HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

One Halton Health & Wellbeing Strategy: Starting Well data pack

2024

HALTON BOROUGH COUNCIL

OneHalton
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Contents

KEY PRIORITIES AND FINDINGS

Early years experience is crucial to children's physical, cognitive and social development. During this development period it is critical that the child has the best conditions and environment in which to achieve the 'best start in life'. Improving the social context within which children live is essential to improving their development and, short and long-term life chances.

Overall health of children and young people (aged under 18 years of age) is generally worse than the England average. Borough children face a wide range of socio-economic and health challenges

Priorities from the data analysis

Good level of development at both 2-2.5 years and by end of reception year

Breastfeeding rates

Proportion of children seeing a dentist annually and level of decayed, missing and filled teeth by age 5

Levels of child obesity (Reception year and year 6)

Accidental injuries

Mental health problems including self-harm

Educational outcomes at GCSE or equivalent (average attainment 8 scores)

Key issues

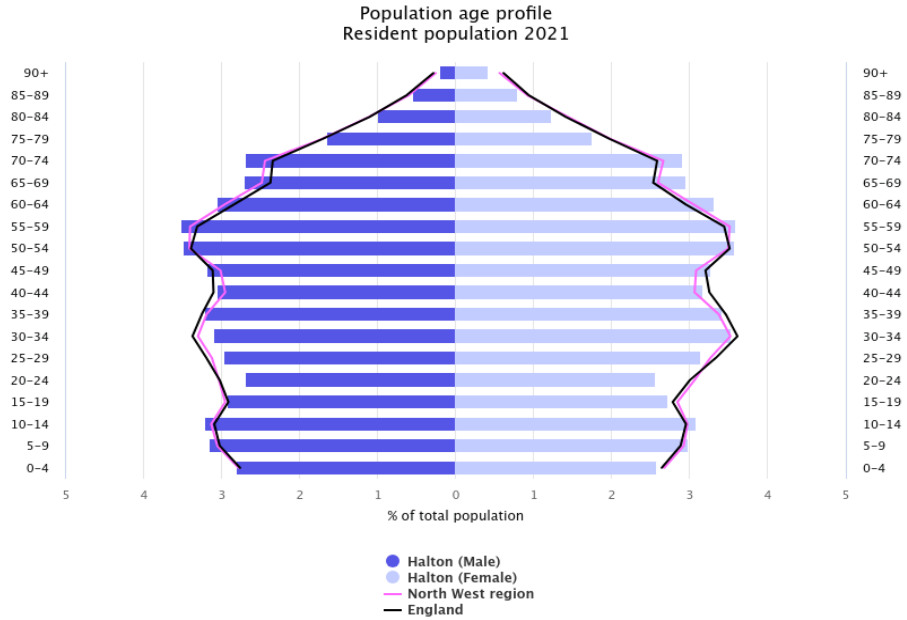
- The under 18 population will fall slightly over the next 15-20 years.
- Life expectancy and healthy life expectancy at birth is statistically lower than the national and regional averages.
- Almost 1 in 5 children under 16 are living in relative poverty in Halton. 56% live in the 20% most deprived parts of the country.
- For most health-related indicators, Halton fairs worse than NW and England, including breast feeding, hospital admissions due to gastroenteritis in infants (under age 1), respiratory tract infections, some vaccination & immunisation uptake, child obesity, asthma levels and oral healthj
- MMR uptake has decreased. Although better than England and NW fails to reach 95% required for herd immunity.
- Fewer Halton children receive early developmental checks—up to and including the 2-2.5 year check—than the regional average but better than England.
- Lower proportions achieve a good level of development at 2-2.5 year check and by end of Reception year.
- A&E attendance rates are the highest in England, the majority being under age 5. As a result hospital admissions are also higher.
- Admissions due to injuries are a significant problem, a leading cause of A&E attendance and the top cause of emergency admissions. Rates are statistically above England but the gap has narrowed as rates have fallen.
- Halton has higher rates of vulnerable children & young people
- Halton has higher levels of SEN. Speech, Language & Communication problems as well as social, emotional and mental health problems are the top reasons.
- Educational attainment overall is lower than comparators.

POPULATION

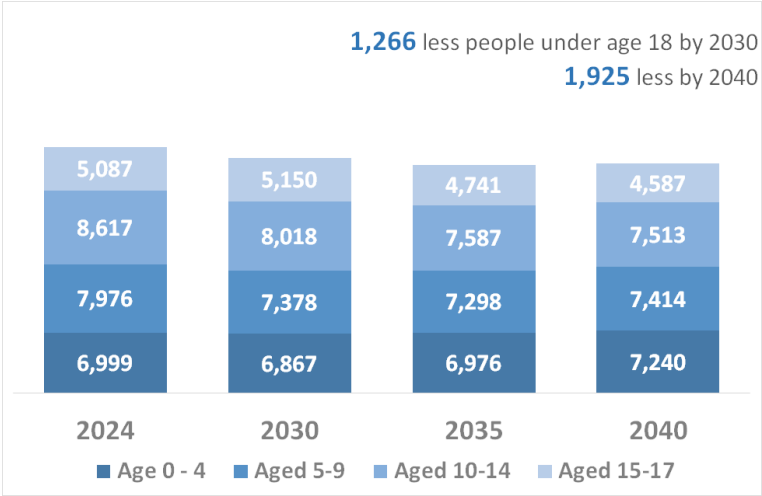
The population of Halton, like the rest of the country, is changing, with a larger proportion being of older age, 65+ than we have seen previously. Previously Halton's population was thought of as having a 'younger' age structure than England. However, this is changing as Halton's population is ageing faster than England. There does still remain a slightly larger proportion of Halton's population under the age of 18 at present but only just.

There are **27,546** people aged under 18 according to the 2022 mid-year population estimates from Office for National Statistics. This is a reduction of 1,060 from the 2020 estimates. This may be due to re-basing the estimates using the 2021 Census returns.

Age	Male	Female	Total
Age 0 - 4	3,538	3,311	6,849
Aged 5-9	3,969	3,792	7,761
Aged 10-14	4,143	4,010	8,153
Aged 15-17	2,485	2,298	4,783
Aged 0-17	14,135	13,411	27,546



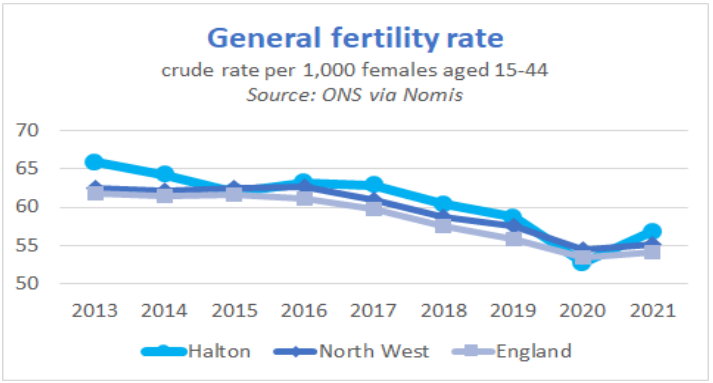
Population projections take 2018 as their base year. As such they have not yet been re-based using the 2021 Census return. As such the 2024 population numbers remain greater than the 2022 mid-year estimates. Despite this they do predict a fall in the under 18 population.



By 2040 there will be 7% less people aged under 18 compared to 2020. This is a larger decrease than elsewhere.

0 to 17	2025	2030	2035	2040
Halton	-1.3%	-5.0%	-7.4%	-7.1%
North West	1.0%	-0.6%	-2.1%	-1.1%
England	0.8%	-1.3%	-3.2%	-2.4%

Part of this is due to migration patterns in and out of the borough. Part is due to falling birth rates. In 2021 there were 242 fewer live births in Halton than in 2013.



CHILD POVERTY

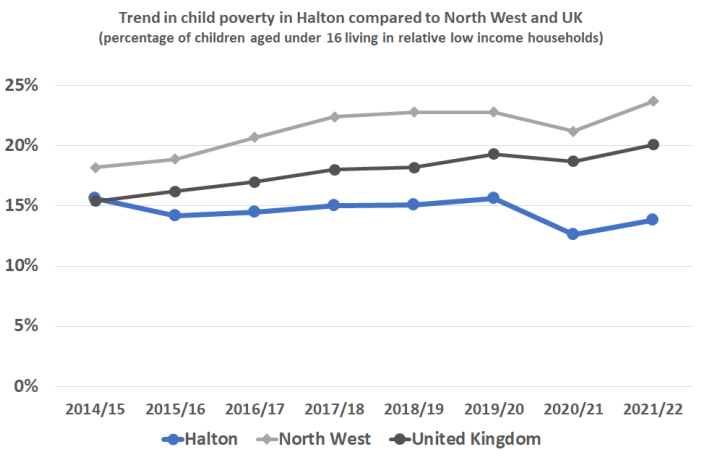
The links between poverty and health are well established. Poverty can impact on the health of people at all stages of life, in numerous ways, and impacts on overall life expectancy. In England, the life expectancy for those in the most deprived areas compared to the least deprived areas was 9.7 years for men, and 8 years for women (2018-20). There is also evidence that children who live in poverty are exposed to a range of risks that can have a significant impact on their mental health.

According to Office of Health Improvement & Disparities just over 1 in 5 children aged under 16 in Halton live in relative low income households (21.2%), which is statistically higher than the England average (19.9%).

Indicator	Period	Halton			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Children in low income families (all dependent children under 20)	2016	↓	5,630	19.4%	18.1%	17.0%	32.5%		
Children in relative low income families (under 16s)	2021/22	-	5,200	21.2%	23.7%	19.9%	41.7%		5.4%

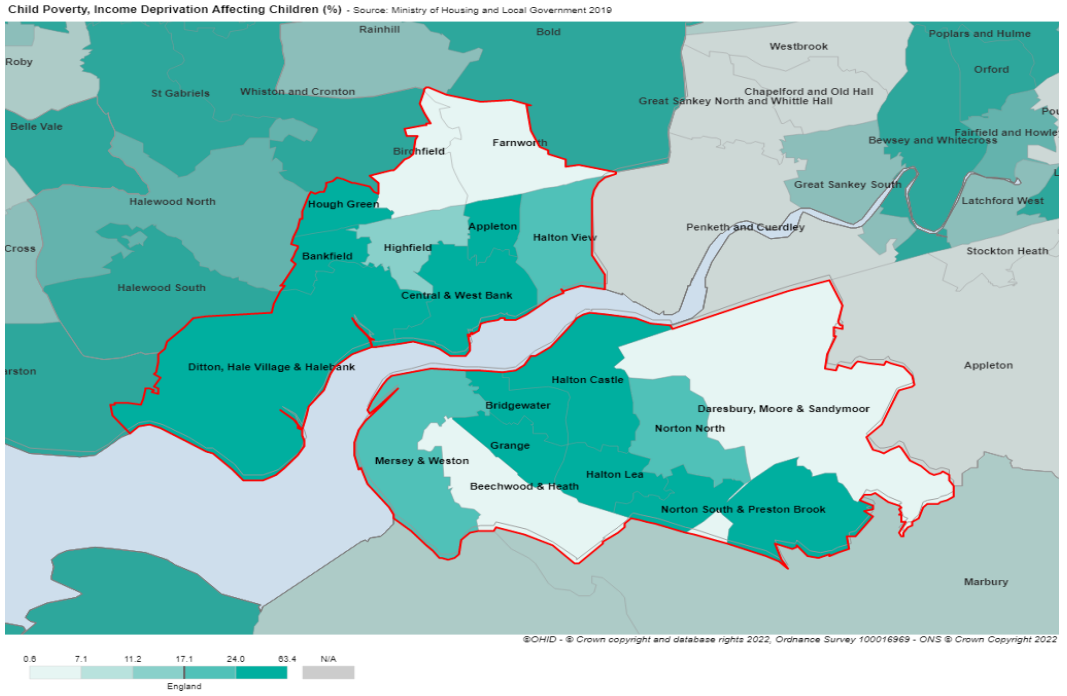
Source: Office of Health Improvement and Disparities Fingertips tool

This gives a different picture to that from Department for Works & Pension despite the OHID data coming from that source. This shows Halton has a lower percentage of children in relative low income families



Nationally 12.4% of all households with dependent children were workless households. In Halton this percentage is higher at 14.6% (North west lower at 9.9%). This equates to 4,300 households in Halton. There can still be a great impact on families with parents in work, particularly those on low income or insecure jobs.

