



## Lancashire

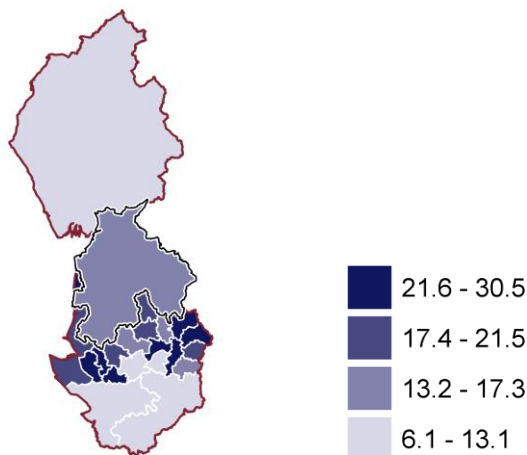
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

### The child population in this area

	Local	Region	England	
Live births (2016)	13,183	86,069	663,157	
Children aged 0 to 4 years (2016)	68,400 5.7%	442,900 6.1%	3,429,000 6.2%	
Children aged 0 to 19 years (2016)	277,000 23.1%	1,708,600 23.7%	13,107,000 23.7%	
Children aged 0 to 19 years in 2026 (projected)	283,100 23.1%	1,769,600 23.7%	14,065,900 23.8%	
School children from minority ethnic groups (2017)	27,586 18.7%	204,296 22.2%	2,132,802 31.0%	
School pupils with social, emotional and mental health needs (2017)	2,835 1.7%	24,164 2.2%	186,793 2.3%	
Children living in poverty aged under 16 years (2015)	15.6%	18.7%	16.8%	
Life expectancy at birth (2014-2016)	Boys	78.7	78.2	79.5
	Girls	82.2	81.7	83.1

### Children living in poverty

Map of the North West, with Lancashire outlined, showing the relative levels of children living in poverty.



Map contains Ordnance Survey data.

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### Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is mixed.

The infant mortality rate is similar to England with an average of 59 infants dying before age 1 each year. Recently there have been 38 child deaths (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is worse than England, with 440 girls becoming pregnant in a year.
- 14.7% of women smoke while pregnant which is worse than England.
- Breastfeeding data is not available for this area.
- The MMR immunisation level does not meet recommended coverage (95%). By age two, 91.5% of children have had one dose.
- Dental health is worse than England. 34.0% of 5 year olds have one or more decayed, filled or missing teeth.
- 9.6% of children in Reception (similar to England) and 18.9% of children in Year 6 (better than England) are obese.
- The rate of child inpatient admissions for mental health conditions at 108.6 per 100,000 is worse than England. The rate for self-harm at 419.0 per 100,000 is similar to England.

The level of child poverty is better than England with 15.6% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

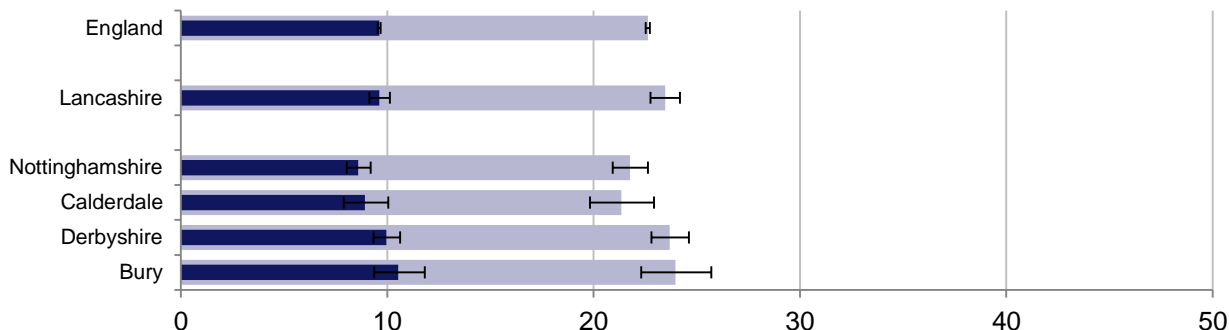
Over a three year period, 229 children were killed or seriously injured on the roads. This gives a worse rate than England.

