Review of performance of Children & Young People’s Services in North Yorkshire and the Young & Yorkshire 2 performance framework

Programme update report against priority outcome 1: A Healthy Start to Life

Performance review period: April – June 2017
Report date: September 2017 – reported to the North Yorkshire Children’s Trust Board

Report produced by the County Council’s Strategic Support Service

Overall evaluation of performance against this priority is **good**
Evaluation of individual priorities for this outcome area are summarised below

<table>
<thead>
<tr>
<th>Priority</th>
<th>Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Priority 4. Enable Children and young people to improve their health and well-being</td>
<td>Good</td>
</tr>
<tr>
<td>Priority 5. Improve social, emotional and mental health, and resilience</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Priority 6. Reduce health inequalities</td>
<td>Requires Improvement</td>
</tr>
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1 This report is produced by North Yorkshire County Council’s Strategic Support Service as part of the new performance framework for the provision of children and young people’s services in North Yorkshire.
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Key references used in the report
  2. Institute of Health Equity. (2017) Marmot Indicators Briefing, IHE.
Summary of overall performance

Where the system performs well
As reported previously for this priority area, the overall performance of the county for child health outcomes in North Yorkshire continues to be good. Taken as a whole, the health and wellbeing of children and young people in North Yorkshire is generally better than the national average and the county continues to perform better, and in many cases it significantly exceeds, the average for England across a broad range of child health measures. Currently, around three-quarters of all indicators contained in the latest child health profile show better outcomes for North Yorkshire compared with the England average, including a large number of key performance indicators which are officially classified by Public Health England as significantly better in North Yorkshire than England overall. Likewise, the new performance scorecard for children and young people’s services in North Yorkshire shows that most indicators underpinning the Trust Board’s priority for a healthy start to life also perform well when they are compared to the national average.

Key performance challenges
Although the overall performance of the county against this priority is good, there are a significant number of child health measurements where the performance for North Yorkshire is not as good as the England average – most notably for some of the critical start well indicators which underpin one of the county’s overarching strategic priorities (e.g. breast-feeding initiation, smoking status at the time of delivery, and for the level of emotional resilience amongst older children – especially girls). It is also important to note that there are two additional outcome measures which might need ongoing monitoring in future, including infant mortality and life expectancy at birth. Both of these measures highlight the significance of convergence, where the current performance of the county is better than the national average but is likely to merge with the England average in future.

Evidence of current action to strengthen performance in areas of concern
To provide assurance to the Children’s Trust Board it is pleasing to state that the challenges identified in the report are also sponsored by various corresponding strategies and ongoing work to strengthen performance in areas of concern. Perhaps most notably, there is considerable, on-going work to improve performance against the percentage of mothers who smoke during pregnancy. Working with the Clinical Commissioning Groups, the Public Health Team have recently commissioned a rapid review of smoking during pregnancy in North Yorkshire, which will have recommendations for future actions, and a shared plan with key partner agencies will be developed as a result. Added to this, NHS England have also allocated additional funding to improve the percentage of mothers who smoke during pregnancy and a task group has been established to monitor progress over time. The Stop Smoking Service prioritises pregnant smokers and pathways have been developed with all of North Yorkshire’s midwifery teams.
Purpose of the report

The main purpose of the report is to provide an overall programme update against the strategic priority for ‘A Healthy Start to Life’ which is set out in the Council’s new strategic plan for the Children and Young People’s Services (CYPs) Directorate, Young & Yorkshire 2 (2017 – 2020). The report is part of the new performance framework for Young & Yorkshire 2 and will be produced on a quarterly basis as part of a rotating programme of updates against the main priority outcomes contained in the new strategic plan for CYPs. Apart from the comprehensive review of performance that is reported here, the report provides a useful mechanism to escalate any performance issues that might require an intervention.

Main aims of the report

Five main aims underpin the report which are summarised in the box below.