There is inequality within Halton, with some wards experiencing relatively higher levels of income deprivation affecting children. Windmill Hill, Halton Castle and Halton Lea show the highest income deprivation index; Birchfield had the lowest (note as data is from 2019 it is based on the old electoral wards).



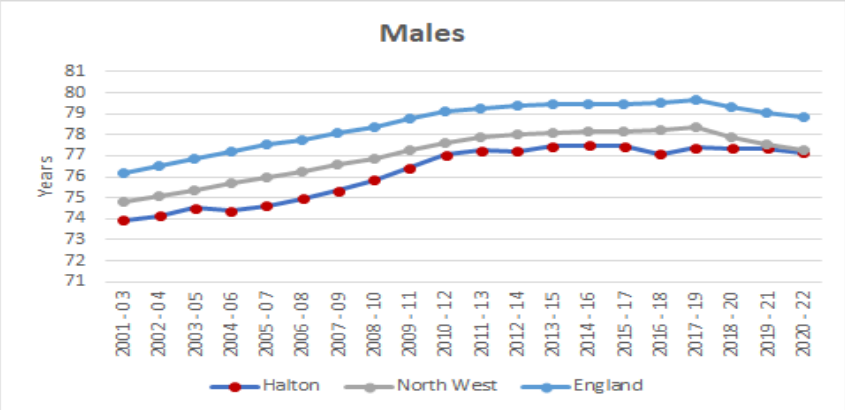
LIFE EXPECTANCY

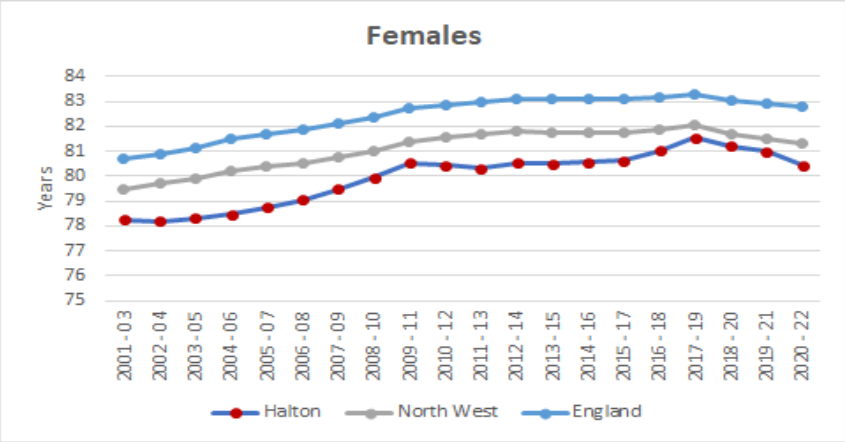
Declining mortality in the 19th and 20th century saw a significant rise in life expectancy. 2011 marked a turning point in long-term mortality trends in England, with improvements slowing after decades of steady decline, prompting much debate about the causes. The emergence of Covid-19 in 2020 will have significant implications for life expectancy across the country and in Halton. However, single year life expectancy figures show an improvement in 2022 for men although this has not been the case for women with 2022 figure of 80.3 years being lower than both 2020 and 2021.

Life expectancy at birth

Life expectancy in Halton is lower than England, for both men and women. The difference is statistically significantly worse than England.

Trend in life expectancy at birth



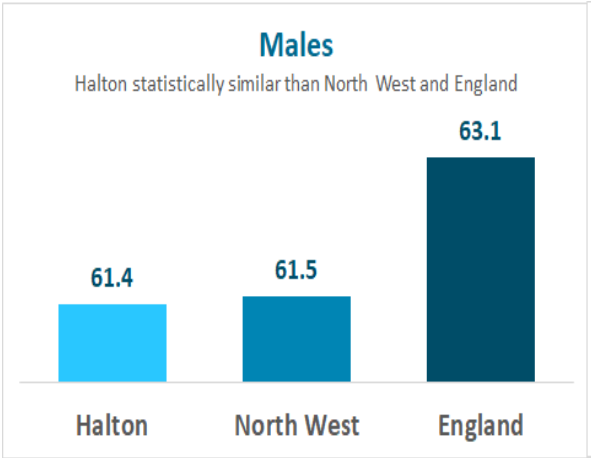


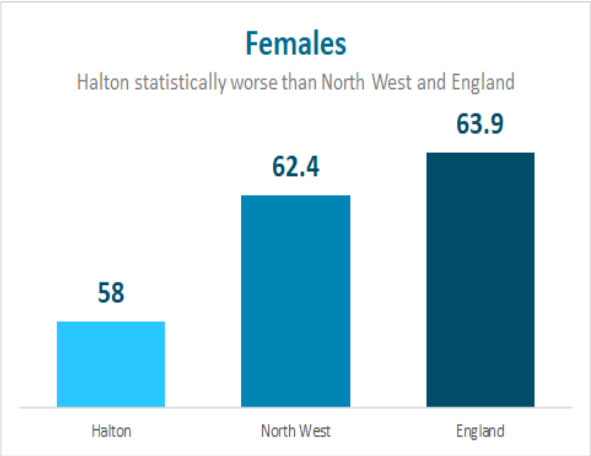
Healthy life expectancy at birth

Another key measure of health inequality is how much time people spend in good health over the course of their lives, given how crucial good health is to wider quality of life and people's ability to do the things that they value. This is known as healthy life expectancy.

Healthy life expectancy is lower in Halton, for both men and women, compared to both the North West and England. For life expectancy the difference is statistically significant compared to England. Healthy life expectancy has improved for men in Halton. Between 2009-11 to 2017-19 it was always statistically worse than England. However, an improvement for 2018-20 means it is now statistically similar to England. However, for women whilst there has been marginal improvement 2018-20 compared to 2017-19 the level remains statistically worse than England.

Healthy life expectancy at birth: Halton compared to England and the North West





GOOD START IN LIFE

"Early childhood is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy" (The Marmot Review 10 Years On).

Early support

As part of the national Healthy Child Programme, all children and parents are entitled to early support from health professionals are the following points in the child's life:

- New Birth Visit within 14 days
- 6-8 week check
- 12 month review
- 2—$2^{1/2}$ year review

This visits are important in identifying any development issues with the infant, to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal mental health.

Proportion of key developmental checks received in 2022/23

	Halton	North West	England
New Birth Visit	80.4%	78.7%	79.9%
6-8 weeks	82.8%	84.8%	79.6%
12 months	75.1%	78.1%	70.9%
2—$2^{1/2}$ years	75.2%	76.8%	73.6%

Generally these Health Visitor visits and reviews show Halton performs to a similar or slightly better level to England and slightly lower than the North West averages. The 2020/21 data shows a consistently worse position demonstrating local services have recovered well since the pandemic.

Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life.

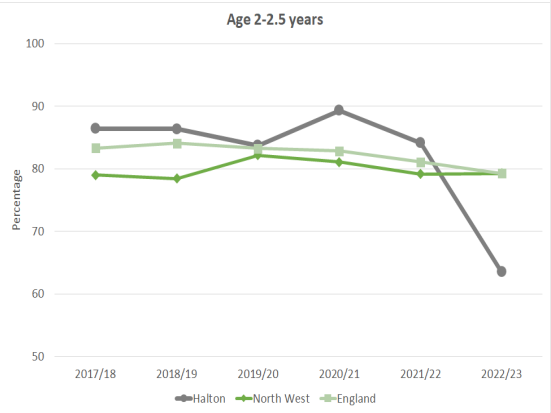
The proportion of term babies (carried to 37 weeks or more) born weighing under 2500g was 2.8% in Halton in 2021, which was the same/similar to the England (2.8%) and North West (2.6%) averages.

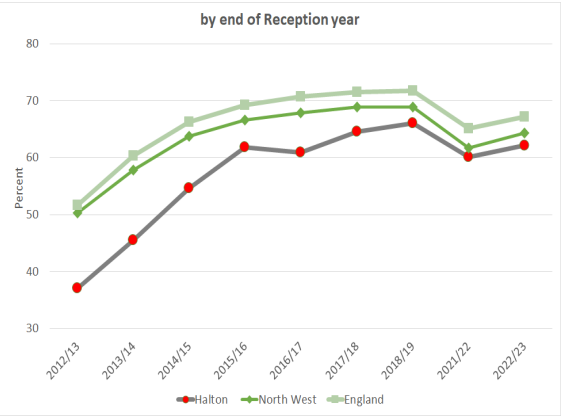
Child development

Early years development is measured at age $2^{1/2}$ years and at the end of Reception school year. Until the latest reporting year Halton children showed a relatively good level of development at $2^{1/2}$ years. By the end of Reception outcomes are consistently significantly worse than the England average although the gap has closed

There are stark inequalities within Halton: at the end of Reception, 75% of girls have a good level of development compared to 58% of boys. In addition, the figure is only 48% those with free school meal status, compared to 71% for those without.

Proportion of children achieving a good level of development





GOOD START IN LIFE: BREASTFEEDING

The importance of first feed breastmilk is twofold; the establishment and continuation of breastfeeding begins with initiation and first feed, and the feeding of colostrum in the first hours and days of life confers protective benefits. Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in reduced hospital admission for the treatment of infection in infants.

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that not breastfeeding is linked to an increased risk of gastrointestinal and respiratory tract infections. There is growing evidence that not breastfeeding might increase the risk of obesity later in life.

Breastfeeding is associated with improved maternal health: lower risk of breast cancer and endometriosis, and greater postpartum weight loss and lower body mass index (BMI) in the longer term.

