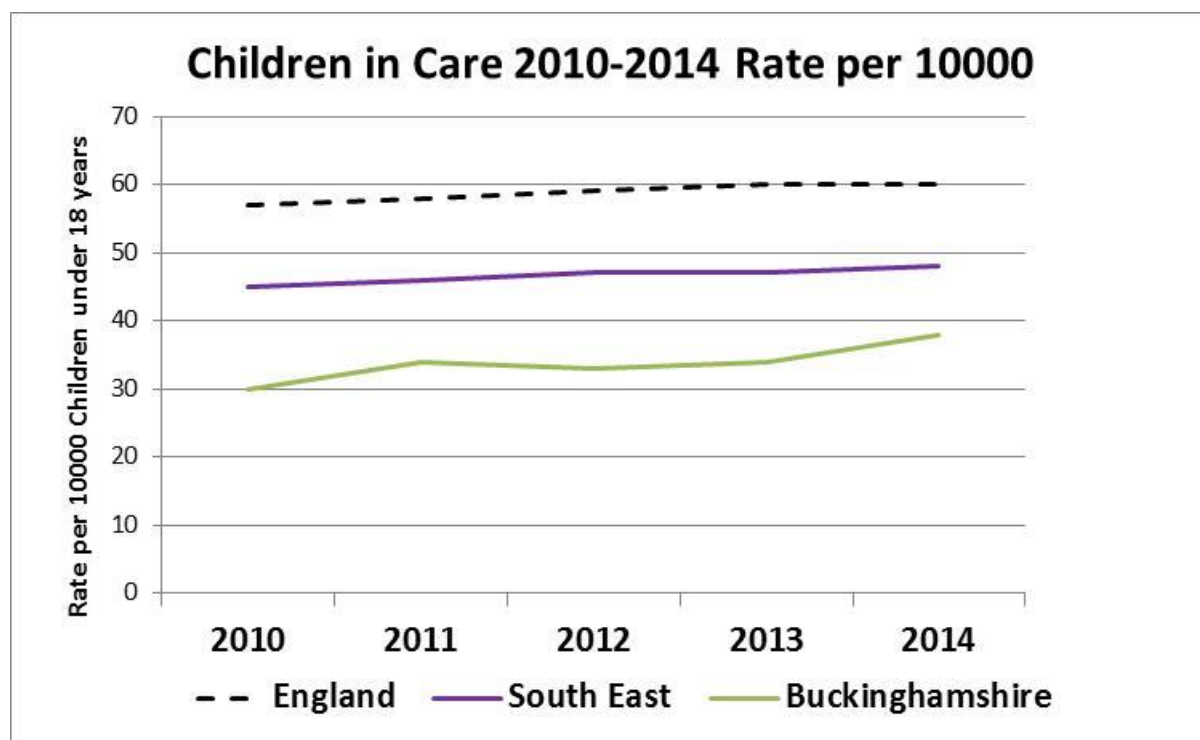
Data stated as percentage (%). Source: Public Health England.

**Figure 22: Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population in Buckinghamshire benchmarked against other local authorities in South East, 2012.**



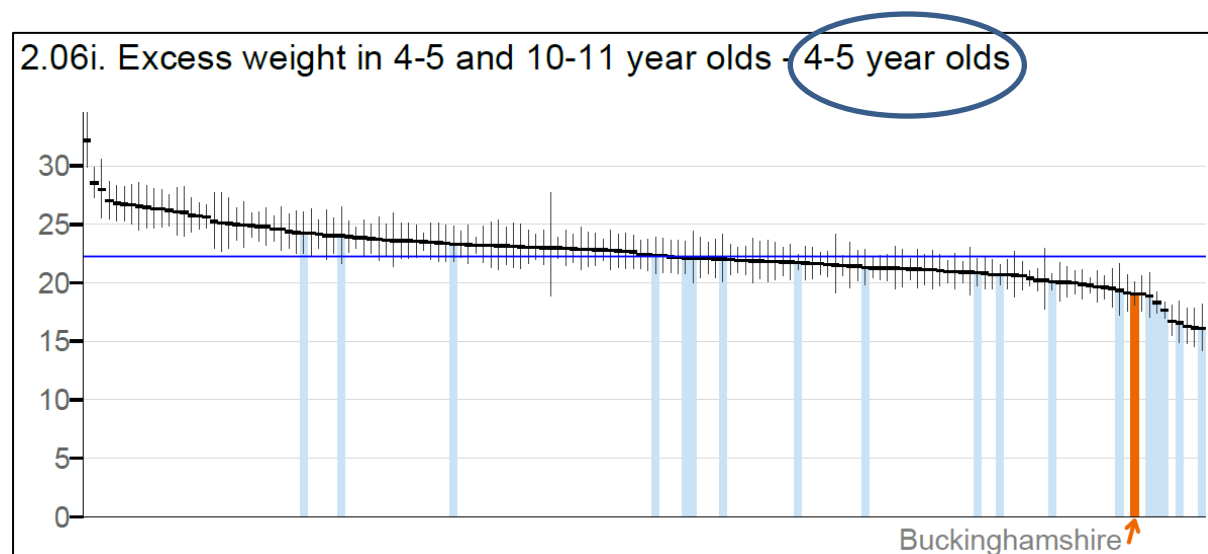
Data stated as rate per 100000 10-17 year olds. Source: Public Health England.

**Figure 23: Rate of children in Buckinghamshire under 18 years of age in care. Trend chart, 2010 - 2014.**



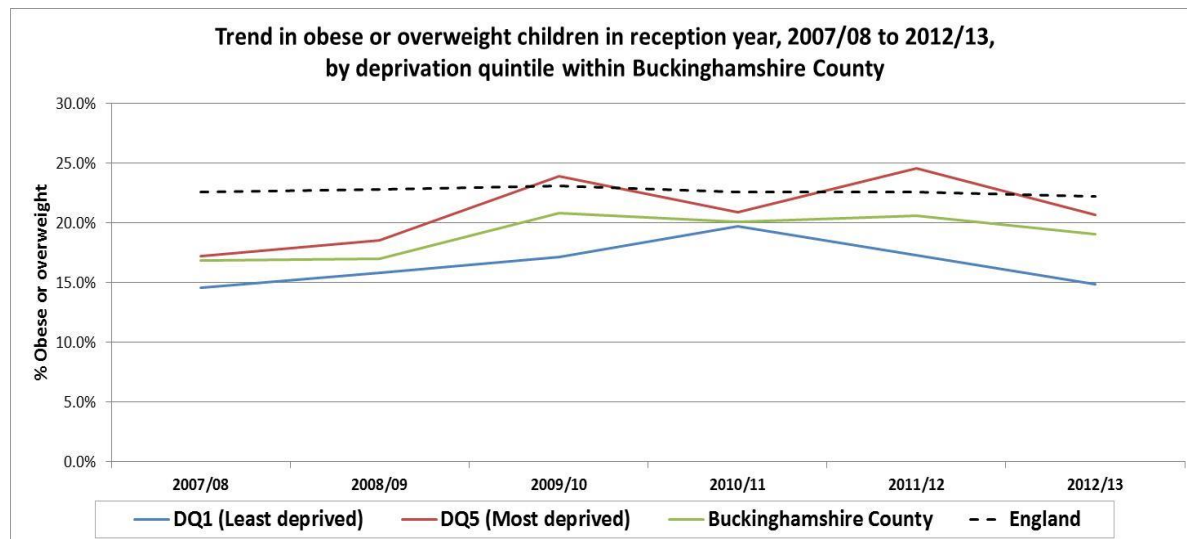
Source: Department for Education, 2014

**Figure 24: Excess weight in children in reception year – Percentage children aged 4-5 classified as overweight or obese in Buckinghamshire benchmarked against other local authorities in South East 2012/13.**



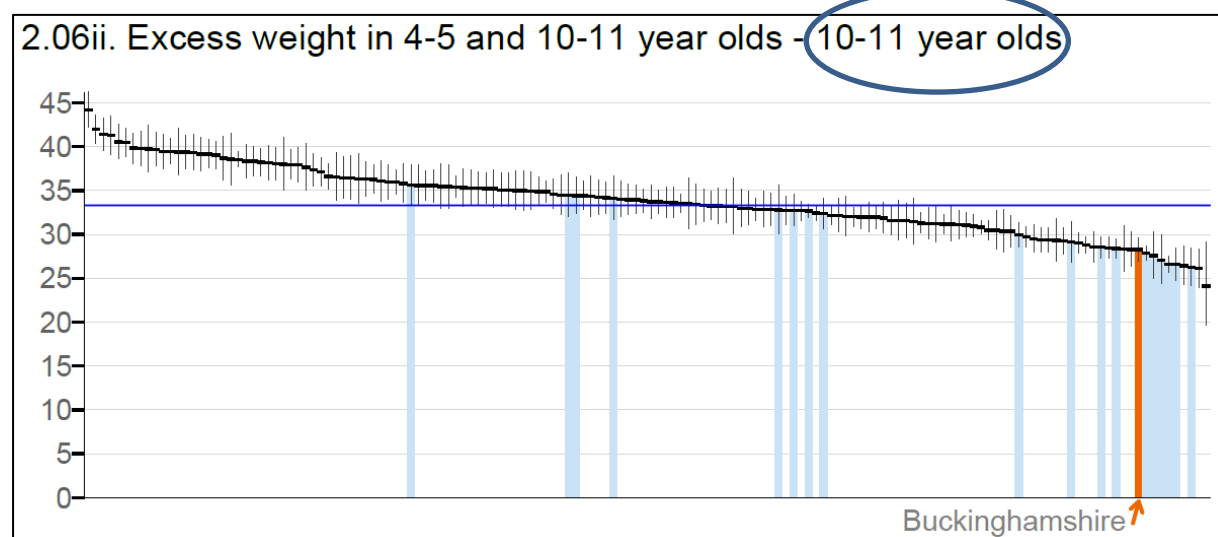
Data stated as percentage (%). Source: Public Health England.

**Figure 25: Excess weight in children in reception year – Percentage children aged 4-5 classified as overweight or obese in Buckinghamshire by deprivation quintile. Trend chart 2007/08 – 2012/13.**



Source: Health and Social Care Information Centre, National Child Measurement Programme

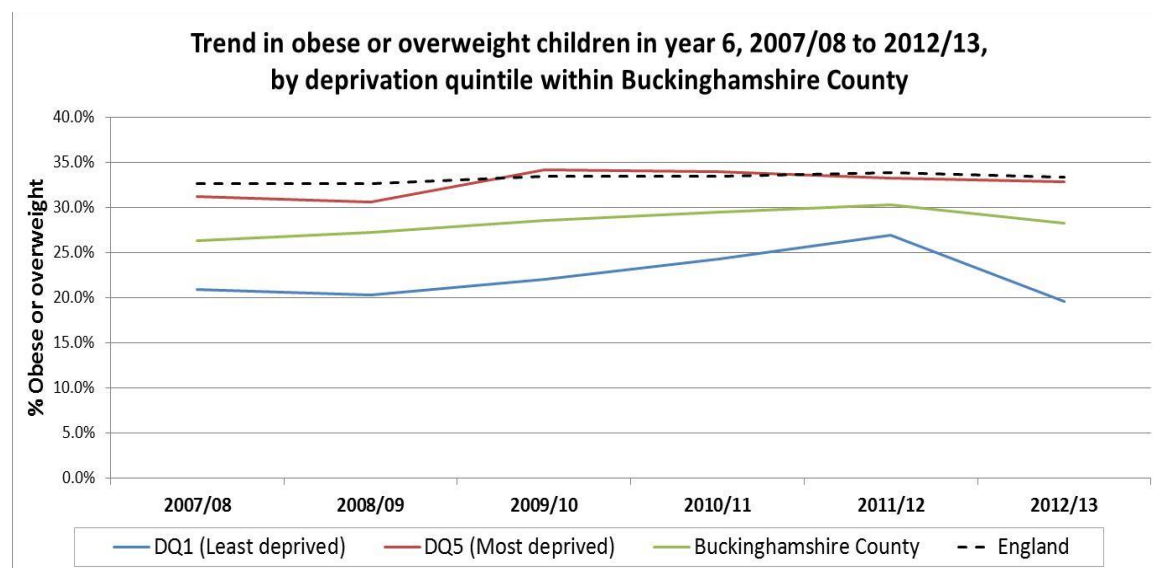
**Figure 26: Excess weight in children in year 6 - Percentage of children aged 10-11 classified as overweight or obese in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



Data stated as percentage (%). Source: Public Health England.

