

## **Committee: Health and Wellbeing Board**

**Date: 30 September 2014**

## **Subject: Progress Report on Merton Health and Wellbeing Strategy - Priority 1: Giving Every Child a Healthy Start**

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### **RECOMMENDATIONS:**

- To note and consider progress on the development and delivery of the Health and Wellbeing Strategy Priority 1: Giving Every Child a Healthy Start.
- To consider opportunities for further integration and partnership work to progress the development and delivery of Priority 1 outcomes.

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### **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on progress on the delivery of the Health and Wellbeing Strategy Priority 1: Giving Every Child a Healthy Start, and ask the Board to consider opportunities for further integration and partnership work.
- 1.2 The report sets out the context and priorities within the Strategy and outlines current progress on priorities and next steps for delivery.
- 1.3 The report highlights key areas of good progress including, maintenance of a low number of babies born with low birth weight, a downward trend in overweight or obesity in 4-5 year olds which is better than London and England averages, Teenage conception rate of 25.5 per 1000 which exceeds the 2015 target of 27 per 1000.
- 1.4 The report also highlights areas for improvement including increasing our breastfeeding rates and immunisation rates and halting the upward trend in overweight and obesity rates in 10-11yr olds.
- 1.5 Finally the report provides an overview of a number of next steps that are anticipated will enable us to address those areas that require further work to meet the targets set.
- 1.6 Priority 1 outcomes will be reviewed in 2014/15 as part of the refresh of the Health and Wellbeing Strategy for 2015/16 and beyond, this provides an

opportunity to engage with stakeholders and further develop our focus on tackling health inequalities.

## 2. DETAILS

### 2.1 Introduction

2.1.1 Merton Health and Wellbeing Strategy 2013/14 includes Priority 1: 'Giving every child a healthy start'. This reflects evidence set out in the Marmot Review 'Fair Society, Healthy Lives (2010)' which set out the case for focusing investment on early years and advocated a life-course approach to tackling health inequalities, demonstrating that giving every child the best start in life is crucial to reducing health inequalities across the life-course.

2.1.2 The Strategy includes a commitment to further strengthening our partnership approach to preventative strategies for health and wellbeing, across all universal services and settings, and ensuring the earliest identification of health and wellbeing issues to better target services to those families that are in greatest need of support, particularly for residents living in the east of the borough.

2.1.3 The Strategy complements Merton's Children and Young People's Plan 2013/16, which focuses on improving outcomes for a number of key groups of children vulnerable to poorer outcomes including safeguarding children, looked after children, youth offending/youth inclusion, and children with special educational needs and disabilities, alongside our focus on Early Intervention and Prevention.

2.1.4 Outcomes for Priority 1: 'Giving Every Child a Healthy Start':

- All babies have the best start in life
- Promoting the emotional wellbeing of our children and young people
- Promoting a healthy weight
- Helping young people to make healthy life choices

The Children's Trust Board lead on the delivery of these outcomes. Priorities within the Strategy are reported to the Board throughout the year and high level outcomes are part of the Trust's performance indicators, which are reviewed quarterly.

High level performance measures are set out under each outcome area below. In addition progress against the Public Health Outcomes Framework indicators for Children and Young People 2013/14 are set out in **Appendix 1**. The Joint Strategic Needs Assessment for 2013/14 is now available online and provides detailed information on all areas of the Strategy: <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>

2.1.5 A delivery plan was developed alongside the Strategy in January 2013. However, since the plan was published there have been a number of changes in national and local commissioning arrangements and plans, therefore the Delivery Plan has been amended, a summary of progress reflecting these changes is set out under each outcome below.

The Health and Wellbeing Strategy will be fully refreshed by March 2015, with a focus on reducing health inequalities. A task and finish group to oversee the refresh is starting in September 2014.

## 2.2 Progress to Date and Plans for 2014/15

### **OUTCOME 1.1: Ensure Every Baby has the Best Start in Life**

This outcome aims to provide every baby with the best start in life setting a foundation that helps reduce health inequalities across the life course.