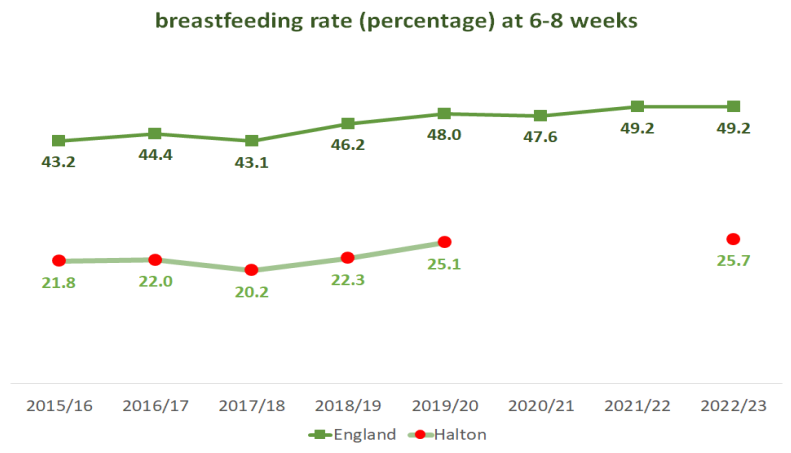
Increasing rates of breastfeeding initiation and continuation is also recommended within the DH Healthy Child Programme. Current national and international guidance recommends exclusive breastfeeding for around the first six months of life. Breastfeeding initiation and uptake at 6-8 weeks are included in the NICE proposals for the Commissioning Outcomes Framework.

Breastfeeding initiation and at 6-8 week checks

Data for 2020/21 shows that only just over half of all Halton babies receive a first breast feed

Halton **53.6%** North West 54.7% England **71.7%**

By the 6-8 week check period it has nearly halved again in Halton.



Gastroenteritis and lower respiratory tract infections

Data on hospital admissions amongst infants aged less than 1 shows Halton has much higher rates than the England average. In both cases the difference is statistically significant. Halton's rates are also higher amongst infants aged 1 and amongst 2-4 year olds, although the difference compared to England is less marked.

Admissions for gastroenteritis (crude rate per 10,000)

	Under age 1	Aged 1	Aged 2-4
Halton	154.1	110.9	58.6
North West	191.6	155.4	77.5
England	125	97.7	49.1

Admissions for lower respiratory tract infections (crude rate per 10,000)

	Under age 1	Aged 1	Aged 2-4
Halton	1101.5	184.9	46.9
North West	1015.8	205.7	27.1
England	707.1	167.8	26.9

GOOD START IN LIFE: VACCINATION & IMMUNISATION

Immunity is the ability of the human body to protect itself from infectious disease. It can be acquired by natural disease or by vaccination. Vaccines generally provide immunity similar to that provided by the natural infection, but without the risk from the disease or its complications. The primary aim of vaccination is to protect the individual who receives the vaccine. Vaccinated individuals are also less likely to be a source of infection to others. This means that individuals who cannot be vaccinated will still benefit from the routine vaccination programme. This concept is called population (or 'herd') immunity. When vaccine coverage is high enough to induce high levels of population immunity, infections may even be eliminated from the country or region, e.g. poliomyelitis But if high vaccination coverage is not maintained, it would be possible for the disease to return. The UK has a routine immunisation programme for children and adults. It's overall aim is to provide protection against the following vaccine-preventable infections:

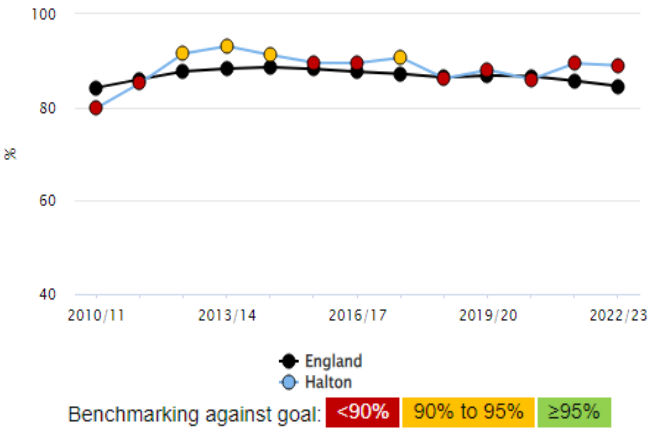
- diphtheria
- haemophilus influenzae type b (Hib)
- hepatitis B
- human papillomavirus (certain serotypes)
- influenza
- measles
- meningococcal disease (certain serogroups)
- mumps
- pertussis (whooping cough)
- pneumococcal disease (certain serotypes)
- polio
- rotavirus
- rubella
- Shingles
- tetanus

Considering some key vaccination uptake data we can see that overall uptake in Halton is better than the North West and England levels apart from flu.

Although the uptake of 2 doses of MMR in Halton is better than England it does not meet the 90% target for herd immunity.

Uptake of HPV vaccination - to protect again human papillomavirus which is linked to increased risk of developing cervical cancer in adulthood - is higher in Halton than in the North West or England. This is the case for both males and females., one dose and 2 doses.

MMR vaccine coverage in Halton compared to England (2 doses, age 5)



Proportion of children receiving key vaccinations in 2022/23

2022/23	Halton	North West	England
Dtap / IPV / Hib (1 year)	92.5%	91.5%	91.8%
Hib / MenC booster (2 years)	90.2%	88.9%	88.7%
PCV	95.4%	93.3%	93.7%
MMR - one dose (2 years)	90.4%	89.4%	89.3%
MMR - one dose (5 years)	94.5%	93.4%	92.5%
Flu (2-3 years)	32.9%	38.6%	43.7%
Flu (primary school age)	55.9%	58.4%	56.3%

HPV vaccination coverage

Indicator	Period	Halton			Region England	England
		Recent Trend	Count	Value	Value	Value
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male) <80% 80% to 90% ≥90%	2021/22	–	485	65.4%	63.6%	62.4%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female) <80% 80% to 90% ≥90%	2021/22	↓	588	75.8%	71.6%	69.6%
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Male) <80% 80% to 90% ≥90%	2021/22	–	573	67.6%	65.1%	62.4%
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female) <80% 80% to 90% ≥90%	2021/22	↓	635	77.4%	70.3%	67.3%

HEALTH & WELLBEING: OBESITY

Tackling obesity is one of the greatest long-term health challenges currently faced in England. 1 in 3 children leaving primary school are overweight or living with obesity with 1 in 5 living with obesity. Obesity prevalence is highest amongst the most deprived groups in society. Children in the most deprived parts of the country are more than twice as likely to be obese than those living in the least deprived areas.

Child obesity is a good indicator of adult obesity which can lead to poor health outcomes. The National Child Measurement Programme (NCMP) data enables local areas to plan services to tackle child obesity and monitor progress. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health.

NCMP measures the height and weight of over one-million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) each year in primary schools in England. School closures, in March 2020, due to the Covid-19 pandemic meant that in 2019/20 the number of children measured was around 75% of previous years. As such in some areas, both local authority level as well as small area data is not robust. Local authorities were not asked to restart the NCMP programme in September 2020. In March 2021 they were asked to use the remainder of the academic year to collect a representative sample of child measurement data to enable a national estimate of children's weight status (including obesity prevalence) for 2020/21 and contribute towards assessing the impact of the COVID-19 pandemic on children's physical health. A decision was taken NOT to publish local authority level NCMP data for 2020/21 hence the gap in the trend charts below.

2022/23 NCMP

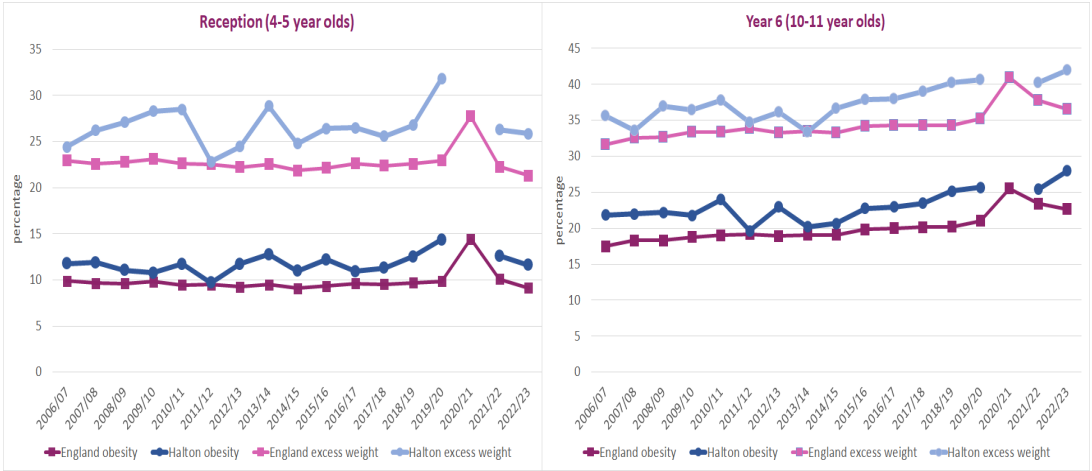
Data for Halton shows levels of healthy weight children being lower than England. Conversely levels of overweight and obesity are higher.

Reception

	Underweight	Healthy weight	Obesity (including severe obesity)	Overweight	Overweight (including obesity)	Severe obesity
Halton	0.7	73.4	11.6	14.2	25.8	3.0
North West	1.0	76.2	9.8	13.0	22.8	2.5
England	1.5	77.8	9.3	11.3	20.7	2.7
Year 6						
Halton	0.7	57.0	28.0	14.3	42.0	7.7
North West	1.4	61.0	23.1	14.5	37.6	5.8
England	1.8	60.4	23.8	14.0	37.8	6.2

KEY: statistically similar | statistically higher | statistically lower | higher compared to England

Trends data shows Halton obesity and excess weight (overweight and obese combined) levels have fairly consistently been higher than England, with a few years in which they were similar.



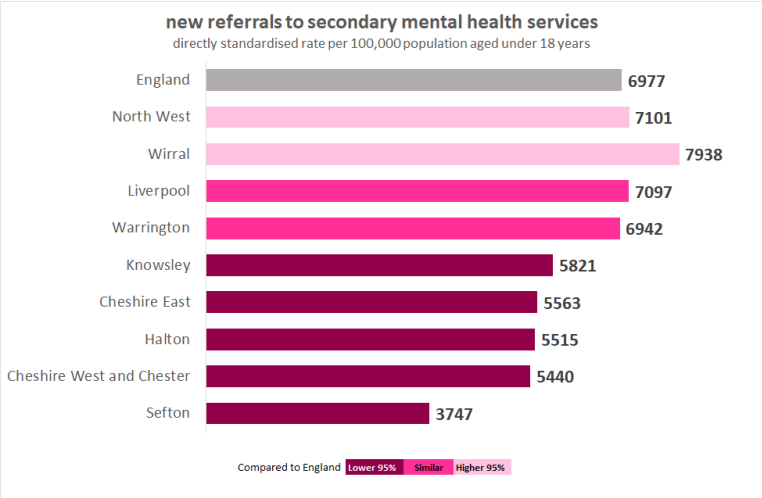
HEALTH & WELLBEING: MENTAL HEALTH

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Referrals to secondary mental health services for under 18s

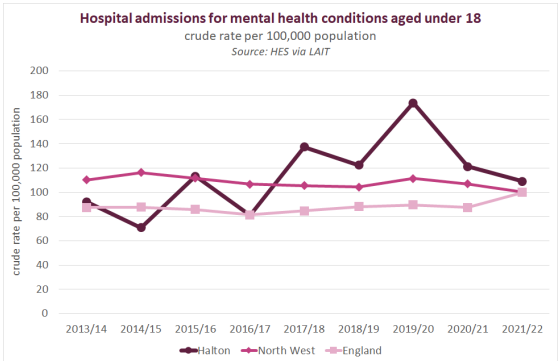
The rate of new referrals provides an important measure of demand and how this reflects the mental health needs of the local population; whether current demand can be met by service provision.