<table>
<thead>
<tr>
<th>Analyse our performance</th>
<th>Interrogate the interplay</th>
<th>Tell the story</th>
<th>Challenge leadership</th>
<th>Support improvement</th>
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<tbody>
<tr>
<td>Primary &amp; secondary performance indicator set</td>
<td>Place, inclusion &amp; deprivation</td>
<td>Contextual narrative &amp; qualitative insights</td>
<td>Identifying challenges &amp; escalating issues</td>
<td>Identifying opportunities &amp; providing assurance</td>
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Analysis of all primary and secondary performance measures for this priority outcome area

Interrogation of the interplay between the key performance indicators and other key considerations contained in the new strategic plan, including place, inclusion and deprivation

Contextual analysis of the narrative underneath the intelligence including any qualitative insights from third-tier, softer measures of performance, wider determinants and other barriers to improved outcomes

Specification of identified leadership challenges linked to emerging issues that might require action or intervention (most likely to be targeted, localised and immediate)

Specification of identified opportunities to ‘turn the curve’ and provide assurance to improve performance in specified areas (also likely to be targeted, localised and immediate)

The report is also accompanied by a number of key appendix documents, including:

Appendix 1: Performance indicator set for this outcome area – A Healthy Start to Life
Appendix 2: Child Health Profile – PHE Child Health Profile for North Yorkshire 2017
Appendix 3: Atlas of variation – Four maps for the number of child deaths
Appendix 4: Health infographic – Start Well indicators for North Yorkshire
Key findings from the analysis

Priority 4: Enable Children and young people to improve their health and well-being

**Percentage of children who had at least one alcoholic drink in past seven days (KS4)**
Growing Up in North Yorkshire (GUNY) Survey 2016

<table>
<thead>
<tr>
<th>Target 6%</th>
<th>Outcome 20%</th>
<th>SEN 36%</th>
<th>Military 39%</th>
</tr>
</thead>
<tbody>
<tr>
<td>44% in 2014</td>
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Providing support for children and young people to make the right choices to improve their health and wellbeing and inspire a healthy start to life is a major priority for the Children’s Trust Board. Children who experience poor health when they are young are much more likely to undergo the same poor health during adulthood. Even before a child is born, the lifestyle preferences and elected behaviour of their parents will influence the health of their child throughout the entire life-course. Of course, children and young people themselves can also exercise considerable control over their own health and wellbeing through the variety of choices they make about their own lifestyles. Preventing poor health and intervening early to promote healthy lifestyles amongst children and young people is critical because many of the major lifestyle factors (and there are an abundance of them) that can trigger childhood illness, reduce life expectancy and even lead to premature mortality often start long before adulthood.

Positively, the overall performance of the Children’s Trust Board against the range of measurements which underpin this priority is good and we can confidently state that the system wide effort to enable children and young people to improve their own health and wellbeing continues to result in better outcomes for health. For instance, five out of six indicators used to measure performance against excess weight, sexual health and hospital admissions resulting from alcohol specific conditions and substance misuse, show better performance for North Yorkshire compared with the national average and in most cases the performance of the county is significantly better than the England average. There are also four additional indicators, derived from the council’s Growing Up in North Yorkshire (GUNY) Survey, which measure performance against physical exercise, alcohol consumption and smoking, with three of these measures achieving scores that comfortably reached their related target in the previous plan, or showed improving or stable performance over the past three years.

Around one in five children aged four or five years old in North Yorkshire have excess weight (20.6%) compared with 22.1% nationally, which is better than the England average but still boils down to more than one thousand younger children (n=1,202) with excess weight in North Yorkshire. For older children, aged 10 or 11 years old, the rates are much higher with
approximately three in ten children in North Yorkshire (29.5%, n=850) who record excess weight compared with 34.2% across the country. For the secondary indicators contained within this priority, the proportion of under-18 conceptions per 1,000 of the population in North Yorkshire is 14 (equivalent to 144 conceptions) compared with 20.8 per 1,000 at national level. Likewise, the chlamydia detection rate in North Yorkshire (21.6 per 100,000, aged 15-24 year olds) is broadly in line with, but still better, than the average for England (22.5). Nationally, the rate of young people, aged under-18 years old, being admitted to hospital because of an alcohol related condition is decreasing over time and this is also the case in North Yorkshire. The admission rate in the latest period in North Yorkshire is 35.3 per 10,000 of the under-18 population, which is broadly in line with, but slightly better than the average for England overall (36.6). Likewise, the rate of hospital admissions resulting from substance misuse in North Yorkshire (96.6 per 100,000 of the 15-24 year old population) is also broadly in line with the England average (95.4).

