## **Children's Services Scrutiny Committee**

Meeting to be held on Wednesday, 10 October 2018

Electoral Division affected: (All Divisions);

### **Child Health - Lancashire**

(Appendix A refers)

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# **Executive Summary**

Public Health England (PHE) produces an annual Child Health Profile (Appendix A) as a tool designed to help local government and health services identify key issues which need addressing to improve the health and wellbeing of children and tackle health inequalities. The report and appendix highlight a range issues relevant to child health and wellbeing in Lancashire.

#### Recommendation

The Children's Services Scrutiny Committee is asked to consider the issues discussed in the report / appendix and identify any issues they may wish to focus on in more detail at a future meeting.

## **Background and Advice**

Public Health England (PHE) produces an annual Child Health Profile (Appendix A) as a tool designed to help local government and health services identify key issues which need addressing to improve the health and wellbeing of children and tackle health inequalities.

The report identifies that overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is mixed. In particular it highlights:

- The infant mortality rate is similar to England with an annual average of 59 infants dying before one year of age. For children and young people aged 1-17 years there have been 38 child deaths each year on average (2014-2016).
- The teenage pregnancy rate (under 18 conceptions) is worse than England, with 440 girls becoming pregnant in a year (2016), although the trend is improving.
- The percentage of women who smoke while pregnant (14.7%) is worse than England (2016/17), although the trend is improving.



- The measles, mumps, and rubella (MMR) immunisation level does not meet recommended coverage of 95%. By two years of age, 91.5% of children in Lancashire have had their first dose (2016/17).
- Dental health is worse than England, with 34.0% of 5 year olds having one or more decayed, filled or missing teeth (2016/17).
- The percentage of obese children in Reception (4-5 years), at 9.6%, is similar to England; and the percentage of obese children in Year 6 (10-11 years) at 18.9%, is better than England (2016/17).
- The rate of child inpatient admissions for mental health conditions at 108.6 per 100,000 (268 cases) is worse than England. The rate for self-harm at 419.0 per 100,000 (906 cases) is similar to England (2016/17).
- The level of child poverty is better than England with 15.6% of children aged under 16 years living in poverty (families in receipt of out of work benefits or tax credits where their reported income is 60% median income) (2015)
- The statutory rate of family homelessness is better than the England average (2016/17).
- Over a three year period, 229 children were killed or seriously injured on the roads, a worse rate than England (2014-16).

The data used by PHE is collated at a Lancashire County level. It should be noted that this will mask wide variations in outcomes between and within the different districts of Lancashire.

Members are requested to consider the issues discussed in the report / appendix ture meeting.

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|---|------------------------|------------------------------|
| Consultations                                   |                        |                              |
| N/A   |                        |                              |
| Implications:                                   |                        |                              |
| This item has the following                     | ng implications, as in | ndicated:                    |
| Risk management                                 |                        |                              |
| N/A   |                        |                              |
| Local Government (Acc<br>List of Background Pap |                        | ) Act 1985                   |
| Paper   | Date                   | Contact/Tel                  |
| N/A   |                        |                              |
| Reason for inclusion in P                       | art II, if appropriate |                              |
| N/A   |                        |                              |