

Child health indicators

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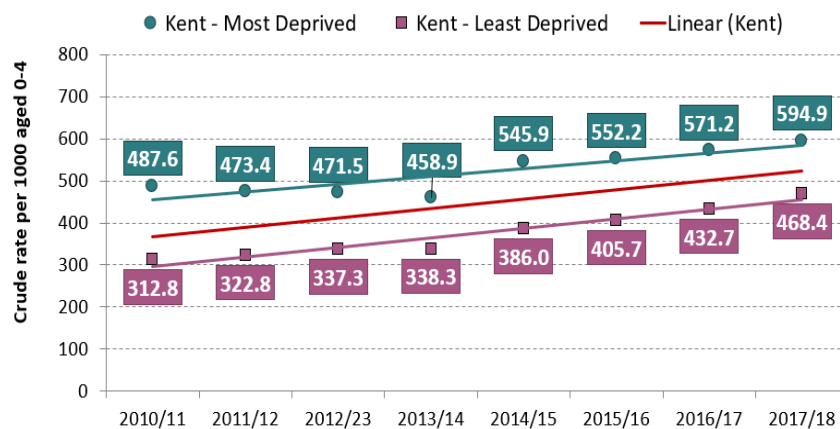
A&E attendances Age 0-4

In 2017/18, accident & emergency attendances were **significantly higher** than Kent in Dartford, Dover, Gravesham and Sevenoaks. Dartford was significantly higher than England.

Trends show significant increases year-on-year across all districts, Kent and England, but no districts were identified that increased at a significantly higher rate than Kent. The inequalities gap has been significantly decreasing across Kent since 2014/15.

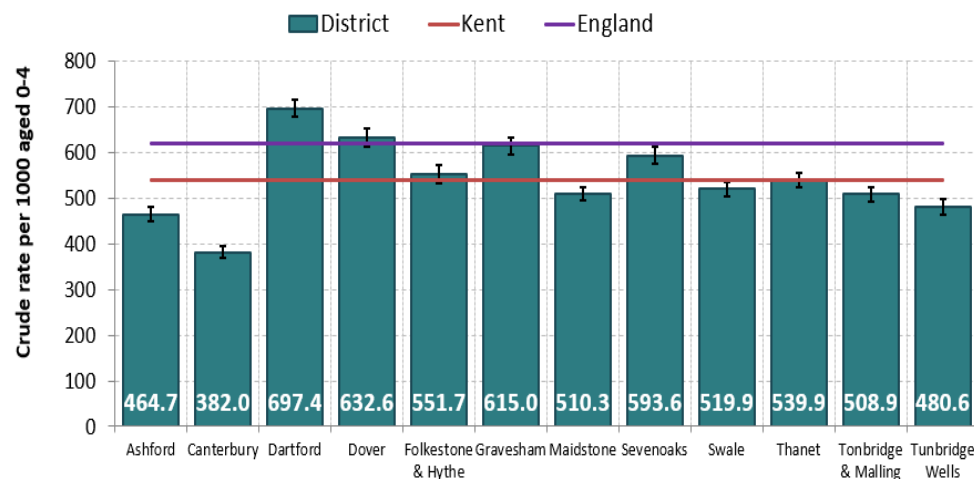
Ward outliers have been identified and are available to view on the Kent Public Health Observatory (KPHO) Health and Social Care Maps.

A&E attendances (0-4 years): 2010/11 to 2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

A&E attendances (0-4 years): 2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

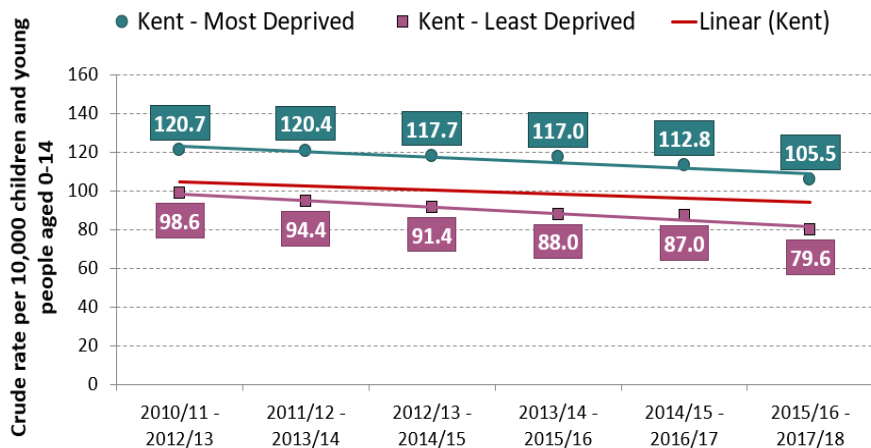
Admissions due to Injury age 0-14

For Kent in 2017/18 there were 87.8 admissions per 10,000 population. No districts were significantly higher than the Kent rate.

In Kent, hospital admissions caused by injury for the 0-14 age group are decreasing at a similar rate to England. The inequality gap remains stable and is decreasing at a similar rate in both the top and bottom quartiles.

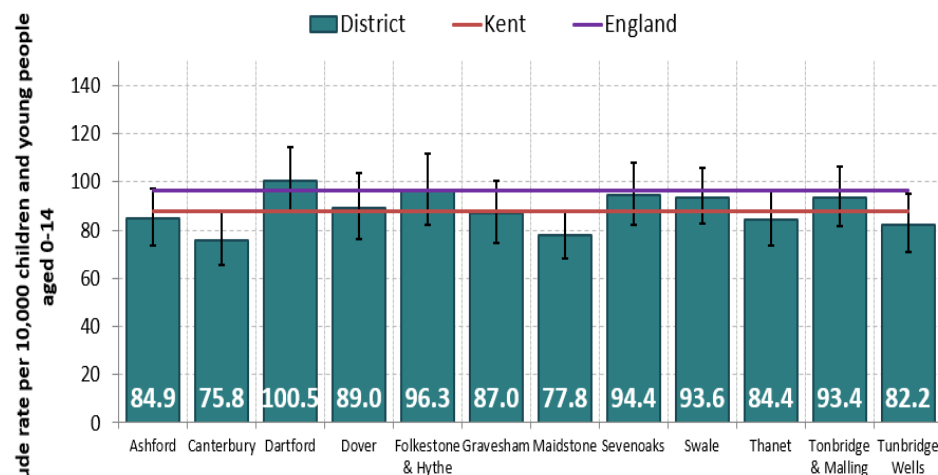
Ward outliers have been identified and are available to view on the KPHO Health and Social Care Maps.

Admissions due to injury 0-14: Inequalities 2010/11 - 12/13 to 2015/16 - 17/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Hospital admissions due to injury 0-14: 2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Admissions due to Injury age 15-24

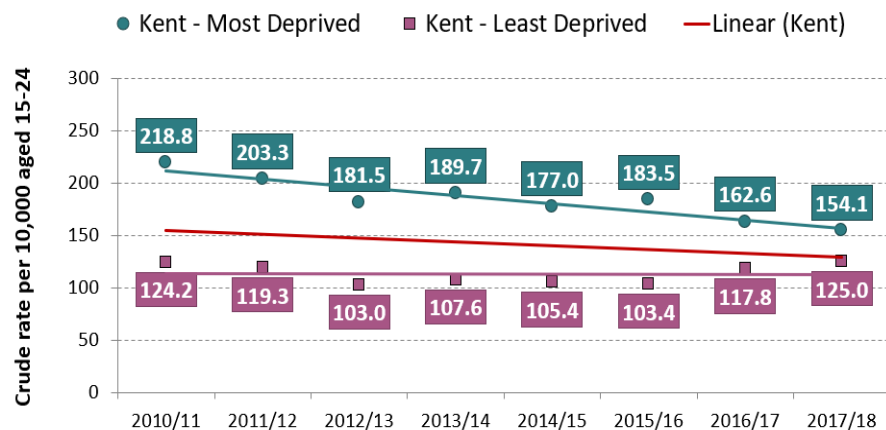
For Kent in 2017/18 there were 130.5 admissions caused by injury per 10,000 population for the 15-24 age group. Admissions were **significantly higher** than Kent in **Maidstone, Sevenoaks, Tonbridge & Malling** and **Tunbridge Wells**.

Trends show that Kent is decreasing at a similar pace of change to England. **Maidstone** and **Tonbridge & Malling** showed significant increases in 2017/18 compared to 2015/16.

There is evidence to suggest that the inequality gap is getting smaller.

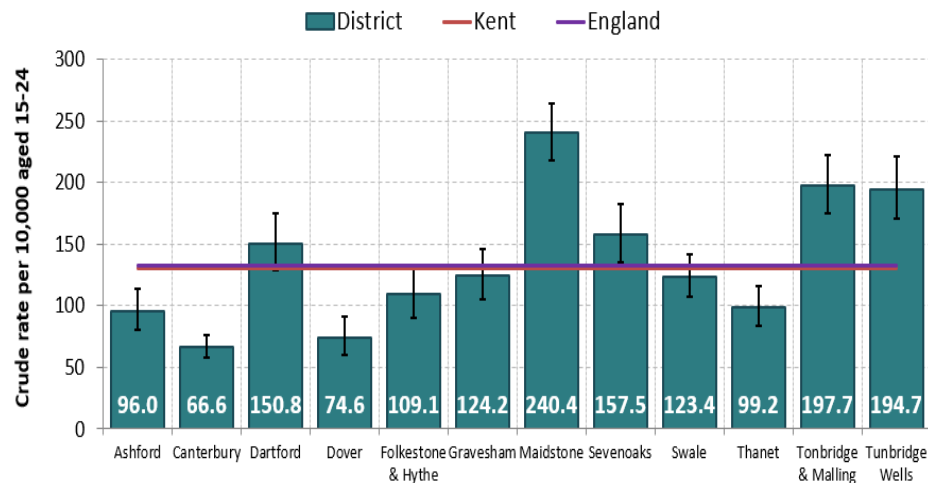
Ward outliers have been identified and are available to view on the KPHO Health and Social Care Maps.