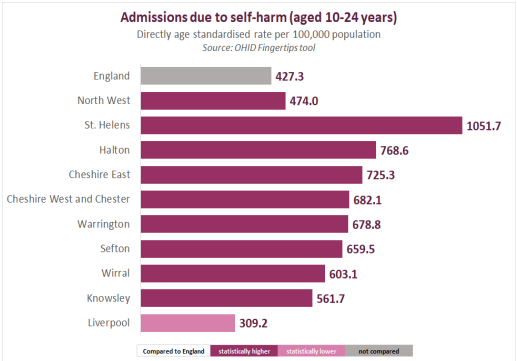
It is a measure of the number of referrals made to mental health services which will reflect factors such as the capacity of primary care services to manage need and the expectation that secondary services are able to accept referrals.

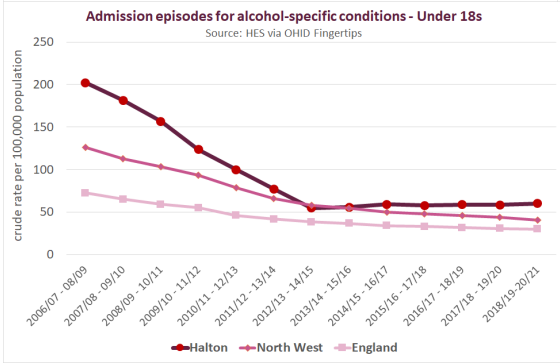


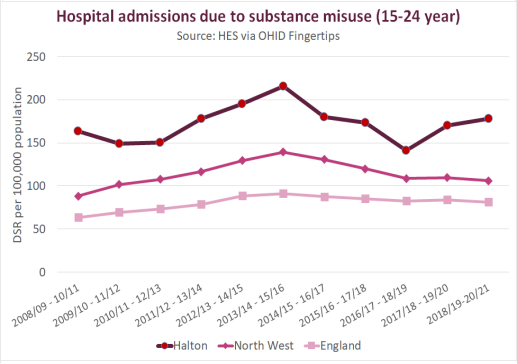
Halton's referral rate is statistically lower than England

Hospital admissions due to mental health amongst young people









Considering four indicators for which data is available by a specific CYP cohort, we can see that Halton's rates are much higher than both the North West and England averages. Changes to how hospital admissions are calculated by OHID means only the latest reporting period is now available and it cannot be compared to previous trend data.

For substance misuse, self-harm and alcohol-specific admissions the difference is statistically higher. For mental health although the rate is higher the difference isn't statistically significant apart from in 2019/20.

ATTENDANCE AT ACCIDENT AND EMERGENCY (A&E)

A&E attendances

A&E attendances have generally increased across England. Children who attend A&E frequently are more likely to live in the most deprived areas and live in families experiencing housing insecurity, loneliness, and mental health issues are other common factors.

Halton has the highest A&E attendance rate for under 18 year olds in England as well as the highest rates for under 1 and 0-4 year olds.

Indicator	Period	Halton			Region	England	
		Recent Trend	Count	Value	Value	Value	Worst
A&E attendances (0 to 4 years)	2021/22	–	14,385	2,080.6	888.4	762.8	2,080.6
A&E attendances (under 1 year)	2021/22	–	3,545	2,731.1	1,257.0	1,094.5	2,731.1
A&E attendances (under 18 years)	2021/22	–	29,600	1,075.0	503.4	439.8	1,075.0

Analysis of 2018/19-2020/21 data shows around one firth of all A&E attendances in Halton were in those aged under 18. Of A&E attendances in the under 18 age group, the majority were aged under 5. 2020/21 saw a drop in attendances due to the Covid-19 pandemic.

A&E attendances by age group

	2018/19	2019/20	2020/21
0 to 4	11705	10839	6889
5 to 9	5357	5202	3510
10 to 14	5409	5205	3417
15 to 17	3075	3030	2375
Total 0-17	25546	24276	16191

% of total 0-17 attendances

	2018/19	2019/20	2020/21
0 to 4	46%	45%	43%
5 to 9	21%	21%	22%
10 to 14	21%	21%	21%
15 to 17	12%	12%	15%

Top causes of A&E attendances (age 0-17)

(Halton residents)

	2018/19	2019/20	2020/21
Respiratory conditions	3,197	3,640	1,201
Contusion / abrasion	1,324	1,482	1,006
Sprain / ligament injury	1,627	1,540	908
Laceration	1,068	1,057	888
Nothing abnormal detected	1,237	946	839
ALL A& E attendances 0-17	25,546	24,276	16,191

Up to a third of A&E attendances are not coded in terms of diagnosis.

Of those that are coded, the top reasons were respiratory conditions, contusion/ abrasions, sprains/ligament injuries and lacerations; a significant number had no abnormality detected.

HOSPITAL ADMISSIONS

Top causes amongst children and young people

Despite multiple and on-going policy commitments to shift care away from acute hospitals and into community settings, hospital activity has increased in England. The number of emergency admissions to hospital have risen substantially over the past decade or so in England.

Understanding local trends of emergency admissions of children and young people with long term conditions, and benchmarking will support service review and redesign, helping to monitor the effectiveness of treatment and management within primary care/ within the home. 2-21/22 data shows Halton has rates of hospital admissions that are statistically higher than England for diabetes and lower respiratory tract infections but rates are lower (but statistically similar) for epilepsy. Rates are also statistically higher for admissions for babies under 14 days old.

		Halton	North West	England
Asthma	ages 2-9 years	135.28	250.22	172.71
Diabetes	ages 0-9 years	67.64	40.03	37.01
	ages 10-18 years	212.53 ●	89.75	80.38
	aged under 19	138.41 ●	64.40	58.00
Epilepsy	ages 0-9 years	67.64	94.79	89.68
	aged under 19	51.90	76.55	73.55
Lower respiratory tract infections	aged under 1 year	1001.54 ●	1015.76	707.13
	aged 1 year	184.91	205.75	167.78
	ages 2-4 years	46.90 ●	27.09	26.89
Admissions for babies under 14 days		104.25 ●	100.43	81.58

● denotes the rate is statistically higher than England. All other rates statistically similar

Emergency Admissions

Emergency hospital admissions are especially high amongst those aged under 5 years of age. Rates in Halton residents are higher than the England averages.

Emergency admissions

crude rate per 1,000 population under 18

Source: HES via OHID Fingertips

	under 1	Aged 1-4	under 18
Halton	508.5 ●	198.1 ●	81.9 ●
North West	479.2	214.0	89.8
England	366.6	161.5	70.7

Injuries

Injuries are a leading cause of emergency admission and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health.

They represent around 6% of the total emergency admissions in the 0-4 age group and 22% in the 5-14 age group. This will be the 'tip of the iceberg' as not all injuries that required medical attention will have been admitted to hospital.

A&E attendances due to injuries

To follow

Emergency hospital admissions due to unintentional and deliberate injuries, 2021/22 *(crude rate per 10,000 population)*

	0-4	0-14	15-24
Halton	101.3	105.1 ●	182.1 ●
North West	129.7	105	124.6
England	103.6	84.3	118.4

For ages 0-14 all 9 local authorities in Cheshire & Merseyside have rates statistically higher than England. For 15-24 year olds Halton has the 2nd highest rate in the North West (behind St Helens)

VULNERABLE CHILDREN & YOUNG PEOPLE: SPECIAL EDUCATIONAL NEEDS

Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families. Children with disabilities often suffer from significant inequalities in health, educational outcomes, employment and life chances compared to their peers. SEN is more prevalent in boys than girls. Pupils with SEN are more likely to be eligible for free school meals (this is a proxy for deprivation levels experienced).

Pupil numbers

The percentage of all Halton pupils with SEN support needs is higher than the North West and England. The percentage with an Education, Health and Care (EHC) plan is more similar, being only slightly higher.

	Halton		North West	England
	Number	%		
SEN support	*2838*	14.9%	13.2%	12.9%
EHC plan	*898*	4.7%	4.5%	4.2%
no SEN	*15316*	80.4%	82.2%	82.9%
Total	*19052*	100%		

Source: Department for Education

Educational outcomes

Data for 2023 shows that Halton pupils with SEN have worse educational outcomes than their comparators. Whilst Halton pupils without SEN perform at similar levels at Key stage 2 at GSCE, their attainment 8 scores are also lower. The consistent pattern is that those with SEN EHCP/statement have the worst outcomes and there is a significant gap also between pupils with SEN and those without.

Key Stage 2 (RWM) 2023			
	EHCP/ statement	SEN support	no SEN
Halton	8%	22%	71%
North West	8%	23%	69%
Statistical Neighbours	9%	26%	72%
England	8%	24%	70%

Attainment 8 score 2023			
	EHCP/ statement	SEN support	no SEN
Halton	12.6%	28.5%	45.9%
North West	13.6%	32.2%	48.1%
Statistical Neighbours	12.7%	30.5%	46.7%
England	14.0%	33.3%	50.2%

Primary needs

Broadly there is consistency of primary need across Halton, North West and England for both SEN support and pupils with an EHC/Statement of SEN.

Halton has higher levels of speech, language and communication needs amongst both pupils with SEN support and those SEN pupils with an EHC/Statement than both comparators. It also has a higher proportion of SEN support pupils have moderate learning difficulties. A lower proportion have Autistic Spectrum Disorder.

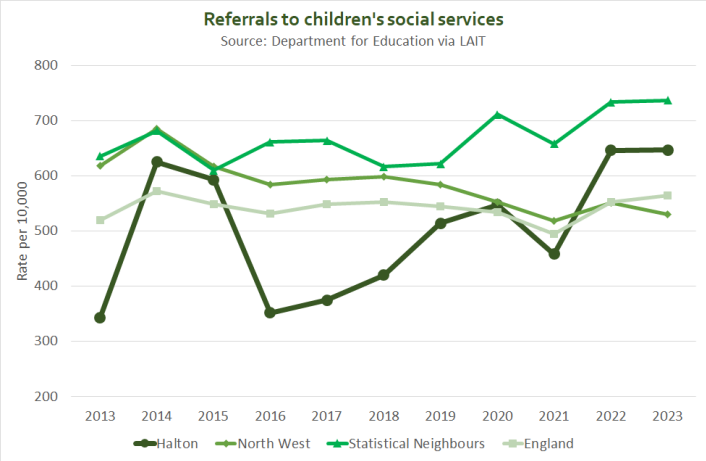
primary need	Halton		North West		England	
	SEN support	EHCP/ statement	SEN support	EHCP/ statement	SEN support	EHCP/ statement
Autistic Spectrum Disorder	2.8%	28.2%	7.3%	31.0%	8.3%	32.2%
Hearing Impairment	1.4%	1.7%	1.6%	1.4%	1.6%	1.7%
Moderate Learning Difficulty	19.3%	5.3%	17.1%	8.8%	17.3%	9.1%
Multi- Sensory Impairment	0.5%	0.2%	0.3%	0.4%	0.3%	0.3%
Other Difficulty/Disability	5.2%	3.7%	4.2%	2.2%	4.0%	2.4%
Physical Disability	1.4%	4.3%	2.1%	4.0%	2.1%	4.0%
Profound & Multiple Learning Difficulty	0.0%	2.9%	0.1%	3.0%	0.1%	2.8%
SEN support but no specialist assessment of type of need	6.6%	0.0%	4.4%	0.0%	4.6%	0.0%
Severe Learning Difficulty	0.1%	6.0%	0.2%	9.4%	0.2%	8.7%
Social, Emotional and Mental Health	21.4%	17.5%	21.2%	16.9%	21.0%	15.2%
Specific Learning Difficulty	9.7%	3.1%	14.5%	4.0%	14.2%	4.1%
Speech, Language and Communications needs	29.9%	26.4%	26.0%	17.8%	25.5%	18.4%
Visual Impairment	1.7%	0.7%	1.1%	1.2%	0.9%	1.0%

Source: Department for Education

VULNERABLE CHILDREN & YOUNG PEOPLE

Referrals to Social Services

Between 2016 to 2020 there was a steady rise in the referral rate for children's social services. Despite the drop in 2021 the overall pattern of increasing rates has continued.