#### **High level indicators:**

- **Breastfeeding prevalence at 6-8 weeks:** 2013/14 Merton- 69.3% compared to Sutton & Merton baseline: 2012/13 -59.6%, and London - 68.5%, England– 47.2%. (2012/13 data was only available Sutton and Merton combined)
- **Childhood Immunisation:** MMR1 at age 2 years: 2013/14 Merton-82.8%, compared to Merton baseline: 2012/13 – 80.7%, and London 87.1% and England 92.3%.  
  
MMR2 at age 5 years: 2013/14 Merton 72.3% compared Merton baseline: 2012/13 – 68.9% and London 80.8% and England 87.7%.
- **Low birth weight of all babies:** 2012 Merton 6.7%, compared to Merton baseline 2011 - 7.1%, and London 7.9%, England 7.3% in 2012.

These indicate that breastfeeding rates are higher in Merton than England and that breastfeeding rates are higher in Merton than Sutton. Data is now available on a borough level, but trends from earlier joint data with Sutton indicates that there has been no increase in breastfeeding rates over time. Local data shows that there are ethnic variations, with lower levels of breastfeeding among white British mothers than mothers from BAME communities. Data also indicates that support should be targeted at mothers living in more deprived wards where there are lower rates of breastfeeding.

There have been some increases in childhood immunisation coverage, but this is still below London and England levels. The percentage of low birth weight babies is below both London and England levels.

#### **Current Progress**

Progress has focussed on the delivery of the Healthy Child Programme and Children's Centres; the Family Nurse Partnership and Childhood Immunisations.

**Healthy Child Programme and Children's Centres:** the Healthy Child Programme (HCP) is a universal service that sets out an integrated approach to improving health and wellbeing and supporting families. In 2013 a review was undertaken of

Children's Centres and Early Years, to review the effectiveness of current delivery models and services and the extent to which the integrated working practices between the key agencies deliver the core purpose of Children's Centres. This identified a range of good practice where health and children's centres are working together. This includes:

- Borough wide delivery of the Healthy Child Programme via Children's Centres – includes child health clinics, development reviews and health promotion
- Co-delivery of evidence based parenting programmes (Baby Incredible Years)
- New birth visit by Health Visitor includes registration with local Children's Centre
- Health Visitor attendance on Children's Centre Locality Advisory Board and participation in multi-agency targeted family work
- Specialist Health Visitor working with Early Years Integrated Service for Children with SEN and Disabilities

**Supporting indicators:**

- Percentage of all children aged 0-5 years registered with a Children's Centre: 2013/14 -91%
- Percentage of children aged 0-5 year old living in deprivation (30% IDACI) registered with a children's Centre: 2013/14 – 100%
- Percentage and (number) of children aged 0-5 year old living in deprivation (30% IDACI) accessing children's centre services 2013/14: 78% (4109 children seen) against a target – 75%.
- Completion rate of parents attending accredited evidence-based parenting programmes in Children's Centres 2013-14: 77.8% against a target - 80%.

These indicators show that Children's Centres are performing well in ensuring that a high proportion of children are registered and access services, particularly among children living in deprivation.

Findings from the review are reflected in the recent outstanding Ofsted report for South Mitcham Locality/Acacia Children's Centre, which highlighted the high level of registrations at children's centres, citing well established partnerships with health visiting partners as a key factor. The report noted that health outcomes are all improving; especially the case for babies being breastfed at six to eight weeks of age, where the centre's figures were substantially higher than those for the locality as a whole.

The review set out a range of recommendations to further strengthen current commissioning and practice. A public health programme is under development, including the development of early years pathways to further enhance integration, communication, referrals and knowledge; and a programme of training and support for staff to support parents with low level mental health issues.

**Family Nurse Partnership (FNP):** the Family Nurse partnership is now established with a team in place delivering an evidence-based preventative early intervention

programme for vulnerable first time mothers under 20. There are currently 17 active cases in Merton. The programme is based on a strong evidence base from a US programme and has strict eligibility criteria.