Although the proportion of young people being admitted to hospital because of an alcohol related condition has decreased considerably over the past 10 years or so, the rate of children and young people who drink alcohol in North Yorkshire is still high. For example, for older children aged 15 or 16, the percentage of participants who took part in the latest Growing Up in North Yorkshire (GUNY) Survey in 2016 who indicated that they had at least one alcoholic drink in the last seven days was 20% (against an agreed target of just 6% that was set in the previous strategic plan) – this is equivalent to one in five children who drink alcohol at this age, which is significantly higher (worse) than the planned target that was pursued up to 2016.

It is important to recognise that the large majority of children and young people up to age 16 in North Yorkshire do not drink any alcohol at all, and never drink alcohol. There is no apparent social gradient with alcohol consumption amongst young people living in different material environments across the county, and across all age groupings, the percentage of children who never drink alcohol has improved consistently and significantly over the past 10 years – even amongst older children, up to 30% of 15 and 16 year olds in 2016 stated that they never drink alcohol, compared with just 12% in 2006.

Amongst the 20% of 15 and 16 year old participants who stated that they had taken at least one alcoholic drink in the past seven days (often with their parent’s permission), perhaps the most notable finding from the analysis was the high proportion of children who drank alcohol from distinct groupings, including children with special educational needs (36%) and especially for children from armed forces families (39%). In other words, whilst two out of ten older children at age 15 or 16 stated that they had at least one alcoholic drink in the previous seven days, for children with special educational needs the rate was more than three in ten, and for children from armed forces families, the rate was even higher at almost four in ten.
Priority 5: Improve social, emotional and mental health, and resilience

Echoing the narrative of the new strategic plan for children and young people in North Yorkshire, improvements to emotional and mental health, and resilience, are important because problems associated with child and adolescent mental health issues can cause considerable distress for the individuals who experience them and for the people who care for them. Most mental health problems experienced in adult life will emerge well before adulthood so we need to ensure that we do all that we can to identify problems and intervene early in order to prevent them from escalating in the future.

The publication of the national Future in Mind strategy included 49 recommendations for improving children and young people’s emotional and mental health. Locally led work by the Clinical Commissioning Groups across North Yorkshire has directed a number of new initiatives to improve mental health outcomes, including the Enhanced Community Eating Disorders Team, the School Wellbeing Project and a locally piloted project of the Thrive approach that will be implemented in 11 schools across the county. Maximising the best use of system wide resources around education, social care and health, alongside locally developed collaborative schemes to tackle mental health issues amongst children and young people, will also lead to improved outcomes in future.

Alongside all of this new activity, there are a number of specific key actions that the service will undertake over the coming years to improve outcomes and strengthen performance in this critical area. These include skills development programmes for young people around friendship building, self-esteem and resilience, in order to strengthen the protective factors associated with mental health; development of key workforce skills and related mental health knowledge base, at both the targeted and universal levels, especially to support the workforce to spot potential mental health problems at the earliest possible stage; and, improved and straightforward access to specialist mental health services provision for children, young people and their families, that will all lead to improved individual outcomes for children and young people.

The new strategic approach to improve childhood and adolescent mental health in North Yorkshire is much needed. Consistent with the national picture, the scale and scope of the emotional and mental health problems facing young people in North Yorkshire is significant. The rate of children who are admitted to hospital with mental health conditions, and for self-harm, are both higher than the national average, and there are large numbers of children and young people who do not have the emotional resilience needed to navigate their way through the day-to-day problems and challenges that life presents – this is especially true for some key groups in the population and for children living in certain parts of the county. Low levels of emotional resilience and resulting hospital admissions for
mental health conditions are two of the biggest public health challenges for children and young people in North Yorkshire today.

Self-reported emotional resilience:

Listening to children and young people is one of the most important features of the Trust’s new strategic plan, that is also firmly embedded within the strategic planning and priority setting process of the council and its partner agencies, and the performance management framework which underpins the plan. Amongst the range of options for undertaking regular consultation with children across the county, the council commissions an independent survey of young people, called Growing Up in North Yorkshire (or GUNY for short), that gives the council a unique, rich source of subjective information from over 15,000 participants each time the survey is undertaken. The most recent GUNY Survey was administered in 2016 and there were more than 17,000 responses from participants. The survey includes a number of nationally recognised questions for gauging the mental health status of children and young people, including self-esteem, emotional resilience and mental wellbeing.