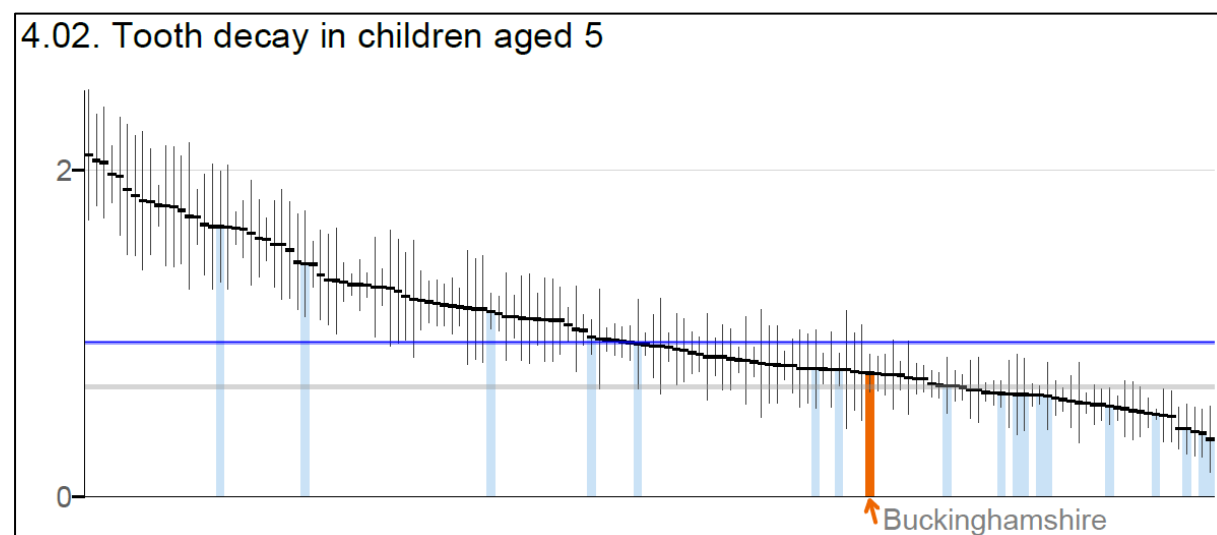


**Figure 27: Excess weight in children in year 6 - Percentage children aged 10-11 classified as overweight or obese in Buckinghamshire by deprivation quintile. Trend chart. 2007/08 – 2012/13.**



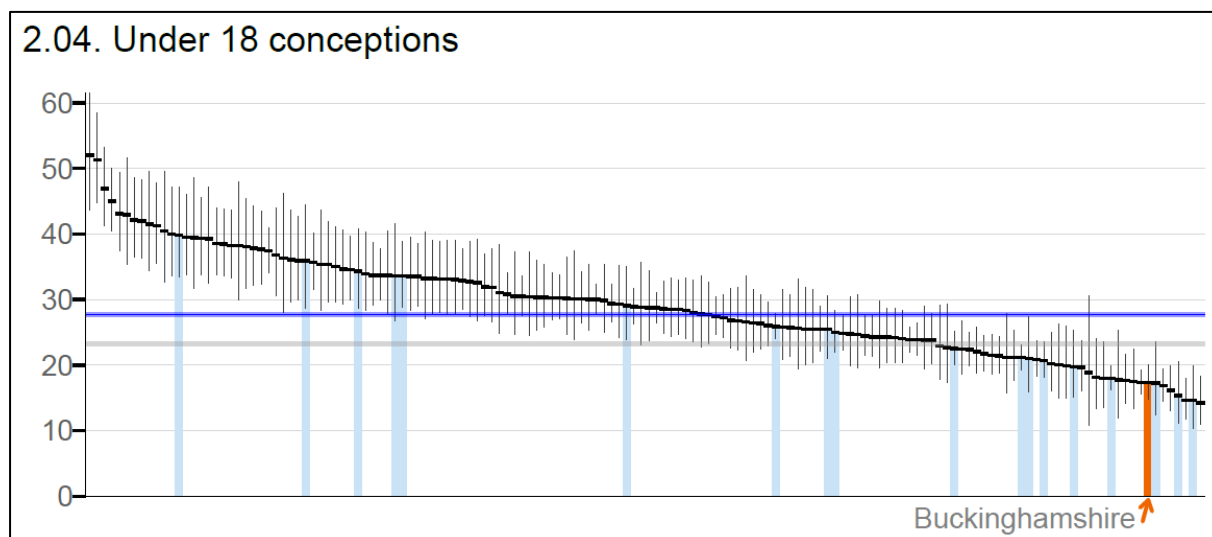
Source: Health and Social Care Information Centre, National Child Measurement Programme

**Figure 28: Percentage children aged 5 with tooth decay in Buckinghamshire benchmarked against other local authorities in South East, 2011/12.**



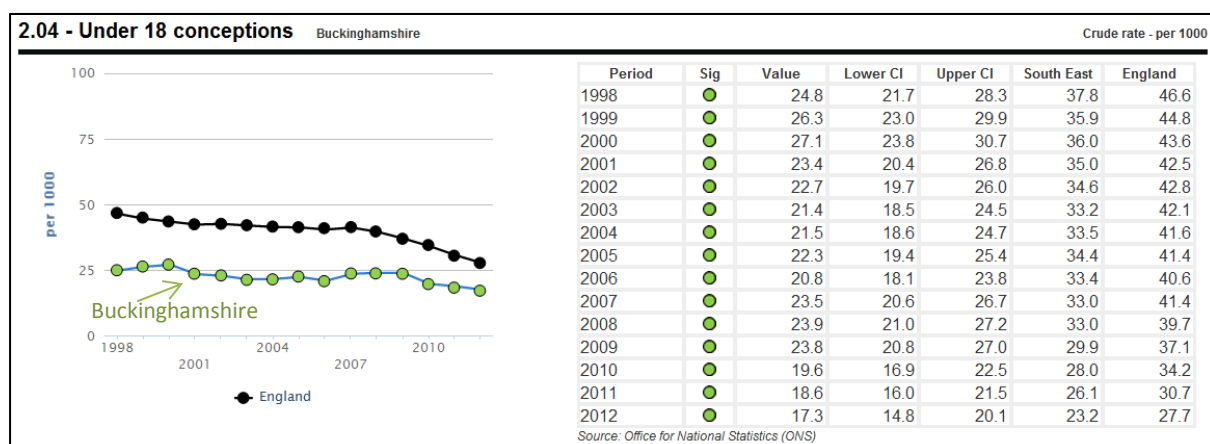
Data stated as percentage (%). Source: Public Health England.

**Figure 29: Teenage conception rate in girls aged 15-17 years in Buckinghamshire benchmarked against other local authorities in South East, 2012.**



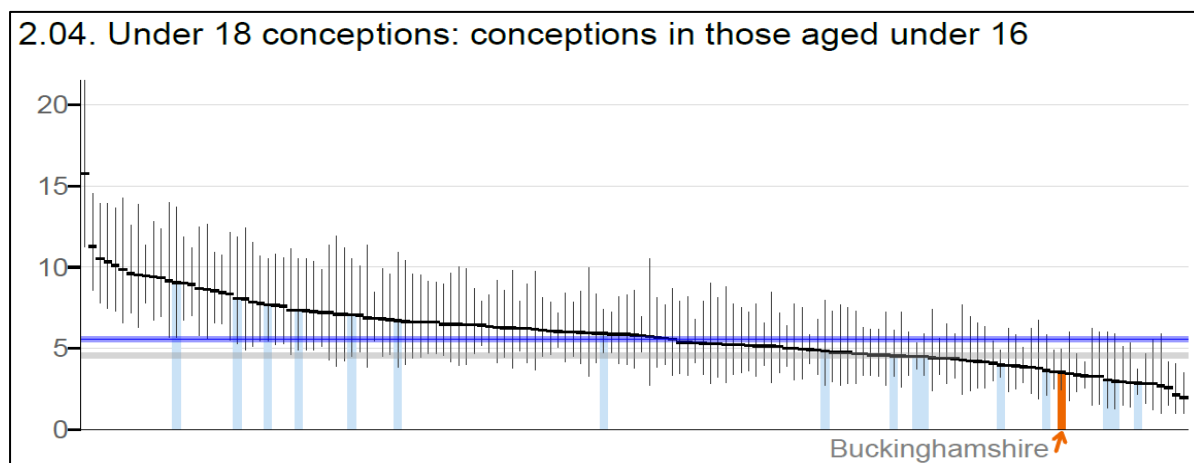
Data stated as rate per 1000 girls aged 15-17 years. Source: Public Health England.

**Figure 30: Teenage conception rate in girls aged under 18 years in Buckinghamshire. Trend chart. 1998-2012.**



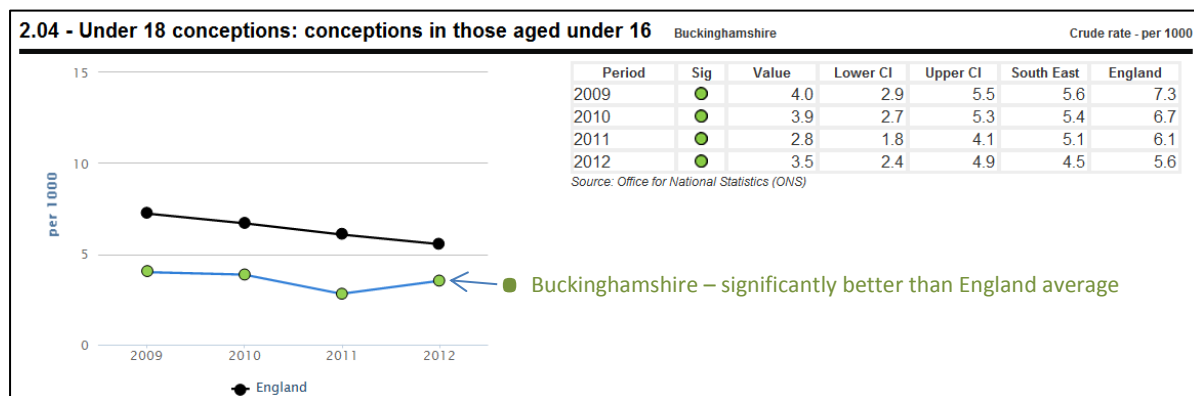
Data stated as rate per 1000 girls aged 15-17 years. Source: Public Health England.