**Health Visiting Services:** In October 2015 responsibility for commissioning Health Visiting Services and the Family Nurse Partnership will transfer from NHS England to the Local Authority. In order to inform the safe and effective transition of services to LB Merton, Public Health, in partnership with Children, Schools and Families, have commissioned a review of Health Visiting Services which will make recommendations to improve outcomes for children aged 0-5 years and inform service development and future commissioning arrangements. Findings will be available in October 2014.

**Childhood Immunisation:** NHS England is the new commissioner for childhood immunisations across the country since April 2013. Public Health has an assurance role. As part of the PH assurance role, an action plan was developed with the Merton Clinical Commissioning Group to address the low performance on childhood immunisations. Data recording was identified as a potential issue affecting the accuracy of published data, and plans have been implemented in Sutton and Merton to improve the data recording system. Merton CCG is working with GP practices to improve coverage. Public Health works with the 3 GP localities to review childhood immunisation rates and share best practice to improve performance.

**Breastfeeding:** Progress on developing a multi-agency approach to breastfeeding has been slower than anticipated due to lack of capacity during transition. In September 2014 a Sutton and Merton Breastfeeding Strategic Group will be established to develop and agree an Action plan by early 2015. However, providers, including Sutton and Merton Community Services, are working towards UNICEF Baby Friendly accreditation level 3, which aims to improve breastfeeding rates. A breastfeeding 'App' has also been developed to provide easy to access information and advice.

## **OUTCOME 1.2: Promote the emotional wellbeing of children and young people**

This outcome aims to develop a proactive approach to child mental health and wellbeing, with the provision of prompt support and early interventions to promote good mental health.

### **High level indicators:**

- **Children achieving a good level of development at age 4-5:** academic year 2013-14 –Merton 60%, compared to Merton baseline 2012-13 - 46%, compared to London 52.8% and England 51.7%. National and regional data is not yet available for 2013-14.
- In 2013 a new Early Years Foundation Stage measure was introduced – called Good Level of Development (GLD) and therefore comparable data from 2012 is not appropriate. The data from academic year 2012 – 2013 showed a

mixed picture across the country with wide variations across LAs and statistical neighbours. Local data from the second year of the new measure shows an improved performance.

- **Gap between free school meals cohort achieving a good level of development at age 4-5 and non-free school meals cohort at age 4-5:** academic year 2012-13 Merton - 15%

**Parenting Strategy:** Merton Parenting Strategy is currently being refreshed, setting out our approach to parenting support including the need to signpost our parents to a range of universally available services to which all parents are entitled, provide targeted services for parents who need specific support at particular times and provide mandatory interventions for those parents who are unable to seek out or engage with existing support services. The targeted parenting offer includes a range of evidence based accredited parenting programmes. The need for a targeted parenting programme is identified using a Common and Shared Assessment (CASA) or Single Assessment as part of the multi-agency support provided at the enhanced and specialist levels of our Merton Child Well Being Model (MCWBM). 78% of parents that commenced a programme during 2013-2014 completed the course.

**Targeted mental health support in schools (TAMHS):** This aims to transform the way that mental health support is delivered to children, to improve their mental wellbeing and tackle problems in a timely way. 23 Primary Schools and 1 Secondary school directly commissioned TAMHS in 2013/14. Tier 2 level mental health support commissioned by schools also includes learning mentors, home-school link workers, nurture groups and emotional literacy support advisors.

**Specialist mental health support to children and young people:** Following the NHS changes in April 2013; Tier 4 CAMHS is now commissioned by NHS England. Tier 3 CAMHS is part of the overall mental health contract provided by South West London and St George's Mental Health NHS Trust. This is commissioned through a collaborative commissioning arrangement led by Kingston CCG on behalf of Merton CCG (and other sector CCGs).

