

# Children and Adolescent Health - the picture for Nottinghamshire

Source: Nottinghamshire Joint Strategic Needs Assessment 2010

Chapter 1 'Children, young people and families'

[www.nottinghamshire.gov.uk/jointstrategicneedsassessment](http://www.nottinghamshire.gov.uk/jointstrategicneedsassessment)

## 1.1 Maternity and early years

1. The birth rate in Nottinghamshire is significantly lower than both the England and the East Midlands average. However, there is projected to be a 9% increase in the under-5 population over the next 20 years.
2. 24% of mothers giving birth in hospitals providing care in the north of the county smoke at the time of delivery. This is well above the national and regional average of around 15%. Smoking in pregnancy is associated with low birth weight and higher infant mortality rates.
3. In 2007, 621 babies were born with a low birth weight, representing 7.2% of all live births. Mansfield and Ashfield have a significantly higher proportion of low birth weight births (9.2% and 8.3% respectively) than, for example, Broxtowe (5.6%). The proportion of low birth weight babies increases with deprivation across Nottinghamshire. Birth weight is a strong predictor of health outcomes in childhood and adulthood. 64% of infant deaths in England and Wales in 2003 were of low birth weight babies and other adverse health outcomes include poor development of cognitive skills in children and diseases such as diabetes, stroke and lung disease in adulthood<sup>1</sup>.
4. The numbers of women who initiate breastfeeding is high (over 75% in NHS Nottinghamshire County, approximately 63% in NHS Bassetlaw) but a high proportion of mothers stop breastfeeding within 6 – 8 weeks of the birth of their child, with less than 40% continuing at this stage.
5. There is very low uptake of available vouchers to buy fresh fruit and vegetables and free vitamin supplements (for mother and baby) by those who are eligible as part of the Healthy Start Programme. It is well established that poor maternal and infant nutrition affects long term health outcomes.

## 1.2 Disability

1. The national picture indicates that more children and young people with profound disabilities and long-term conditions are living longer and surviving into adulthood<sup>2</sup>.
2. The detail on the numbers of children and young people with specific disabilities/long-term conditions can be difficult to access as it is collected and held by individual services and practitioners, is often out of date and is not routinely shared.

---

<sup>1</sup> Indications of Public Health in the English Regions: Child Health (2009), Association of Public Health Observatories

<sup>2</sup> Contact a Family (2006) 'About Families with Disabled Children – UK'

3. Applying prevalence data from national studies and elsewhere to local populations in Nottinghamshire, it is estimated that at any one time there will be:
  - 70 children/young people with Cystic Fibrosis
  - 70 children/young people with Sickle Cell Disease
  - 240 children/young people with Crohn's disease
  - 360 children/young people with Diabetes Mellitus
  - 280 children/young people with a neoplasm such as leukaemia
  - 10,690 with asthma characterised by persistent episodes of wheezing
4. Many of these children and young people have complex needs that require support from a range of professionals from diverse disciplines in order to achieve their potential.
5. Transition to adult services can be particularly challenging for these children and young people.
6. Parental satisfaction with services for disabled children in Nottinghamshire is good overall (National Indicator 54). The lowest area of satisfaction is with accessible feedback and complaints procedures.

### **1.3 Health of looked after children**

1. In line with national data, looked after children in Nottinghamshire experience higher levels of physical, emotional and mental ill-health. High rates of substance misuse are reported, but pregnancy rates are low for looked after children and young people.
2. Immunisation rates are lower than the average for Nottinghamshire but access to primary care services is good.
3. It is difficult to assess whether a range of health outcomes are improving for looked after children since there is a lack of robust trend data.

### **1.4 Childhood vaccination and immunisation**

1. Nottinghamshire's rates of immunisation are above the national average but some, including first year vaccination levels, are below the average for the East Midlands region.
2. There is variation in uptake within Nottinghamshire, between the six GP Commissioning Consortia.
3. Uptake of MMR (measles/mumps/rubella) vaccine needs to improve from the current level of 85% to 95% to provide 'herd immunity'.
4. There is strong evidence that some groups of children are at risk of not being fully immunised.

### **1.5 Child oral health**

1. In Nottinghamshire the levels of dental caries in five year olds are lower than the national average in all areas except Broxtowe and Gedling.
2. There is strong evidence of the positive impact of water fluoridation on the decay levels in young children in Nottinghamshire. The levels of dental decay in the three areas with water fluoridation – Ashfield, Bassetlaw and

Mansfield - are significantly lower than the national average, despite high levels of deprivation in those areas.