**Figure 31: Teenage conception rate: Number of conceptions per 1000 girls aged under 16 in Buckinghamshire benchmarked against other local authorities in South East, 2012.**



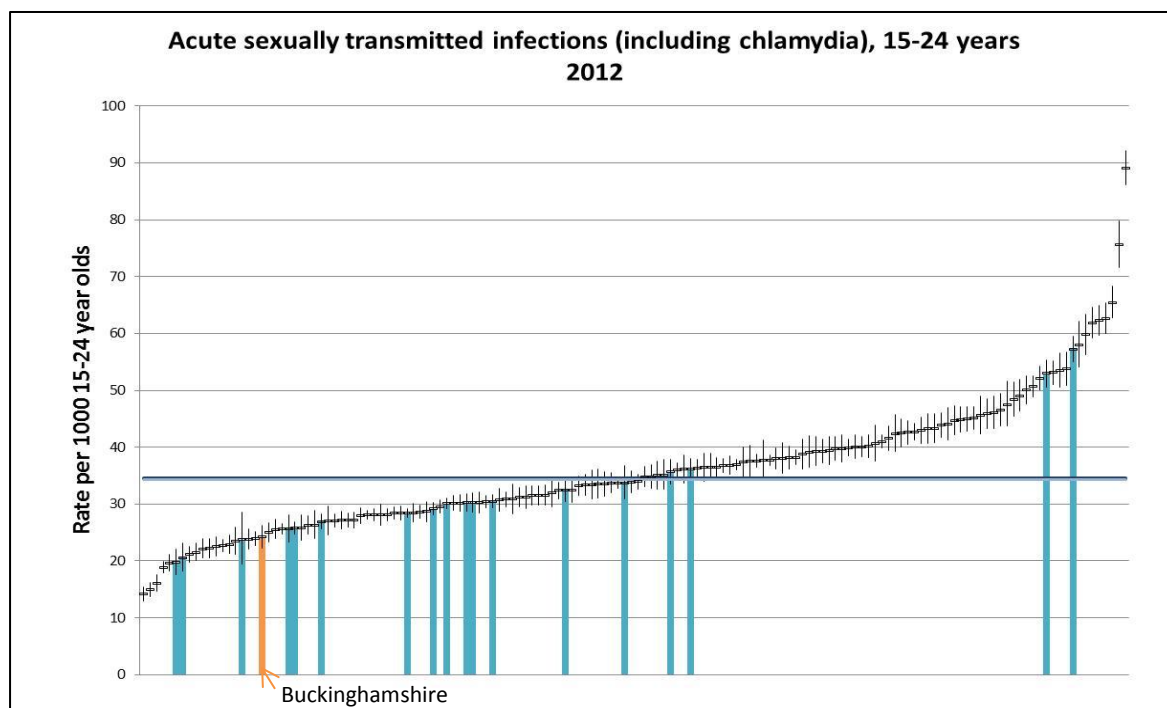
Data stated as rate per 1000 girls aged 15-17 years. Source: Public Health England.

**Figure 32: Teenage conception rate in girls aged under 16 years in Buckinghamshire. Trend chart 2009-2012.**



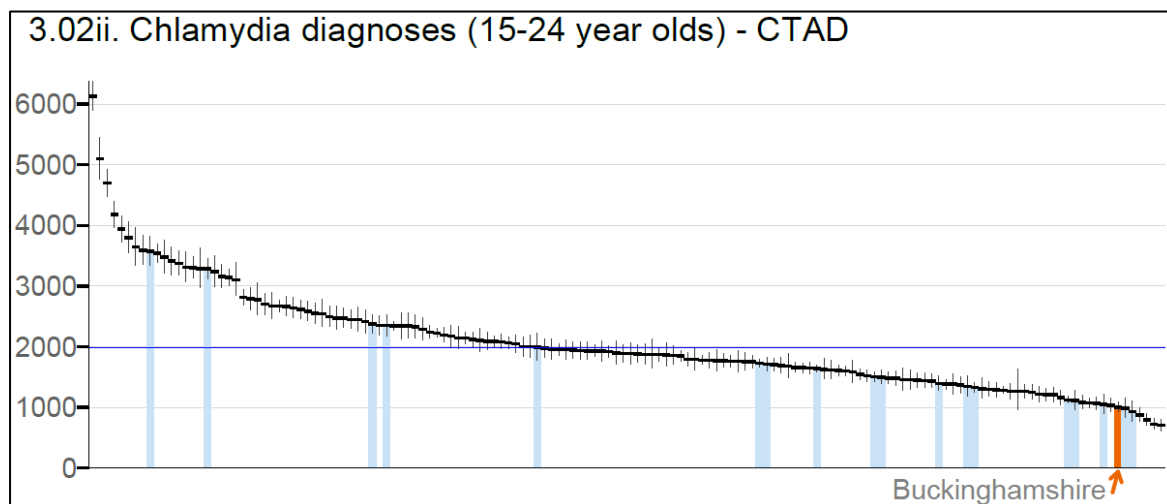
Data stated as rate per 1000 girls aged 15-17 years. Source: Public Health England.

**Figure 33: Acute sexually transmitted infections (including chlamydia) rate per 1000 15-24 year olds in Buckinghamshire benchmarked against other local authorities in South East. 2012.**



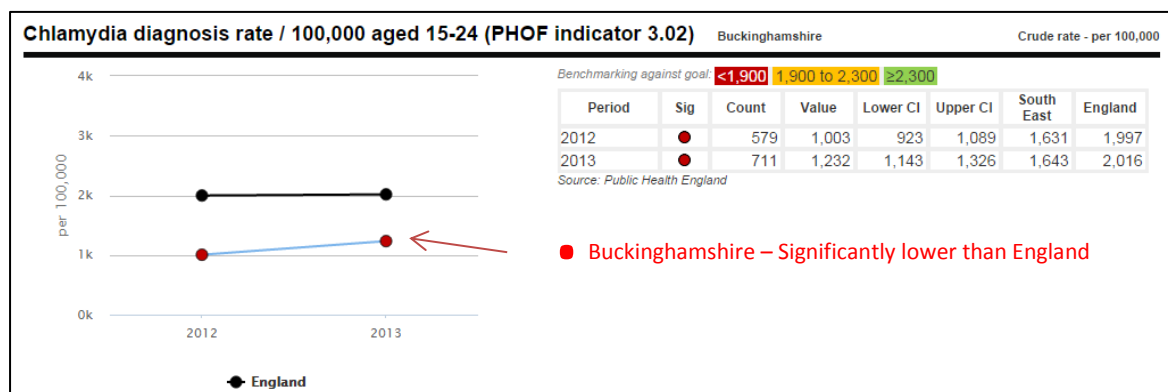
Source: Children and Young People's Benchmarking Tool, Public Health England

**Figure 34: Chlamydia diagnosis rate per 100,000 young people aged 15-24 year old in Buckinghamshire benchmarked against other local authorities in South East. 2012.**



Data is crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 Source: CTAD data

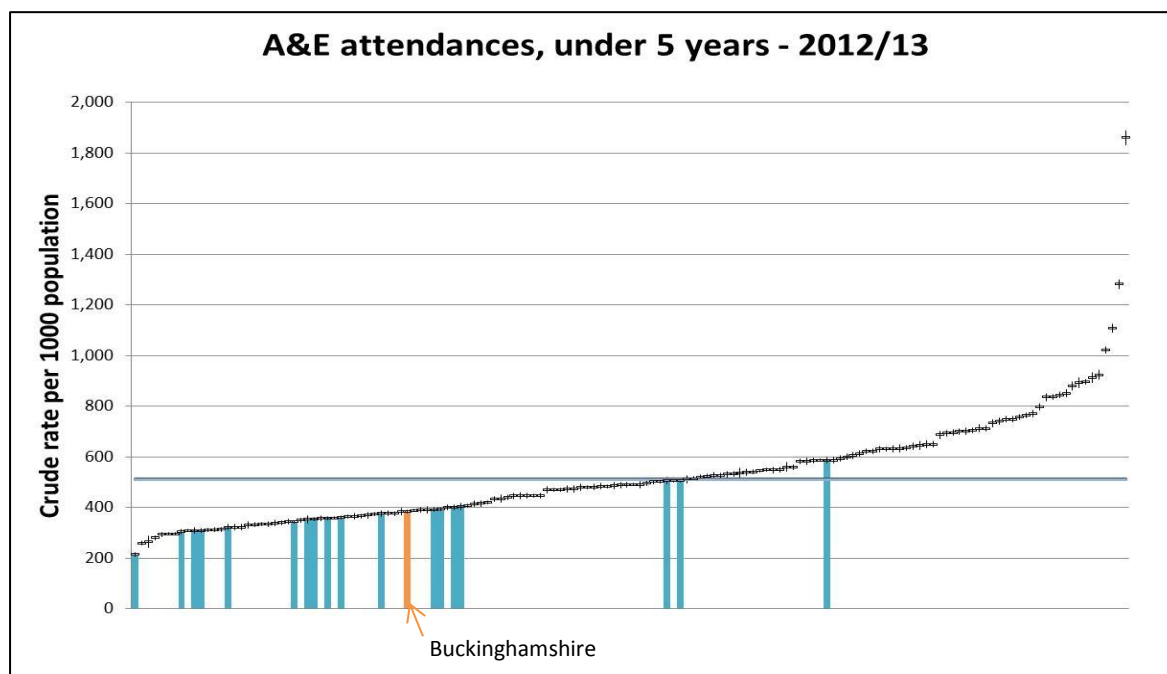
**Figure 35: Chlamydia diagnosis rate per 100,000 young people aged 15-24 year olds in Buckinghamshire. 2012, 2013.**



Source: Sexual health profiles, Public Health England, 2014.