Admissions due to injury 15-24: Inequalities 2010/11 – 2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Hospital admissions due to injury 15-24: 2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

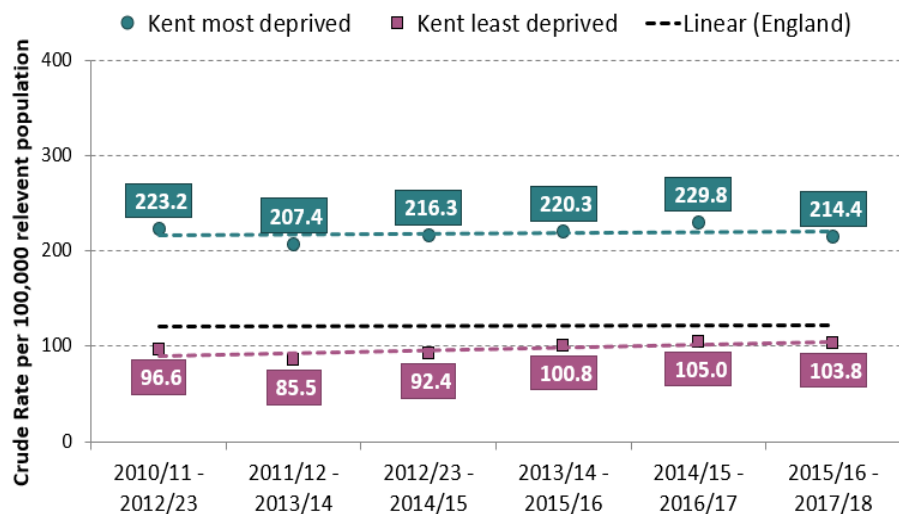
Asthma hospital admissions

Asthma hospital admissions were **higher than Kent** in Ashford, Folkstone & Hythe, Swale and Thanet for 2015/16 to 2017/18.

Ashford has shown significant increases since 2010/11 where it was lower than Kent, it is now one of the highest in Kent. Deprivation analysis shows much of the increase in the most deprived quintile.

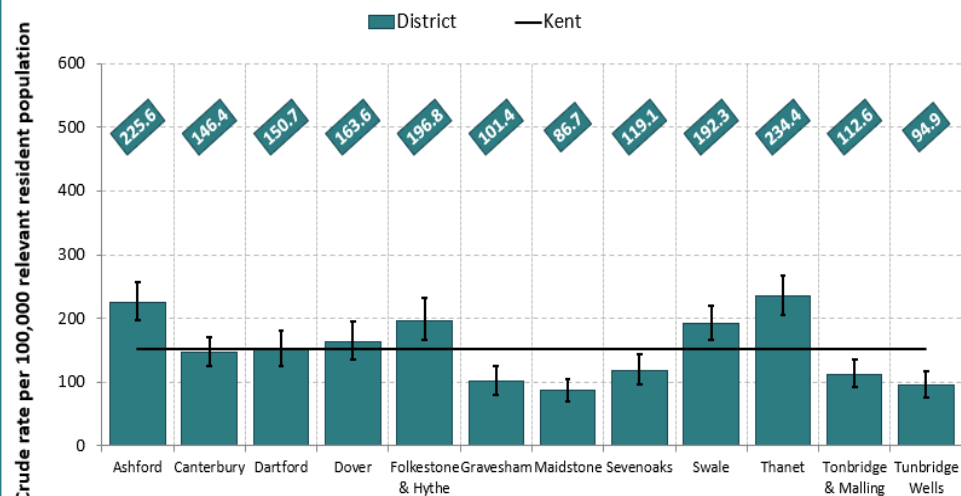
The inequality gap has **stayed similar** over time, but the most deprived quintile is still approximately double the rate of the least deprived, and is significantly higher than England overall.

Asthma Admissions - Inequality Gap 2010/11 - 12/13 to 2015/16 - 17/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Asthma admissions (0-19 years): 2015/16 - 2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Admissions from self-harm

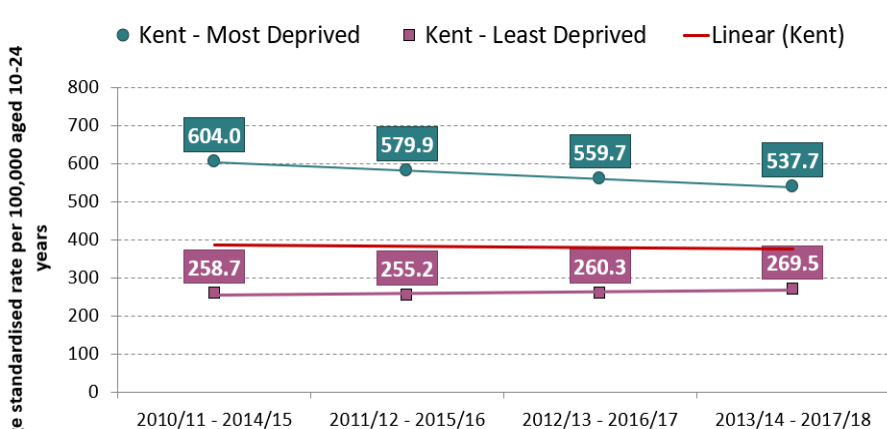
Hospital admissions as a result of self-harm were significantly higher than Kent in Maidstone and Tunbridge Wells.

Maidstone has shown a significant increase in 2017/18 since 2014/15, and Tonbridge & Malling showed a significant increase between 2015/16 and 2017/18.

Since 2010/11 -14/15 to 2013/14-17/18 the inequality gap has **decreased** across Kent.

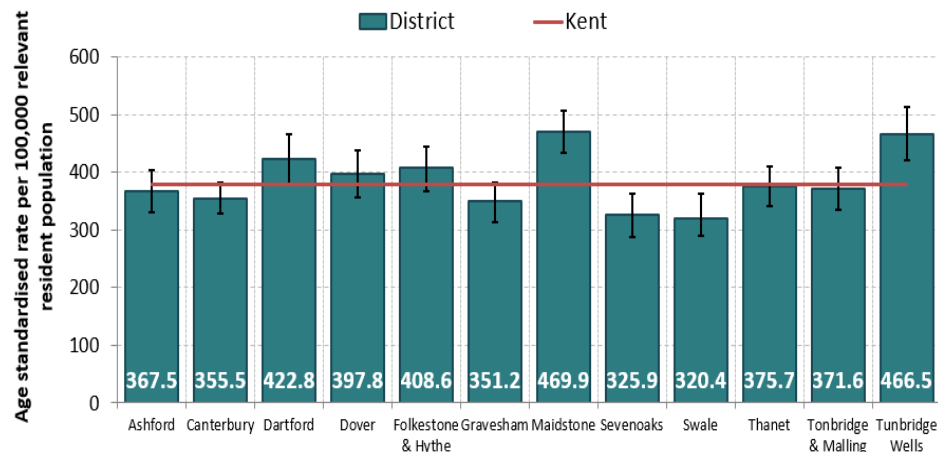
Ward outliers have been identified, however small numbers mean variability is high between time periods, and may be affected by individual repeat attenders.

Hospital admissions as a result of self harm: 2010/11 - 14/15 to 2013/14 - 17/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Hospital admissions as a result of self harm (10-24 years): 2013/14 – 17/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

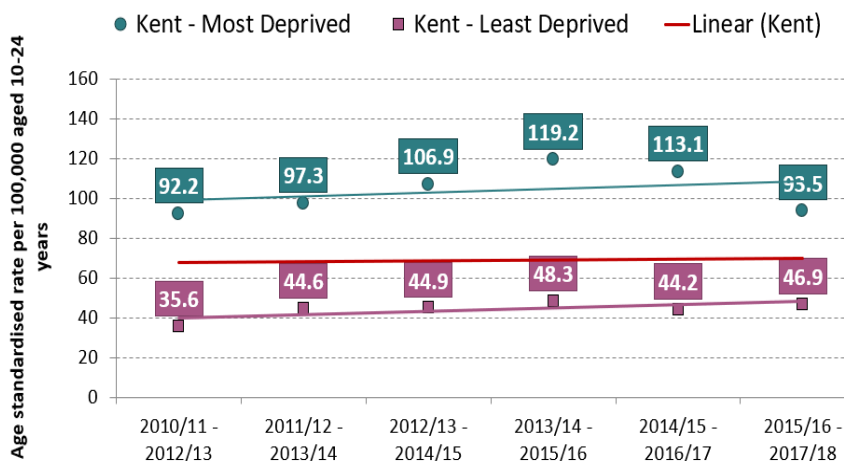
Substance misuse hospital admissions

Admissions for Kent (99.6 per 100,000) was significantly higher than England (89.8) in 2015/16 - 2017/18, aged 15-24. Although there was a decrease seen from 2013/14 – 2015/16, it was not statistically significant.

In the 10-24 year old cohort derived from HES data, no district was significantly different to Kent, however the confidence intervals were very wide due to low numbers.