Children on a Child Protection Plan

If a child is considered to be suffering, or likely to suffer, significant harm the local authority will make them the subject of a *child protection plan*. This will says what decisions were made in the child protection conference to keep the child safe.

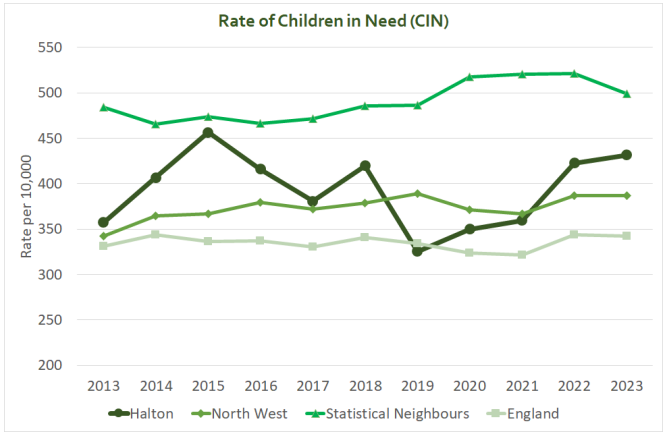
A drop between 2020 and 2021 may have been due to the Covid-19 pandemic as the rates have now increased with Halton's levels now similar to its statistical neighbours group.

Children who are the subject of a Child Protection Plan - rate per 10,000 under age 18					
	2019	2020	2021	2022	2023
Halton	44.4	53.2	47.5	59.2	71.5
North West	56.5	50.4	47.0	48.0	49.1
Statistical Neighbours	62.5	73.7	77.9	71.1	72.7
England	43.7	42.8	41.4	43.3	43.2

Children in Need

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers, and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services and unborn children.

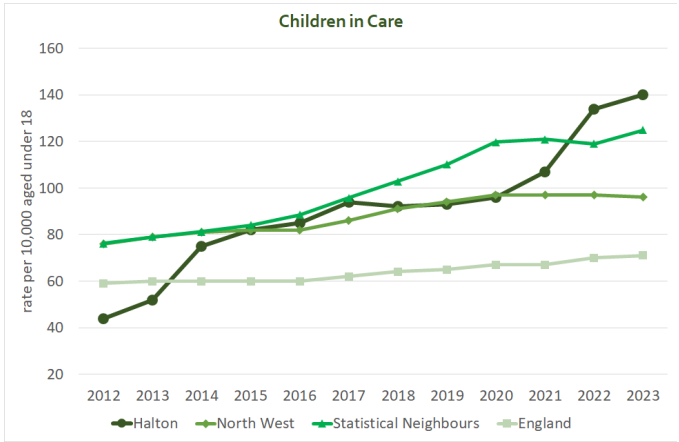
Halton's rate is most similar to the North West and some way below its statistical neighbours group. All are above the England rate.



Children in Care (CiC)

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care.

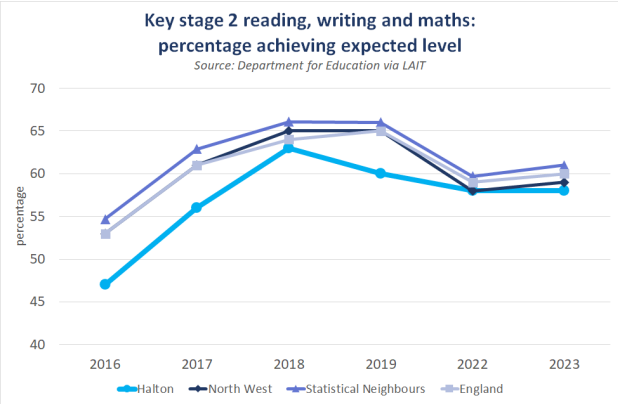
In Halton there has been a rise in CiC recently, from 262 in 2018 to 386 in 2023. This trend has been seen elsewhere also.



EDUCATIONAL ACHIEVEMENT

Research has shown a strong associations between education and overall population health, as measured by mortality rates and life expectancy trends. Pupils with better health and wellbeing are likely to achieve better academically. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement. Analysis by the Office for National Statistics shows that people in the UK who have a low personal education level are nearly five times more likely to be poor in adulthood than those with high personal education levels, once other factors are accounted for. Children whose parents had low levels of education are 3-7.5 times more likely to have low educational outcomes themselves. Growing up in a workless household was also identified as an important factor in predicting future poverty.

Key stage 2



Key Stage 2 comprises of teacher assessments of reading, writing and mathematics in maintained schools in England and Wales normally known as Year 3, Year 4, Year 5 and Year 6, when the pupils are aged between 7 and 11 years.

Due to the pandemic, national data sets were suspended for 2020/21 and 2021/22 academic years. Data from 2016 through to 2019 and now 2022 and 2023 shows Halton pupils perform worse than all comparators at Key Stage 2.

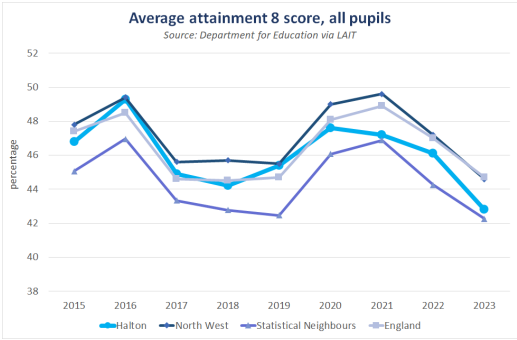
Percentage of pupils achieving expected levels in Key stage 2 reading, writing and maths, by pupil characteristics
2023 unless otherwise stated

	Halton	North West	Statistical Neighbours	England
All pupils	58%	59%	61%	60%
disadvanted	45%	43%	49%	44%
non disadvantaged	68%	67%	69%	67%
eligible for free school meals	45%	43%	44%	44%
not eligible for free school meals	67%	66%	68%	66%
SEN support	22%	23%	26%	24%
SEN EHCP	8%	8%	9%	8%
no SEN identified	71%	69%	72%	70%
Children in Need (2022)	33%	28%	32%	28%

NB: From 2015, disadvantaged pupils include those who are registered as eligible for free school meals at any point in the last six years, children looked after by a local authority and children who left care in England and Wales through adoption or via a Special Guardianship or Child Arrangements Order.

When data is broken down into different pupil groups, it is clear that those with the worst health, with highest educational support needs and those from poor households consistently do worse. Halton pupils performance is at similar levels to comparators which is an improvement on their relative position in 2019.

GCSE results: Attainment 8



Data shows that overall Halton pupils perform worse than comparators, expect for their statistical neighbours average. These are local authorities with similar characteristics.

This academic year saw the return of the summer exam series, after they had been cancelled in 2020 and 2021 due to the impact of the COVID-19 pandemic, where alternative processes were set up to award grades. Given this as well as the changes to grade boundaries and methods of assessment for 2021/22, we need to exercise caution when considering comparisons over time, as they may not reflect changes in pupil performance alone.

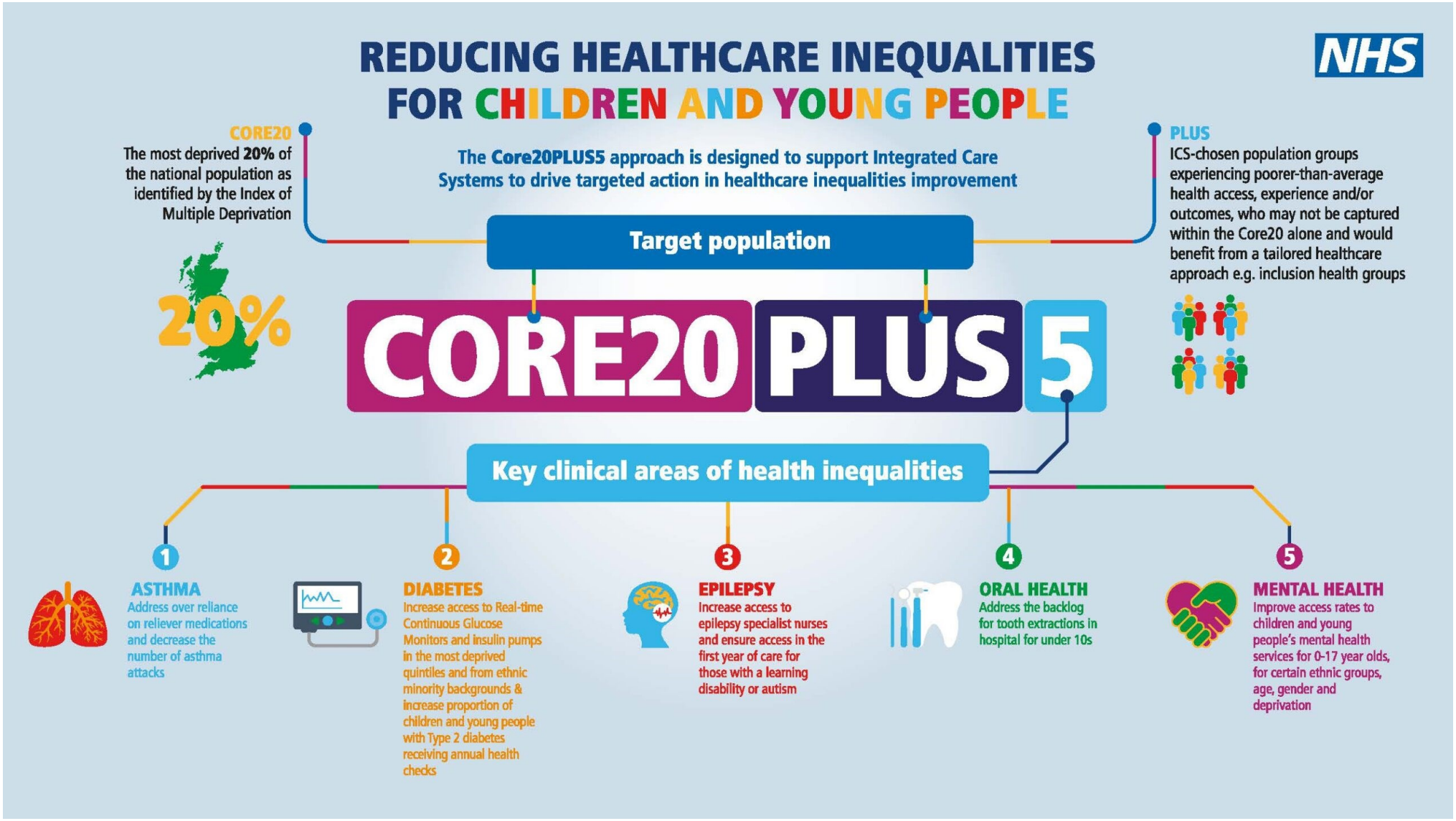
When data is broken down into different pupil groups it is clear that those with the highest levels of need and those eligible for free school meals consistently have lower Attainment 8 scores. Halton pupils tend to do slightly worse than comparator areas.

