Agenda item 6

Health and Wellbeing Board

9 December 2013

Refresh of Walsall Joint Strategic Needs Assessment (JSNA) 2013

1. Purpose of the report

The purpose of this paper is brief HWB on the process and of the refresh of the Joint Strategic Needs Assessment, to approve the findings and agree process for the development of Health and Wellbeing Strategy recommendations for action for 14/15.

2. Recommendations

The Health and Wellbeing Board is recommended: -

2.1 To consider and comment on the intelligence and themes coming out of the Walsall JSNA refresh as part of the consultation process.

2.2 To note next steps in deciding the HWS recommendations for 2014/15.

3. Report detail

3.1 It is a statutory duty of the Health and wellbeing Board to prepare and publish a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS)

3.2 The current Joint Strategic Needs Assessment: Towards a Health and Wellbeing Strategy for Walsall were approved by the Health and Wellbeing Board in June 2012. A Project Initiation Document (PID) for the refresh of the JSNA was approved by the board in June 2013.

The purpose of the refresh was information had to be refreshed to: -

- Bring the data up to date
- Reviewing findings, recommendations and actions in the light of the updated data
- Addressing gaps and omissions in 2012 Strategy
- Improving consultation and engagement in understanding findings of JSNA and updating of priorities for action for 14/15 Health and Wellbeing Strategy

4 Process

4.1 Engagement and contributions

One of the key objectives of the process of refreshing the JSNA was to improve engagement of partners. This has been done in a number of different ways. Examples of engagement are shown below: -

- A large number of contributors have come from each department of the council and from Walsall Clinical Commissioning Group.
- A JSNA working group made up of representatives from Children's Services, Adult Social Care & Inclusion, Regeneration and Neighbourhoods within Walsall Council and from Walsall Clinical Commissioning Group. Health watch Walsall was also represented at the groups meeting as well.
- The JSNA document was also discussed at Walsall Councils Corporate Management Team.
- Each Directorate Management Team in Walsall Council has also discussed the JSNA refresh document.
- The JSNA document has also been sent to the Chief Executive of Walsall Healthcare Trust and Dudley & Walsall Mental Health Trust for comment.
- The JSNA findings have also been discussed at partnership meetings such as the Walsall Analyst Group and the Health & Adult Social Care Quality Board.
- The JSNA document has also been distributed through the intranet site link.
- The JSNA emerging findings were also discussed at the Health and Wellbeing Board on the 21st October 2013.

This ensured that all relevant departments and individuals were involved from the project initiation through to the completion stages.

A list of contributors to the JSNA refresh is shown Appendix 1 of this document and on page 7 of JSNA 2013 document.

4.2 Distribution and comment so far

The JSNA document has been distributed and discussed in a number of different forums so far. A list of these groups is described in 4.1.

It is our intention that the JSNA document will be distributed to many other forums and groups for comments. These are listed below.

- Libraries (on loan and for reference),
- Via the internet / intranet,
- Party Group Meetings
- Partnership Boards – Children & Young Peoples Board, Economic Board, Safer Walsall Partnership
- Walsall Area Partnership Groups
- Walsall Clinical Commissioning Group Board / Executive Group

5 Performance against key national indicators of Health and wellbeing

5.1 Performance Frameworks

5.1.1 **Four main** key performance frameworks have been used to inform the content of the Walsall JSNA refresh. These performance frameworks are listed below: -

- Public Health Outcomes Framework
- Adult Social Care Framework
- NHS Outcomes Framework
- Children and Young People Plan Performance Framework

The Public Health and the Children's & Young People Framework are described in more detail below. Indicators from the NHS Outcomes Framework and the Adult Social Care Framework are discussed in further detail throughout the JSNA document.

5.2 Public health outcomes framework (Appendix 2)

The Public Health Outcomes Framework sets out a vision for public health the desired outcomes and the indicators that will help us understand how well public health is being improved and protected in Walsall. These indicators are summarised in Appendix 2 of this document and have been presented in detail at previous Health & Wellbeing Board.

5.3 Children and young people's outcomes framework (Appendix 3)

The Children and Young People Outcome Framework allows Walsall's indicators to be compared with England averages. These indicators are summarised in Appendix 3 of this document

6 Summary of the key findings Refreshed Walsall JSNA

6.1 What **has c**hanged **since the 2001 Census? (Chapter 1)**

6.1.1 The biggest change in Chapter 1 Wellbeing in Walsall is with the addition of the 2011 Census intelligence on Walsall. Overall the population of Walsall has increased since 2001, and is predicted to continue to increase into the future by 4.5% (or 12,300) - from 269,500 in 2011 to 281,700 in 2021. This trend is shown in Figure 1 below. The number of Walsall residents aged 65 years and over is also predicted to increase by over 12% over the same 10 year period.