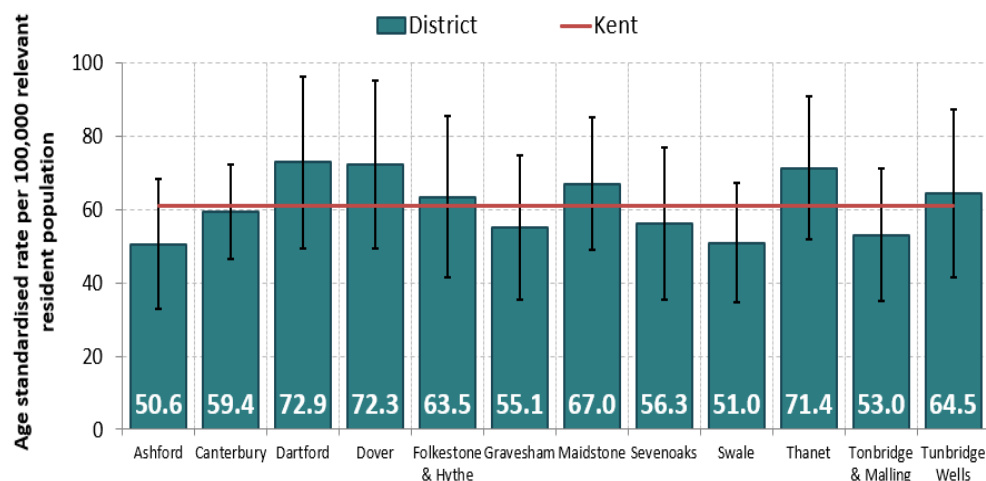
The 10-24 year old group has shown a stable trend for Kent. The inequality gap is approximately double between the least and most deprived quintiles, but the gap has remained stable.

Substance misuse admissions age 10-24: inequalities 2010/11 -12/13 to 2015/16 - 17/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Substance misuse admissions age 10-24: 2015/16 – 17/18



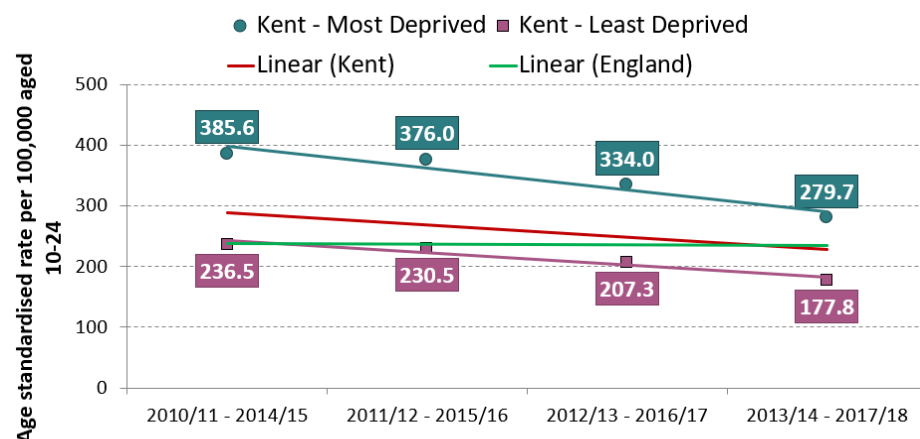
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Admissions for mental health conditions ages 0-17 and 10-24

In 2016/17, there were 77.5 hospital admissions for serious mental health conditions in Kent per 100,000 population aged 0-17 years. Admissions in **Canterbury & Coastal CCG** were significantly **higher** than Kent.

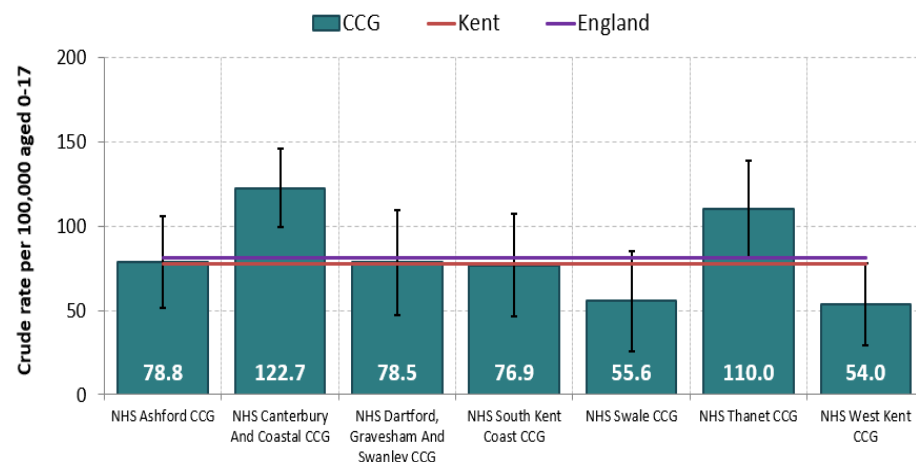
Admissions for the most deprived quintile has reduced at approximately double the rate of Kent and the least deprived quintile. England overall has remained stable across the same time periods.

Admissions for mental health: Inequalities age 10-24 2010/11 - 14/15 to 2013/14 - 17/18



Source: HES, NHS Digital, ONS, prepared by KPHO (MP), Nov-18

Admissions for mental health conditions: age 0-17, 2016-17



Source: PHE, prepared by KPHO (MP), Nov-18

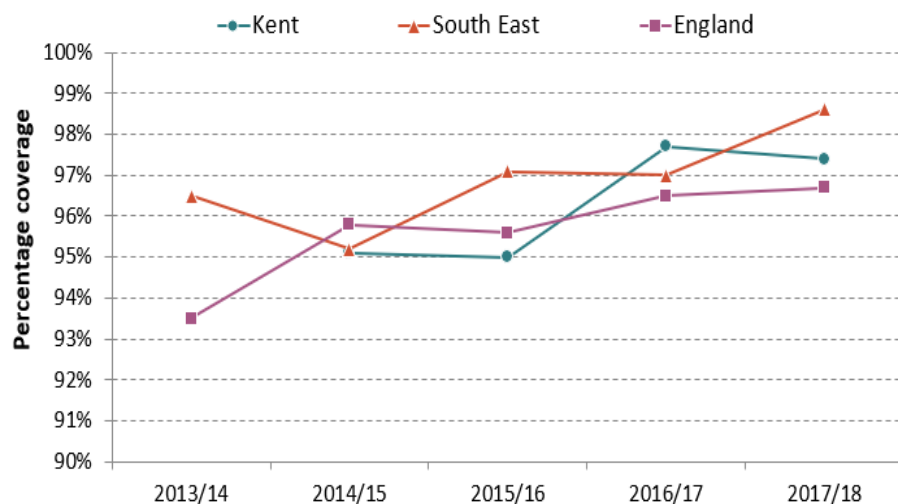
New-born bloodspot screening coverage

New-born bloodspot screening coverage was **similar in Kent to England** in 2017/18. In Kent, this equates to 16,097 babies tested of the 16,524 eligible new-borns.

No data was available for Kent in 2013/14, but coverage improved from 95.1% in 2014/15 to 97.4% in 2017/18.

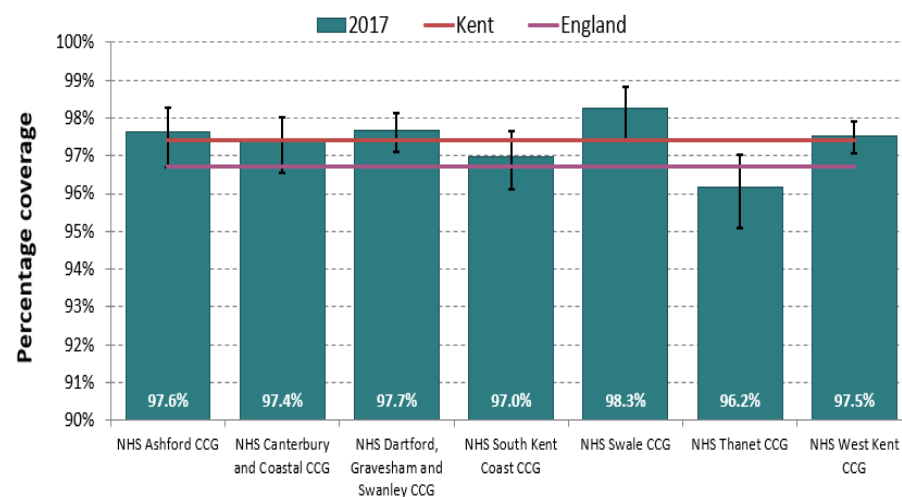
Of the Kent CCGs, only Thanet CCG was significantly lower than Kent in 2017/18.

Newborn bloodspot screening coverage: 2013/14 to 17/18



Source: PHE, prepared by KPHO (MP), October 2018

Newborn bloodspot screening coverage: 2017/18



Source: PHE, prepared by KPHO (MP), October 2018

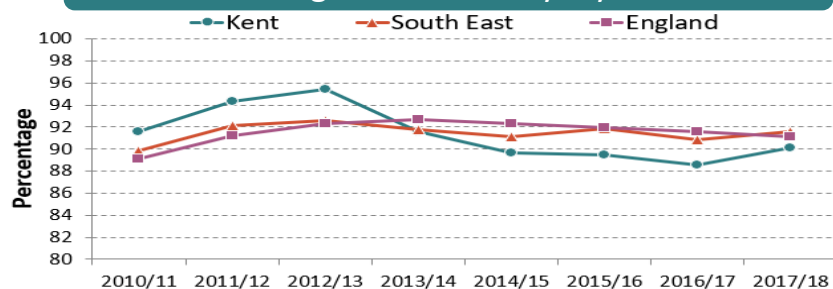
MMR vaccination coverage

MMR vaccination coverage for one dose at 2 years was the same as England in 2017/18 but for two doses at 5 years remained significantly **lower**, despite recent increases in uptake.