<table>
<thead>
<tr>
<th>Variations in emotional resilience</th>
<th>Children achieving high and low value resilience scores in North Yorkshire districts (GUNY Survey 2016)</th>
<th>All children in North Yorkshire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children living in district with highest % of high resilience</td>
<td>Children living in district with lowest % of high resilience</td>
</tr>
<tr>
<td>Primary School</td>
<td>39% Richmondshire &amp; Selby</td>
<td>32% Scarborough</td>
</tr>
<tr>
<td>Secondary School</td>
<td>26% Ryedale</td>
<td>16% Scarborough &amp; Richmondshire</td>
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</table>

Feedback from the most recent GUNY Survey for 2016 shows large numbers of children with a high level of emotional resilience in North Yorkshire but there are disproportionately higher rates of low resilience amongst some key groups in the population and in certain parts of the county – especially in deprived neighbourhoods in North Yorkshire. Resilience is about the capacity to bounce back when things go wrong. Children with low resilience levels may get upset or give up easily. The GUNY Survey asked participants a number of questions to find out how children react when things go wrong or when children might not succeed, and these individual items were then grouped and graded to calculate an overall measure of resilience for each child.
At primary school, more than one third of all children across North Yorkshire (35%) recorded a high measure of emotional resilience, which is good, with less than one in five children (17%) who had a low level of emotional resilience at this age. Richmondshire and Selby districts recorded the highest percentage of children with a high measure of resilience (39%) and Scarborough district recorded the lowest percentage of children with a high resilience score (32%). Although the overall level of emotional resilience amongst children at primary school is quite good, children living in some parts of the county do not score as highly and there is a clear pattern of geographical variation in emotional resilience that starts to emerge at an early age.

While the overall level of emotional resilience amongst younger children at primary school is quite high, there is a marked decline in resilience for older children attending secondary school and there are significant variations in emotional resilience across the county, including sharp falls in some districts. Taken as a whole, one in five children at secondary school (20%) recorded a high level of emotional resilience, compared with one in three children (35%) who attended primary school. Perhaps most significantly, just one in six children in Scarborough (16%) scored a high level of emotional resilience at secondary school, compared with more than one in four children from Ryedale (26%).

It is worth noting that there were significantly more children attending secondary school in North Yorkshire who recorded a low resilience score (35%) than a high resilience mark (20%), and secondary school children from Scarborough district recorded a particularly high percentage (41%) of participants with a low resilience score – equivalent to two in five children overall. In other words, while just sixteen out of every 100 secondary school children from Scarborough have a high level of emotional resilience, 41 out of every 100 children have a low level of emotional resilience in Scarborough.

It is also worth noting that boys (24%) tended to record higher levels of emotional resilience than girls (16%) at secondary school, whilst there were a higher percentage of girls (41%) who recorded low levels of emotional resilience compared with boys (28%) at this age. In actual fact, and perhaps most striking of all, there were almost four times as many girls from Scarborough district (46%) that recorded a low resilience score than a high resilience score (12%), which is equivalent to nearly half of the total female population attending secondary school in Scarborough in 2016.
Children at secondary school living in different material environments achieving high and low value resilience scores in North Yorkshire districts (GUNY Survey 2016)

<table>
<thead>
<tr>
<th>Variations in emotional resilience between children from different material environments in North Yorkshire</th>
<th>Most deprived</th>
<th>Least deprived</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td>High resilience score</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Low resilience score</td>
<td>42%</td>
<td>30%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Alongside the strong correlation between emotional resilience and age and gender in North Yorkshire, there are marked geographical variations in childhood resilience which also show a relationship with the wider material environment and neighbourhood deprivation. On the one hand, children living in the least deprived parts of the county recorded a higher percentage of participants with a high resilience score (20%) compared with children living in the most deprived communities across the county (15%). On the other hand, children living in the most deprived neighbourhoods in North Yorkshire recorded higher levels of participants with a low resilience score (42%) compared with children living in the least deprived communities (30%). What is particularly noticeable for children living in the most deprived neighbourhoods is the low proportion of participants with high resilience scores compared with a low resilience mark – which is nearly three times higher.