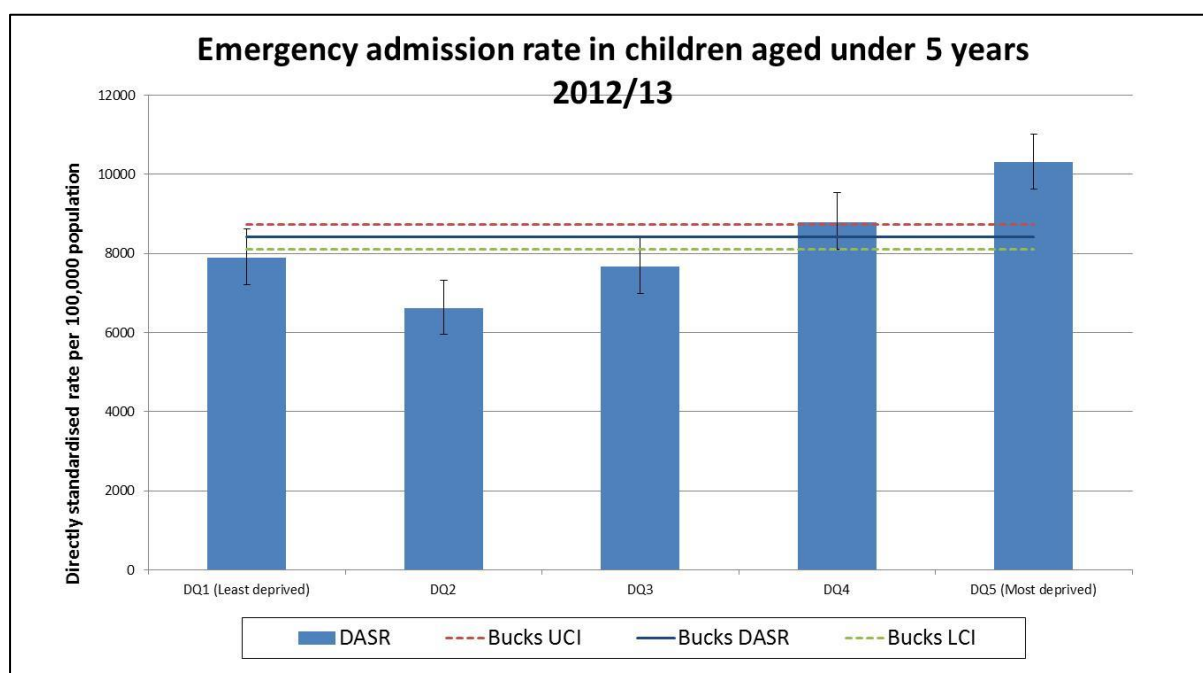
## HEALTH CARE SERVICES

**Figure 36: A&E attendance rate per 1000 population aged 0-4 in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



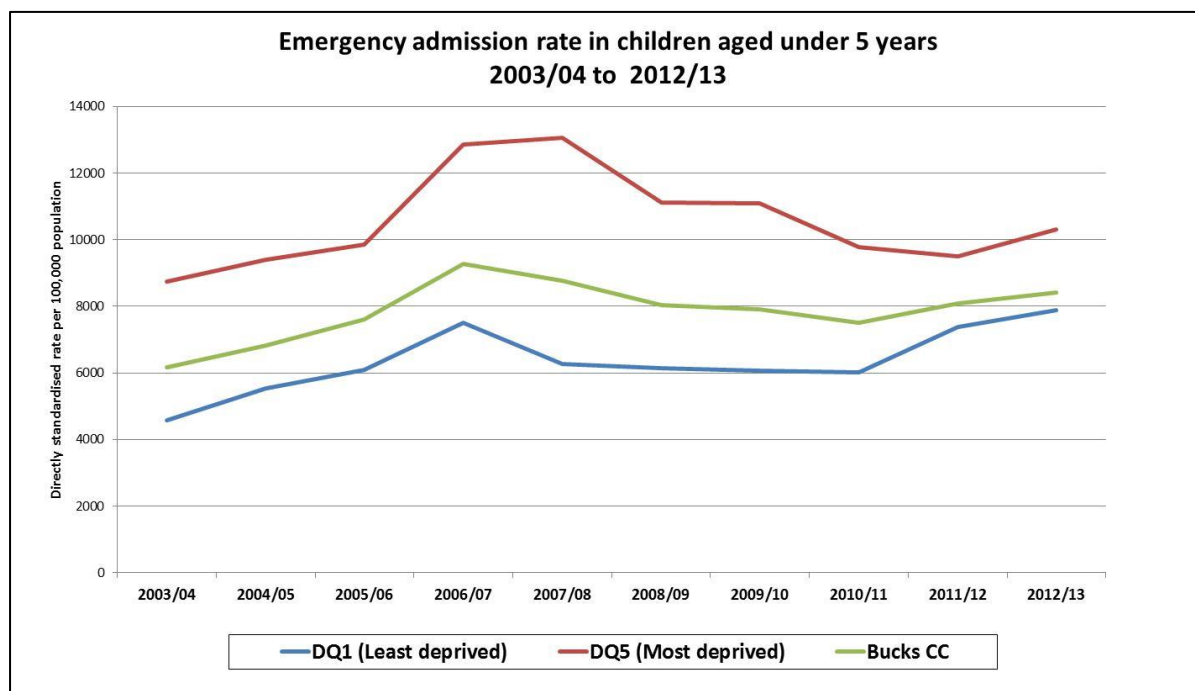
Source: Children and Young People's Benchmarking Tool, Public Health England.

**Figure 37: Emergency admissions rate per 100,000 population in children aged under 5 years in Buckinghamshire by deprivation quintile, 2012/13.**



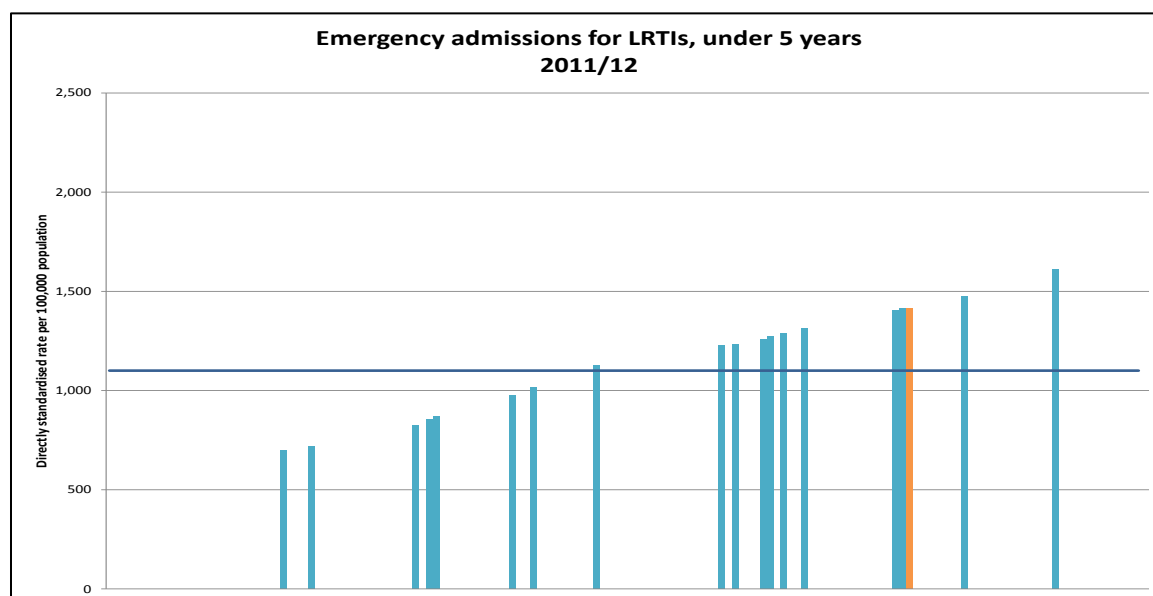
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 38: Emergency admissions per 100,000 population aged, under 5 years in Buckinghamshire by deprivation quintiles. Trend chart 2003/04 – 2012/13.**



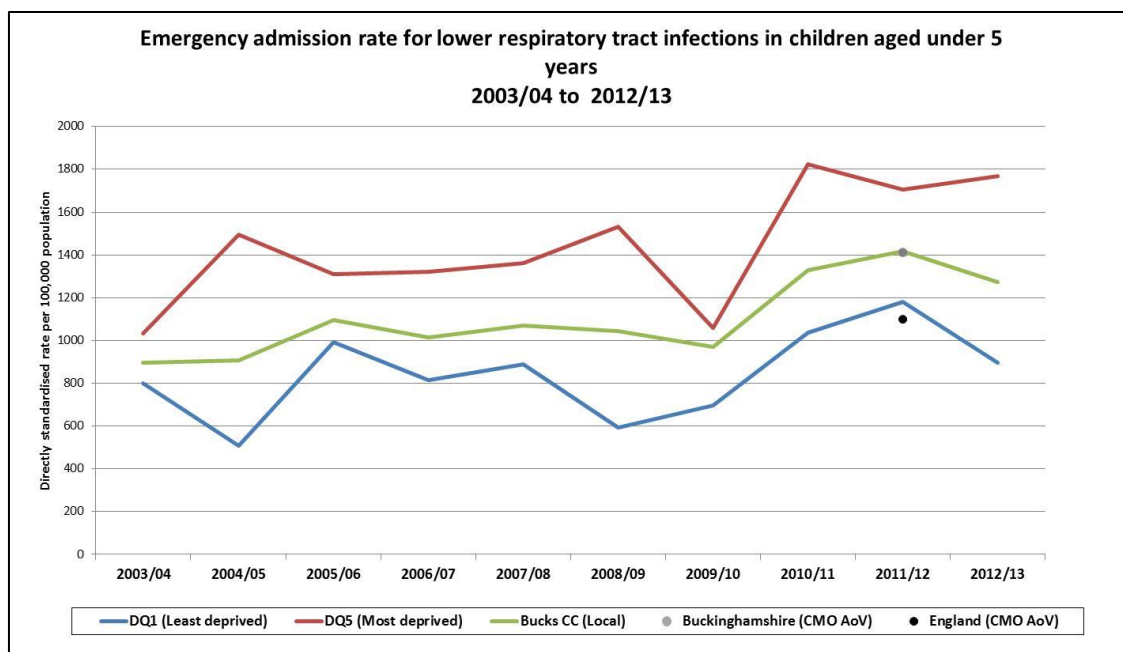
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 39: Emergency Hospital admissions rate per 100,000 population aged under 5 years for lower respiratory tract infections (LRTI) in Buckinghamshire benchmarked against other local authorities in South East, 2011/12.**



Source: CMO Report 2012, Atlas of Variation

**Figure 40: Emergency Hospital admissions rate per 100000 aged under 5 years for lower respiratory tract infections in Buckinghamshire by deprivation quintile. Trend chart – 2003/04 – 2012/13.**



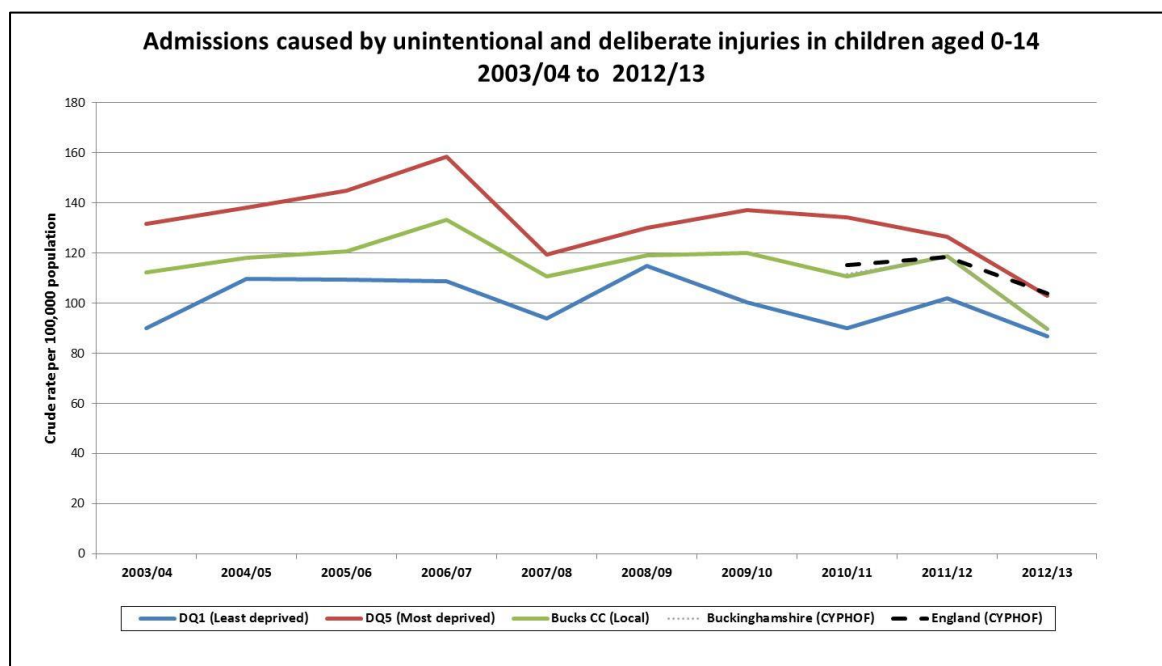
CMO AoV denotes Chief Medical Officer's Atlas of Variation Report findings.