MMR vaccination for one dose was **significantly lower** than Kent for Swale CCG. All Kent CCGs apart from Thanet CCG were significantly lower than England.

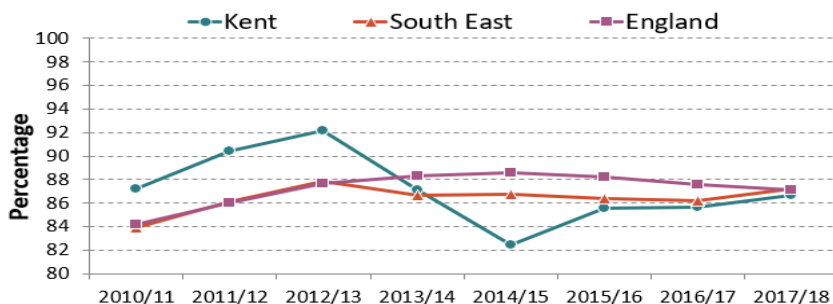
Note: inequalities and ward level data is not available for these indicators.

MMR Coverage - one dose by 2 years - trend



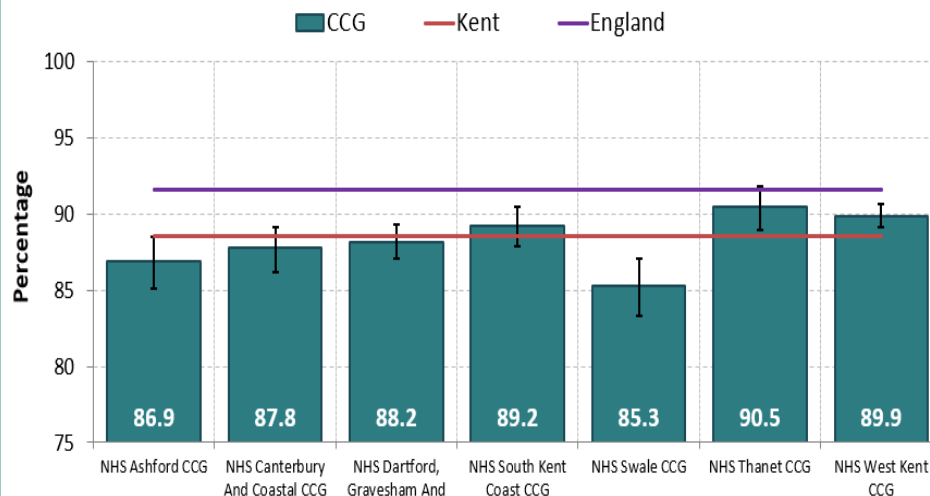
Source: PHE, prepared by KPHO (MP), November 2018

MMR Coverage - two doses by 5 years - trend



Source: PHE, prepared by KPHO (MP), November 2018

MMR vaccination, one dose by 2 years: 2016/17



Source: PHE, prepared by KPHO (MP), Nov-18

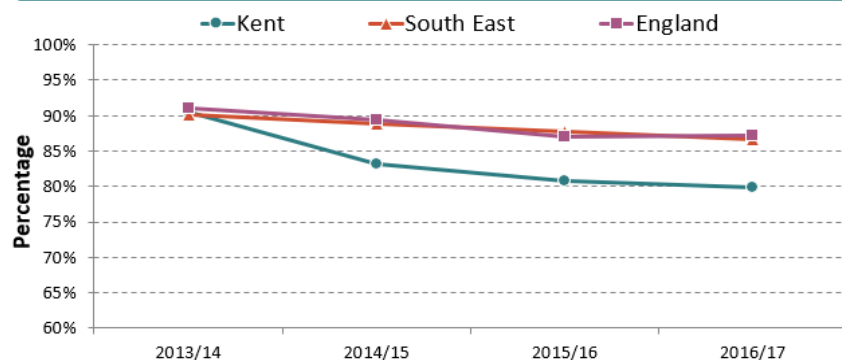
HPV vaccination coverage

HPV vaccination coverage for both 1 and 2 doses was significantly **lower than England**, in 2016/17.

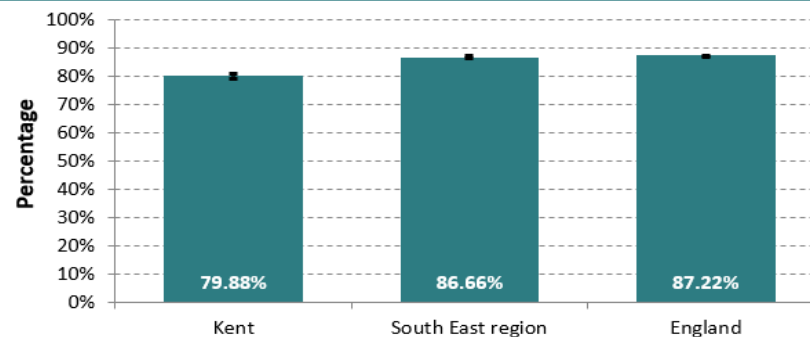
Kent coverage has **decreased** from 90.4% in 2013/14 to 79.9% in 2016/17. In England, coverage has only decreased by 3.9% in the same period.

Note: further district / ward breakdown of this indicator is unavailable.

HPV vaccination coverage, one dose: 2013/14 - 16/17

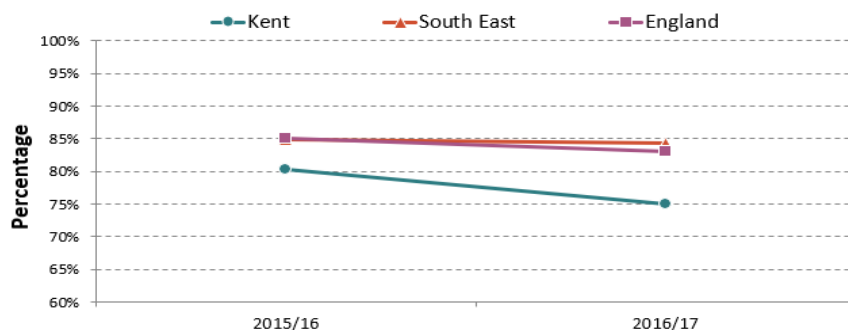


HPV vaccination coverage, one dose: 2016/17



Source: PHE, prepared by KPHO (MP), October 2018

HPV vaccination coverage, two doses: 2013/14 - 16/17



HPV vaccination coverage, two doses: 2016/17



Source: PHE, prepared by KPHO (MP), October 2018

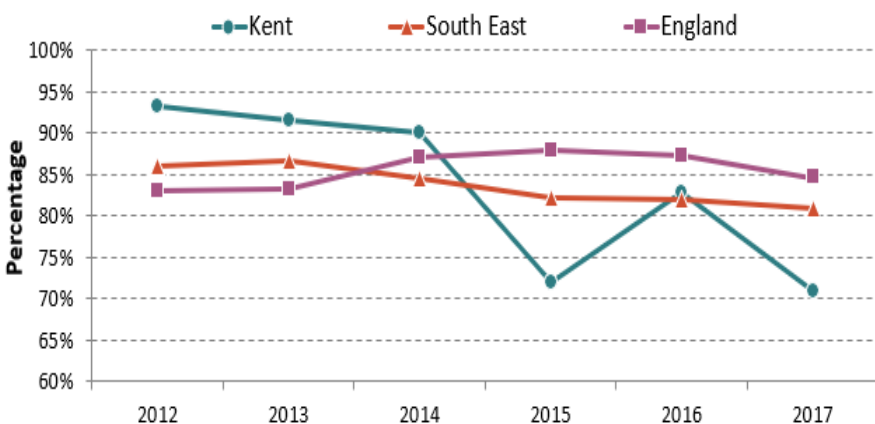
Children in care with up-to-date immunisations

The percentage of children in care up-to-date with immunisations was significantly **lower than England**, in 2017.

Analysis of the recent trend, shows that Kent coverage has **decreased** from 90.0% in 2014 to 71.0% in 2017. Across England, coverage had marginally decreased from 87.1% to 84.6%.

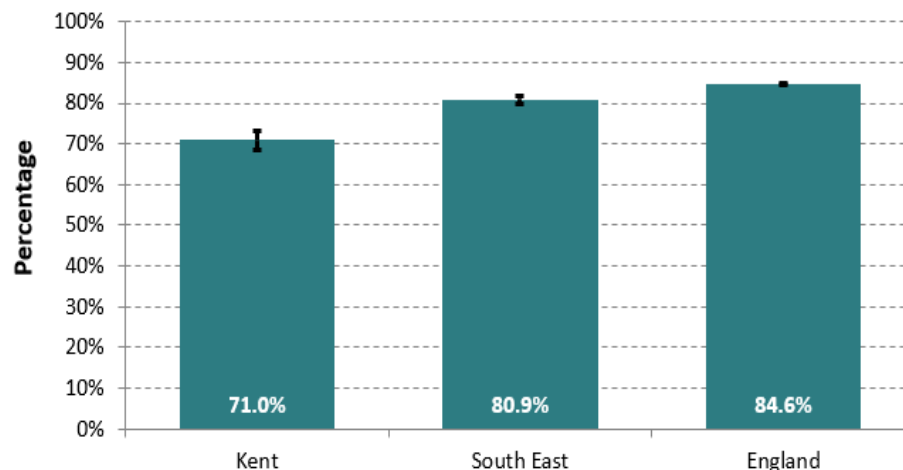
Note: further district / ward breakdown of this indicator is unavailable.

