

BRIEFING ON THE LOCAL CHILD HEALTH PROFILES AND HEALTH BEHAVIOURS IN YOUNG PEOPLE FOR ENFIELD

APRIL 2016

THE PHE CHILD HEALTH PROFILE AND THE HEALTH BEHAVIOURS IN YOUNG PEOPLE HAVE NOW BEEN PUBLISHED FOR 2016. THIS PROFILE ALLOWS COMPARISON WITH NATIONAL AND REGIONAL DATA ON CHILD HEALTH AND ALLOWS THE TARGETING OF AREAS FOR LOCAL IMPROVEMENT.



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INTRODUCTION

Enfield has a mixed picture of health and wellbeing of children. This is probably, at least in part, due to the contrasts seen across the east and west of the borough in terms of ethnicity and socioeconomic status.

Children and young people under the age of 20 years make up 27.7% of the population of Enfield and 18.6% of school children are from an ethnic minority group. There are almost 5,000 births¹ per year and the life expectancy at birth in 2012-2014 was 80.7 for boys and 84.1 for girls.

Levels of child poverty are worse than the England average with over one quarter (25.5%) of children aged under 16 years living in poverty. However this is a considerable improvement on the levels of child poverty 10 years ago when 36.6% of children under 16 were living in poverty. Levels of obesity and tooth decay continue to cause concern as they are higher than both the England and London averages.

PREMATURE MORTALITY

INFANT AND CHILD MORTALITY

Due to the small numbers of infant deaths, it is recommended that 3-rolling year averages are used for monitoring purposes. This allows the data to be 'smoothed over' and improves the interpretation of the data.

There was an average of 20 deaths of babies under 1 year in Enfield in 2012-14. In 2012-14 the mortality rate of 4.0 per 1,000 live births (aged less than 1 year) in Enfield was the same as the England average and lower than the London average. This is considerably better than the previous rate of 5.6 per 1,000 live births in 2010-12 and a further improvement on the 2011-13 rate of 4.6 per 1000 live births.

The child mortality rate of 15.3 per 100,000 children aged 1-17 in 2012-14 is an increase on the previous rate of 13.7 in 2011-14. This was worse than the England average of 12.0, but the difference between the local and England values is not statistically significant.

Factors affecting infant mortality include low birthweight, teenage pregnancy, breastfeeding and smoking in pregnancy. An infant mortality report and action plan was produced in March 2015 to address the borough's high infant mortality rate.

¹ ONS data.

Factors affecting child mortality include injuries, mental health conditions including self-harm and substance misuse and immunisation rates.

LOW BIRTHWEIGHT BABIES

Enfield's rate of low birthweight term babies is now lower than the England average at 2.7 compared to 2.9. Figure 1 demonstrates what a considerable achievement this rate is.

ACTION TO ADDRESS LOW BIRTHWEIGHT

Poverty, ethnicity and early access to maternity services affect the rates of low birthweight births. The reduction in the rate of low birthweight term babies probably reflects the considerable work done to reduce late access to maternity services and to increase smoking cessation rates in pregnancy. This includes the Council's 'As Soon As You're Pregnant' (ASAP) campaign which encourages women to attend for antenatal care at the earliest opportunity, before the thirteenth week of pregnancy and targeted work in communities which have historically been reluctant to engage with health professionals early on in pregnancy. In addition, the borough has enrolled and trained Parent Engagement Panel (PEP) volunteers to work as Community Health Champions.