Variations in emotional resilience between different groups of children at secondary school (GUNY 2016):
% of children with a high resilience score
Within the school population overall there are further significant differences between children from different social and family groupings. For example for children and young people assigned to the 11 groupings that comprise the council’s equality monitoring clusters, nearly all of the participant groups record a lower percentage of children with a high resilience score compared with the county average.

For children with Special Educational Needs or Disabilities (SEND), the proportion of participants at primary school who recorded a high resilience score in 2016 (28%) was lower than the percentage for all primary school children overall (35%) and showed no improvement from 2014. Consistent with the county-wide picture overall, there were less SEND children that scored a high resilience score at secondary school (19%), although this figure did show an improvement since 2014 (17%) and was now almost in line with the county average rate (20%). It is worth noting that for disabled children at secondary school, the percentage of participants with a high resilience score is even lower still (12%) – equivalent to just one in eight children.
Priority 6: Reduce health inequalities

Evidence of good performance
For most of the indicators contained within this part of the performance scorecard, for reductions in health inequalities, the actual measurements for the county are noticeably better than the national average scores and progress over time continues to improve visibly in most cases. This is especially true for the secondary measures included within this section which show better performance for all of the indicators where there is a national comparison available.

For example, the percentage of babies born with a low birth-weight in North Yorkshire (1.8%) is significantly better than the figure for England (2.8%), which is equivalent to less than 100 low birthweight babies born annually across the county (n=96), whilst the percentage take-up of key childhood immunisations is almost approaching complete coverage in North Yorkshire (95%) compared to the national average percentage (91.9%).

The rate of admissions to accident and emergency departments affecting 0-4 year old children in North Yorkshire (505.1 per 10,000) is also significantly better than the national average rate (587.9), although this still translates into more than 15,000 admissions per year for this age-grouping (n=15,411). Initial observations of the infant mortality rate in North Yorkshire (3.5 per 1,000) also show better performance over the average for England as a whole (3.9 per 1,000) resulting in just 59 infant deaths between 2013-2015 in North Yorkshire. The prevalence of tooth decay affecting five year-old children is also lower in North Yorkshire (0.6%) compared with the national average rate (0.8%) and the large majority of looked after children in North Yorkshire will also have an annual dental check (83.2%), as well as an annual health assessment (82.5%).
Evidence of performance that needs to be strengthened

Although the number of admissions of younger children to accident and emergency departments is significantly better in North Yorkshire, the number of hospital admissions for injuries to children up to 15 years old in North Yorkshire (117.4) is worse than the national average rate (104.2 per 10,000). Consistent with the national picture, previous research around the prevalence of childhood injuries in North Yorkshire showed a persistent geographical gradient for unintentional injuries and wide variations in outcomes across the county – although there was no significant correlation with material deprivation. The district with the highest rate of injuries for this age grouping was Richmondshire, whilst Scarborough district recorded the lowest rate of injuries.

Analysis of the main types and causes of childhood injuries in North Yorkshire showed disproportionately higher rates of injuries from fractures, which accounted for almost one third of all hospital admissions for this age grouping – it might just be worth pointing out that playground equipment is responsible for the largest proportion of hospital admissions affecting this age group.

As well as childhood injuries there are two additional measures where the performance of the county is currently worse than the average for the country as a whole, including the breastfeeding initiation rate and the proportion of mothers who were smoking at the time of delivery. For breastfeeding initiation, the rate for North Yorkshire is broadly in line with, but still below (73.5%), the national average percentage (74.3%). This rate drops even further after six to eight weeks, by almost half, and there are significant variations across the county, ranging from 84.4% in Harrogate (which is significantly better than the England average) down to 60.3% in Scarborough (which is significantly below the national rate).

Alongside this, one of the most critical start well indicators for North Yorkshire relates to the percentage of mothers who continue to smoke during pregnancy and at the time of delivery of their new born baby. In North Yorkshire the percentage of mothers who were smoking at the time of delivery (14%) is significantly worse than the national average figure (10.6%). This rate is equivalent to one in seven mothers in North Yorkshire compared with just one in...
ten mothers in England overall. This is especially critical because this indicator is a known major risk factor for infant mortality. Perhaps as expected, there are significant geographical variations in smoking at time of delivery across the county, ranging from 9.2% in Hambleton, Richmondshire and Whitby CCG area (which is better than the England average) up to 18.7% in Scarborough and Ryedale CCG area (which is significantly worse than the rate for England overall).