Children in care with up-to-date immunisations: 2012-2017



Source: PHE, prepared by KPHO (MP), October 2018

Children in care with up-to-date immunisations: 2017



Source: PHE, prepared by KPHO (MP), October 2018

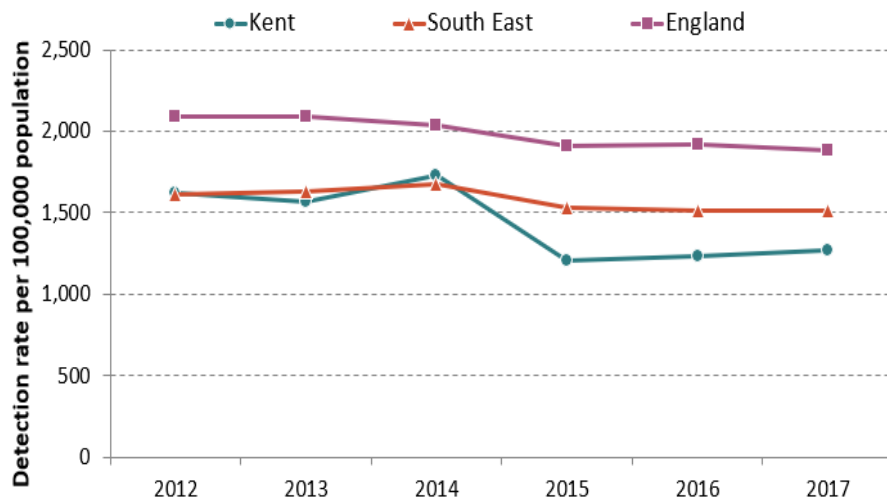
Chlamydia detection rate, per 100,000 aged 15 - 24

In 2017, chlamydia detection was 1,272 per 100,000 population in Kent, significantly **lower** than England at 1,882 per 100,000.

There was considerable variation in Kent. Dartford, Dover, Gravesham, Sevenoaks, Swale and Tonbridge & Malling districts were all significantly **lower**.

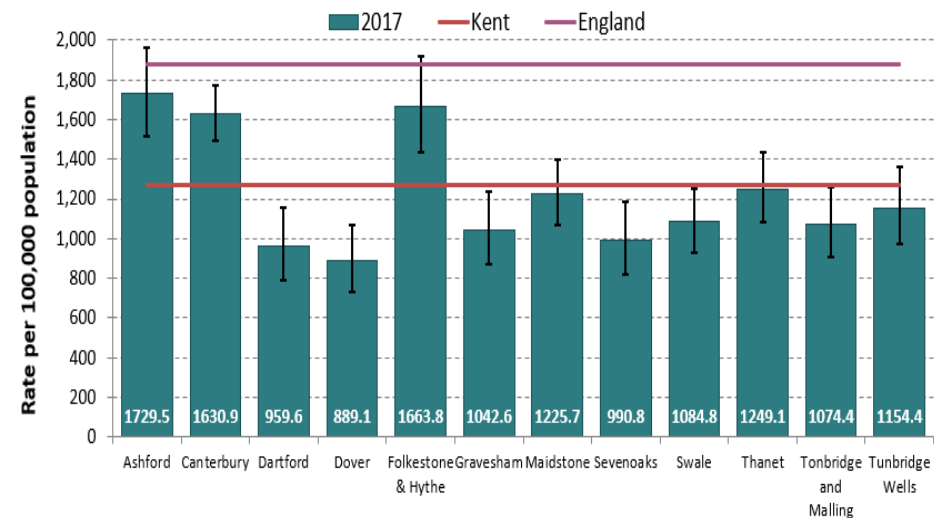
Detection in 2017 in Kent was significantly **lower** than the three years 2012, 2013 & 2014. England and the South East have seen more modest, if significant, reductions.

Chlamydia detection rate, Kent trend 2012 - 2017



Source: PHE, prepared by KPHO (MP), October 2018

Chlamydia detection rate, Districts, 2017



Source: PHE, prepared by KPHO (MP), October 2018

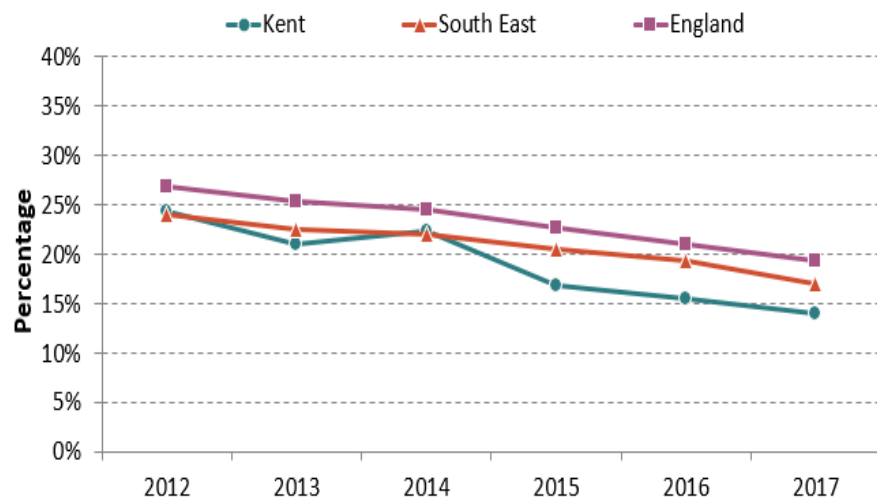
Chlamydia proportion aged 15-24 screened

In 2017, the proportion of 15 to 24 year olds screened for chlamydia in Kent was 14.1%, significantly **lower** than England at 19.3%.

Dartford, Dover, Sevenoaks and Swale districts were all significantly **lower** than Kent.

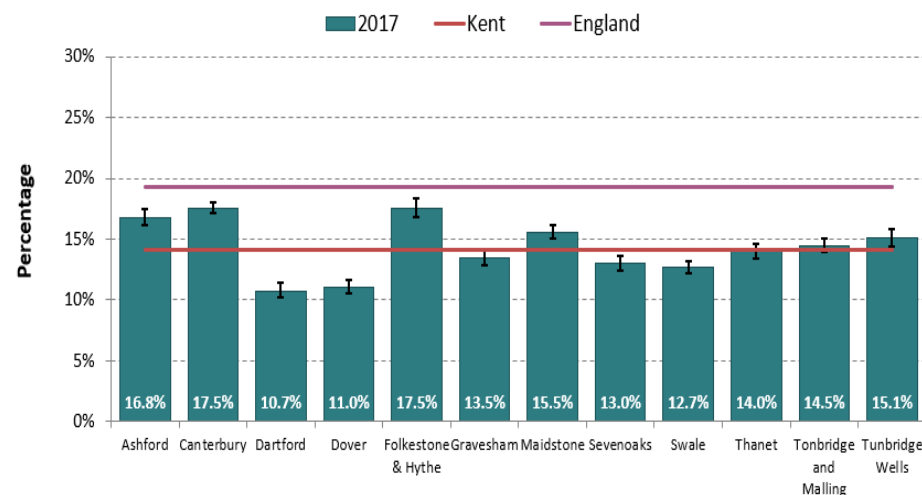
The proportion of 15 to 24 year olds screened in Kent has been significantly **lower** year on year since 2014. England and the South East have seen similar reductions.

Chlamydia proportion screened, Kent trend 2012 - 2017



Source: PHE, prepared by KPHO (MP), October 2018

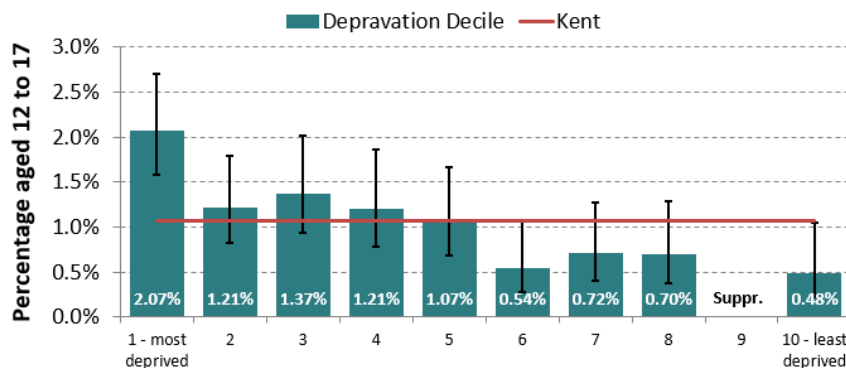
Chlamydia proportion screened, districts, 2017



Source: PHE, prepared by KPHO (MP), October 2018

Teenage mothers

Teenage mums: by deprivation 2015-16



Source: PHE & IMD, prepared by KPHO (MP), October 2018

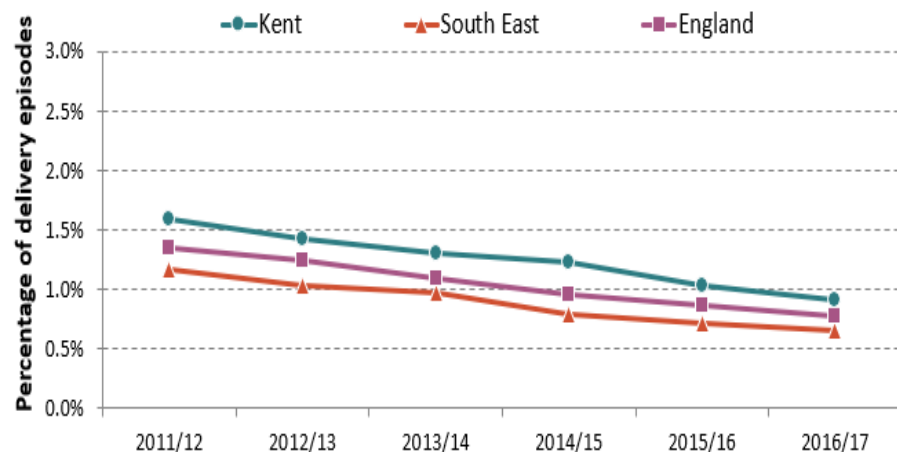
The percentage of maternities to teenage mums was 0.9% in Kent, **higher** than England at 0.8% in 2016/17.