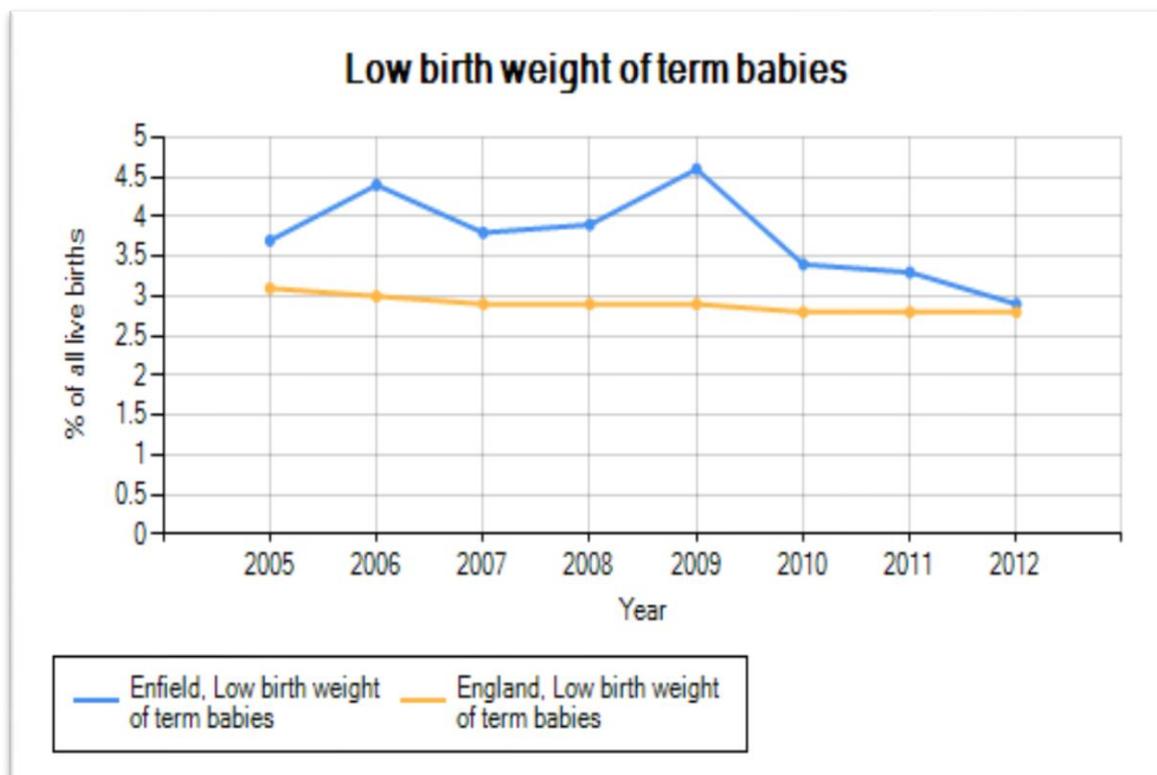


Figure 1 Low birthweight of term babies 2005-2012

SMOKING DURING PREGNANCY

Enfield's rate of recorded smoking status at the time of delivery is significantly better than the England average and approximately the same as the London average.

These smoking figures suggest that Enfield is performing well in terms of women ceasing to smoke during pregnancy. However, the smoking data is collected by asking women if they smoke, and is therefore subject to recall bias.

ACTION TO ADDRESS SMOKING DURING PREGNANCY

The Public Health team is planning a study to pilot testing for metabolites of nicotine to see whether the smoking rate is actually higher than these data suggest, and whether further interventions are therefore needed in this population.

BREASTFEEDING

The borough has a higher breastfeeding initiation rate than the England average, but breastfeeding prevalence at 6-8 weeks after birth is not recorded as the data does not meet PHE's validation criteria.

Of our closest statistical neighbours (as defined by CIPFA), only two of four boroughs met the validation criteria for this measure. Further work is required to establish where the problem lies in Enfield. In other areas, a common reason for lack of submission was difficulty obtaining data from GP practices; our statistical neighbour Haringey was unable to submit as some GP practices had not submitted their data returns. Further investigation is required to identify the root of the problem in Enfield. It is hoped that when the work has been completed to improve the health visiting data set that this will solve the problem with the 6-8 week prevalence data.