More info at <http://www.rightcare.nhs.uk/index.php/nhs-atlas/>

Link to CMO's report - <http://www.chimat.org.uk/CMO2012>

Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

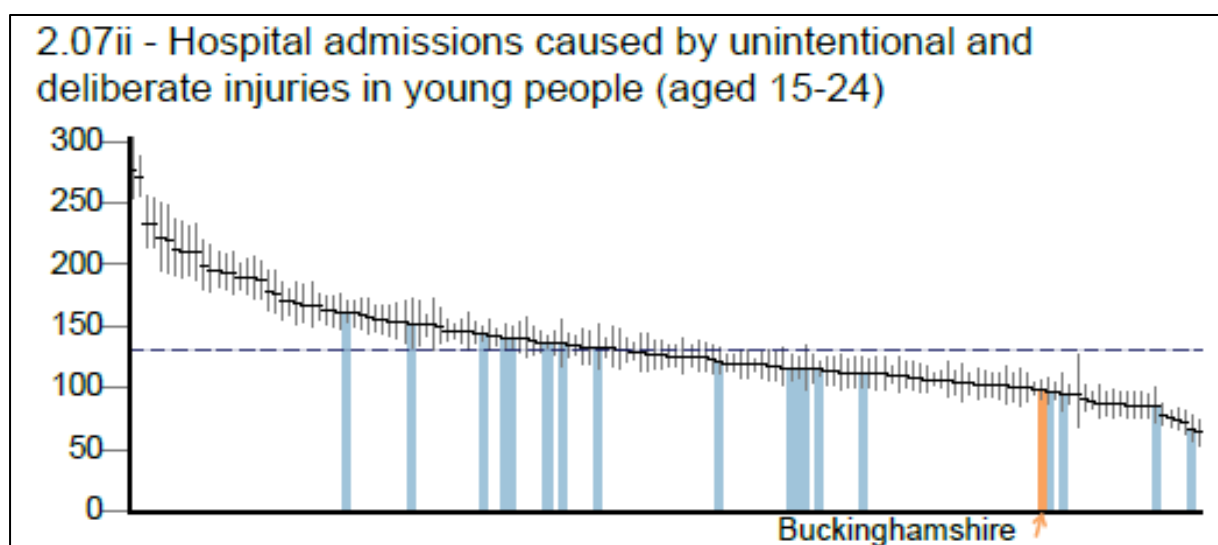
**Figure 41: Hospital Admission rate per 100000 population aged 0-14 years caused by unintentional and deliberate injuries in Buckinghamshire by deprivation quintile. Trend chart 2003/04 – 2012/13.**



Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

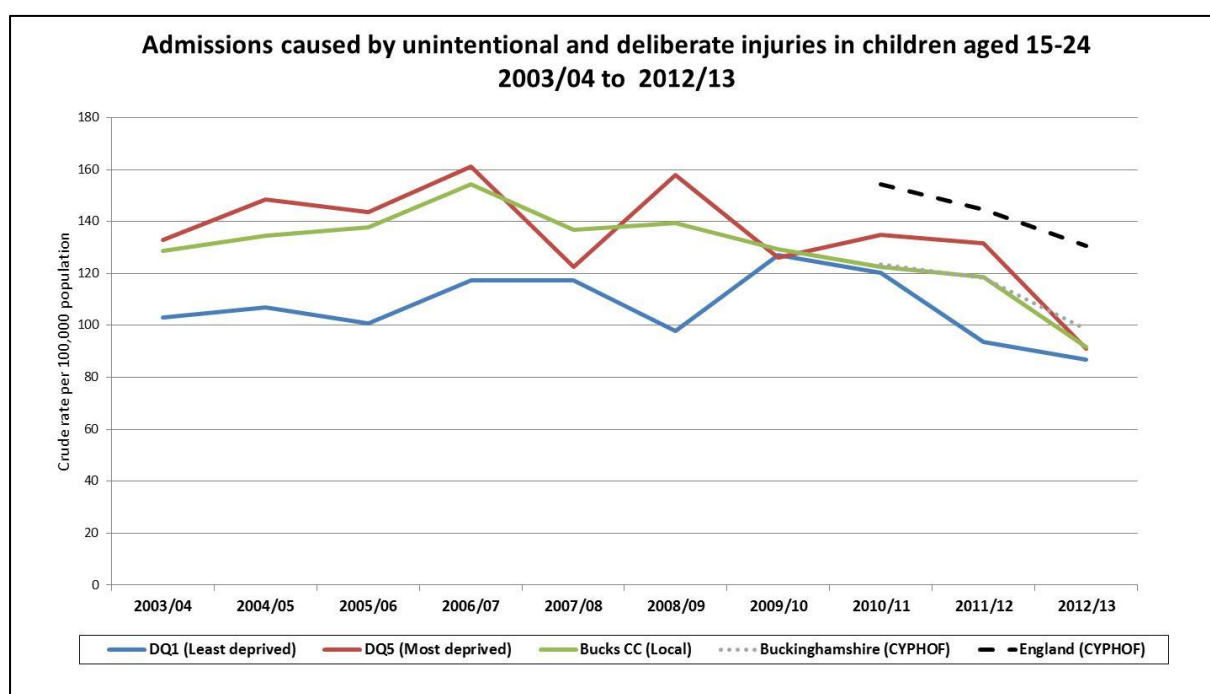


**Figure 42: Hospital admission rate per 10,000 young people aged 15-24 caused by unintentional and deliberate injuries in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



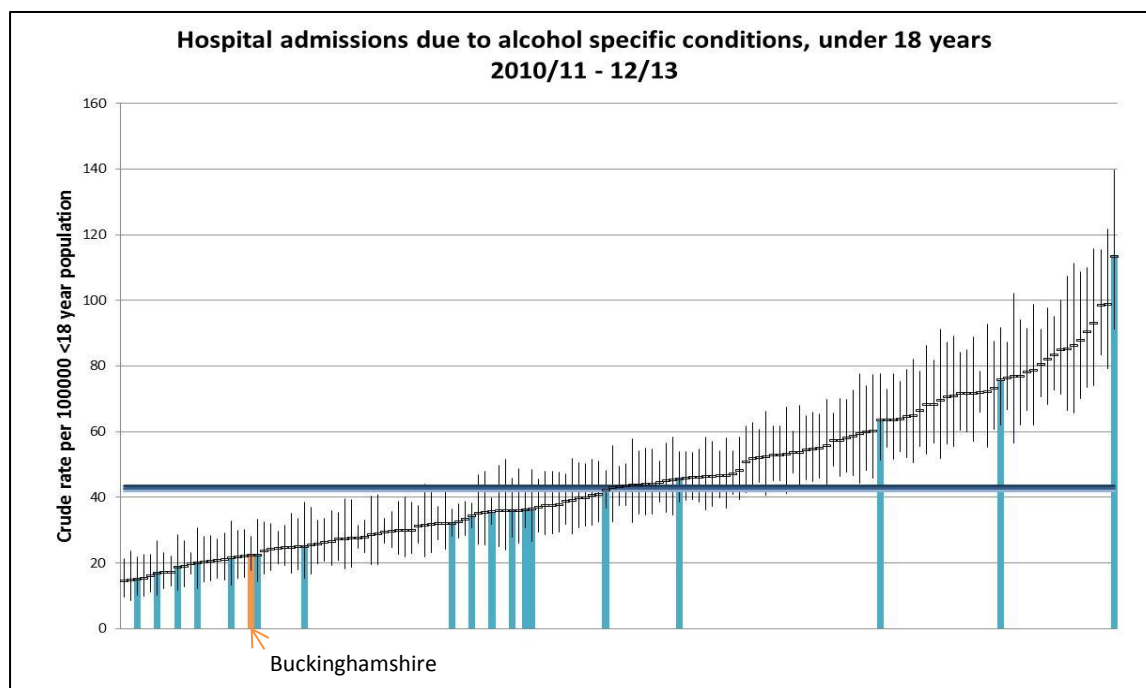
Source: Public Health outcomes framework, Public Health England

**Figure 43: Hospital admission rate per 10,000 young people aged 15-24 caused by unintentional and deliberate injuries in Buckinghamshire by deprivation quintiles. Trend chart, 2003/04 – 2012/13.**



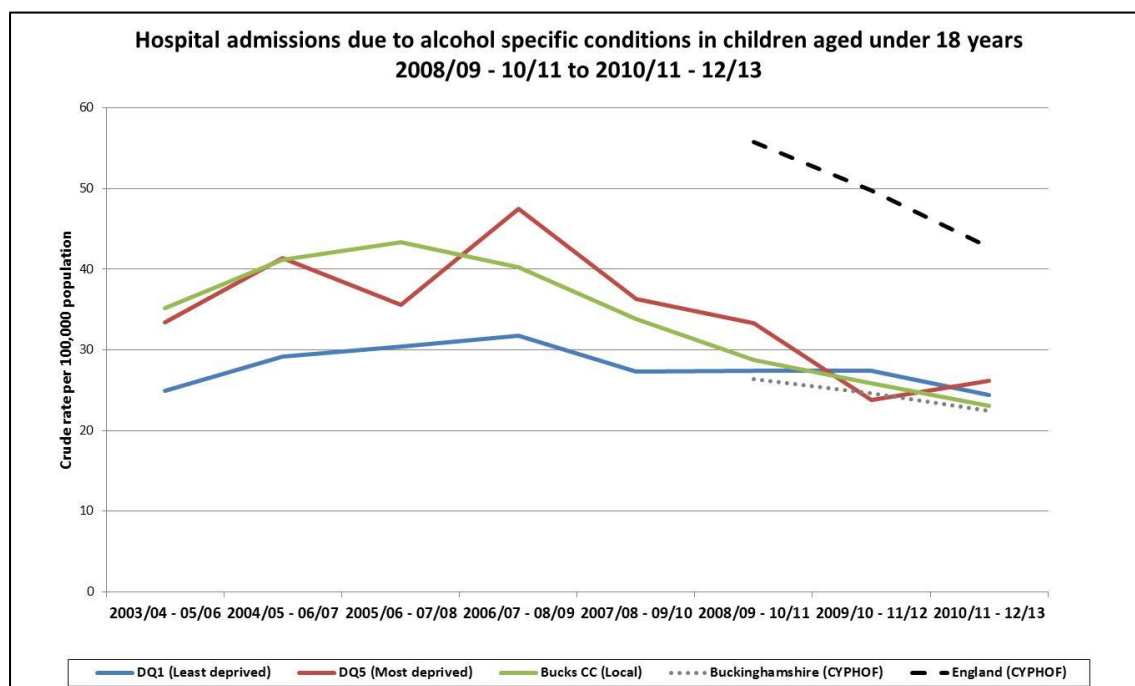
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 44: Hospital admission rate per 100,000 population aged under 18 years, due to alcohol specific conditions in Buckinghamshire benchmarked against other local authorities in South East, 2010/11 – 2012/13**