A range of Tier 2 services is available in Merton for young people and a number of CAMHS workers are embedded within the London Borough of Merton's Looked after Children's Team, Youth Offending Team and our Special Schools, working with some of most vulnerable children and young people. Current plans include to undertake a review of CAMHS, which will assist Merton CCG in developing its commissioning intentions from 2015. The provider is currently in the process of implementing young people's IAPT (improving access to psychological therapies).

### **OUTCOME 1.3: Promote and increase the proportion of healthy weight children**

This outcome aims to tackle childhood obesity and help children achieve a healthy weight as a key way to prevent future illness.

**High level indicators:**



**Excess weight (overweight and obesity) in 4-5 year olds:** 2012-13 Merton - 21.1% (502 children) compared to Merton baseline 2011-12 – 21.6%. London 23% and England 22.2% - 2012-13.

**Excess weight (overweight and obesity) in 10-11 year olds:** 2012-13 Merton - 35% (610 children) compared to Merton baseline 2011-12 – 35.6%. London 37.4% and England 33.3% - 2012-13.

#### **Supporting indicators:**

**Gap in excess weight between 4-5 year old cohort and 10-11 year old cohort:** 2012-13 - 13.9% higher at age 10-11 years.

**Gap in excess weight at age 10-11 years between wards in east and west of Merton:** 10.3% (2010/11-2012/13 - East Merton -37.9%; West Merton -27.6%)

**Trends in excess weight:** levels of excess weight have reduced by 2.8% for 4-5 year olds and increased by 0.9% for 10-11 year olds since 2006-07.

These indicators show that there is an increase in excess weight of nearly 14% between 4-5 year olds and 10-11 year olds and that on average levels of excess weight are over 10% higher in the east of the Borough.

#### **Current progress**

Progress has focussed on delivering the National Child Measurement Programme and targeted services for child weight management; the Healthy Child Programme and School Nursing; and healthy schools:

**Healthy Weight:** The National Child Measurement Programme is a mandatory service that measures children in Reception and Year 6 in order to monitor trends in weight and offer support to children and families. Merton has a targeted service for child weight management, with a 12 week programme for children between ages 4-19 years. In 2013-14 In addition to the core service a number of workforce training sessions were delivered, and a 6 week obesity prevention programme focused on schools in central and east Mitcham.

#### **Supporting Indicators:**

- **Rate and (number) of children participating in the National Child Measurement Programme 2012/13:**
- Reception: Merton- 93.5% (2,378) compared to London - 94% and England - 94%
- Year 6: Merton- 96.4% (1,743) compared to London- 93.8% and England- 92.7%
- **Number of families completing weight management programme:** 113

families in 2013-14.

- **Number of children in east Merton completing obesity prevention programme:** 911 children from 17 schools in 2013-14 – new programme.

In 2014-15 a Merton Healthy Weight Strategy for adults, children and families is being developed which will take a multi-agency approach to prevention and early support. Weight management services for children and their families will be re-commissioned with an increased focus on prevention.

**The Healthy Child Programme (HCP) and School Nursing:** a review of School Nursing Services took place in 2013, in order to inform service development and future commissioning. This included reviewing data and engaging with staff, schools, parents and young people. The review identified a number of recommendations including the need to ensure a fair balance of workforce between Sutton and Merton; the need to move to a needs-based model of service allocation, reflecting the different levels of needs in schools across the Borough; and the need to increase capacity through service modernisation and addressing service pressures including the increasing demand to undertake work on safeguarding. It also identified the need to develop integrated pathways across services including transition from health visiting services. The service continues to deliver the National Child Measurement Programme, and providers are keen to increase preventative work with schools, subject to capacity issues.

**Healthy Schools:** A Merton Healthy schools framework has been developed, which will focus on supporting the 20 schools in east of the borough and is currently being put in place. The local Merton Healthy Schools Programme will include core areas such as promoting healthy eating through running healthy cooking groups for pupils and parents and school food growing as well as promoting Physical Activity and emotional health and well-being (starting September 2014).