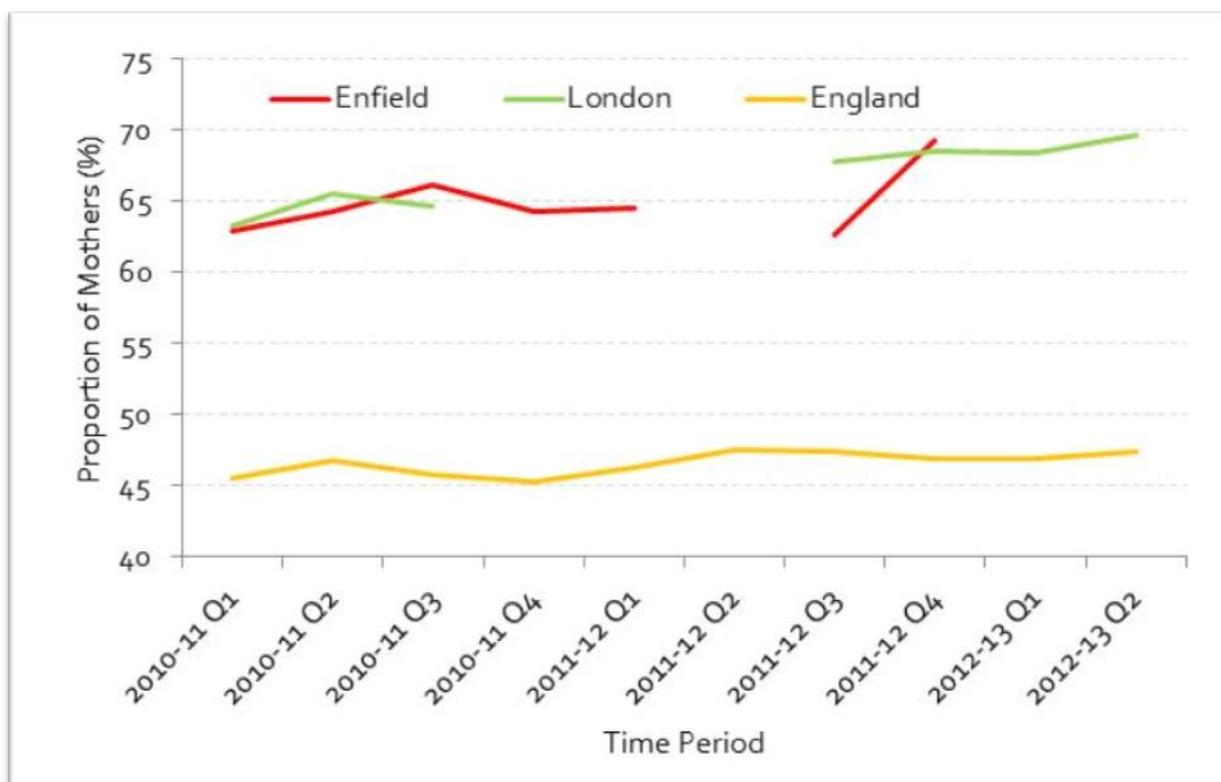


Figure 2 Breastfeeding for 6-8 weeks 2010/11 to 2012/13

ACTION TO ADDRESS BREASTFEEDING

A breastfeeding app has been developed which gives mothers information about breastfeeding and lets them know where the nearest breastfeeding-welcome business venue is.

The number of breastfeeding-welcome businesses (those that welcome mums and babies in their premises and agree that mums can breastfeed in all areas of their business that are open to the public) has increased to over 200.

HEALTH PROTECTION

IMMUNISATIONS

The report shows that Enfield has recorded rates of children immunised against MMR by the age of two of 88.6% (below 90%). This is well below the England average of 92.3, above the London average (87.3%), but below the 90% that is needed to protect the population. However, the average recorded rates of Dtap/IPV/Hib vaccination at 2 years was 92.8%, which while lower than the England average was above 90% coverage which is the goal.

ACTIONS TO ADDRESS IMMUNISATION RATES

There remain issues with the transfer of data from one system (Child Health Information System) to another (COVER which is the National Immunisations system). However, a lot of progress has been made and a protocol has been developed which allows the reporting of reliable data on local immunisation rates to COVER .

Immunisation is a standing item at Health Protection Forum meetings and the public health team is working with NHS England to improve rates of childhood immunisations. The Council is co-commissioning a school-aged immunisations service with NHS England which will provide a 'catch-up' service for children that have missed primary immunisations.