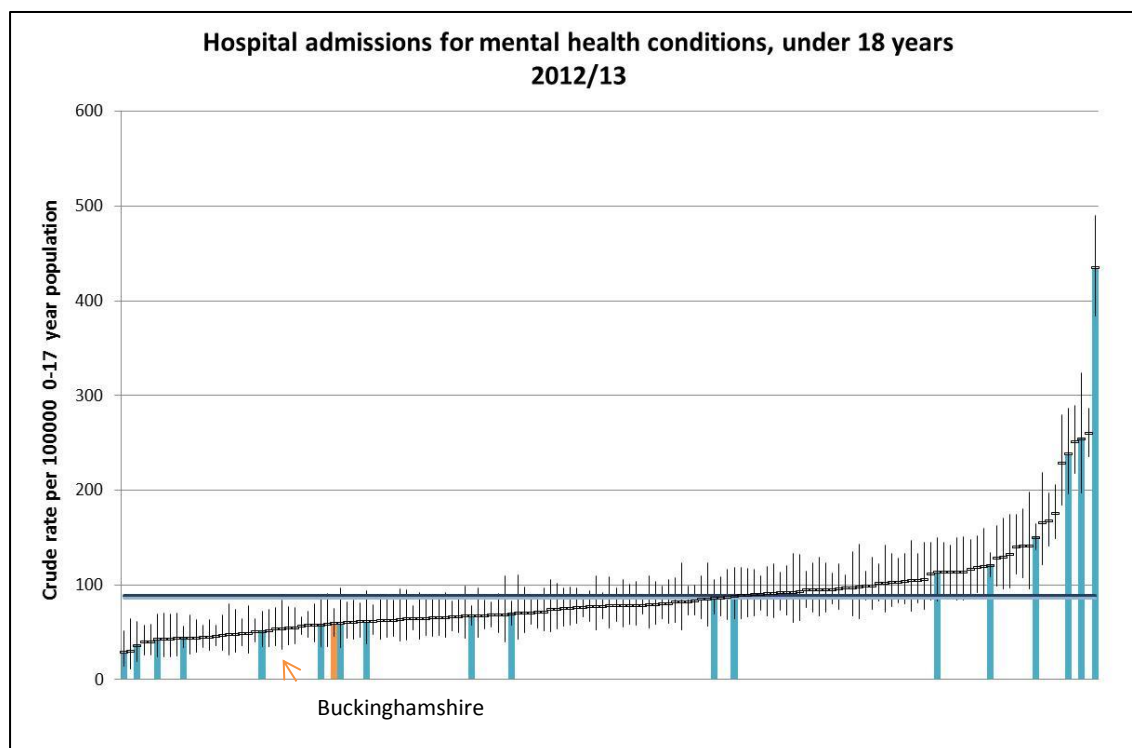
Source: Children and Young People's Benchmarking Tool, Public Health England.

**Figure 45: Hospital admission rate per 100,000 population aged under 18 years, due to alcohol specific conditions in Buckinghamshire by deprivation quintiles. Trend chart, 2003/04 – 2012/13**



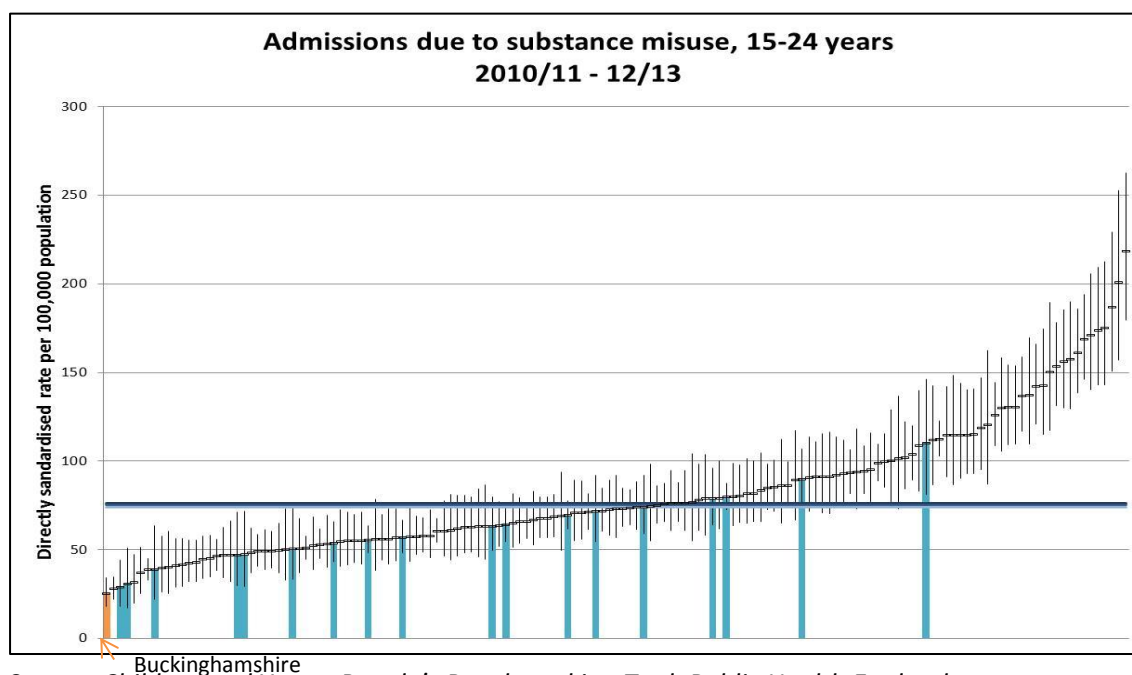
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 46: Hospital admission rate per 100,000 population aged 0-17 years for mental health conditions in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



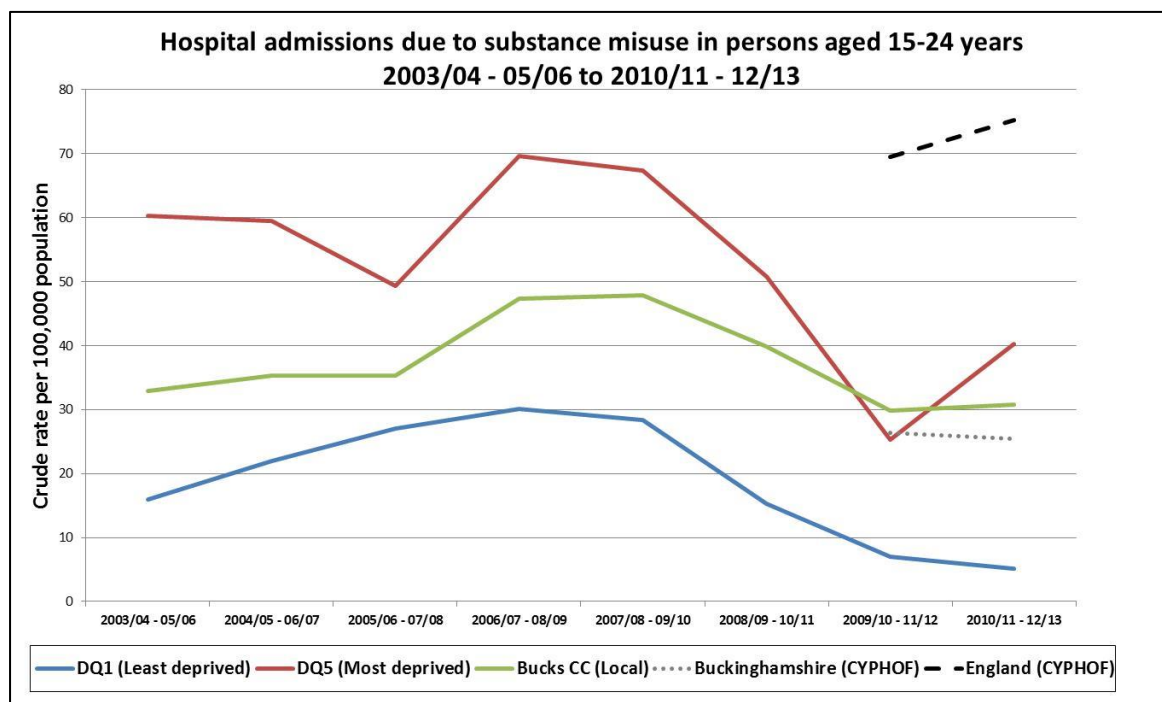
Source: Children and Young People's Benchmarking Tool, Public Health England

**Figure 47: Hospital admission rate per 100,000 population aged 15-24 years due to substance misuse in Buckinghamshire benchmarked against other local authorities in South East 2010/11 – 2012/13.**



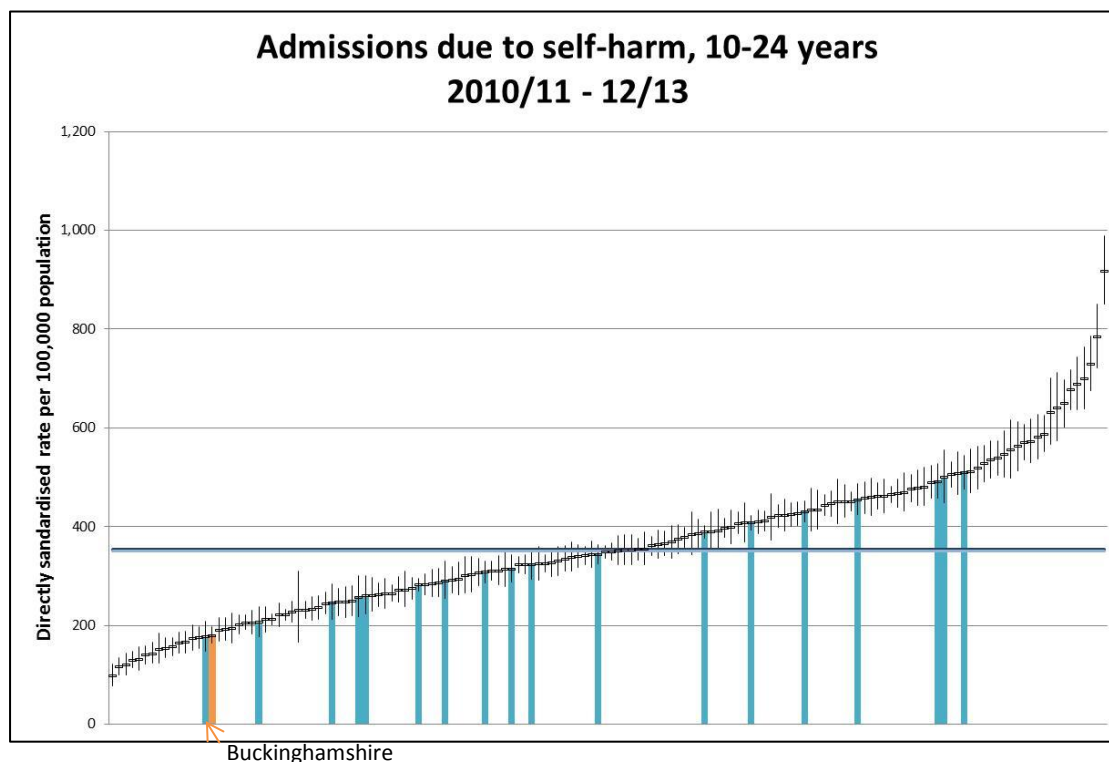
Source: Children and Young People's Benchmarking Tool, Public Health England

**Figure 48: Hospital admission rate per 100,000 population aged 15-24 years due to substance misuse in Buckinghamshire by deprivation quintiles. Trend, 2003/04 – 2012/13.**