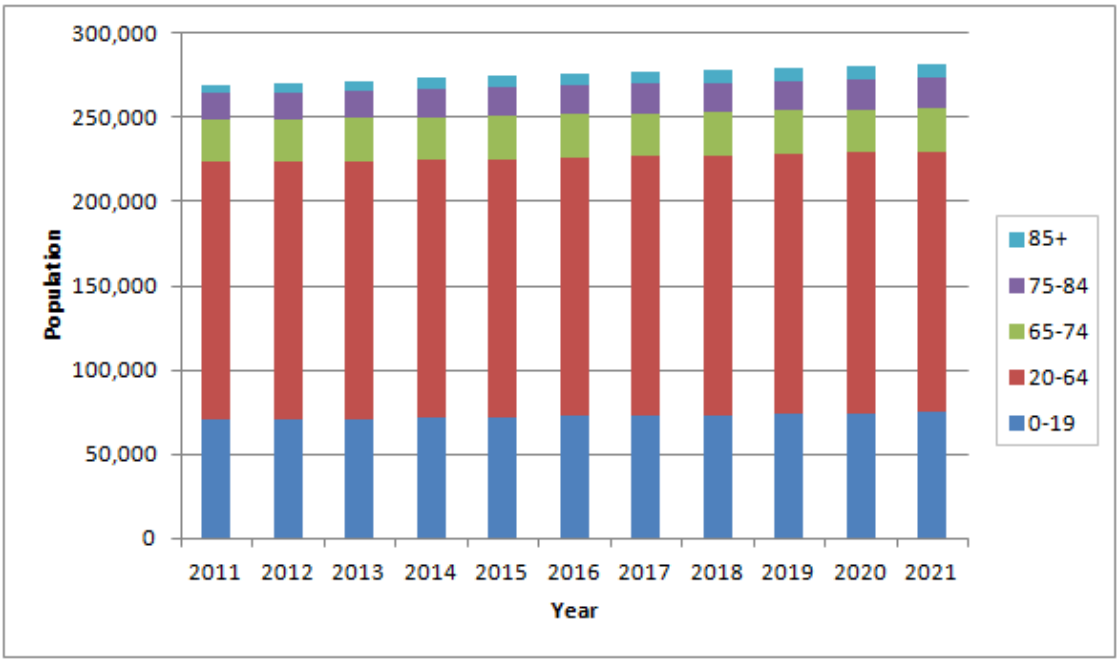


Figure 1 Walsall Population Projections: By Age 2011 to 2021

6.1.2 The **number of births in Walsall has also increased by 700 births** between 2001 and 2012. The ethnic minority population has also increased the overall population of Walsall. Figure 2 shows that the proportion of the Pakistani born population of Walsall has increased from 3.7% of the population in 2001 to 5.3% in 2011. The number of births in these ethnic groups is increasing at a much quicker rate than the white population group.

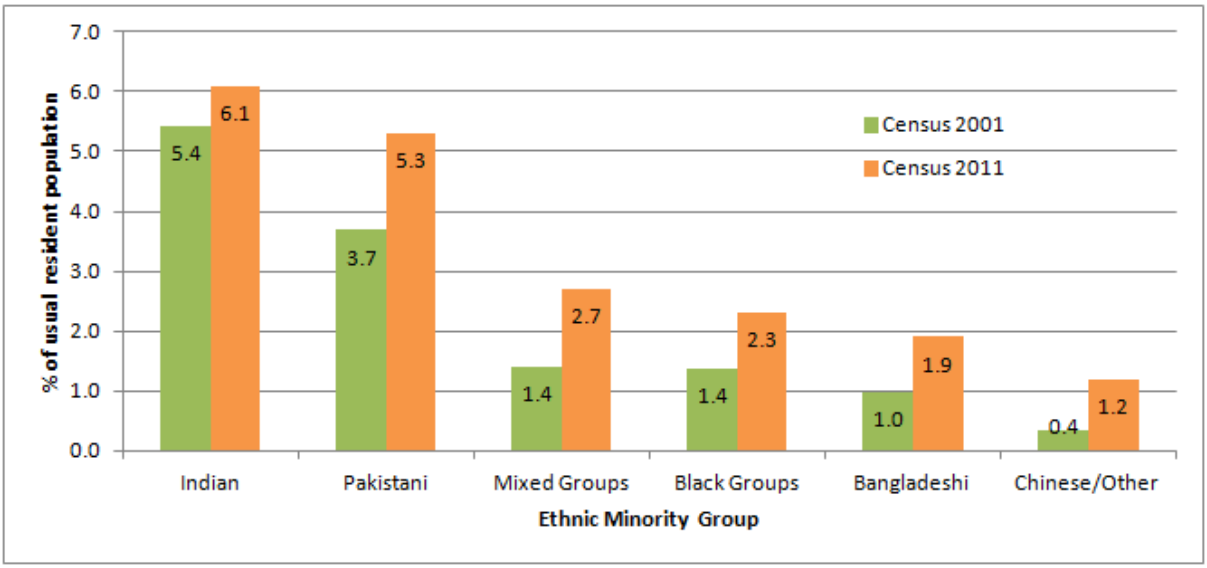


Figure 2 Minority Ethnic Group Trends in Walsall: 2011 to 2021 (Source = ONS)

6.1.3 What's Improved? - Life Expectancy

Figure 3 below shows that the life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. The gap between Male / Female Life Expectancy has narrowed slightly in Walsall. Male Life Expectancy also is starting to narrow compared to England and the West Midlands.