### Childhood obesity

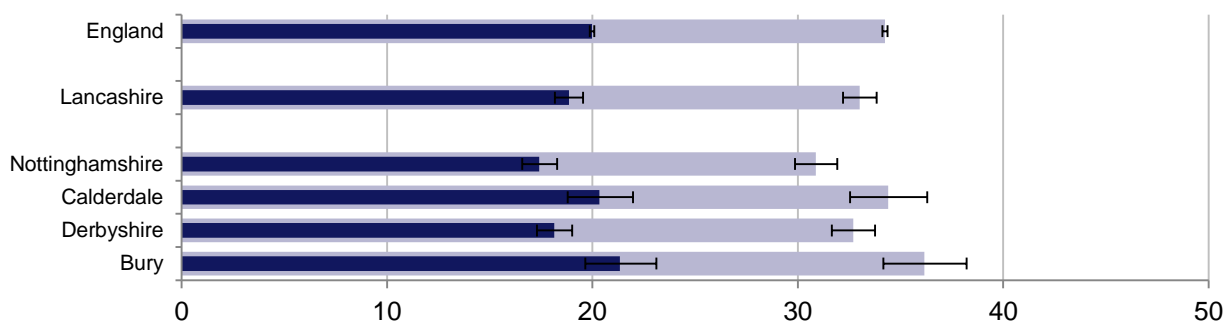
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Lancashire with its statistical neighbours, and the England average. Compared with the England average, this area has a worse percentage of children in Reception (23.5%) and a better percentage in Year 6 (33.0%) who have excess weight.

■ Obese    ■ All children with excess weight, some of whom are obese

#### Children aged 4-5 years who have excess weight, 2016/17 (percentage)



#### Children aged 10-11 years who have excess weight, 2016/17 (percentage)



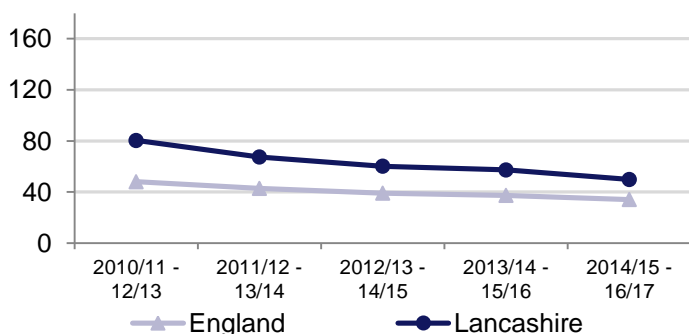
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval.

### Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing, and this is also the case in Lancashire. The admission rate in the latest period is worse than the England average.

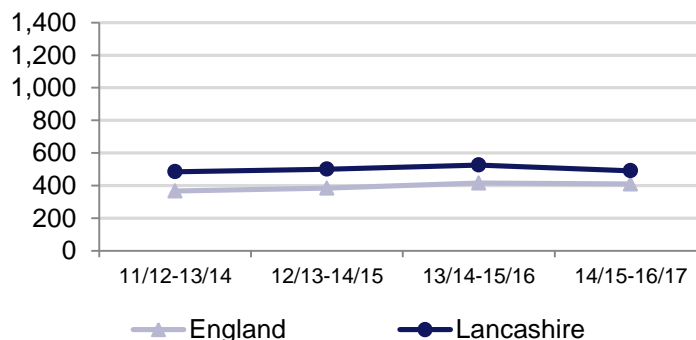
#### Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



### Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in Lancashire where the trend is decreasing. However, the admission rate in the latest pooled period remains higher than the England average\*. Nationally, levels of self-harm are higher among young women than young men.

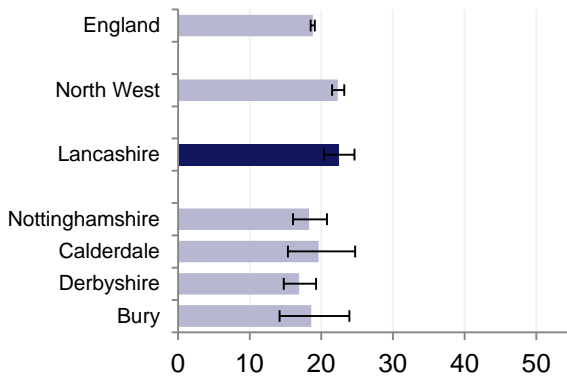
#### Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



\*Information about admissions in the single year 2016/17 can be found on page 4

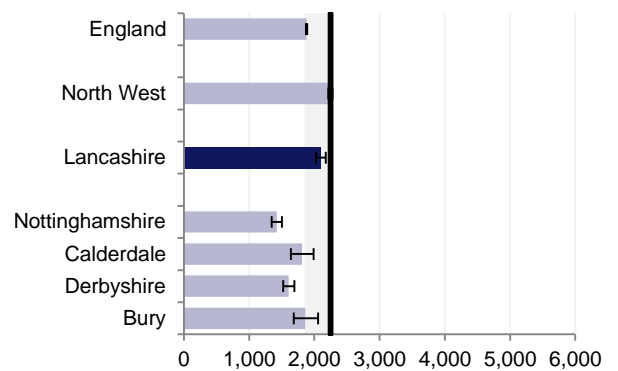
These charts compare Lancashire with its statistical neighbours, and the England and regional averages.