Average attainment 8 scores by pupil characteristics
2023 unless otherwise stated

	Halton	North West	Statistical Neighbours	England
All pupils	42.8%	44.6%	42.3%	44.7%
non-free school meals pupils	33.5%	33.3%	32.8%	34.9%
free school meals eligible pupils	47.5%	48.5%	46.4%	49.8%
children in need (2022)	21.3%	19.8%	18.1%	20.6%
looked after children (2022)	27.6%	20.7%	18.9%	20.3%
SEN support	28.5%	32.2%	30.5%	33.3%
SEN EHCP	12.6%	13.6%	12.7%	14.0%
no identified SEN	45.9%	48.1%	46.7%	50.2%

CORE 20 PLUS 5

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement. The approach, which initially focused on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people. The Core20 and plus elements follow the same definitions with the 5 clinical priorities chosen to reflect particular health challenges faced by children and young people nationally.



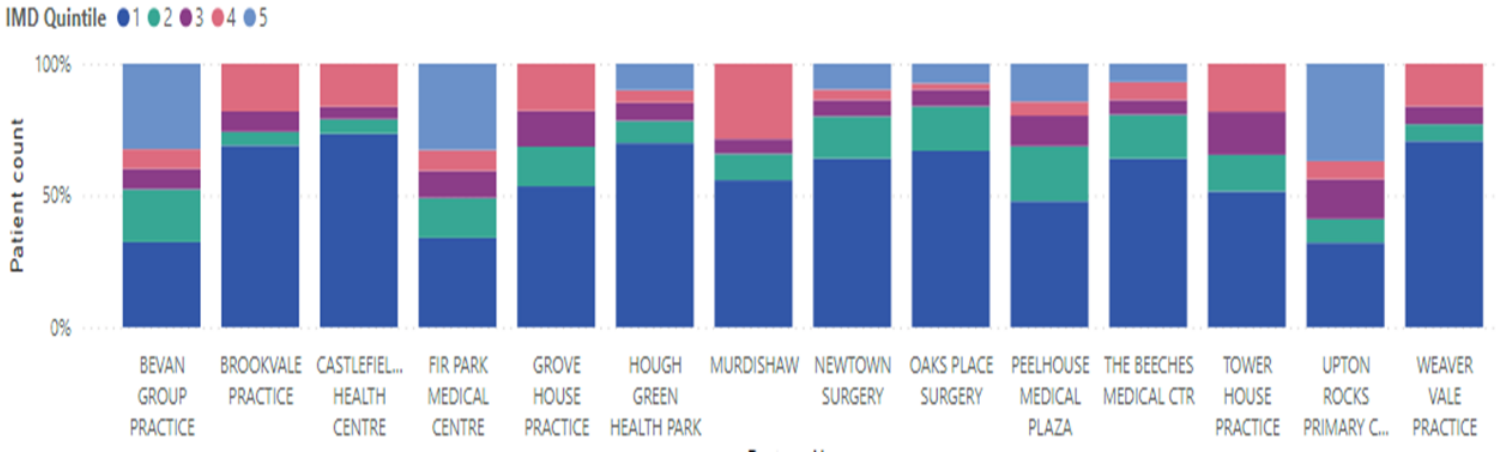
CORE 20 PLUS 5: core 20

Core 20 refers to those living in the 20% most deprived areas in England.

Halton data from CIPHA dashboard shows over half (55.9%) of people aged 0-18 live in the most deprived LSOAs in England. There is a lot of variation by GP practice population

IMD Quintile	Population Size	Male	Female	Black and Minority Ethnic Groups	White	Unknown Ethnicity
1 (most deprived)	14,790	51.06%	48.92%	17.63%	79.52%	2.85%
2	3,452	49.54%	50.46%	18.25%	79.43%	2.32%
3	2,373	53.27%	46.73%	14.83%	82.34%	2.82%
4	3,294	51.52%	48.45%	19.22%	76.68%	4.10%
5 (least deprived)	2,556	52.27%	47.73%	22.85%	74.80%	2.35%
Total	**26,465**	51.23%	48.75%	18.16%	78.95%	2.89%

Source: CIPHA



CORE 20 PLUS 5: PLUS

The PLUS element refers to refers to populations at risk of experiencing healthcare inequalities and who may not show up in the data on the most deprived sections of society.

•ethnic minority communities;

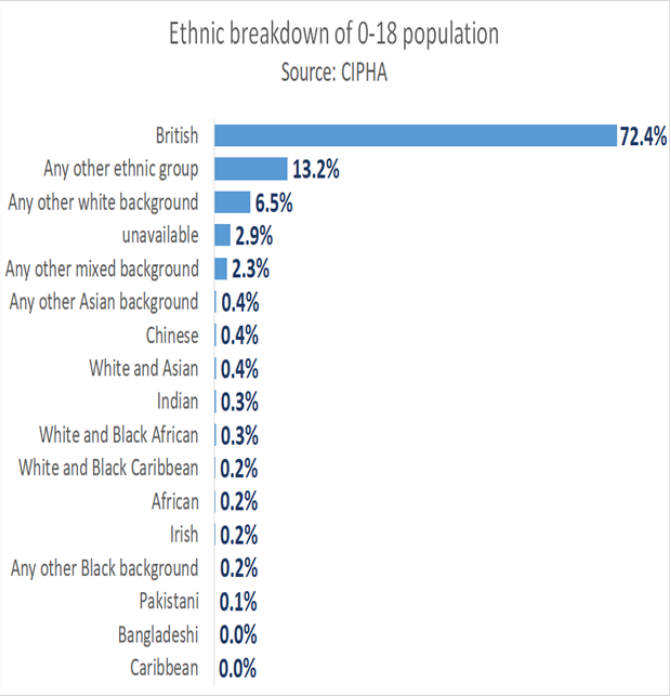
•people with a learning disability and autistic people;

•people with multiple long-term health conditions;

•other groups that share protected characteristics as defined by the Equality Act 2010;

•groups experiencing social exclusion, known as inclusion health groups (includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.)

PLUS population groups should be identified at a local level.



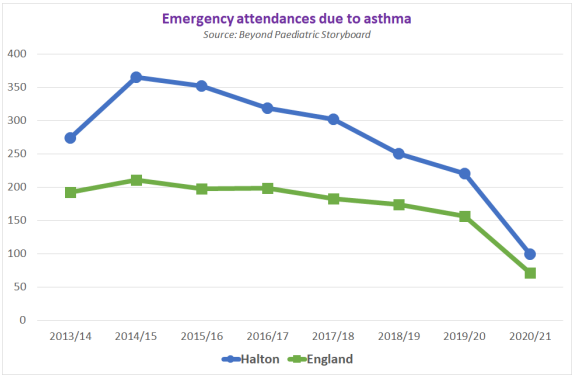
- Overall 3.5 /1,000 population under the age of 18 have a learning disability. By electoral ward this varies from 2.5 to 6.7/ 1,000 population
- About 1% of under 18s have autism. This is higher than the 0.8% England average
- 6.6% of under 18s have at least one long-term condition. This equates to 1,828 young people. Of these the majority, 86.7% or an estimated 1,585, have 1 long-term condition, with the remaining 243 having between 2-4 long-term conditions. The most prevalence of these is asthma.
- To add: number of migrants and asylum seekers
- According to the Census there were 49 Gypsy, Roma & Traveller people under the age of 18 living in Halton. The 2022/23 school census indicates 56 children.
- 2022 data shows there were 31 first time entrants into the youth justice

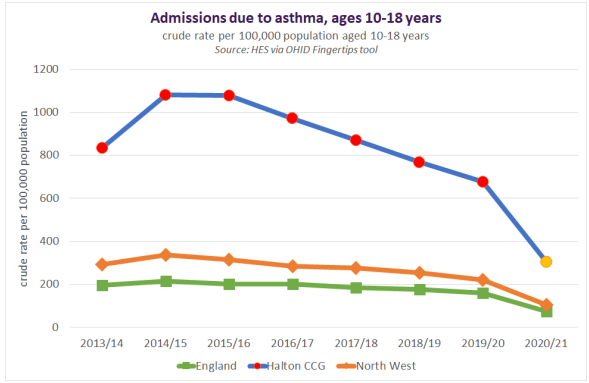
CORE 20 PLUS 5: clinical priority 1—Asthma

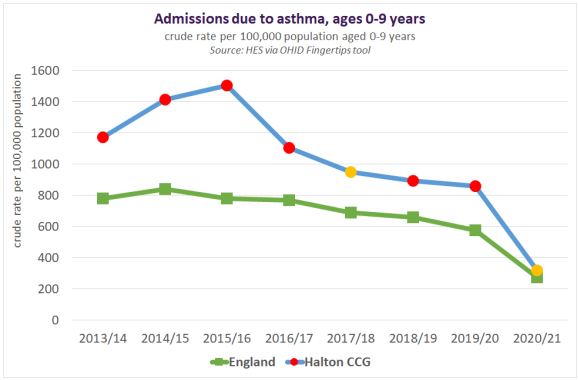
Asthma: Address over reliance on reliever medications; Decrease the number of asthma attacks.

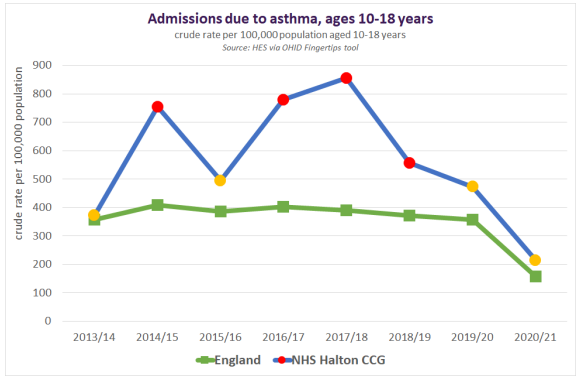
Data from NHS England Population & Person Insights (PaPI) tool indicates 5.0% of under 18s have asthma. This is higher than comparators.

Cheshire & Merseyside ICB 3.9%
North West 4.3%
England 3.4%









Halton has level levels of A&E attendances due to asthma compared to England. However the pattern is following the same downward trend as England. To note the 2020/21 low values are likely to be due to the pandemic.

Hospital admissions due to asthma have generally been statistically higher than the national average, especially for 0-9 year olds but more variable for 10-18 year olds.

Across Halton nearly 3 out of 4 6-19 year olds have a record of either personal smoking status or second-hand smoking status recorded. This is slightly lower than the national average. Rates vary substantially at GP practice level from 45.4% in Grove House to 95% at Oaks Place.