Kent has significantly **decreased** from 1.6% in 2011/12. This is similar to England, which has decreased from 1.3%.

Confidence intervals are wide due to small numbers, but there is a clear deprivation gradient.

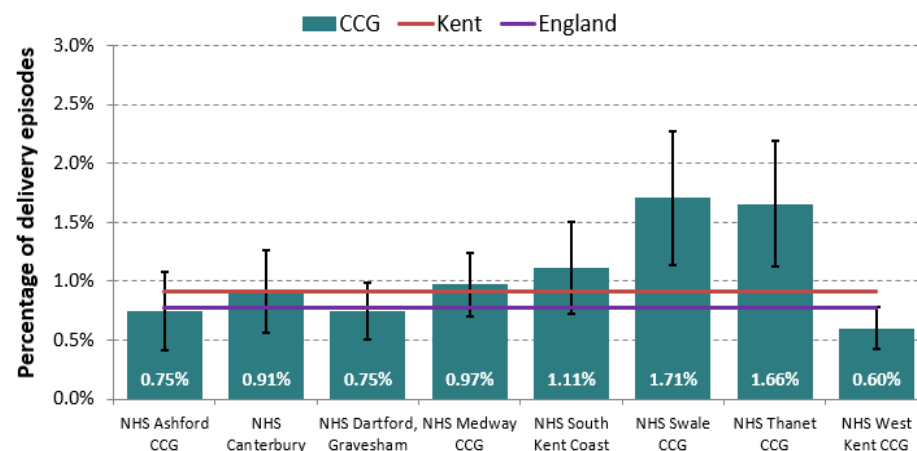
Note: categories with small numbers have been suppressed.

Teenage mums: 2011/12 – 16/17



Source: PHE, prepared by KPHO (MP), October 2018

Teenage mums: 2016/17



Source: PHE, prepared by KPHO (MP), October 2018

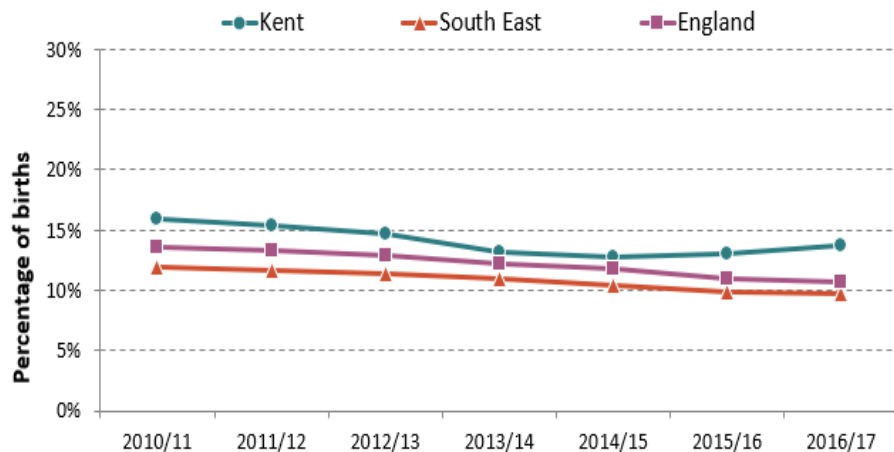
Smoking at time of delivery

The percentage of women smoking at time of delivery was 13.8% in Kent, **significantly higher** than England at 10.7% in 2016/17.

Analysis of the trend shows that Kent has **decreased** from 15.9% in 2010/11. England has also decreased from 13.6%.

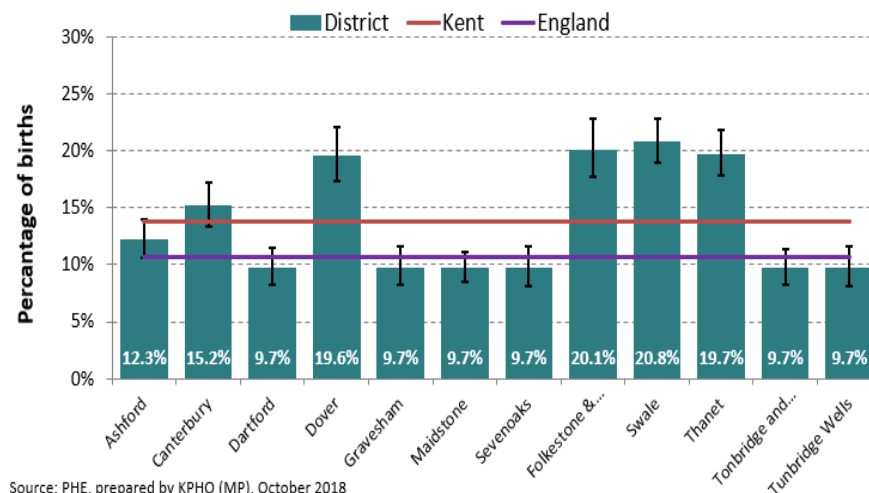
Women smoking at time of delivery was **significantly higher than Kent** in Dover, Folkestone & Hythe, Swale and Thanet.

Smoking status at time of delivery: 2010/11 – 16/17



Source: PHE, prepared by KPHO (MP), October 2018

Smoking status at time of delivery: 2016/17



Source: PHE, prepared by KPHO (MP), October 2018

Breastfeeding initiation

In 2015/16, breastfeeding initiation was 71.7% in Kent, this was **lower** than England at 74.0%.

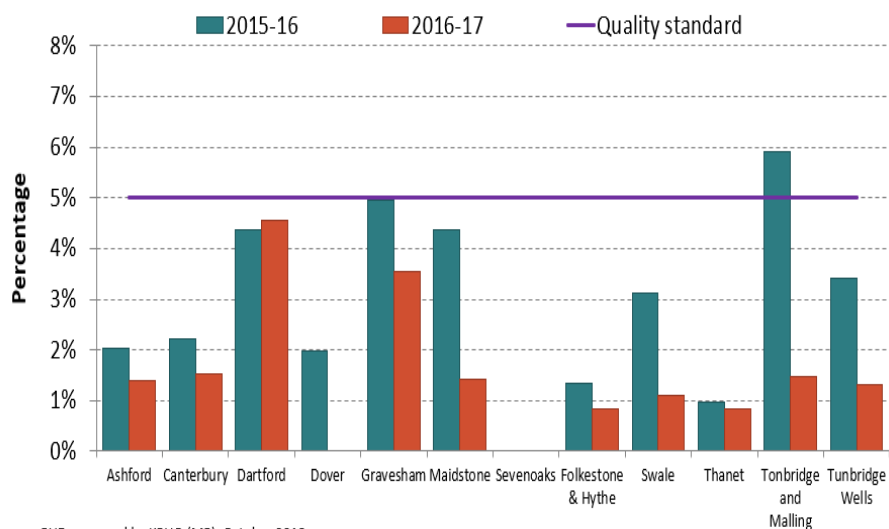
Dartford, Gravesham and Swale were **lower** than Kent in 2016/17.

Kent breastfeeding initiation has **remained stable** since 2013/14, with 71.3% in 2013/14, with England remaining stable across the same period.

The quality standard states that 95% of mothers should have breastfeeding status recorded. All districts met the standard in 2016/17.