### **1.6 Obesity in children**

1. Obese children are more likely to become obese adults. Obesity shortens life expectancy by 9 years (National Audit Office, 2002) and is estimated to be responsible for about 30,000 deaths per year nationally. If we do nothing to prevent the projected growth in obesity levels, the costs to the NHS and indirect costs will increase substantially.
2. Participation in the National Child Measurement Programme in Nottinghamshire has grown over the past three years and remains above the 85% Department of Health target.
3. In Reception year, over one in five children are either overweight or obese. By Year 6, the rate is almost one in three, similar to the national figure.
4. In Year 6 aged children, the prevalence of obesity is significantly higher in boys than girls (19.6% and 15.5% respectively). Nationally, 20% of boys and 16.5% of girls are obese at this age.
5. Obesity prevalence is significantly higher than the national average for children in both school years in the ethnic groups: 'Asian or Asian British', 'Any Other Ethnic Group', 'Black or Black British' and 'Mixed'
6. Twenty-one percent of young people aged 11-18 years say they never play sport or do any physical activity. In Ashfield, this figure is 33%, the highest in the county.
7. 22% of local children and young people eat five or more portions of fruit and vegetables a day, above statistical neighbours (18%) and the national average (19%) (Tellus 4 Survey).

### **1.7 Emotional health and well-being**

1. "...If you do just one thing, get those who know what they are doing to work better together." Parent - National Child & Adolescent Mental Health Review, 2009.
2. There is significant evidence that the emotional health & well-being of children and young people has deteriorated over the past 25 years.
3. Risk factors affecting emotional health include physical illness or disability, family circumstances, environmental issues (such as poverty) and traumatic life events.
4. Environmental issues across the county result in clearly differentiated levels of need and prevalence, with more deprived areas generally having higher risk factors such as unemployment and substance misuse.
5. The estimated prevalence of mental illness in children and young people aged between 5 and 16 years of age in Nottinghamshire is estimated at around 10,760 children, or 9.6% of this population.

### **1.8 Tobacco control**

1. There is no smoking prevalence data for children and young people.

2. Nationally, about two million children currently live in a household where they are exposed to cigarette smoke, and many more are exposed outside the home.
3. Evidence suggests that long-term smokers start before the age of 18 and that children and young people are more likely to smoke if their parents do.
4. Nottinghamshire based projects show smoking prevalence increases as children and young people get older, most markedly at around the age of 14 years. Among young people, more girls smoke than boys.
5. In under-18 year olds accessing smoking cessation services, quit rates are lower than for adults

### **1.9 Substance misuse**

1. There were a total of 500 young people in specialist substance misuse treatment across the year (2008/09) – an increase of 15% from the previous year.
2. The primary substances that young people are receiving specialist treatment for continue to be alcohol and cannabis. Whilst alcohol referrals have significantly increased between 2007/08 and 2008/09 (42% to 53% of clients), there has been a slight decrease in cannabis referrals (45% to 41%).
3. It is estimated that up to 4,266 children and young people are affected by parents illicit drug use and between 13,271 and 21,565 are affected by parental problematic alcohol use.
4. Alcohol related admissions in under-18 year olds have decreased by over 20% between 2005/06 and 2008/09. however, across Nottinghamshire there has been an increase in young women being admitted to hospital for alcohol related conditions, contrary to decreases in young men's alcohol related admissions.
5. The majority of young people attending A&E for alcohol related accidents are aged between 12 and 15 years.
6. The majority of referrals to local drug treatment services are still through the criminal justice route and evidence suggests that more young people would benefit from and should be receiving earlier interventions.

### **1.10 Young people's sexual health**

1. Nottinghamshire has achieved an overall reduction in teenage conceptions of 25.5% from the 1998 baseline. However, this masks variances in reduction across wards and districts in Nottinghamshire (2009 data).
2. There are 26 wards with over 53.2 conceptions per 1000 15-17 year old females, and one ward has a teenage conception rate of 160.4 conceptions per 1000 15-17 year old females. 14 of these wards have teenage conception rates in the top 20% of wards nationally (2007-09 data).

3. Ashfield (30.4%) and Gedling (26.3%) have had the greatest reductions in under-18 conceptions since the 1998 baseline. Ashfield is the only district that has had a significant reduction in under-16 conceptions.
4. Mansfield district has the highest under-18 conception rate (48.8 per 1000 15-17 year old females) and the most hotspot wards (six).
5. Terminations of pregnancy rates are similar in Nottinghamshire to other comparative areas.
6. The percentage of NHS funded terminations at under-10 weeks is 57% in Nottinghamshire, compared to 72.2% nationally.
7. Take up of Chlamydia screening across the county is varied - coverage from 18.1% in Mansfield to 10.5% in Rushcliffe.
8. Nottinghamshire has a higher percentage of positive test results than the national average.

### **1.11 Hospital admissions**

1. The emergency admission rate is significantly lower than the national average for NHS Nottinghamshire County and is significantly higher for NHS Bassetlaw. Compared to PCT peers, Nottinghamshire County PCT has one of the lowest emergency admission rates.
2. Within Nottinghamshire, emergency admission rates are significantly higher than the national average for Bassetlaw and Mansfield. Gedling has the lowest rate.
3. There is a clear relationship between deprivation and emergency admissions, with more deprived areas showing higher rates of admission. This reflects differences in health need, the quality of existing services, knowledge of services and access to primary care.
4. For elective admissions, there are high rates of admission for young people aged 15-19. There is no clear relationship between elective admissions and deprivation.