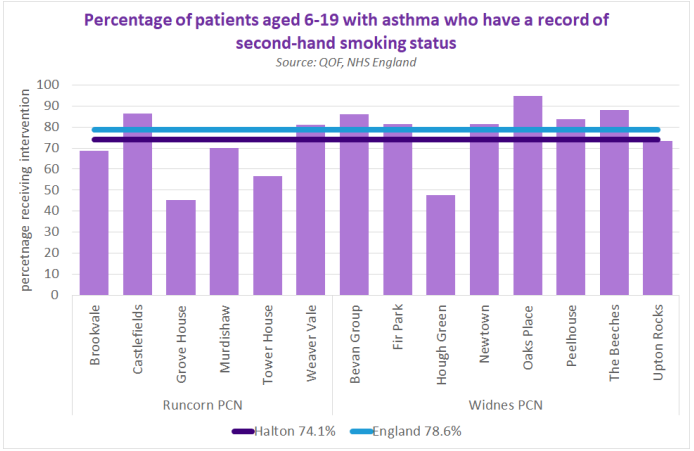
Unfortunately, it is not recorded what percentage are living in a home with a smoker who smoke themselves.

Patients with Asthma (6-19 yrs): Second-hand smoking status recorded in the last 12 months (denominator incl. PCAs)

	2020/21	2021/22	2022/23
England	56.0%	66.2%	78.7%
North West	57.2%	65.3%	77.8%
Halton	55.3%	62.0%	74.1%
Runcorn PCN	50.5%	57.3%	67.6%
Widnes PCN	60.5%	67.5%	81.8%

Source: QOF

or



CORE 20 PLUS 5: clinical priority 2— Diabetes

Diabetes: Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.

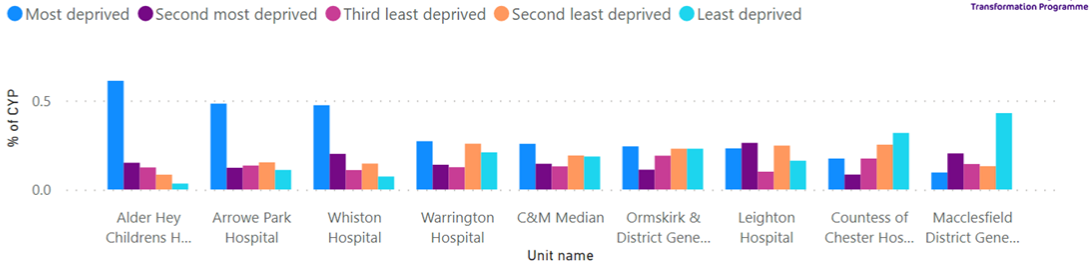
Beyond CYP Transformation Programme
Diabetes Dashboard

beyond
Children and Young People's Transformation Programme

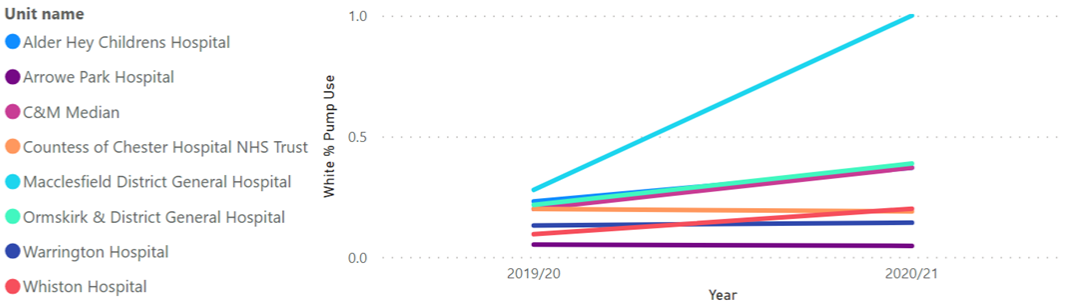
Summary of Characteristics (% of Diabetes CYP Patients - 2020/21)

Unit name	Total included in audit	0-4	5-9	10-14	15 +	Type 1	Type 2
Alder Hey Childrens Hospital	420	0.05	0.15	0.46	0.34	0.96	0.01
Arrowe Park Hospital	164	0.06	0.24	0.42	0.27	0.96	
C&M Median	1429	0.06	0.22	0.45	0.29	0.96	0.03
Countess of Chester Hospital NHS Trust	167	0.04	0.22	0.36	0.38	0.97	
Leighton Hospital	130	0.07	0.23	0.54	0.16	0.96	
Macclesfield District General Hospital	84		0.20	0.45	0.32	0.98	
Ormskirk & District General Hospital	155	0.05	0.20	0.46	0.28	0.95	
Warrington Hospital	144	0.06	0.25	0.45	0.24	0.95	
Whiston Hospital	165	0.07	0.22	0.41	0.30	0.92	0.05

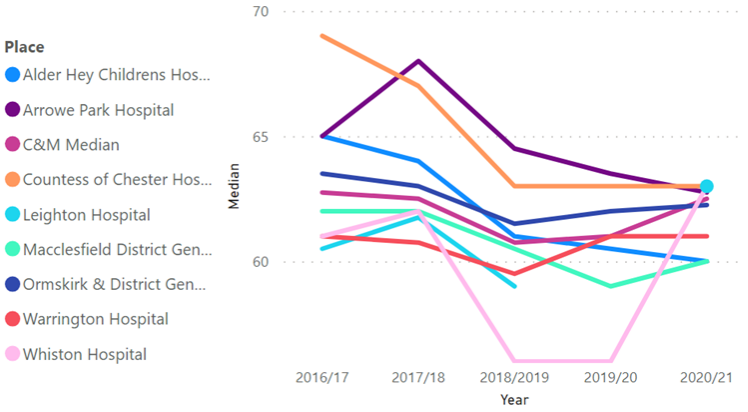
Diabetes by IMD (2020/21)



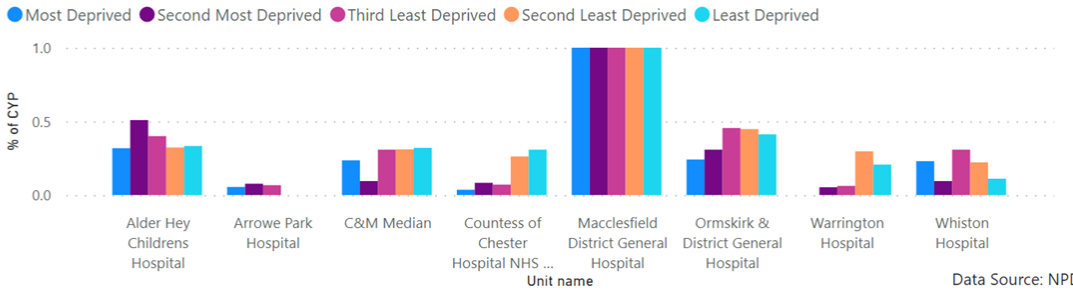
% of CYP CGM Usage



Median HbA1C (mmol/mol)



Diabetes Tech Use by IMD (2020/21)



Data Source: NPDA

CORE 20 PLUS 5: clinical priority 3— epilepsy

Epilepsy: Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.

Between 0.5%-0.7% of children under age 18 have epilepsy. This equates to approximately 134-188 children based on the most recent GP registered population numbers. This is similar to comparators in the ICB, regionally and nationally.

Emergency hospital admission rates have overall been lower or similar to the England values.

For 2021/22 The Office for Health Improvement & Disparities removed trend data from their Fingertips data portal due to populations being rebased by the Office for National Statistics following the 2021 Census. As such they advise that the latest reporting not be directly compared to historical rates.

The 2021/22 analysis shows Halton rates for 0-9 year olds and under 19s was lower than both England and the North West. Data for 10-19 year olds was suppressed due to low number data protection rules.

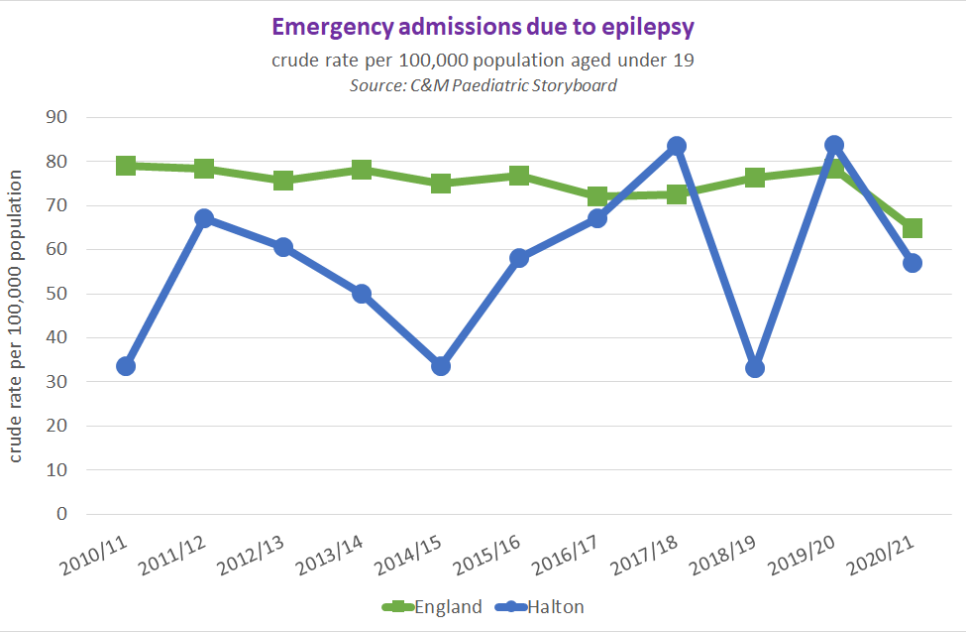
Admissions for epilepsy, 2021/22

crude rate per 100,000 population

	England	North West	Halton
0-9 years	89.7	94.8	67.6
10-18 years	56.4	57.7	*
under 19	73.6	76.6	51.9

* data suppressed due to small numbers

Source: OHID Fingertips tool



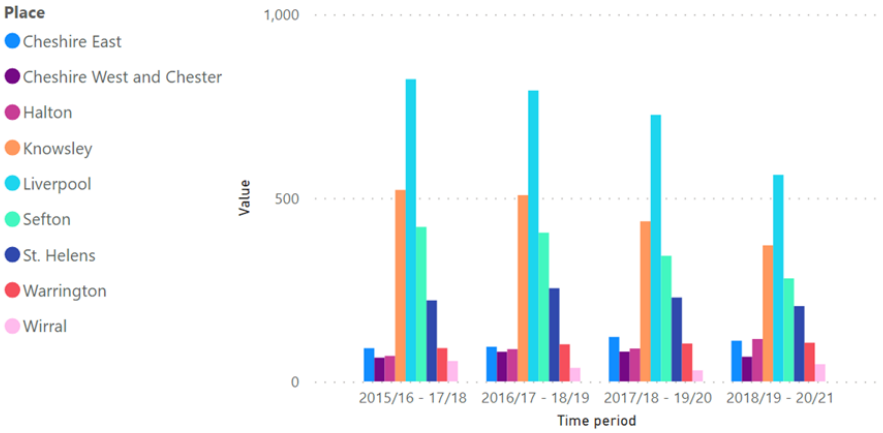
Data from NHS England's Population & Person Insights (PaPI) tool shows of those aged 18 and under with epilepsy 10% have autism and 7.9% have learning disability

CORE 20 PLUS 5: clinical priority 4— oral health

Oral health: Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.