The rates of immunisations for children in care has been identified as an area where performance has been dipping and the public health team is working with the looked after children team to improve immunisation rates in this cohort.

Table 1 Enfield Immunisation Coverage 2014/2015

Immunisation	N ^o . immunisations given	Enfield Coverage (%)	London Coverage (%)	England Coverage (%)
Primary immunisations at 12 mths ^[1]	3962	90.8	90.3	94.2
MenC at 12 mths	4066	93.2	-	-
PCV at 12 mths	3954	90.6	90.6	93.9
Rotavirus at 12 mths	3348	76.8	-	-
MMR (second dose)	3723	86.1	81.1	88.6
HiB/MenC booster by 24 months	3964	88.6	86.8	92.1
PCV booster	3895	87.1	86.4	92.2
DTaP/IPV booster	4063	93.9	92.5	95.7

^[1] Diphtheria, Tetanus, Pertussis, Pneumococcal and Haemophilus influenza (DTaP/IPV/HiB)

WIDER DETERMINANTS OF HEALTH

POVERTY AND HOMELESSNESS

While Enfield's child poverty rate² has reduced from the 2012 figure of 29.6% to 25.5%, it remains significantly higher than the London and England averages. This is partly due to families being housed in the borough by other authorities (owing to the relatively cheap housing) and partly because of difficulties obtaining well-paid job opportunities in the borough.

Enfield has a similar rate of family homelessness to London. The number of statutory homeless households with dependent children or pregnant women in Enfield has reduced very slightly from 4.3 to 4.2 per 1000 households, but this is still more than double the England average of 1.7 per 1000 households. However, this measure relates to statutory homeless households with dependent children or pregnant women per 1,000 households in 2013-14 and is likely to be an underrepresentation of the true number.

ACTION TO ADDRESS CHILD POVERTY

In November 2014 the Council's Public Health team held a child poverty conference to raise awareness of the high levels of poverty and to generate new ideas for how to tackle the problem. These ideas contributed to the child poverty action plan which was approved by CMB, and which was taken to the Enfield Strategic Partnership (ESP) for comments in early June 2015. The ESP agreed the action plan, but due to the in-year cuts to the public health ring-fenced budget the action plan was put aside until monies became available.

EDUCATION

Enfield has good outcomes above the regional and national averages for GCSE results. In 2014/15, 55.6% of young people in the borough achieved 5 or more A*-C GCSE results, including English and Maths. This was not significantly different to the London or England average and corresponds to over 2,000 young people in the borough achieving this level of education.

² Children aged 16 and under living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income