**Evidence of a significant emerging issue which needs to be escalated and prioritised**

As reported above, although the infant mortality rate in North Yorkshire is low (3.5 per 1,000 live births) and is better than the overall average for England (3.9), the rate of infant mortality in North Yorkshire is also increasing incrementally over time, at a time when the national infant mortality rate continues to fall.

Interrogation of the changing infant mortality trends over time clearly shows North Yorkshire is now starting to converge or meet with the average for England when previously the infant mortality rate was significantly better in North Yorkshire. In 2001, the infant mortality rate in North Yorkshire was just 2.4 per 1,000 live births compared with 5.4 infant deaths for England overall (more than double the county rate at that time) but by 2013-15 the gap had closed considerably, with the rate for North Yorkshire increasing up to 3.5 infant deaths whilst the national rate fell continuously during the same period, down to 3.9 infant deaths in 2013-15. Although the infant mortality rate in North Yorkshire shows some evidence of plateauing during the past few years, forecasting estimates predict that it is also likely to converge with the national rate in the coming years if interventions to reverse the current trend are unsuccessful. Alongside the increasing rate of infant mortality at county level there are wide geographical variations in infant deaths within and across North Yorkshire. At district level, Craven in the west of the county records the lowest rate of infant mortality (1.5 deaths per 1,000), whilst Harrogate and Selby, situated in the south, both record rates of 4.3 deaths per 1,000 – which is higher than the national rate and significantly higher (almost three times higher) than the infant mortality rate that currently occurs in Craven. Although Harrogate district records the same high level as Selby, the increase in infant mortality in Selby is particularly marked compared to all other districts in, increasing from less than one infant death per 1,000 in 2001 up to 4.3 infant deaths at the present time.
Analysis of infant mortality rates at national level shows a strong correlation with material deprivation but interrogation of local data for North Yorkshire shows no obvious correlation locally. In actual fact, the evidence for North Yorkshire shows that there are fewer infant deaths that take place in the most deprived parts of the county and higher rates of infant mortality are more likely to occur in the least deprived areas in North Yorkshire – it is important to recognise that this apparent reverse correlation could result from the low numbers of overall infant deaths in North Yorkshire that can affect the reliability and validity of this type of test.

Understanding and explaining the prolonged (and in some instances significant) increase in infant mortality in North Yorkshire over time is complex, especially when we take account of the wider determinants of health, where there is no evident association or link with the material environment. Although the number of infant deaths is still relatively very low – there were just 59 recorded deaths between 2013 and 2015 - the steady and continual increase in the rate of infant deaths in North Yorkshires is still concerning considering the national downward trend over time.

There are a number of known major risk factors for infant mortality, including teenage conceptions, smoking during pregnancy, low birth-weight, and breast-feeding initiation –
these risk factors themselves are often closely inter-related. For North Yorkshire, the percentage of low birth-weight babies (1.8%, n=96) and the rate of under-18 conceptions (n=144) both perform better than the England average rates for these measurements, whilst the breast-feeding initiation rate in North Yorkshire (73.8%) is also broadly in line with the national rate.

Perhaps the most significant risk factor affecting the continued increase in infant mortality in North Yorkshire is for smoking during pregnancy. As reported above, the percentage of mothers who smoke during pregnancy in North Yorkshire (14%) is significantly worse than the average for England (10.6%) – equivalent to around one in seven (this is very high).