Beyond CYP Transformation Programme
Dental & Oral Health (Core 20 PLUS 5)

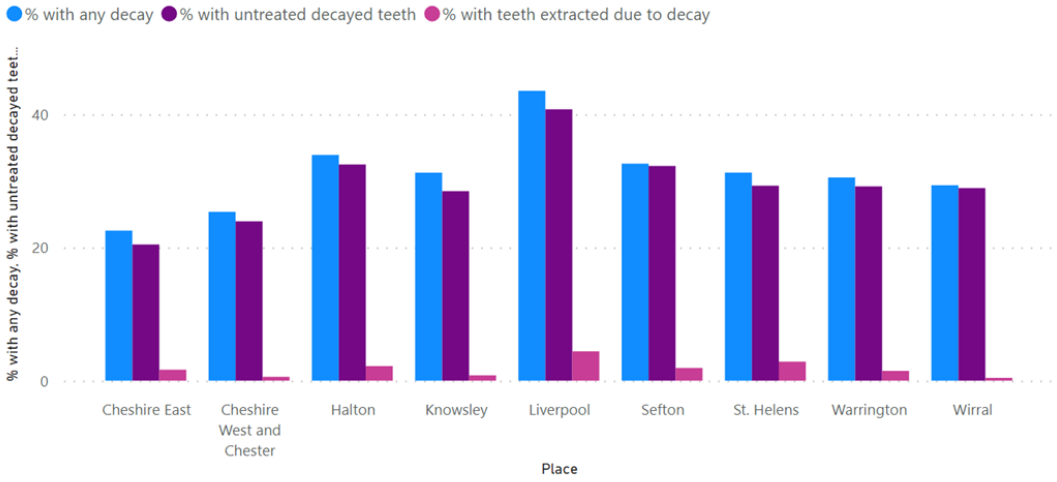
Hospital Admissions for Dental Caries (0-5 years) per 100,000



National Dental Epidemiology Programme for England

Place	No. Examined	% with any decay	% with untreated decayed teeth	% with teeth extracted due to decay
Cheshire East	330	22.53	20.44	1.65
Cheshire West and Chester	307	25.35	23.93	0.58
Halton	297	33.90	32.46	2.19
Knowsley	352	31.23	28.46	0.80
Liverpool	316	43.52	40.74	4.40
Sefton	346	32.58	32.24	1.91
St. Helens	322	31.24	29.27	2.85
Warrington	316	30.51	29.17	1.47
Wirral	266	29.34	28.92	0.42
Total	**2852**	**280.19**	**265.63**	**16.27**

National Dental Epidemiology Programme for England (2022)



% of eligible population seen by an NHS denitist in the last 12 months 2022/23	
Halton	48.9%
NHS Cheshire and Merseyside Integrated Care Board	57.8%
North West	59.0%
England	52.4%

Source: NHS England

Data Source: PHE

CORE 20 PLUS 5: clinical priority 5 — mental health

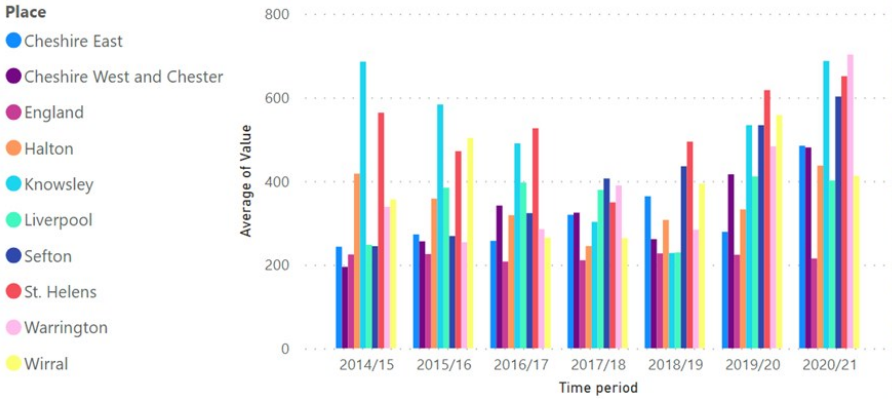
Mental health: Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Beyond CYP Transformation Programme
Mental Health & Emotional Wellbeing Dashboard
Self Harm & Mental Health Emergency Attendances

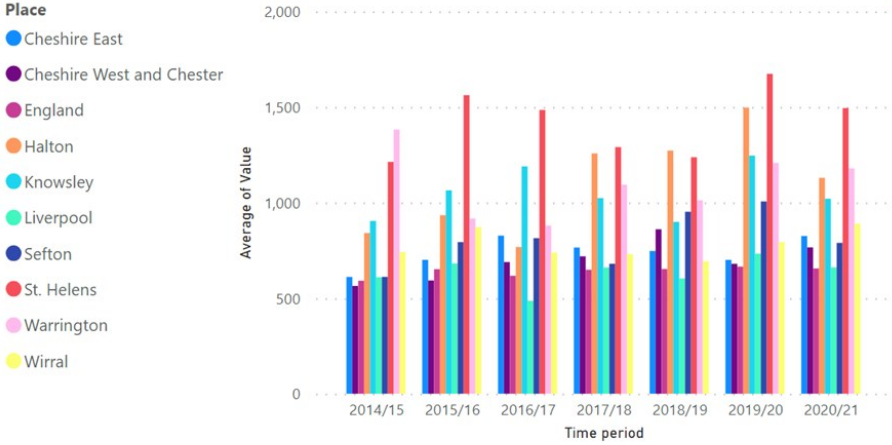
Place: Halton

Month of Arrival: All

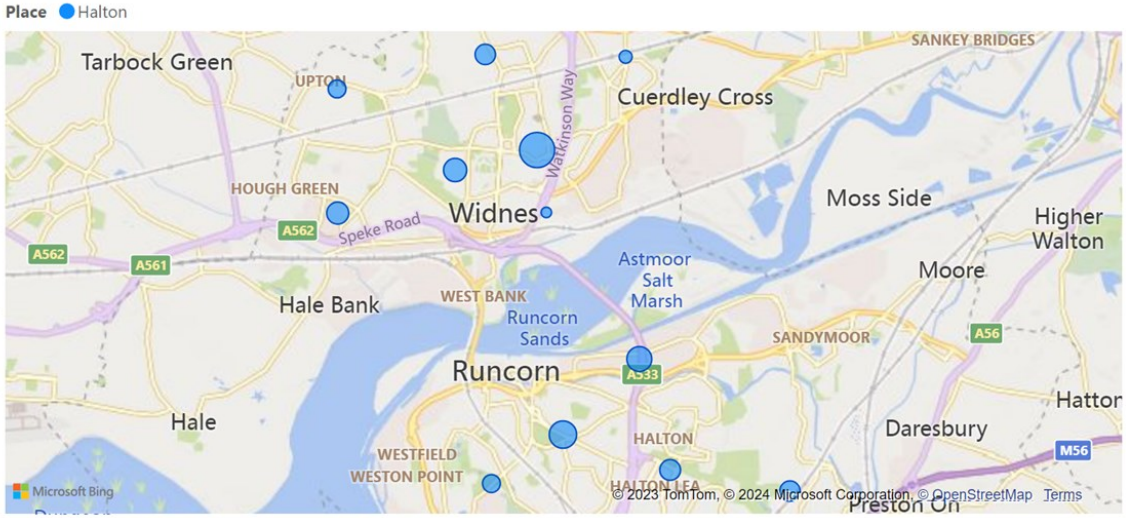
Hospital admissions as a result of self-harm (10-15 years)



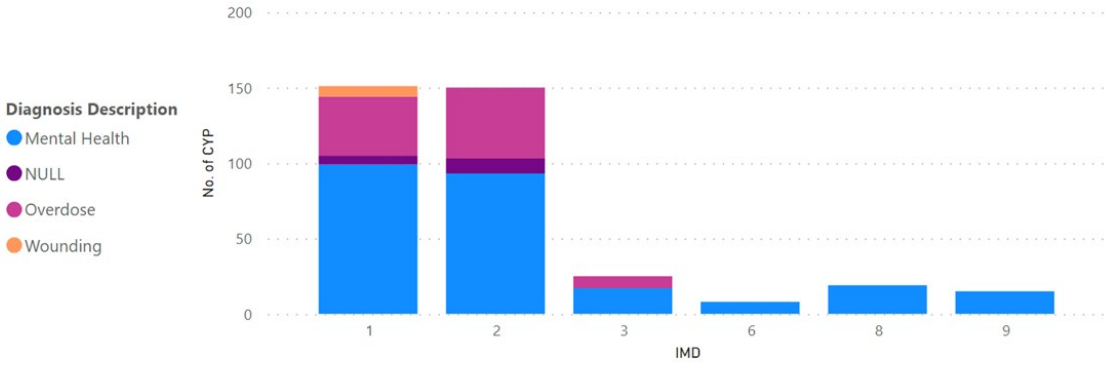
Hospital admissions as a result of self-harm (15-19 years)



Number of Attendances by Place & Postcode District



Count of Emergency Attendances by Diagnosis Category & IMD



Data Source: PHE, SUS ECDS

ELECTORAL WARD LEVEL HEALTH DATA

Whilst the majority of health data in this report is only available at local authority level, there is a small selection available at electoral ward level. It shows a fairly consistent pattern.

	Babies breast or mixed fed at 6-8 weeks old	Children living in income deprived families	Good level of development age 4-5	Overweight or obese children age 4-5	Overweight or obese children age 10-11	Hospital admissions for injuries age under 5	Hospital admissions for injuries age under 15	Hospital admissions for injuries age 15-24
Appleton	25%	26%	64%	23%	39%	140	134	254
Bankfield	16%	25%	62%	34%	43%	151	119	205
Beechwood & Heath	38%	5%	64%	22%	34%	123	108	96
Birchfield	32%	4%	66%	26%	29%	205	111	153
Bridgewater	24%	27%	58%	35%	45%	121	94	167
Central & West Bank	18%	38%	60%	32%	46%	262	175	308
Daresbury, Moore & Sandymoor	40%	7%	70%	19%	29%	208	146	167
Ditton, Hale Village & Halebank	32%	27%	49%	28%	45%	123	130	187
Farnworth	32%	7%	74%	25%	28%	92	97	171
Grange	22%	31%	59%	32%	46%	201	123	282
Halton Castle	24%	37%	58%	26%	42%	192	161	190
Halton Lea	15%	37%	50%	33%	48%	134	122	257
Halton View	22%	17%	57%	26%	40%	160	121	400
Highfield	30%	12%	80%	29%	41%	154	106	159
Hough Green	11%	28%	60%	30%	41%	195	138	251
Mersey & Weston	26%	22%	56%	26%	42%	135	103	194
Norton North	30%	21%	53%	31%	40%	183	118	151
Norton South & Preston Brook	27%	30%	53%	30%	44%	179	124	209
HALTON	26%	24%	60%	28%	40%	163	124	214
ENGLAND	49%	17%	65%	23%	36%	119	92	128

Significantly higher than England

Not significantly different to England

Significantly lower than England