#### **OUTCOME 1.4: Young people making healthy life choices**

This outcome aims to help young people feel confident and informed to make healthy lifestyle choices as they move into adulthood and to ensure that their parents and carers are fully informed to encourage and support them.

##### **High level indicators:**

- **Under 18 conception rate:** 2012 Merton - 25.5 per 1,000 compared to Merton baseline 1998 – 51 per thousand and 2011 – 27.6 per thousand. London 25.9 per 1,000 and England 27.7 per 1,000 – 2012. Target of 27 per 1,000 has been exceeded.
- **Four week successful smoking quitters in young people:** 2013-14 Merton- 18 quitters, 27% quit rate (local target –no London or England data available). This reflects 3 quarters of data as Q1 focused on mobilisation of a



new service.

- **Hospital admissions for alcohol specific causes in under 18s:** 2010/11-2012/13 Merton 38.17 per 100,000 compared to Merton baseline 2009/10-2011/12 47.27 per 100,000. London 29.76 per 100,000 and England 44.88 per 100,000 (2010/11-2012/13)

## Current progress

Current progress has focused on smoking, teenage pregnancy and substance misuse:

**Smoking:** 70% of smokers begin before their 18th birthday and vulnerable young people are more likely to smoke. Stop smoking services for young people are integrated with the LiveWell service.

In 2013/14 66 young people set a quit date and 18 were successful, which is a 27% quit rate, below London and England levels. Work is underway to increase referrals to the service by increasing links with other health professionals, schools and partners.

**Teenage Pregnancy:** the current rate of teenage pregnancy has now exceeded the target for 2015, of 27 per 1000. Abortion data has also shown a decrease in the number of girls under 19 years old, attending for terminations and a decrease in the percentage of those attending for a repeat abortion.

Although teenage pregnancy rates have reduced, it remains an important issue and a new teenage pregnancy strategy has been developed for 2014-17. Interventions are focused on:

- Prevention: through education and building resilience and good provision of positive activities for young people
- Early help: such as condom distribution, young people friendly sexual health services, targeted work with vulnerable groups (such as LAC) and parenting support
- Teenage parent support: through our Family Nurse Partnership, Health Visiting Services and Children Centre Services.
- Training for practitioners: through awareness raising of the signs of risk-taking behaviours and potential exploitation and equipping practitioners with the tools to help them talk with adolescents about healthy relationships and healthy life choices.

Sexual health services for young people 'Check it Out', have been incorporated with the main Contraceptive and Sexual Health Service (CASH), and targeted clinics for young people in schools and community settings continue to be delivered.

**Substance Misuse:** Needs assessment has identified increases in access to drug treatment services and indicated increases in higher risk drinking among young people. A new 'Risk and Resilience' service for young people is currently being

commissioned which recognises the links between the use of drugs, alcohol and sexual activity and will integrate substance misuse treatment and prevention, detached youth outreach service and some sexual health promotion services. The new service will commence in April 2015.

## **2.5 Next Steps and priorities for 2014/15**

2.5.1 This report has provided an overview and update on current activity to deliver priority 1: Giving every child a healthy start. All partners, including LB Merton, Merton CCG, NHS England and the Community and Voluntary sector must work together to continue to deliver joint priorities. The following activity highlighted in this report is being undertaken in 2014/15:

- Review of Health Visiting Services and planning for transfer of commissioning responsibility to Local Authority in October 2015.
- Development of Early Years integrated pathways to ensure there is effective communication and transition across services.
- Development of Multi-agency Breastfeeding Action Plan.
- Work with NHS England and GPs to increase Childhood Immunisation coverage.
- Development of training and support for staff in children's centres in addressing parental mental health in Children's Centres
- CAMHS review to inform future commissioning intentions in line with local need and to develop more robust impact measures for local services.
- Delivery of Healthy Schools Programme to 20 schools in the east of the Borough.
- Launch of Healthy weight strategy and re-commissioning of Children's Healthy Weight Services
- Commissioning of integrated 'Risk and Resilience' service of young people.