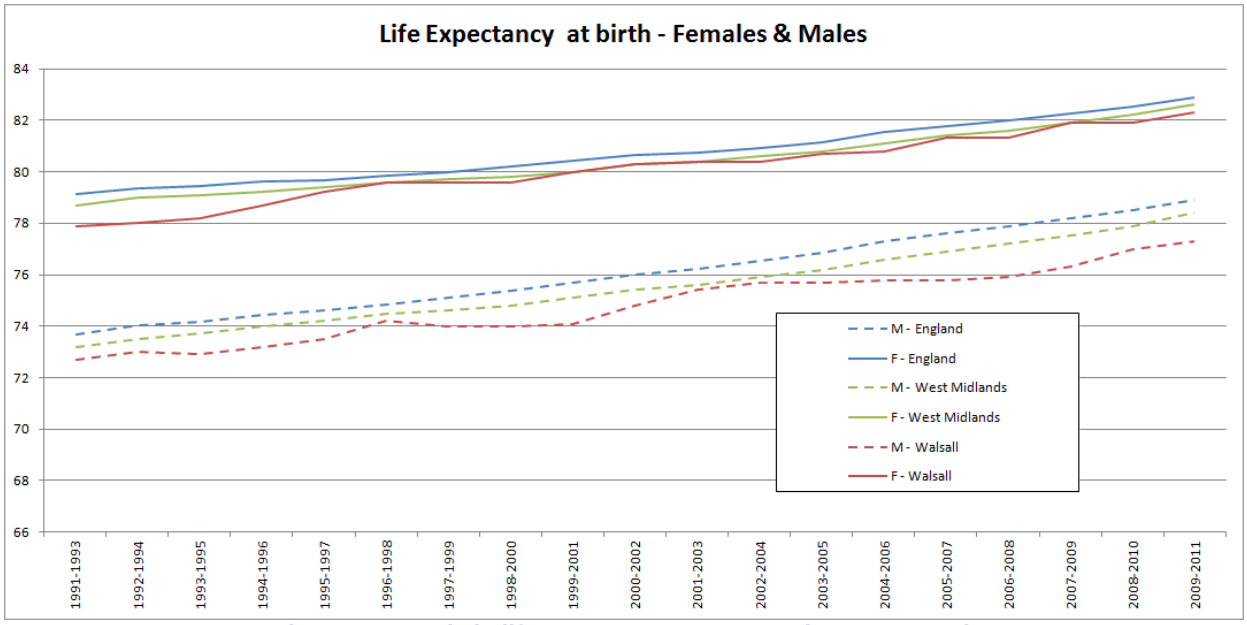


Figure 3 Trends in life expectancy 1991-2011 (Source: ONS)

6.2 Children and Young People (Chapters 2 & 3)

What's Improved?

6.2.1 Figure 4 below shows that the % of pupils achieving 5 GCSEs A* to C has increased in Walsall and the gap between Walsall and England has narrowed.

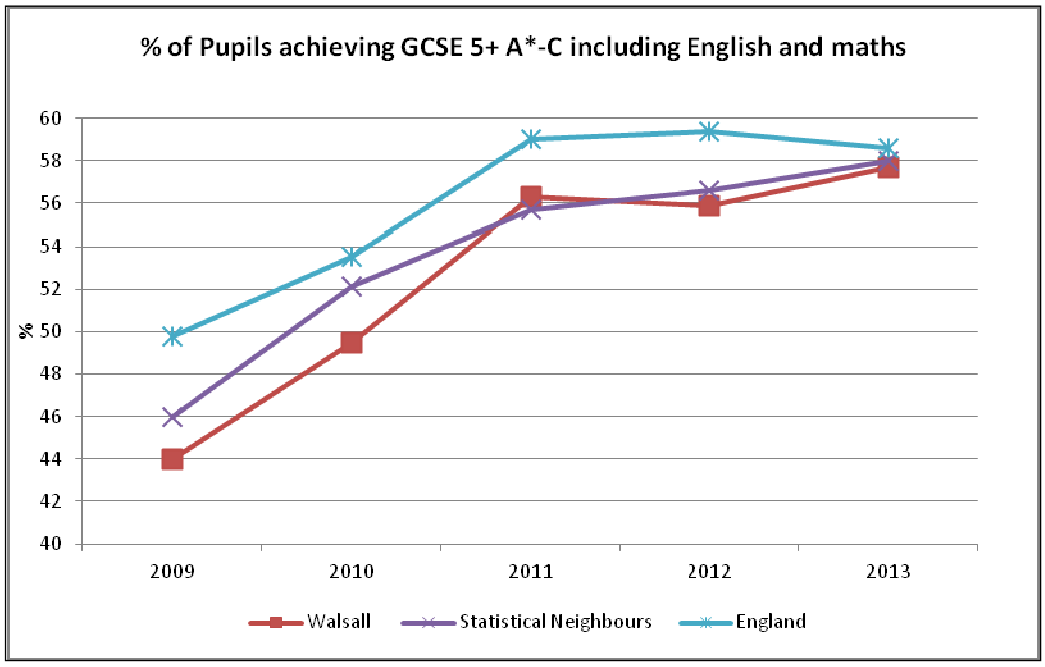


Figure 4 Key Stage 4 (GCSE) - Percentage of pupils achieving 5+ A*-C grades including English and maths (Key Stage 4)

What's not improved?

6.2.2 There are some areas where Walsall is not making the progress that is needed. One of these topic areas is **Infant Mortality**. Figure 5 shows the Infant Mortality rate for Walsall is higher than both England and West Midland's rates. In fact the rate is about the highest in England.