Consistent with the national picture, a significant number of infant deaths in North Yorkshire occur within the first four weeks of life, at the perinatal stage – a recent review of all child deaths in North Yorkshire over the past five years showed perinatal events accounted for nearly one third (31%) of all child deaths during this period. Public Health England also estimates that smoking during pregnancy causes up to 300 perinatal deaths every year in the UK. Examples of significant perinatal events that can lead to an infant death include the extreme prematurity of new born babies and complications during labour. This is critical because these types of events often occur as a result of smoking during pregnancy, which we know is very high in North Yorkshire.
Conclusion

“Looking for a strategic approach to population health ... is like looking for needles in a haystack. While there are some policies that will impact on our health, there is far too much missing, and what is there is not brought together into a strong narrative that connects them.”  
(Professor David Buck, Kings Fund, 2017)

As reported previously, there are a number of stubborn, long-standing performance issues for some key child health indicators, where there are marked geographical variations in outcomes across the county. These variations or inequalities in child health outcomes are often (but not always) linked to the material environment and the wider social and economic determinants of health. Variations or inequalities in child health outcomes remains the biggest public health challenge for North Yorkshire overall. At national and international level, successive academic studies, government commissioned research and other scientific reviews and reports, have repeatedly shown how variations or inequalities in health are strongly associated with structural factors linked to the wider material environment such as deprivation, childhood poverty and income inequality (Black et al, 1980; IHE, 2017; Marmot, 2010, 2015; RCPCH, 2017a, 2017b; Kings Fund, 2017; Townsend et al, 1988; Wilkinson and Pickett, 2009).

Recognition of the wider structural determinants of health is also reflected in a number of key council strategies and policies, including successive annual reports from the Director of Public Health (DPH) at North Yorkshire (2013, 2014, 2015, 2016), The Joint Health and Wellbeing Board Strategy (2013 – 2018) and the Plan upon which this piece of work has been based - Young and Yorkshire 2 (2017 – 2020). In spite of these acknowledgements the main focus of the county’s strategic approach to public health is still chiefly centred around individual lifestyles and choices frameworks, rather than tackling the root cause of inequalities in health which is material inequality and poverty.

Inside North Yorkshire, geographical variations in child poverty levels (a major risk factor for child health outcomes) are as wide as anywhere else in England and in some parts of the county the rates of childhood poverty are as high as some of the poorest places in England. Simple comparative analysis of the correlation between life expectancy at birth and child poverty levels across the county showed the wide and worsening inequalities in health between the county’s districts that were strongly linked with child poverty levels. In actual fact, the slope of inequality inside and across North Yorkshire is worsening year-on-year. So, once again, unless a greater effort is made to reduce childhood poverty in North Yorkshire, the county will not be able address the worsening health inequalities which exist today.

“Poverty feels hidden, ignored and unfair.”  
Response to the National Survey of Paediatricians (RCPCH, 2017b)
Appendix 1: Performance indicator set for this outcome area – *A Healthy Start to Life*.

The performance framework for this strategic priority is comprised of 31 key performance indicators, including nine primary measures and 22 secondary measures, spanning three main priority themes of reduced inequalities, healthy choices and improved mental health.

### A Healthy Start to Life

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<th>Secondary indicators</th>
<th>TOTALS</th>
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<td>4</td>
<td>9</td>
<td>13</td>
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<td>Enable children &amp; young people to improve their health &amp; wellbeing</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Improve social, emotional and mental health, and resilience</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>TOTALS</td>
<td>9</td>
<td>22</td>
<td>31</td>
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#### Performance indicator set: *A Healthy Start to Life*

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<th>Priority themes</th>
<th>Primary Measures</th>
<th>Secondary Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce health inequalities</td>
<td>Life expectancy at birth</td>
<td>The rate of children admitted to hospital for mental health conditions per 100,000</td>
</tr>
<tr>
<td></td>
<td>The percentage of mothers smoking at the time of delivery</td>
<td>The percentage of children and young people with a high measure of resilience</td>
</tr>
<tr>
<td></td>
<td>Hospital admissions for unintentional &amp; deliberate injuries to children under 15 per 100,000</td>
<td>The percentage of SEND children and young people with a high measure of resilience</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding initiation rate</td>
<td>The rate of children and young people admitted to hospital as a result of self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The number of schools taking whole school approach to emotional health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The number of maternal mood assessments that have been completed at 6-8 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The percentage of children reporting being bullied at or near school in the past 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The percentage of LAC children reporting being bullied at or near school in past 12 months</td>
</tr>
</tbody>
</table>
Appendix 2: Child Health Profile for North Yorkshire 2017.