2.5.2 There are a number of challenges to the delivery of Priority 1, including financial pressures; workforce recruitment for some services, capacity issues and the timescales and deadlines for re-commissioning some services.

2.5.3 The London Borough of Merton and Merton Clinical Commissioning Group are currently undertaking a review of commissioning arrangements for children's health and health-related services to examine the potential benefits and possible options for achieving closer working in order to provide more 'joined up' and comprehensive services for children and families.

2.5.3 Changes to commissioning responsibility, potential changes to commissioning arrangements and the development of a new health infrastructure provide important opportunities to build on and strengthen Merton's approach to improving health and tackling health inequalities, working in partnership with the Children's Trust Board and health partners in the NHS, Community and Voluntary sector. The refresh of the Health and Wellbeing Strategy in 2015 provides an opportunity to take a refreshed look at a more integrated approach and focus on prevention and early intervention for children and young people.

## **3. ALTERNATIVE OPTIONS**

None

#### **4. CONSULTATION UNDERTAKEN OR PROPOSED**

None

#### **5. TIMETABLE**

Children's Trust Board to report to Health and Wellbeing Board on Priority 1 in Health and Wellbeing Strategy on an annual basis.

#### **6. FINANCIAL OR RESOURCE IMPLICATIONS**

#### **7. LEGAL AND STATUTORY IMPLICATIONS**

None

#### **8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

None

#### **9. CHILDREN & YOUNG PEOPLE'S PLAN IMPLICATIONS**

The activities identified in this report will contribute to delivery of priorities for prevention and early intervention.