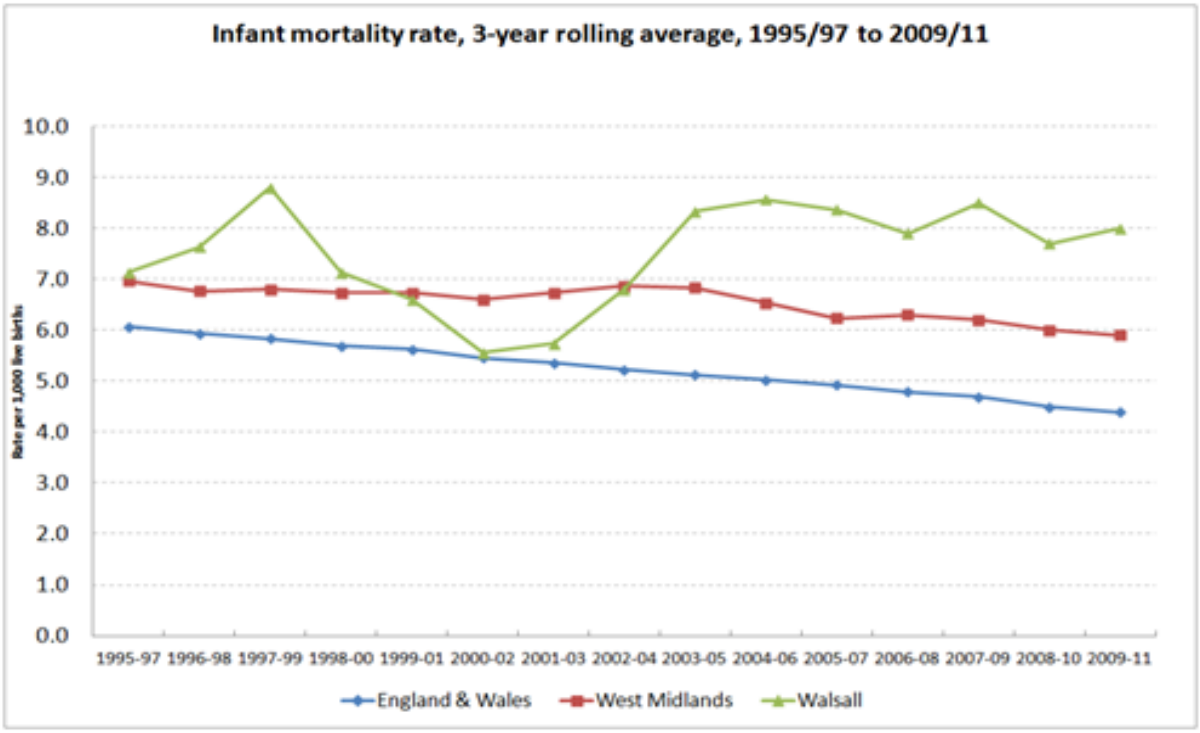


Figure 5 Infant Mortality rates 1995 to 2011 (Source = 2011)

What's has been Added?

6.2.3 Emotional Health in Children & Young People

There are a large number of risk factors that increase the vulnerability of children and adolescents experiencing **mental health problems**. These include deprivation, poor educational and employment opportunities, enduring poor physical health, peer and family relationships, witnessing domestic violence, and having a parent who misuses substances or suffers from mental ill-health. Children who have been physically and sexually abused are at particular risk. Asylum seeker and refugee children have consistently been shown to have higher levels of mental health problems, including post-traumatic stress, anxiety and depression. The way that children are parented, their diet and exercise, their school and education, experimentation with drink, drugs and other substances, along with many other factors, will all affect a child's mental wellbeing or mental. **As a result, we have added the emotional health of Children and Young People in the JSNA refresh**.

6.3 My Money, My Home, My Job (Chapter 4)

What's improved?

6.3.1 The % of unemployed the 18 to 24 year age group has fallen over the last two years. However, the figure still remains higher than the England average.

What's not improved?

6.3.2 1 in 6 working age residents is out of work and dependant on benefits. This is higher than the England average. The number of claimants of benefits has remained stable over the last decade

What's been added?

6.3.3 Chapter 4 on the economy has been renamed "My Money, My Home, My Job". All the traditional economic and unemployment indicators that affect health and wellbeing has been merged with housing and homelessness information. The chapter has been revised to examine the effects that the recession has had on the population of Walsall. For example the number of people using the Food banks has increased as the effects of the Welfare Reforms are starting to affect families in the Borough.

6.4 Creating healthy and sustainable communities (Chapter 5)

What's improved?

6.4.1 The number of children taking part in active living has increased as more than 3,000 people have enrolled for free swimming. These new users also tend to access the leisure centres just over once a week.

What's been added?

6.4.2 The Joint Strategic Needs Assessment has also tried to strengthen links with the **Community Safety strategy**. The community safety strategy has tried to contribute in improvements particular in health and wellbeing across Walsall. The six priorities of the community strategy are described below: -

- Priority 1: Tackle violent crime, with specific focus on domestic abuse, town centre violence and serious youth violence.
- Priority 2: Tackle anti-social behaviour
- Priority 3: Address harm caused by drug and alcohol misuse
- Priority 4: Community, with specific focus on counter terrorism, community cohesion and public perceptions.
- Priority 5: Tackle serious acquisitive crime, with specific focus on reducing domestic burglary.

- Priority 6: Reduce re-offending, a cross cutting theme across all other priorities.

  Priority 1 and 3 particularly has a large affect on health and wellbeing of the residents of Walsall. For example under priority 1 domestic violence and youth violence has a large influence on the NHS – these groups of people are high users of the emergency hospital services. Priority 3 covers drug and alcohol misuse – this topic is already covered by the current JSNA and health and wellbeing Strategy. Drug and alcohol treatment is very closely linked to the prevention of hospital admissions into hospital and also the prevention of drug and alcohol related crimes.

6.5 Improving health and wellbeing through healthy lifestyles (Chapter 6)

What's improved?

6.5.1 The proportion of adults who take part in 3 x 30 minutes of physical activity per week has increased from 16.1% in 2006 to 20% in 2012.

What's not improved?

6.5.2 The percentage of Walsall residents taking part in no recreational physical activity is 55% compared to an England rate of 47.4%.

What's been added?

6.5.3 No extra sections or information have been added to this chapter.

6.6 Reducing the burden of preventable disease etc (Chapter 7)

What's Improved?

6.6.1 Figure 6 shows that the number of Walsall people under 75 years dying from Circulatory Disease has fallen below the Peer Group Average over the last three time periods. The trend in circulatory mortality rates will increase the life expectancy rate for Walsall. The health check program in this target group is starting to have some affect on identifying residents with heart disease and stroke.