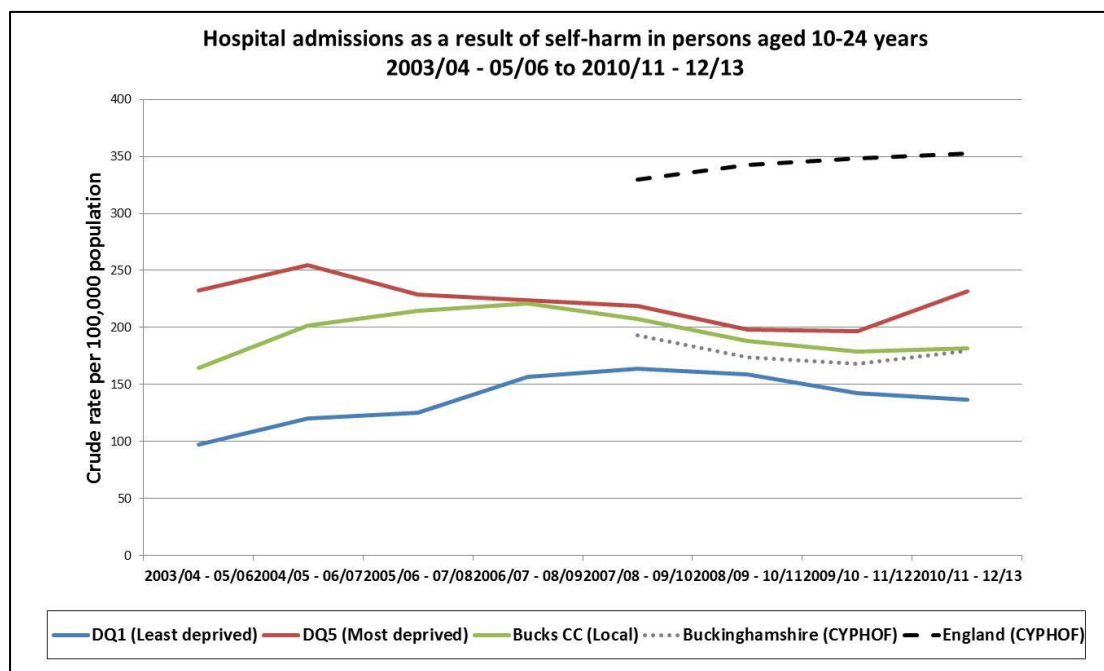
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 49: Hospital admission rate per 100,000 population aged 10-24 years due to self-harm in Buckinghamshire benchmarked against other local authorities in South East, 2010/11 – 2012/13.**



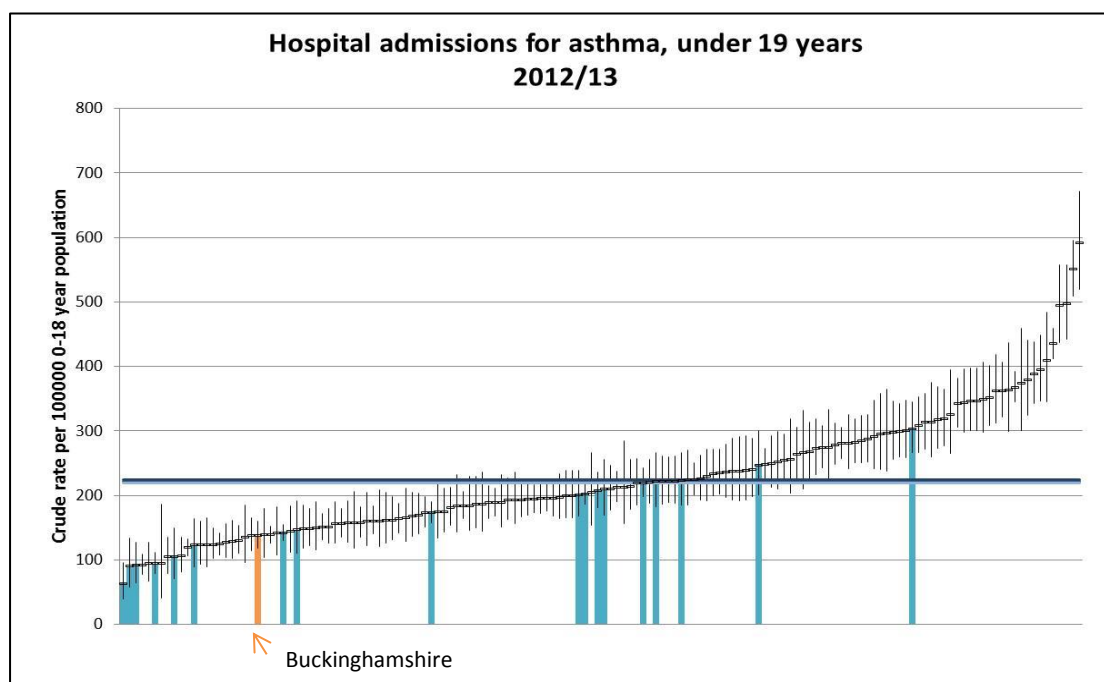
Source: Children and Young People's Benchmarking Tool, Public Health England

**Figure 50: Hospital admission rate per 100000 population aged 10-24 years due to self-harm in Buckinghamshire by deprivation quintiles. Trend chart 2003/04 – 2012/13.**



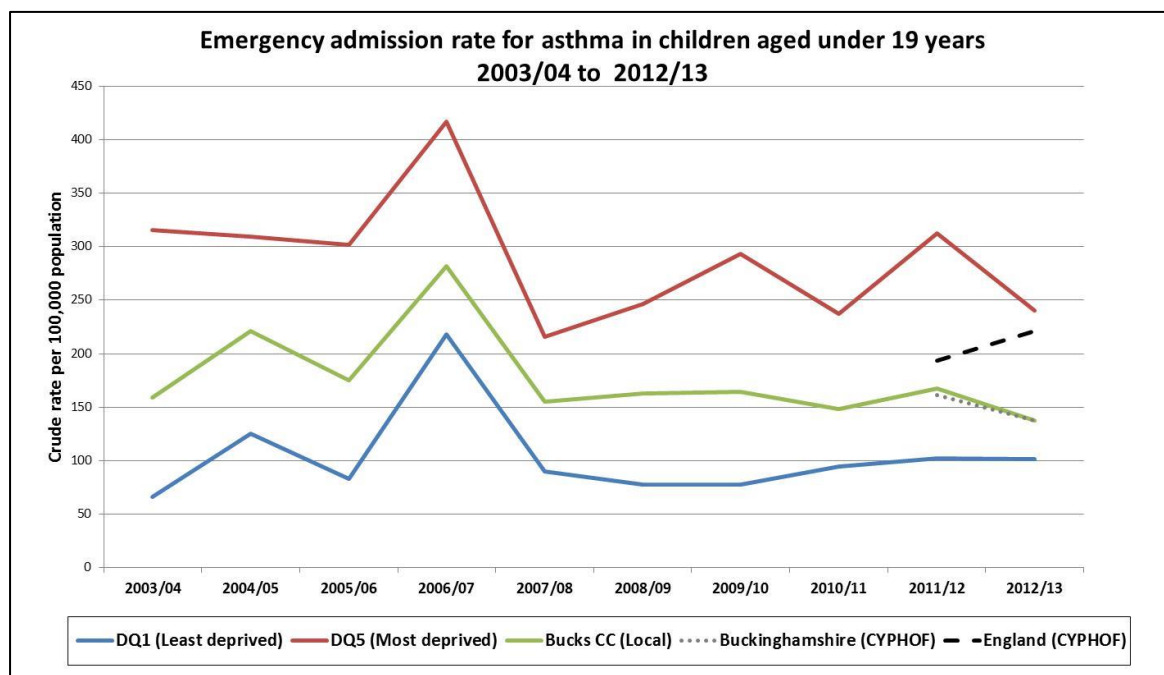
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 51: Emergency hospital admission rate per 100,000 population aged 0-18 years due to asthma in Buckinghamshire benchmarked against other local authorities in South East, 2012/13.**



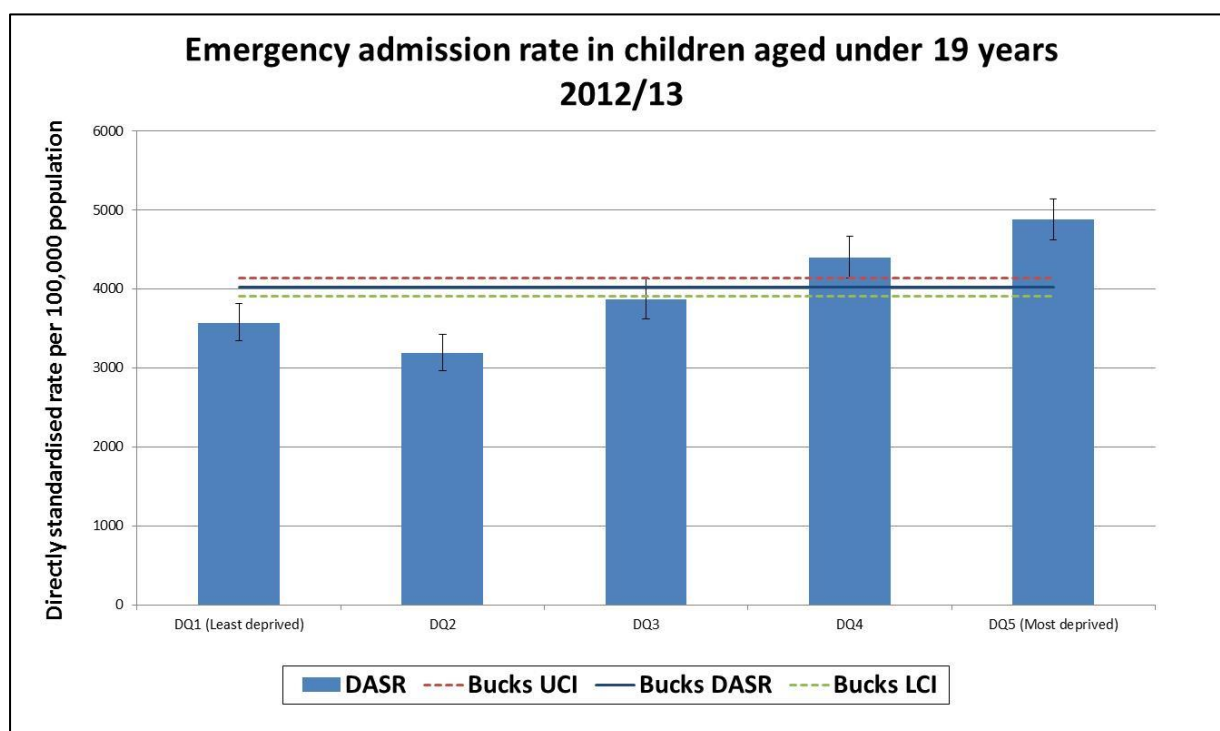
Source: Children and Young People's Benchmarking Tool, Public Health England.