#### **10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None

#### **11. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

##### **APPENDIX 1. PUBLIC HEALTH OUTCOMES INDICATORS FOR CHILDREN AND YOUNG PEOPLE –AUGUST 2014**

## PHOF indicators relevant to children for Merton compared to statistical neighbours, London & England – Tartan rug

	Period	England	Merton	Barnet	Ealing	Harrow	Hounslow	Redbridge	Sutton	London
<b>Wider determinants of health</b>										
1.01i - Children in poverty (all dependent children under 20)	2011	20.10	17.70	20.10	25.10	19.90	24.40	23.40	16.00	26.70
1.01ii - Children in poverty (under 16s)	2011	20.60	17.50	19.90	24.60	19.70	24.30	23.00	16.60	26.50
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	2012/13	51.68	46.00	59.56	56.32	44.73	40.30	59.74	40.76	52.81
1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2012/13	36.22	32.87	46.47	48.88	30.73	29.15	48.25	26.61	43.06
1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	2012/13	69.09	67.62	72.17	71.62	77.65	72.61	66.99	77.76	72.05
1.02ii - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2012/13	55.76	52.10	60.81	64.50	66.15	62.00	54.86	66.75	62.97
1.03 - Pupil absence	2012/13	5.26	4.92	5.06	4.66	4.89	4.84	4.84	4.74	4.82
1.04 - First time entrants to the youth justice system	2013	440.93	382.49	315.05	382.42	334.59	424.26	405.87	290.59	458.24
1.05 - 16-18 year olds not in education employment or training	2013	5.30	4.60	2.30	3.30	1.80	4.10	3.40	4.00	3.80
<b>Health improvement</b>										
2.01 - Low birth weight of term babies	2011	2.85	2.89	3.34	3.57	4.40	3.58	4.26	2.23	3.22
2.02i - Breastfeeding - Breastfeeding initiation	2012/13	73.86	85.53	89.23	88.29	84.81	85.74	86.46	85.53	86.77
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2012/13	47.22	59.57	X	70.99	74.15	X	67.76	59.57	68.52
2.03 - Smoking status at time of delivery	2012/13	12.69	6.46	4.76	3.80	4.39	3.78	5.49	6.46	5.72
2.04 - Under 18 conceptions	2012	27.75	25.51	14.66	22.43	14.22	30.35	16.16	25.82	25.87
2.04 - Under 18 conceptions: conceptions in those aged under 16	2012	5.55	3.28	2.58	5.22	2.14	6.29	1.97	3.44	4.45
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	22.23	21.11	23.56	22.43	21.16	23.05	20.71	20.04	23.02
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	33.32	35.00	33.63	37.95	34.20	39.45	36.26	32.98	37.42
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2012/13	103.83	83.63	69.31	91.31	89.27	76.87	67.98	103.65	84.55
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2012/13	134.70	102.40	80.69	115.44	126.55	91.72	89.45	133.28	104.88
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2012/13	130.65	110.47	86.94	125.19	86.93	125.31	101.82	127.54	100.67
2.08 - Emotional well-being of looked after children	2012/13	14.00	14.50	13.00	13.30	15.80	13.50	11.90	17.60	13.50
<b>Health Protection</b>										
3.02i - Chlamydia diagnoses (15-24 year olds) - Old NCSP data	2011	2092.25	1966.38	1344.72	1430.57	1080.39	1904.47	1442.57	1960.87	2188.21
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD - Persons	2013	2015.63	2063.36	1098.13	1391.80	1087.42	1696.48	1175.74	1997.10	2179.29
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD - Males	2013	1387.46	1516.10	648.91	836.45	658.55	1943.95	750.49	1193.08	1555.06
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD - Females	2013	2633.52	2630.36	1548.97	1984.34	1559.61	1425.93	1625.06	2795.87	2737.64
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2012/13	X	66.67	68.42	82.86	X	69.23	77.78	66.67	X
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2012/13	X	90.00	50.00	80.77	X	45.00	72.73	90.00	X
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2012/13	94.74	82.58	91.76	95.28	95.48	92.24	93.57	82.58	91.10
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2012/13	96.30	89.16	94.27	96.84	96.57	93.72	94.79	89.16	93.58
3.03iv - Population vaccination coverage - MenC	2012/13	93.89	83.63	91.36	93.47	95.01	86.71	91.46	83.63	89.94
3.03v - Population vaccination coverage - PCV	2012/13	94.43	83.20	92.29	94.07	95.91	91.56	92.50	83.20	90.83
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2012/13	92.66	80.31	87.82	90.12	92.49	88.55	89.05	80.31	87.35
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2012/13	91.49	75.73	86.94	90.02	91.11	89.71	87.06	75.73	86.92
3.03vii - Population vaccination coverage - PCV booster	2012/13	92.47	80.21	88.32	88.81	90.53	87.62	88.80	80.21	86.58
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2012/13	92.32	80.71	87.82	89.29	92.46	87.71	89.75	80.71	87.14
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	2012/13	93.87	82.07	92.27	94.05	94.64	93.42	90.90	82.07	90.58
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2012/13	87.72	68.86	78.13	82.52	89.02	77.44	80.09	68.86	80.77
3.03xii - Population vaccination coverage - HPV	2012/13	86.08	82.71	62.11	79.08	85.37	87.33	75.70	82.71	78.88
3.03xiii - Population vaccination coverage - PPV	2012/13	69.09	58.33	67.35	67.67	65.44	66.22	66.59	58.33	64.24
<b>Healthcare and premature mortality</b>										
4.01 - Infant mortality	2010 - 12	4.11	4.46	3.01	3.54	5.87	4.41	3.75	2.33	4.14
4.02 - Tooth decay in children aged 5	2011/12	.94	.92	.86	1.67	1.36	1.08	.96	.80	1.23

<b>Better</b>	Significantly better than the England average	<b>Lower</b>	Lower than the England value
<b>Worse</b>	Significantly worse than the England average	<b>Similar</b>	Similar to the England value
<b>Similar</b>	Not significantly different from the England average	<b>Higher</b>	Higher than the England value
		<b>Not compared</b>	

Source: Public Health Outcomes Framework (PHOF), 5<sup>th</sup> August 2014



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