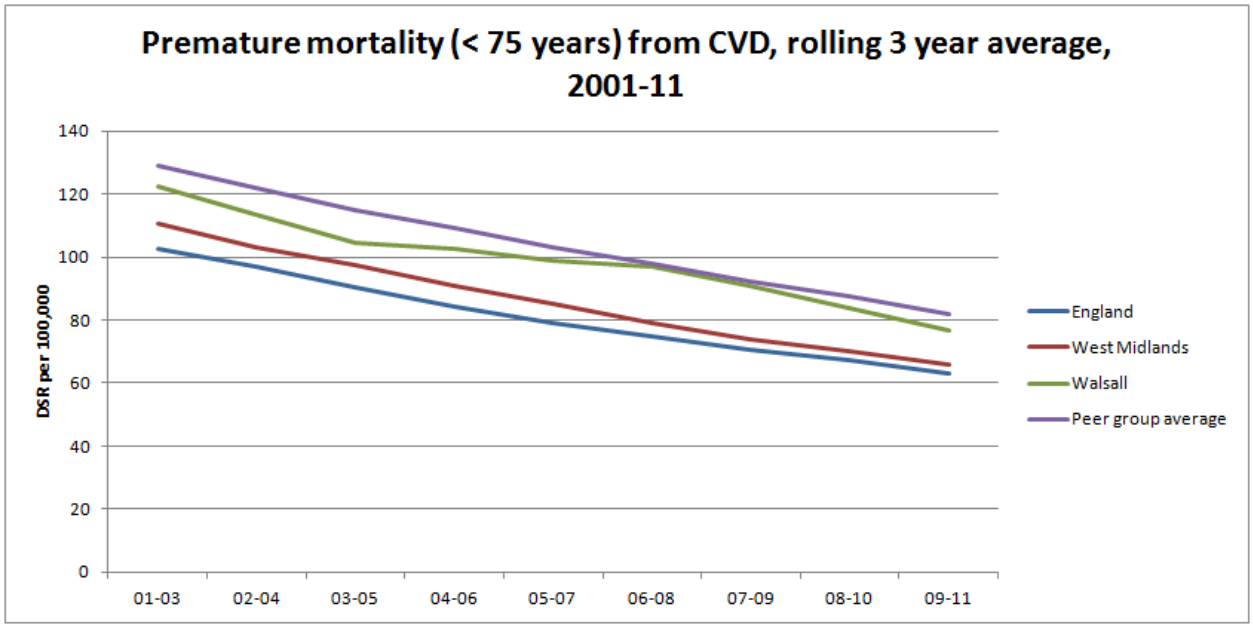


Figure 6: the Premature mortality rate from Circulatory Disease: 3 Year Rolling Average

What's not improved?

6.6.2 Figure 7 below shows that the number of Walsall people under 75 years dying from Cancer has fallen along with the rest of our Peer Group. However the gap between Walsall and England is still large. The rates for Walsall are still higher than the levels for the rest of England.

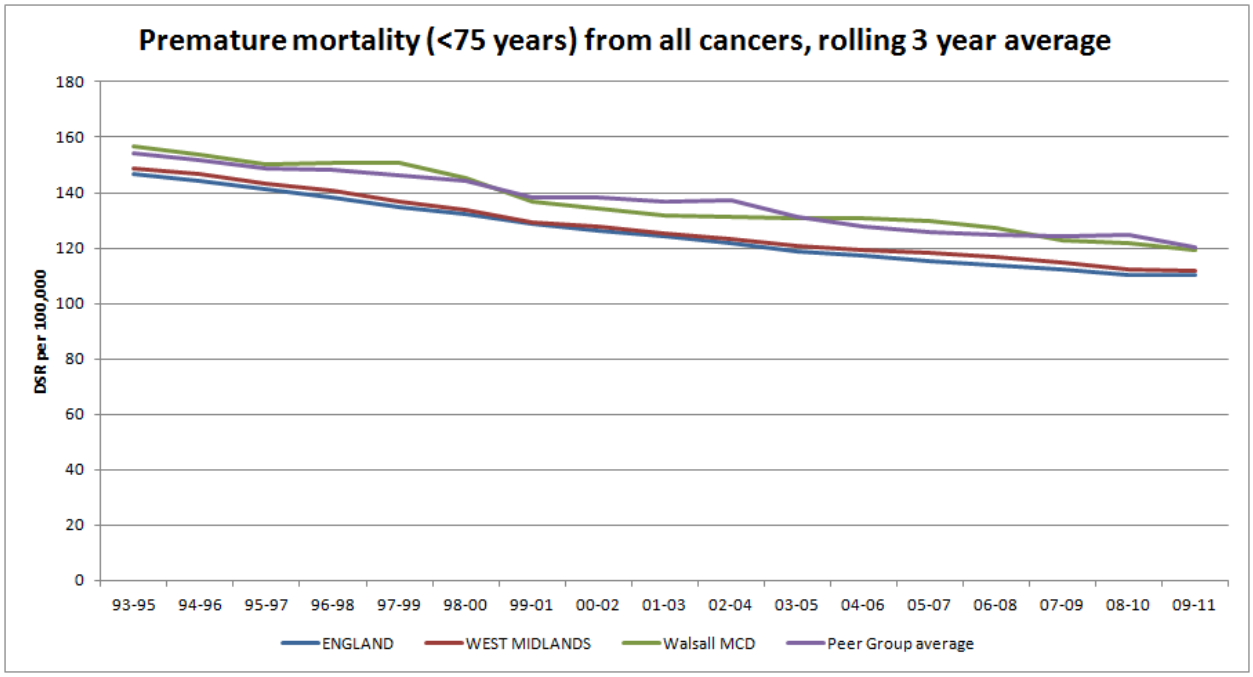


Figure 7: the Premature mortality rate from all cancers: 3 Year Rolling Average

What's been added?