Child Health Profile
March 2017

North Yorkshire

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

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Region</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births (2015)</td>
<td>5,643</td>
<td>63,858</td>
<td>664,399</td>
</tr>
<tr>
<td>Children aged 0 to 4 years (2015)</td>
<td>30,500</td>
<td>332,200</td>
<td>3,434,700</td>
</tr>
<tr>
<td></td>
<td>5.1%</td>
<td>6.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Children aged 0 to 19 years (2015)</td>
<td>129,700</td>
<td>1,287,100</td>
<td>13,005,700</td>
</tr>
<tr>
<td></td>
<td>21.5%</td>
<td>23.9%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Children aged 0 to 19 years in 2025 (projected)</td>
<td>129,300</td>
<td>1,342,300</td>
<td>14,002,600</td>
</tr>
<tr>
<td></td>
<td>21.0%</td>
<td>23.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>School children from minority ethnic groups (2016)</td>
<td>5,596</td>
<td>165,996</td>
<td>2,032,064</td>
</tr>
<tr>
<td></td>
<td>7.8%</td>
<td>24.2%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Children living in poverty aged under 16 years (2014)</td>
<td>5,596</td>
<td>165,996</td>
<td>2,032,064</td>
</tr>
<tr>
<td></td>
<td>11.9%</td>
<td>22.5%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Life expectancy at birth (2013-2015)</td>
<td>Boys</td>
<td>80.4</td>
<td>78.6</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>84.1</td>
<td>82.3</td>
</tr>
</tbody>
</table>

### Key findings

- **Children and young people under the age of 20 years make up 21.5% of the population of North Yorkshire. 7.8% of school children are from a minority ethnic group.**
- The health and wellbeing of children in North Yorkshire is generally better than the England average. Infant and child mortality rates are similar to the England average.
- The level of child poverty is better than the England average with 11.9% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.
- Children in North Yorkshire have better than average levels of obesity: 7.5% of children aged 4-6 years and 15.7% of children aged 10-11 years are classified as obese.
- The rate at which children and young people were killed or seriously injured in road traffic accidents is higher than the England average. 68 children were killed or seriously injured on the roads in 2013-2015.
- In 2015/16, there were 15,411 A&E attendances by children aged four years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is higher than the England average, and the admission rate for injury in young people is higher than the England average.

Contains Ordnance Survey data
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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 North Yorkshire with its statistical neighbours, and the England and regional averages. Compared with the England average, this area has a better percentage of children in Reception (20.6%) and a better percentage in Year 6 (29.5%) who have excess weight.

![Chart showing childhood obesity rates](chart.jpg)

Children aged 4-5 years who have excess weight, 2015/16 (percentage)

Children aged 10-11 years who have excess weight, 2015/16 (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. 1 indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in North Yorkshire. The admission rate in the latest period is similar to the England average.

![Chart showing young people and alcohol](chart.jpg)

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

Young people's mental health

Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing, and this is also the case in North Yorkshire. The admission rate in 2013/14-2015/16 is similar to the England average. Information about admissions in 2015/16 is on page 4. Nationally, levels of self-harm are higher among young women than young men.

![Chart showing young people's mental health](chart.jpg)

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)
North Yorkshire Child Health Profile  
March 2017

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

**Teenage conceptions in girls aged under 18 years, 2014 (rate per 1,000 female population aged 15-17 years)**

In 2014, approximately 17 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is lower than the regional average (approximately 26 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 23 per 1,000).

**Chlamydia detection, 2015 (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 2015, the detection rate in this area was 1,602 which is lower than the minimum recommended rate.

The shaded area from 1,800 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

**Breastfeeding at 6 to 8 weeks, 2015/16 (percentage of infants due 6 to 8 week checks)**

In this area 84.8% of babies received a six to eight week review by a health visitor before they turned eight weeks. No breastfeeding at six to eight weeks data is available.

**Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2015/16 (percentage of eligible children)**

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 (93.4%). By the age of five, only 89.0% of children have received their second dose of MMR immunisation. In Yorkshire and the Humber, there were 2 laboratory confirmed cases of measles in young people aged 19 and under in 2015.

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.

North Yorkshire - March 2017

chlamid@phe.gov.uk | www.gov.uk/phe | https://fingertips.phe.org.uk/
Appendix 4: Start Well Indicators for North Yorkshire.