**Figure 52: Emergency hospital admission rate per 100000 population aged 0-18 years due to asthma in Buckinghamshire by deprivation quintiles. Trend chart 2003/04 – 2012/13.**



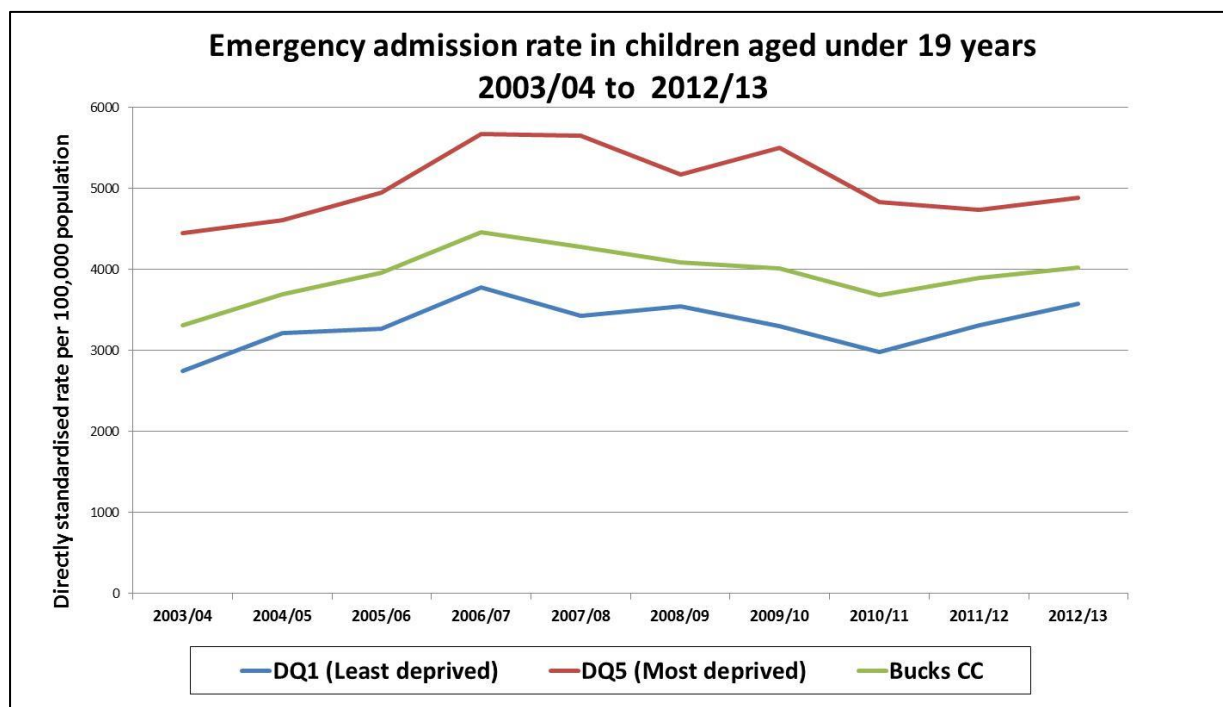
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 53: Emergency admission rate per 100000 population aged under 19 years for all causes in Buckinghamshire by deprivation quintiles. 2012/13.**



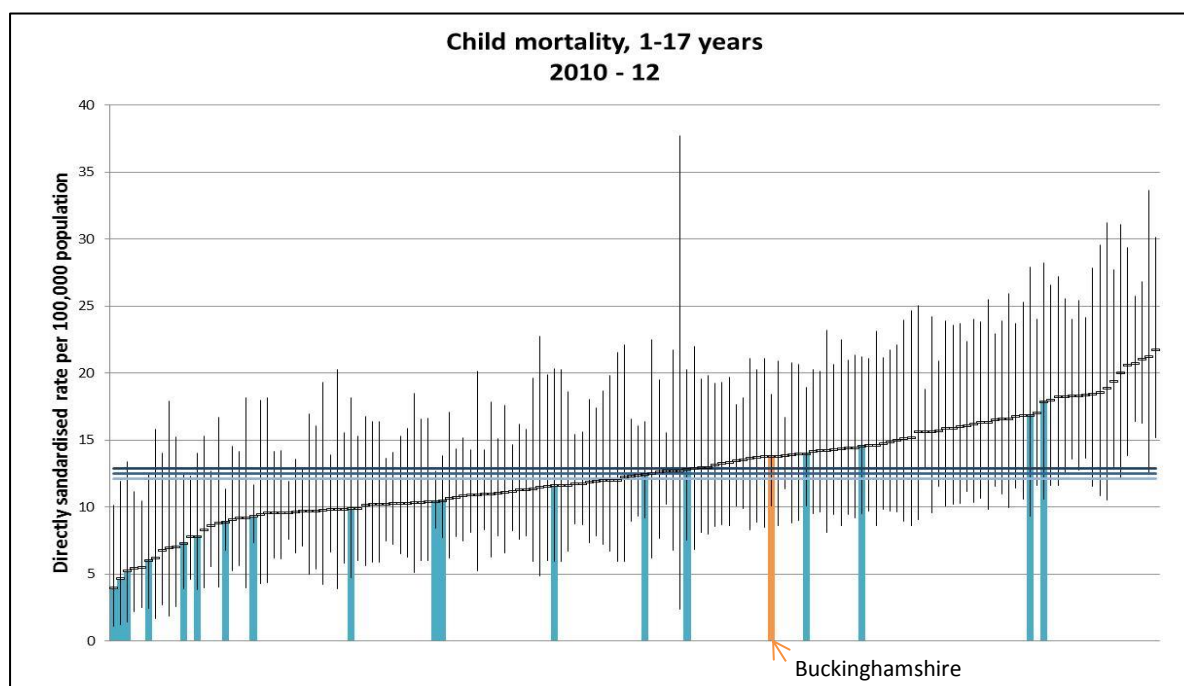
Source: SUS Admitted Patient Care (APC) Minimum Data Set (MDS)

**Figure 54: Emergency admission rate per 100000 population aged under 19 years for all causes in Buckinghamshire by deprivation quintile. Trend chart 2003/04 – 2012/13.**



Source: Secondary Uses Services, Admitted Patient Care (APC) Minimum Data Set (MDS)

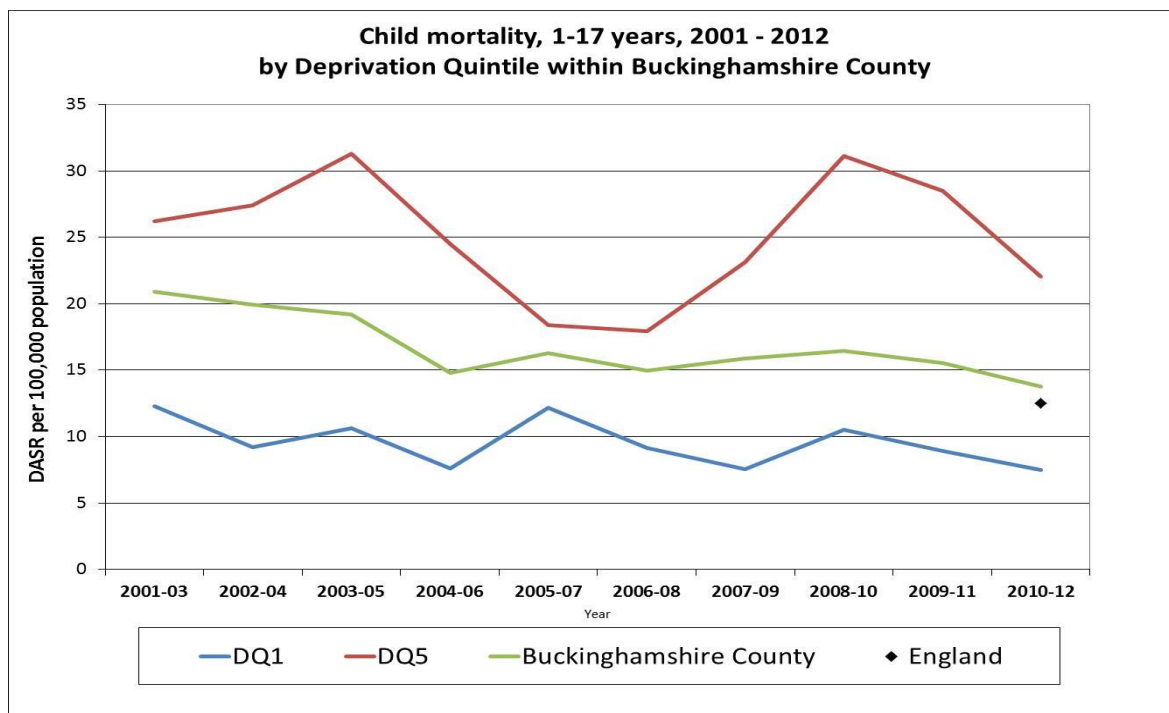
**Figure 55: Child mortality rate – Deaths in children aged 1-17 years per 100000 Population aged 1-17 years in Buckinghamshire benchmarked against other local authorities in South East, 2010-12.**



Source: Children and Young People's Benchmarking Tool, Public Health England.



**Figure 56: Child mortality rate – Deaths in children aged 1-17 years per 100000 Population aged 1-17 years in Buckinghamshire by deprivation quintiles. Trend chart. 2001-12.**



Source: ONS Annual District Death Extracts.



<b>DATA SOURCES</b>
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No.	Data/Information Source	Governing Organisation
1.	Children and Young People's Benchmarking Tool	ChiMat, (Child and Maternal) PHE
2.	CMO Report 2012, Atlas of Variation	NHS Right Care
3.	Education and skills statistics	Department for Education
4.	HSCIC	Health and Social Care Information Centre
5.	ImmForm	NHS England
6.	Integrated Performance Measure Return	Department of Health
7.	National Child Measurement Programme	Health and Social Care Information Centre
8.	ONS Annual District Death Extracts	Office for National Statistics
9.	Public Health Outcomes Framework	Public Health England
10.	Secondary Uses Services	South Central Commissioning Support Unit
11.	School performance data	County Council
12.	The British Child and Adolescent Mental Health Surveys 2004	Office for National Statistics, Health & Social Care Information Centre
13.	Child maltreatment review	<a href="http://www.eviper.org.uk/downloads/child_mal.pdf">http://www.eviper.org.uk/downloads/child_mal.pdf</a>
14.	Maternal health outcomes	<a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1313012/pdf/9219414.pdf">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1313012/pdf/9219414.pdf</a>

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## GLOSSARY

<b>Confidence interval</b>	Confidence Interval gives an indication of the level of uncertainty of the calculation. It is simply a range within which the true value is likely to fall, based on the data used in the analysis. A 95% confidence interval tells us that we can be 95% certain that the true rate lies somewhere between the lower and upper limits of the confidence interval.
<b>Statistical Significance</b>	Statistical significance (also mentioned just as significant) means that a difference that is observed is unlikely to be due to chance alone.
<b>Crude rate</b>	These are calculated by dividing the total number of events (e.g. cases, deaths etc.) in a given time period by the total number of persons in the population.
<b>DASR</b>	Directly Age-Standardised Rate (DASR) rate. DASR for an area is the number of events, usually expressed per 100,000, that would occur in that area if it had the same age structure as the standard population (e.g. European population) and the local age-specific rates of the area applied. This is useful for comparing populations with different age structures.
<b>Diagnosis rate</b>	The proportion of the people diagnosed to have the condition among all tested for this condition during a certain period. This is calculated by dividing the number of cases diagnosed (numerator) by the number of people tested or screened (denominator).
<b>Term births</b>	Childbirth at the end of a normal duration of pregnancy, between 37 to 40 weeks of gestation or about 280 days from the first day of the mother's last menstrual period.

## ABBREVIATIONS

AoV	Atlas of Variation
APC	Admitted Patient Care
A&E	Accident and Emergency
APC	Admitted Patient Care
BCC	Buckinghamshire County Council
BME	Black and Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
ChiMat	Child and Maternal Health observatory, PHE
CMO	Chief Medical Officer
CTAD	Chlamydia Testing Activity Dataset
CYP	Children and Young People
DH	Department of Health
DQ	Deprivation Quintile (DQ1 = Least deprived. DQ5 = Most deprived)
DtaP / HiB	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenza type b vaccine.
FSM	Free School Meal
GCSE	General Certificate of Secondary Education
HSCIC	Health and Social Care Information Centre
ImmForm	Immunisation Form. A web-based tool managing immunisation data
IMR	Infant Mortality Rate
LRTI	Lower Respiratory Tract Infections
MDS	Minimum Dataset
MenC	Meningococcal C vaccine
MMR	Measles Mumps Rubella
NCMP	National Child Measurement Programme
NEET	Not in Education Employment Training
NHS	National Health Services

ONS	Office for National Statistics
PCV	Pneumococcal conjugate vaccine
PHE	Public Health England
PHOF	Public Health Outcomes Framework
SATOD	Smoking at the time of delivery
SDQ	Strength and Difficulties questionnaire ( <i>Scoring - 0-13 Normal, 14-16 Borderline, 17+ Significant behaviour problem</i> )
STI	Sexually Transmitted Infections
SUS	Secondary Uses Services