6.6.3 Infectious disease and health protection has been added to the JSNA. Infections continue to be a significant cause of ill health in Walsall. In 2010 in England, infectious diseases accounted for 7% of all deaths, 4% of all potential life years

lost (to age 75) and were also the primary cause of admission for 8% of all hospital bed days. They are responsible for a large proportion of sickness absence from work. The burden of disease and economic impact of infections and infectious disease is estimated at £30 billion each year in England. The health economy is constantly trying to reduce the impact of **MRSA and CDiff**. Healthcare associated infections and resistant organisms continue to be a threat to patient safety. The Walsall Health economy will work together to reduce the risk of these infections. MRSA blood infections are an unusual occurrence in Walsall now and work needs to continue to further reduce the incidence of *Clostridium difficile* infections.

Influenza virus is a highly infectious cause of respiratory infection. It is a major cause of morbidity during epidemics and can be life threatening in the elderly and chronically unwell. It also has the potential to cause devastating pandemics. The strategy is to protect as many people in vulnerable groups as possible through immunisation. The Walsall challenge is to improve uptake in pregnant women and those residents under 65 who are in at risk groups.

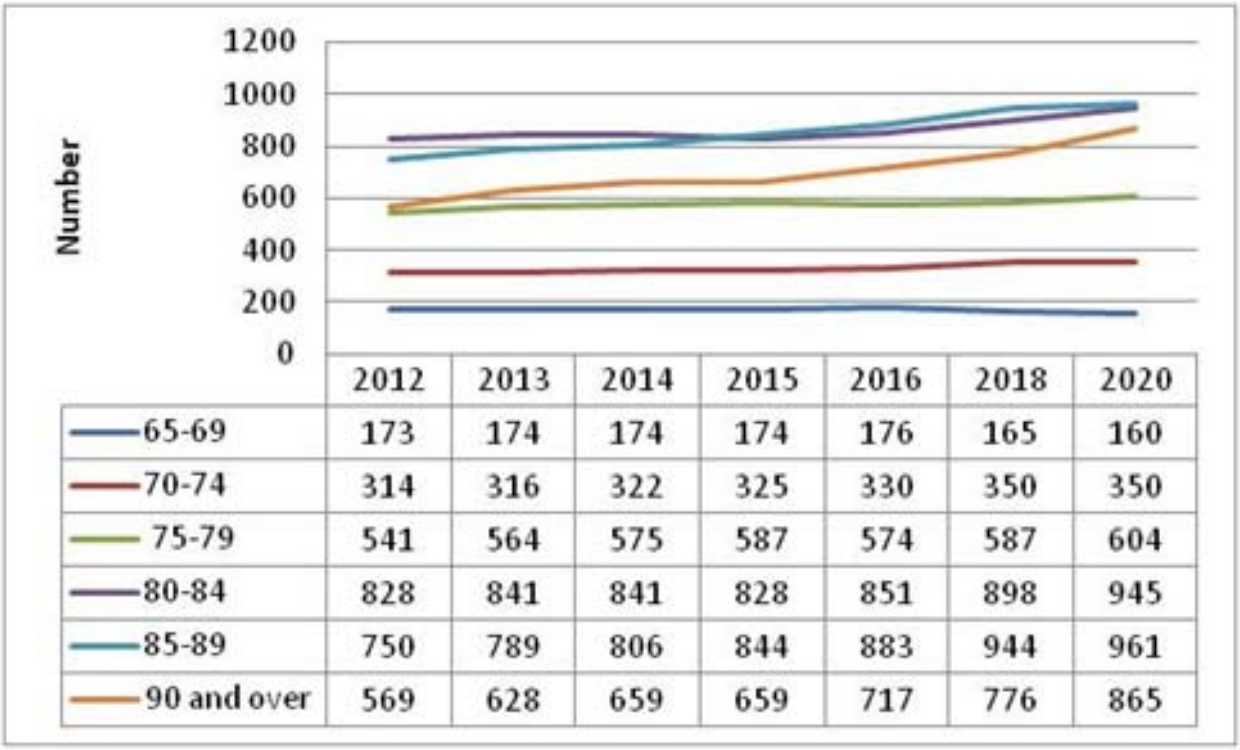
6.7 Healthy ageing and independent living (Chapter 8)

What's improved?

6.7.1 The information in Figure 3 shows that the life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. This shows that older people are actually living longer and are having more active lives.

What's not improved?

6.7.2 The number of Walsall residents aged 65 years and over is increasing and will continue to increase over the next 10 years. The number of older people living alone is also due to increase and the number of older people with Dementia is due to increase as well. The number of predicted dementia case over the next 8 years is shown in figure 8 below.



	2012	2013	2014	2015	2016	2018	2020
65-69	173	174	174	174	176	165	160
70-74	314	316	322	325	330	350	350
75-79	541	564	575	587	574	587	604
80-84	828	841	841	828	851	898	945
85-89	750	789	806	844	883	944	961
90 and over	569	628	659	659	717	776	865

Figure 8: The number of predicted Dementia Cases in Walsall: 2012 to 2020 (Source = POPPI)

What's been added?

6.7.3 Walsall has developed a Health and Social Care Integration group as a sub-board of the Health and Wellbeing Board. The Integration group will drive closer joint working between health and social care at both the commissioning and operational level – this will need to happen especially to cope with the pressures that an ageing population will place on existing services. Therefore, a section on integration has been added to the JSNA.