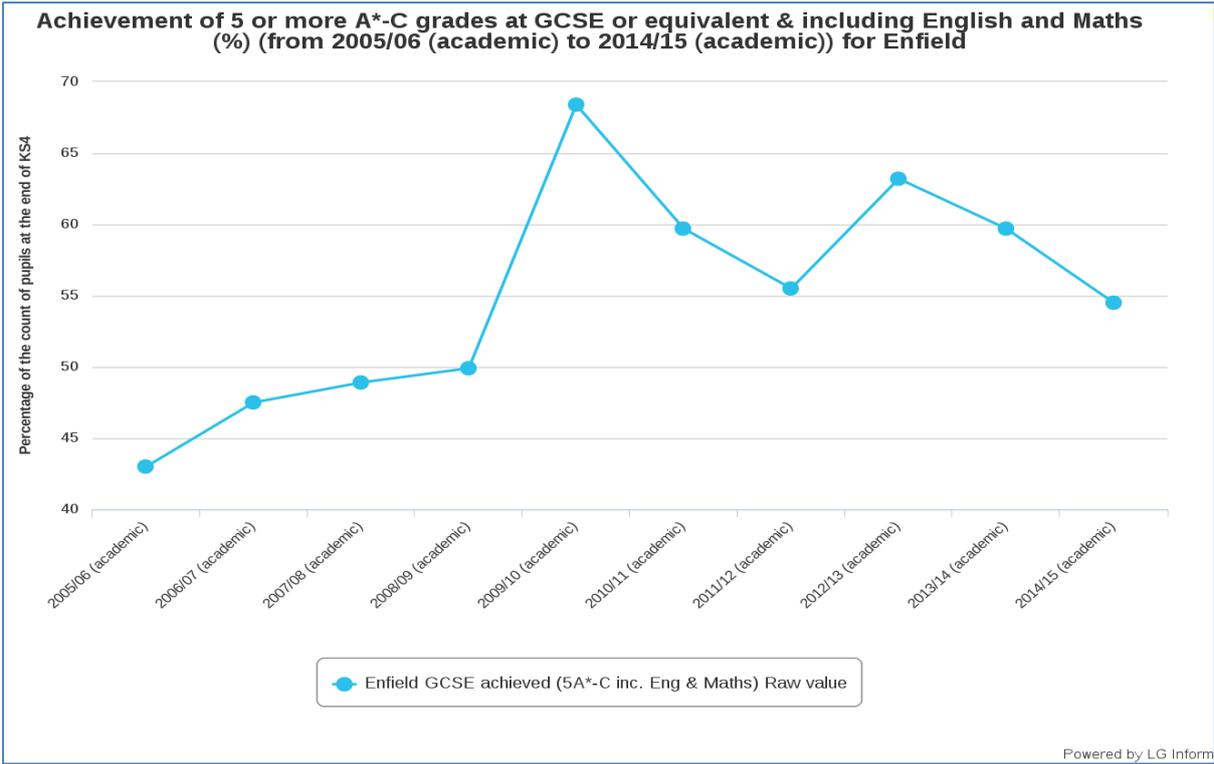


Figure 3 GCSE Achievement in Enfield, 2005/6 to 2014/5

In addition, the borough has a lower rate of young people Not in Education, Employment or Training (NEETs), 3.1% of the total cohort of 16-18 year-olds in 2014, compared to an England average of 4.7%.

However, Enfield has slightly below average results for children achieving a good level of development at the end of reception at 63.9% compared to an England average of 66.3%.

ACTION TO ADDRESS EDUCATION ISSUES

In response, the Council is working hard to increase funded childcare take-up and is developing a curriculum-focused approach centred on play and communication for implementation in the newly reformed Children’s Centres.

YOUNG OFFENDERS

The rate of first time entrants to the youth justice system per 100,000 10-17 year olds has steadily reduced in the borough and is now 471.5 per 100,000 10-17 year olds. This is not significantly different from the England average.

In absolute numbers, the figure has dropped from about 450 first time entrants in 2008 to 155 in 2014.