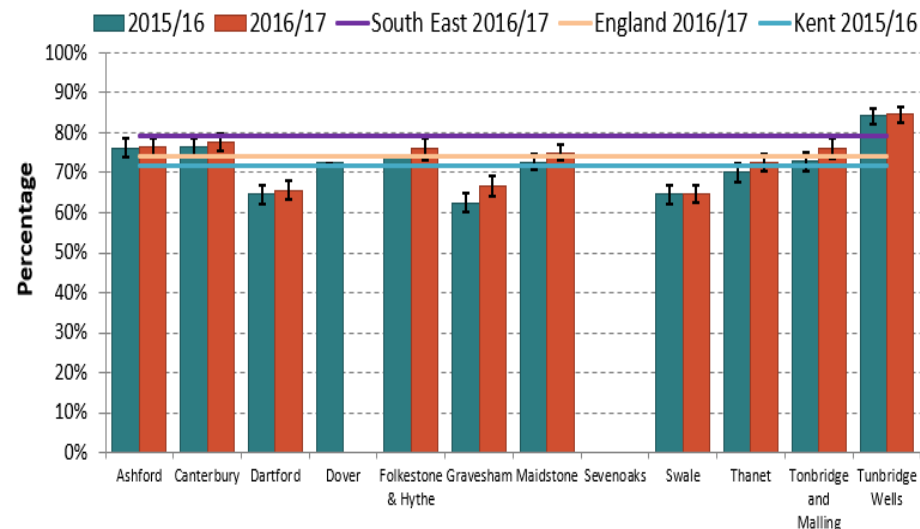
Note: Districts with data quality issues were not published, consequently no Kent value was published for 2016/17

Maternities whose breastfeeding status is not known



Source: PHE, prepared by KPHO (MP), October 2018

Breastfeeding initiation: 2015/16 – 16/17



Source: PHE, prepared by KPHO (MP), October 2018

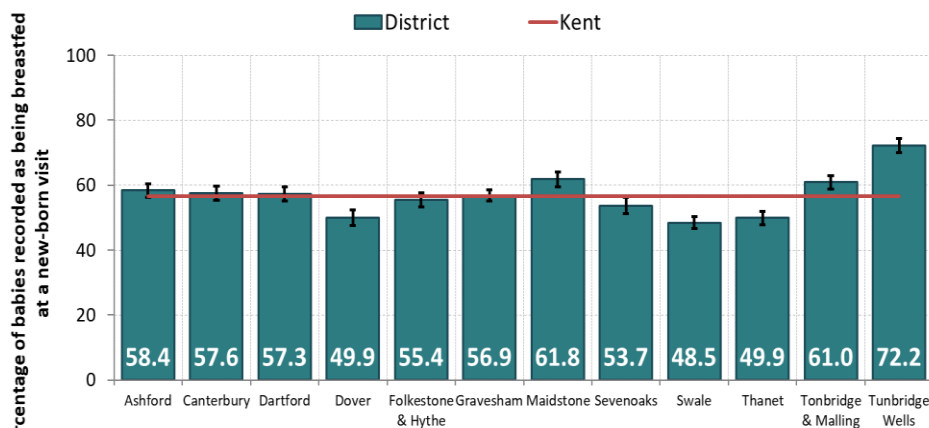
Breastfeeding Status - new-born visit and 6-8 weeks

From January 2016 to June 2017, the rate of new-born visit was 56.6% for Kent, and 6-8 week follow-up rate of 42.4%, leaving an average drop-off of 14.2% for Kent¹.

Dover, Sevenoaks and Thanet districts were all significantly lower than Kent for both new-born visit and 6-8 week breastfeeding visits.

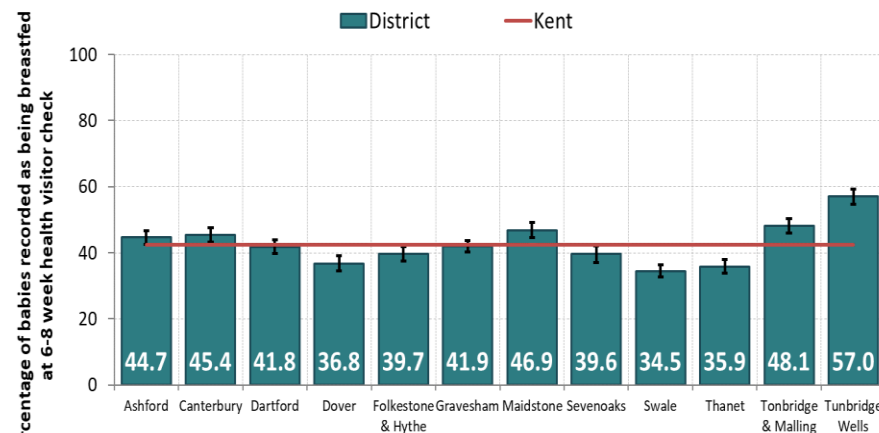
Folkestone & Hythe (15.8%) and Tunbridge Wells (15.2%) saw the largest drop-off rates of the districts, and Canterbury (12.1%) was lowest.

New-born visit breastfeeding prevalence,
January 2016 – June 2017



Source: KCHFT, prepared by: KPHO (LLY), Nov-18

Breastfeeding at 6-8 week prevalence, January
2016 – June 2017



Source: KCHFT, prepared by: KPHO (LLY), Nov-18

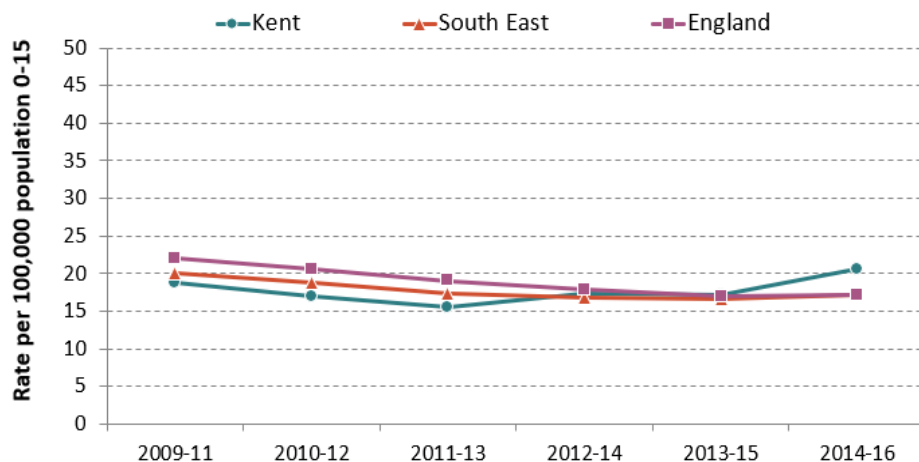
Children killed or seriously injured on Kent roads

In 2015-17, there were 19.8 children killed or seriously injured on Kent roads per 100,000 population aged 0-15 years. This was **similar** to the England figure of 17.4 per 100,000 population for the same time period.

PHE trend data shows that Kent has remained stable and similar to England, however in 2014-16 Kent was significantly higher than England.

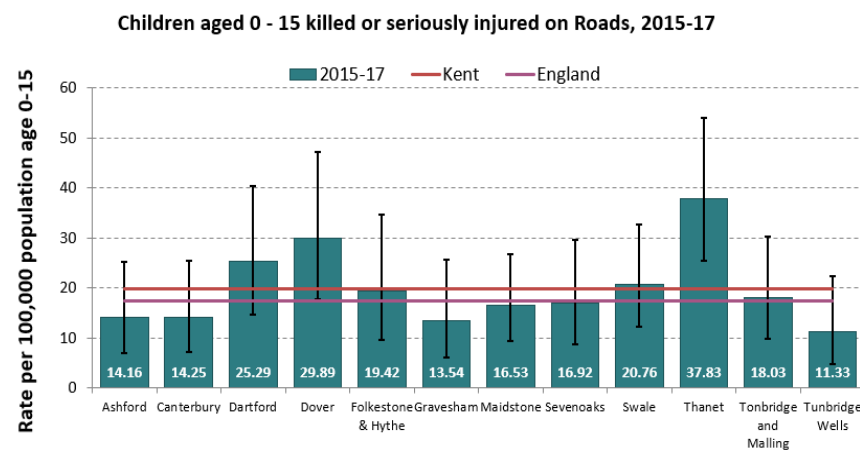
Ward outliers have been identified (over 3 standard deviations above the Kent average) covering 10 years of records from April 2008 to March 2018 – **Tolsford** and **Elham & Stelling Minnis** in Folkestone & Hythe; **Sturry North** in Canterbury; **St Peters** in Thanet; **Crockenhill & Well Hill** in Sevenoaks and **Norman** in Ashford.

Children killed or injured on roads: 2009-12 to 14-16



Source: PHE, prepared by KPHO (MP), October 2018

Children killed or injured on roads: 2015-17



Source: Dept for Transport, ONS & PHE, prepared by KPHO (MP), October 2018

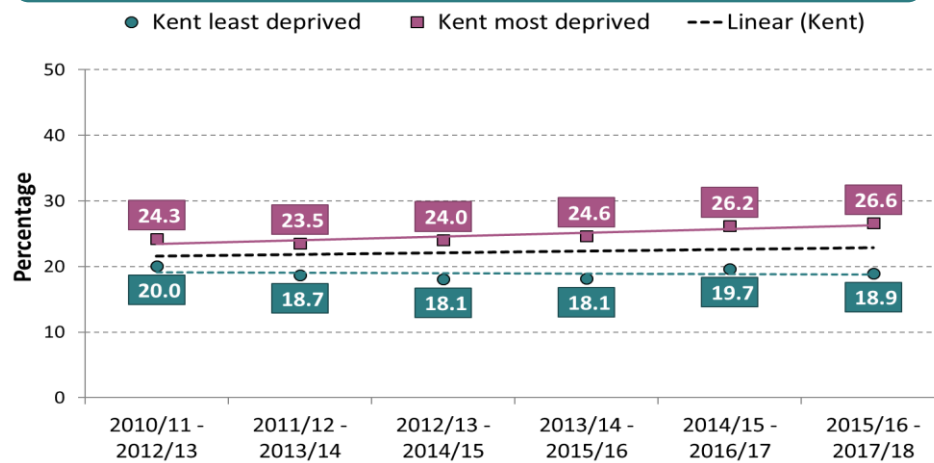
Obesity in reception year

In 2017/18, 12.4% and 8.3% of the reception year pupils living in Kent and attending Kent schools were overweight and obese respectively. For Kent, the prevalence of obesity increased between 2013/14 and 2016/17, but decreased in 2017/18. Dartford, Dover and Swale had significantly **higher** levels of obesity than Kent in 2017/18.

The inequality gap has significantly **widened** over time across Kent, with a 7.7% prevalence gap between most and least deprived quintiles for 2015/16 to 2017/18 compared with 4.3% in 2010/11 to 2012/13.