7 Next steps to select HWS recommendations for 2014/15.

7.1 Next steps in deciding the HWS recommendations for 2014/15 are as follows:-

a) Previous 13/14 recommendations will be reviewed in light of the JSNA refresh presented in this paper and progress reports currently being brought back to the HWB.

b) Health and Wellbeing Core Group will consider findings and bring recommendations for 14/15 back to the HWB.

8 Further Information

8.1 The JSNA 2013 refresh document will be available soon on the internet site at the following location alongside the Health & Wellbeing Strategy and the 2012 JSNA document.

http://cms.walsall.gov.uk/index/health_and_social_care/healthwellbeing.htm

Authors

Dr Isabel Gillis
Director of Public Health
Public Health, Walsall

Martin Ewin
Public Health Intelligence Manager
Public Health, Walsall

☎ 01922 - 653768
✉ ewinm@walsall.gov.uk

Appendix 1 - Acknowledgements

We would like to thank all the people listed below for helping to refresh all the information contained in the Walsall JSNA.

Dr. Isabel Gillis	Director of Public Health
Dr. Paulette Myers	Consultant in Public Health
Dr. Barbara Watt	Consultant in Public Health
Dr. Uma Viswanathan	Consultant in Public Health
Cath Boneham	Health Inequalities and Wellbeing Programme Manager
Adrian Roche	Head of Social Inclusion
Fran Fahy	Senior Programme Development & Commissioning Manager
Dave Neale	Programme Development & Commissioning Manager
Patrick Duffy	Programme Development & Commissioning Manager
Mandy Beaumont	Consultant Nurse Health Protection
Nina Chauhan-Lall	Programme Development & Commissioning Manager
Vikki Tolley	Children's Healthy Weight & Oral Health Coordinator
Martin Ewin	Public Health Intelligence Manager
Emma Thomas	Public Health Intelligence Senior Analyst
Sarbjit Uppal	Public Health Intelligence Technical Officer
David Hughes	Public Health Intelligence Analyst
Vanessa Holding	Corporate Performance Programme Delivery & Governance Business Change
Sarah Mace	Partnership Analyst, Walsall Local Police Unit, West Midlands Police
Elizabeth Connolly	Economic Intelligence Manager
Mark Lavender	Head of Strategic Regeneration
Gillian Rudge	Health Care Consultant, Walsall College
Katherine Morris	Intelligence Officer - Corporate Performance Management
Chandan Kaur	Intelligence Manager Commissioning Children's Services
Ben Watkins	Performance Unit/Business Change/Performance Analyst (Children)
Nick Perks	Principal Information Manager Walsall Children's Services
Karen Marcroft	QA and Performance Information Manager
Anita Lee	Senior Information Analyst - Walsall Children's Service
Tony McGregor	Head of Safeguarding – Walsall Children's Services
Darrell Harman	Head of Children's commissioning
Rashida Hussain	Housing Strategy and Research Officer
Lesley Dews	Health Housing Partnership Manager, Walsall Housing Group
John Roseblade	Group Manager; Highways & Environment
John Grant	Scientific Manager
John Charles	Team Leader Road Safety & Sustainable Travel
Matt Crowton	Transportation Strategy & Policy Manager
Ben Percival	Sport & Leisure Service Manager
Gareth Perrins-Seedhouse	Interim Joint Head of Green Spaces
Alison Bate	Community Gardens Officer
Andy Rust	Head of Joint Commissioning Unit
Keith Nye	Joint Commissioning Unit
Tracy Simcox	Joint Commissioning Unit
Michael Hurt	Joint Commissioning Unit
Julie Hewitt	Information Intelligence Manager, NHS Walsall CCG

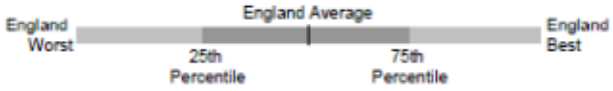
Appendix 2 – Public Health Outcome Framework Indicators

Health summary for Walsall

E08000030

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	122840	46.6	20.3	83.7		0.0
	2	Proportion of children in poverty	16165	29.5	21.1	45.9		6.2
	3	Statutory homelessness	127	1.2	2.3	9.7		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	1774	56.4	59.0	31.9		81.0
	5	Violent crime	3414	13.3	13.6	32.7		4.2
	6	Long term unemployment	3432	20.5	9.5	31.3		1.2
Children's and young people's health	7	Smoking in pregnancy ‡	673	19.0	13.3	30.0		2.9
	8	Starting breast feeding ‡	2179	61.3	74.8	41.8		96.0
	9	Obese Children (Year 6) ‡	697	23.2	19.2	28.5		10.3
	10	Alcohol-specific hospital stays (under 18)	36	59.0	61.8	154.9		12.6
	11	Teenage pregnancy (under 18) ‡	273	51.3	34.0	58.5		11.7
Adults' health and lifestyle	12	Adults smoking	n/a	22.7	20.0	29.4		8.2
	13	Increasing and higher risk drinking	n/a	20.0	22.3	25.1		15.7
	14	Healthy eating adults	n/a	21.8	28.7	19.3		47.9
	15	Physically active adults	n/a	50.5	56.0	43.8		68.5
	16	Obese adults ‡	n/a	27.8	24.2	30.7		13.9
Disease and poor health	17	Incidence of malignant melanoma	22	8.3	14.6	28.8		3.2
	18	Hospital stays for self-harm	463	180.7	207.9	542.4		51.2
	19	Hospital stays for alcohol related harm ‡	6732	2227	1895	3276		910
	20	Drug misuse	2107	12.4	8.6	26.3		0.8
	21	People diagnosed with diabetes	17125	8.0	5.8	8.4		3.4
	22	New cases of tuberculosis	54	21.0	15.4	137.0		0.0
	23	Acute sexually transmitted infections	3105	1152	804	3210		162
	24	Hip fracture in 65s and over	299	480	457	621		327
Life expectancy and causes of death	25	Excess winter deaths ‡	158	20.8	19.1	35.3		-0.4
	26	Life expectancy – male	n/a	77.3	78.9	73.8		83.0
	27	Life expectancy – female	n/a	82.3	82.9	79.3		86.4
	28	Infant deaths	30	8.0	4.3	8.0		1.1
	29	Smoking related deaths	431	222	201	356		122
	30	Early deaths: heart disease and stroke	216	73.6	60.9	113.3		29.2
	31	Early deaths: cancer	365	120.3	108.1	153.2		77.7
	32	Road injuries and deaths	74	27.7	41.9	125.1		13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk

Appendix 3 – Children and Young Peoples' Outcome Framework Indicators

Summary of child health and well-being in Walsall

The chart below shows how children's health and well-being 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 which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significantly better than England average
- Regional average

England average: 25th percentile – 75th percentile
range of values that differ significantly from the average

	Indicator	Local no. per year	Local value	Eng. ave.	Eng. worst	Eng. best
Preventable mortality	1 Infant mortality rate	30	8.0	4.4	8.0	2.2
	2 Child mortality rate (age 1-17 years)	11	19.2	13.7	23.7	7.5
Health protection	3 MMR immunisation (by age 2 years)	3,228	95.6	91.2	78.7	97.2
	4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	3,329	98.6	96.1	85.7	98.8
	5 Children in care immunisations	390	98.7	83.1	0.0	100.0
	6 Acute sexually transmitted infections (including Chlamydia)	1,396	39.7	35.6	75.2	19.9
Wider determinants of ill health	7 Children achieving a good level of development at age 5	2,020	58.7	63.5	51.5	76.5
	8 GCSE achieved (5A*-C inc. Eng and maths)	1,888	55.9	59.4	40.9	79.6
	9 GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	14.6	0.0	40.0
	10 Not in education, employment or training (age 16-18 years)	750	7.4	6.1	11.8	1.6
	11 First time entrants to the Youth Justice System	142	532.7	876.4	2,436.3	342.9
	12 Children living in poverty (aged under 16 years)	16,165	29.5	21.1	45.9	7.4
	13 Family homelessness	93	0.9	1.7	7.4	0.1
	14 Children in care	490	77.0	59.0	150.0	19.0
	15 Children killed or seriously injured in road traffic accidents	13	24.5	22.1	47.9	4.4
Health improvement	16 Low birthweight	348	9.3	7.4	11.0	5.0
	17 Obese children (age 4-5 years)	376	11.3	9.5	14.5	5.8
	18 Obese children (age 10-11 years)	692	23.2	19.2	27.8	12.3
	19 Participation in at least 3 hours of sport/PE	17,646	45.1	55.1	40.9	79.5
	20 Children's tooth decay (at age 12)	-	0.6	0.7	1.5	0.2
	21 Teenage conception rate (age under 18 years)	260	51.4	35.4	64.7	8.2
	22 Teenage mothers (age under 18 years)	99	2.7	1.3	2.8	0.3
	23 Hospital admissions due to alcohol specific conditions	34	55.6	55.8	138.3	16.9
	24 Hospital admissions due to substance misuse (age 15-24 years)	18	53.9	69.4	186.3	25.7
Prevention of ill health	25 Smoking in pregnancy	673	18.9	13.2	29.7	2.9
	26 Breastfeeding initiation	2,179	61.0	74.0	41.8	94.3
	27 Breastfeeding at 6-8 weeks	1,296	35.7	47.2	19.7	82.8
	28 A&E attendances (age 0-4 years)	7,278	407.7	483.9	1,187.4	136.3
	29 Hospital admissions due to injury (age under 18 years)	609	96.0	122.6	211.1	72.4
	30 Hospital admissions for asthma (age under 19 years)	148	221.1	193.9	484.4	73.4
	31 Hospital admissions for mental health conditions	134	211.2	91.3	479.7	22.6
	32 Hospital admissions as a result of self-harm	85	134.0	115.5	311.9	26.0

Notes and definitions - Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2009-2011
2 Directly standardised rate per 100,000 children age 1-17 years, 2009-2011
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2011/12
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2011/12
5 % children in care with up-to-date immunisations, 2012
6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2011
7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012
8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2011/12
9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2011/12 (provisional)
10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local Connexions services, 2011
11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2010/11
12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2010
13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2011/12
14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2012
15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2009-2011
16 Percentage of live and stillbirths weighing less than 2,500 grams, 2011
17 % school children in Reception year classified as obese, 2011/12
18 % school children in Year 6 classified as obese, 2011/12
19 % children participating in at least 3 hours per week of high quality PE and sport at school age (5-18 years), 2009/10
20 Weighted mean number of decayed, missing or filled teeth in 12 year olds, 2008/09
21 Under 18 conception rate per 1,000 females age 15-17 years, 2010
22 % of delivery episodes where the mother is aged less than 18 years, 2011/12
23 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2008-11
24 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2009-12
25 % of mothers smoking at time of delivery, 2011/12
26 % of mothers initiating breastfeeding, 2011/12
27 % of mothers breastfeeding at 6-8 weeks, 2011/12
28 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2010/11
29 Crude rate per 10,000 (age 0-17 years) for emergency hospital admissions following injury, 2011/12
30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2011/12
31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2011/12
32 Crude rate per 100,000 (age 0-17 years) for hospital admissions for self-harm, 2011/12