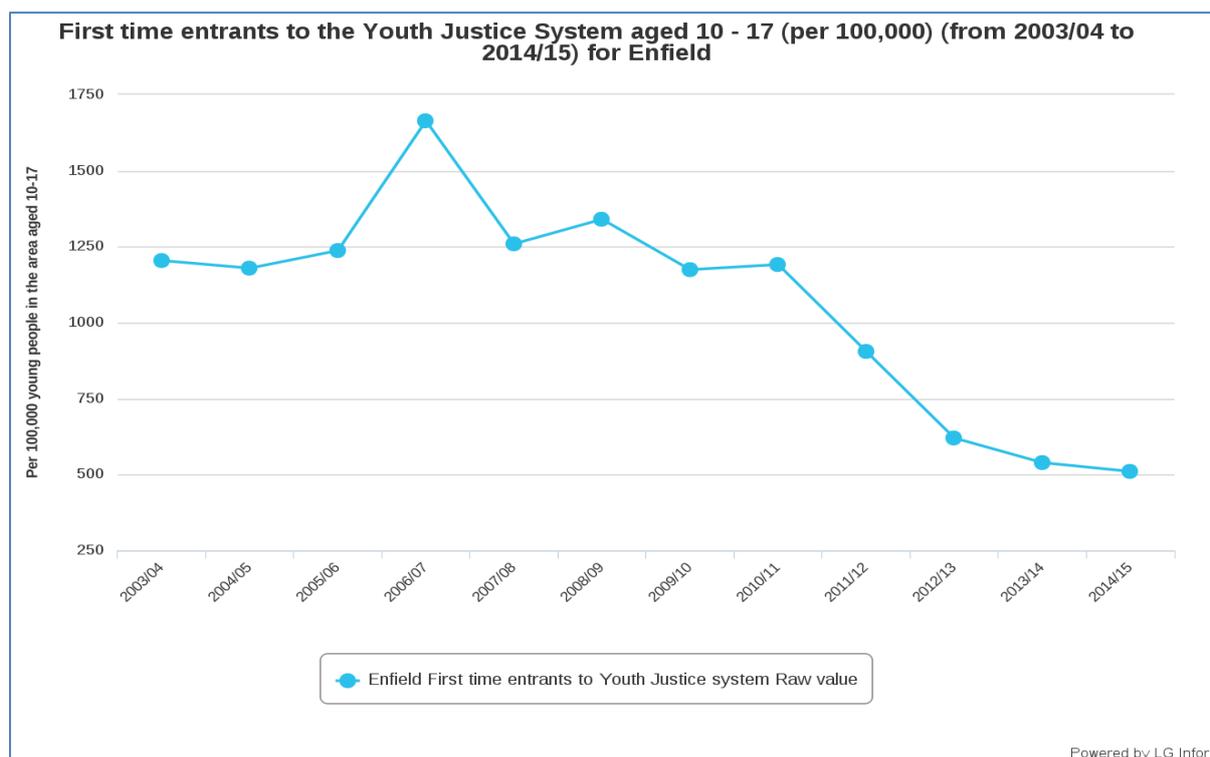


Figure 4 First time entrants to the youth Justice System in Enfield 2003/4 to 2014/15

ACTION TO ADDRESS YOUNG OFFENDER RATE

The falling First Time Entrant (FTE) rate between 2008 and 2014/15 has partly been achieved by a triage programme that targets around 150 young people per year who would otherwise be cautioned or charged. This triage work was carried out by the Youth and Family Support Service prevention team and is funded by Enfield Council. However, because of the reductions in Council funding the future of this service is not certain beyond March 2017.

CHILDREN IN CARE

In 2015, Enfield had a lower rate of children who were looked after (44 per 10,000 aged under 18) than London (52 per 10,000) and England (60 per 10,000).

Area	Value	Lower CI	Upper CI
England	60*	60	60
London PHE centre	52*	-	-
Barking and Dagenham	77*	70	84
Barnet	34*	30	38
Bexley	50*	44	56
Brent	44*	39	49
Bromley	37*	33	42
Camden	43*	37	50
City of London	*	-	-
Croydon	87*	81	93
Ealing	44*	40	49
Enfield	44*	39	49
Greenwich	80*	74	88
Hackney	58*	52	65
Hammersmith and Fulham	55*	47	63
Haringey	75*	68	83
Harrow	29*	25	34
Havering	45*	40	51
Hillingdon	48*	43	54
Hounslow	48*	43	54
Islington	90*	80	99
Kensington and Chelsea	38*	31	46
Kingston upon Thames	32*	26	38
Lambeth	78*	71	85
Lewisham	73*	66	79
Merton	34*	29	40
Newham	52*	47	57
Redbridge	29*	25	33
Richmond upon Thames	22*	18	27
Southwark	82*	75	89
Sutton	50*	44	58
Tower Hamlets	44*	39	49
Waltham Forest	42*	37	47
Wandsworth	37*	32	42
Westminster	44*	38	51

Source: Children looked after in England, Department for Education.

Figure 5 Looked after children per 10,000 population under 18, 31 March 2015.