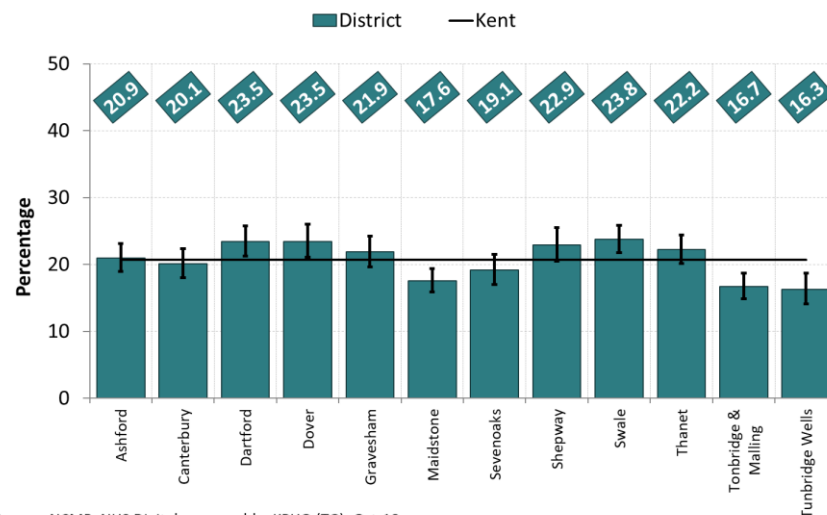
Ward outliers were identified – **Downs West, Stanhope, Weald South** (Ashford); **Northgate** (Canterbury); **Littlebrook, Stone, Bean & Darenth, Joyce Green** (Dartford); **Riverside, Northfleet North, Westcourt & Singlewell** (Gravesend); **Boughton Monchelsea & Chart Sutton, Shepway North** (Maidstone); **Hextable** (Sevenoaks); **New Romney Town, Folkestone Foord** (Folkestone & Hythe); **Sheerness East** (Swale); **Dane Valley, Eastcliffe** (Thanet); **Hadlow, Mereworth & W Peckham, Snodland East** (Tonbridge & Malling); **Benenden & Cranbrook, Rusthall** (Tunbridge Wells).

Obese and overweight in reception year: inequality gap 2010/11 - 12/13 to 2015/16 - 17/18



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Obese and overweight in reception year: 2017/18



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Gambling in 11-16 year olds

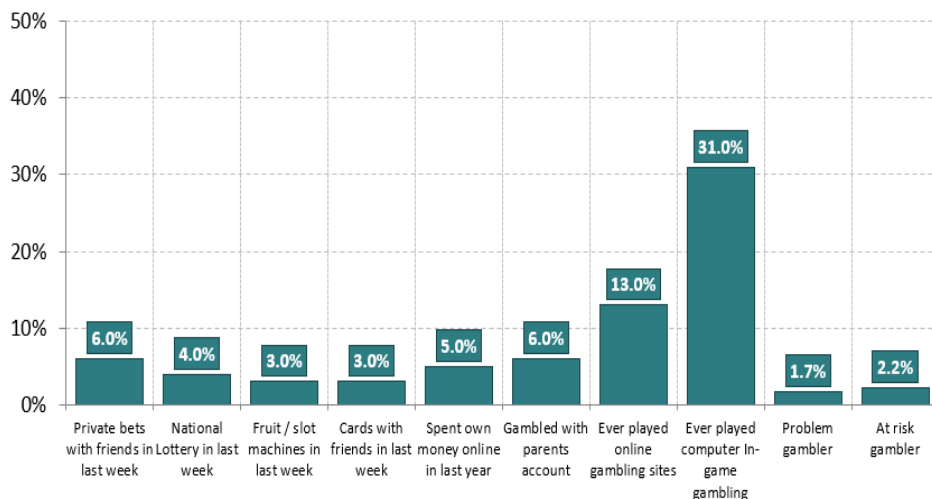
It has been reported nationally that **14%** of 11-16 year olds (18% of boys and 9% of girls) spent their own money on gambling in the week prior to being surveyed. This equates to approximately **18,000 CYP in Kent** and is now reported as being higher prevalence than alcohol (13%) smoking (4%) and drugs (2%). The trend has reduced from 18% in 2012 and 16% in 2016. Four in ten (39%) reported gambling in the past year.

It was reported nationally that of those who had gambled in the previous week, average spend was £16 from a disposable income of £28, equating to **£300,000** being spent weekly by children in Kent, or **£15 million** annually. These numbers may be skewed by large spenders; 51% of all had spent £5 or less.

'Problem' gamblers are estimated to be around 2,200 and at risk at 2,800 in Kent if national rates are applied.

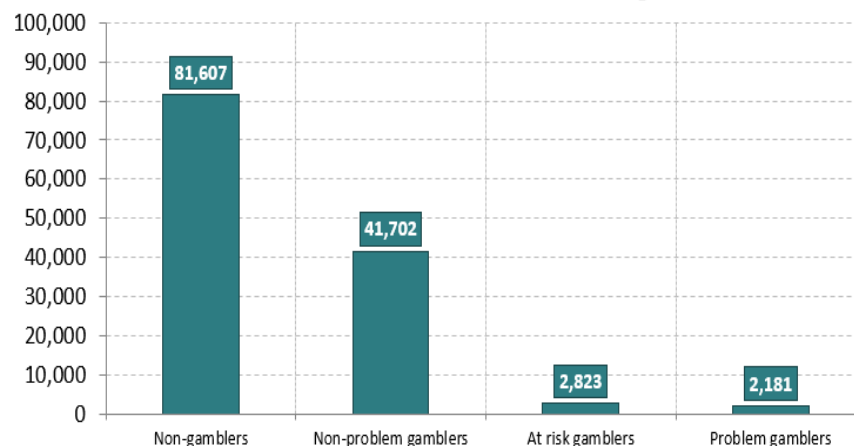
Nationally reported proportions

■ Nationally reported prevalence



Kent estimates for at risk and problem gambling, 11-16 year olds

■ Estimated numbers of Kent children age 11-16



Source: Gambling Commission. Prepared by KPHO (MP) Dec-18

Source: Gambling Commission. Prepared by KPHO (MP) Dec-18

Notes

Indicator definitions were sourced from the [Public Health England child health profiles](#) where possible.

Admissions data sourced from PHE and Health Episode Statistics (HES).

Further detail and analysis by district is available in the [KPHO CYP Profiles](#) as part of the KPHO [CYP health intelligence](#) section.

Multiple years have sometimes been pooled for ward and district analysis to increase sample sizes. Differences referred to in the commentary are statistically significant at the 95% level.

Indicator Definitions:

- **A&E attendances for all children 0-4 years:** crude rate per 100,000 population, financial year.
- **Hospital admissions caused by injury (0-14 and 15-24 years):** finished consultant episode '1', admission method '2' with any diagnosis of (ICD10: S00-T79 &/or V01-Y36). Crude rate per 10,000 population, financial year.
- **Hospital admissions for asthma (under 19 years):** finished consultant episode '1', admission method '2', with a primary diagnosis of asthma (ICD10: J45-J46). Crude rate per 100,000 population, financial year.
- **Hospital admissions as a result of self-harm (10-24 years):** finished consultant episode '1' with any diagnosis of (ICD10: X60-X84). Age standardised rate per 100,000 population, financial year.
- **Hospital admissions due to substance misuse (15-24 yrs):** finished consultant episode '1' with primary diagnosis of (ICD10: F11-F19, T40 & T436, T52 & T59) or primary diagnosis of (Y12, Y16, Y19). Age standardised rate per 100,000 population, financial year.
- **Hospital admissions for mental health conditions (0-17yrs):** finished consultant episode '1' with primary diagnosis (ICD10: F00-F99). Crude rate per 100,000 population, financial year. **(Age 10-24):** Age standardised rate per 100,000, financial year.
- **New-born bloodspot screening coverage:** Percentage of babies registered within the local authority area both at birth and at the time of report who are eligible for new-born blood spot screening and have a conclusive result recorded on the Child Health Information System.

Notes

- **MMR vaccination for one dose (2 years) and two doses (5 years):** Percentage of eligible children who have received one dose or two doses of MMR vaccine on or after their 1st birthday and at any time up to their 2nd or 5th birthday.
- **Population vaccination coverage HPV:** All girls aged 12-13 / 13-14 years who have received one / two doses of the HPV vaccine within each reporting area as a percentage of all girls in same age group within each area.
- **Children in care with up to date immunisations:** Percentage of children in care for at least 12 months whose immunisations were up to date according to their age.
- **Chlamydia detection rate:** Rate of chlamydia detection per 100,000 aged 15 to 24.
- **Chlamydia proportion:** Proportion aged 15 to 24 screened.
- **Teenage mothers:** Total number of maternal episodes, mother aged between 12 and 17 years as a percentage of all maternal episodes.
- **Smoking status at time of delivery:** Number of women known to smoke at time of delivery as a proportion of all maternities.
- **Breastfeeding initiation:** Percentage of women giving birth who initiate breast feeding in the first 48 hours after delivery as a proportion of all maternities.
- **New-born visit breastfeeding prevalence:** Percentage of babies recorded as being breastfed at a new-born visit, as a percentage of all those due a new-born visit.
- **Breastfeeding prevalence at 6-8 weeks:** Percentage of babies recorded as breastfed at 6-8 week health visitor health check, as a percentage of all those due a check.
- **Children killed or seriously injured in road traffic accidents.** Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population.