**Teenage conceptions in girls aged under 18 years, 2016 (rate per 1,000 female population aged 15-17 years)**



In 2016, approximately 22 girls aged under 18 conceived for every 1,000 girls aged 15-17 years in this area. This is similar to the regional average (approximately 22 per 1,000). The area has a higher teenage conception rate compared with the England average (approximately 19 per 1,000).

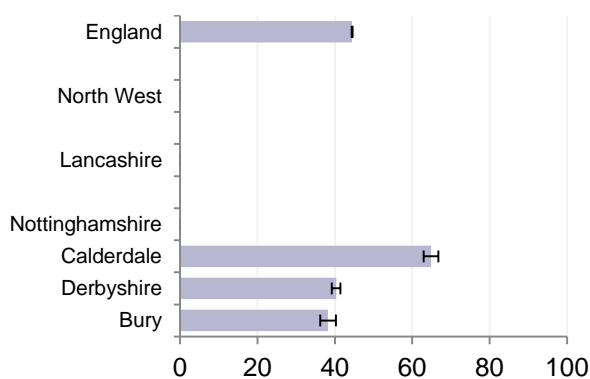
**Chlamydia detection, 2016 (rate per 100,000 young people aged 15-24 years)**



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 2016, the detection rate in this area was 2,101 which is approaching the minimum recommended rate.

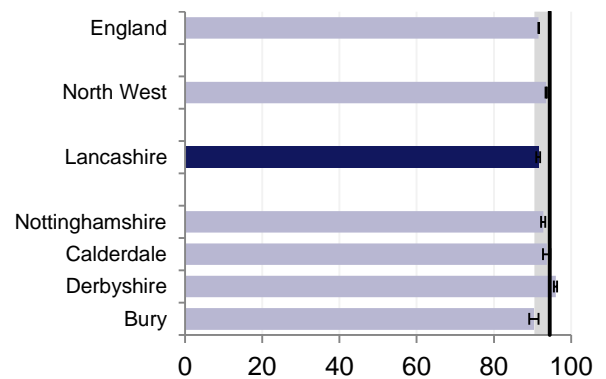
The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

**Breastfeeding at 6 to 8 weeks, 2016/17 (percentage of infants due 6 to 8 week checks)**



Breastfeeding data is not available for this area.

**Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2016/17 (percentage of eligible children)**



Slightly less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (91.5%). By the age of five, only 85.1% of children have received their second dose of MMR immunisation.

The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

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 shown as a grey bar. The line at the centre of the chart shows the England average.

- ↔ No significant change
- ↕ Increasing / decreasing and getting better
- ↕ Increasing / decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than England average
- Significantly worse than England average
- Significance cannot be tested



\*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

## Notes and definitions

- Mortality rate per 1,000 live births (aged under 1 year), 2014-2016
- Directly standardised rate per 100,000 children aged 1-17 years, 2014-2016
- % children immunised against measles, mumps and rubella (first dose by age 2 years), 2016/17
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2016/17
- % children in care with up-to-date immunisations, 2017
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2016/17
- GCSE attainment: average attainment 8 score, 2016/17
- GCSE attainment: average attainment 8 score of children looked after, 2016
- % not in education, employment or training (NEET) or whose activity is not known as a proportion of total 16-17 year olds known to local authority, 2016
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2016

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

- % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2015
- Statutory homeless households with dependent children or pregnant women per 1,000 households, 2016/17
- Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2017
- Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2014-2016
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2016
- % school children in Reception year classified as obese, 2016/17
- % school children in Year 6 classified as obese, 2016/17
- % children aged 5 years with one or more decayed, missing or filled teeth, 2016/17
- Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2014/15-2016/17
- Under 18 conception rate per 1,000 females aged 15-17 years, 2016

- % of delivery episodes where the mother is aged less than 18 years, 2016/17
- Hospital admissions for alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2014/15-2016/17
- Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2014/15-2016/17
- % of mothers smoking at time of delivery, 2016/17
- % of mothers initiating breastfeeding, 2016/17
- % of mothers breastfeeding at 6-8 weeks, 2016/17
- Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2016/17
- Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2016/17
- Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2016/17
- Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2016/17
- Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2016/17
- Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2016/17