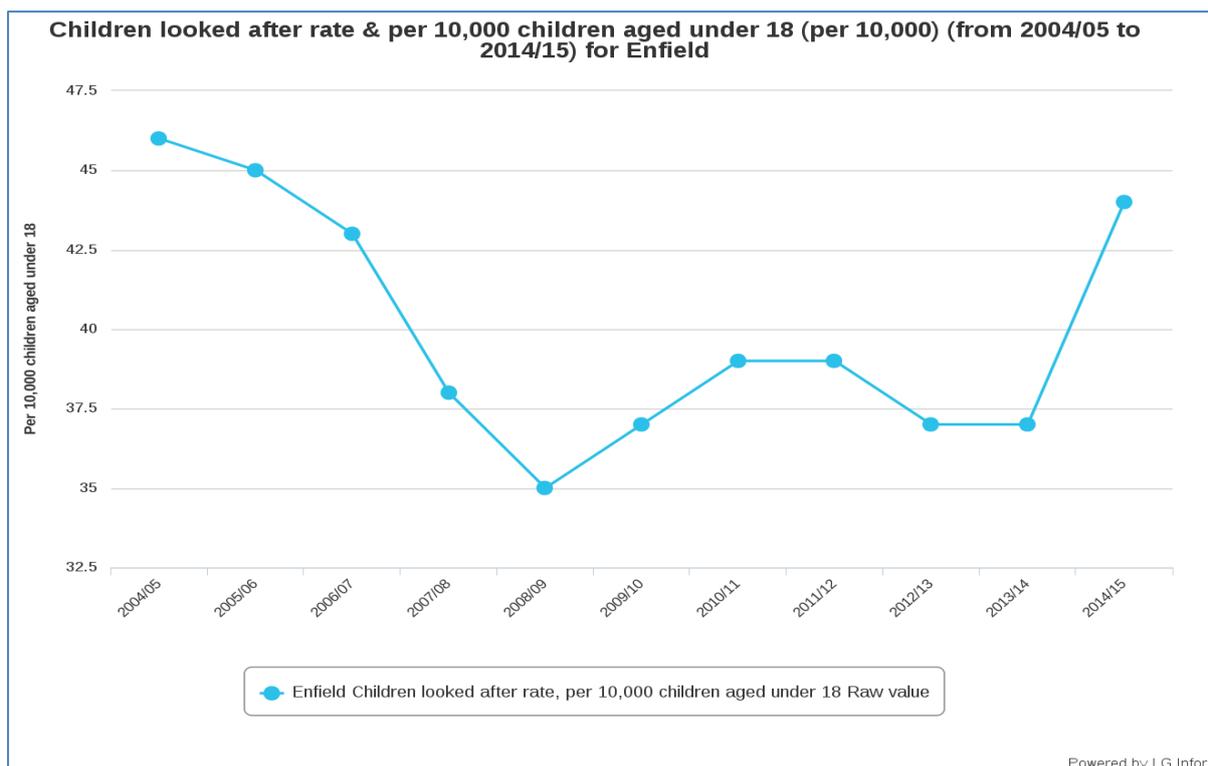


Figure 6 Rate of Looked after children per 10,000 children aged under 18 in Enfield 2004/5 to 2014/15

Enfield Children’s Services were scrutinised by OFSTED last year and were awarded a Good status for services including those for looked after children. The OFSTED report noted that the thresholds for intervention in child protection matters were appropriate, but it should be noted that the number of looked after children has increased recently. This is in part due to a change in the law which now confers looked after child status on any young person who has been remanded through the courts. Despite this rise, Enfield still has relatively low levels of children in care when compared to other authorities in London or in the country.

ACTIONS TO ADDRESS THE RATES OF LOOKED AFTER CHILDREN

The rates of looked after children are maintained at a lower rate than London and England averages by a range of preventive services which have focused on supporting families to stay together wherever this is in the child's best interest. These include:

- Extensive support services for disabled children (allowing more families to cope in the community);
- Children's Centres and family support services which allow difficulties to be addressed as they arise;
- Family Group Conferences which allow alternative support from within the network to be identified;
- A Placements Panel made up of senior officers which ensures children only become looked after when all safe alternative options have been explored.

HEALTH IMPROVEMENT

OBESITY AND PHYSICAL ACTIVITY

Enfield has statistically significant higher rates of childhood obesity and overweight children at both reception and year 6. Enfield has higher rates than England average rates and the average rate for London. Enfield also has higher rates of obesity and overweight than statistical neighbours, with the exception of the rates in Greenwich for reception-aged children.

Table 2 Result of NCMP, Enfield, London and England, 2014/15 (academic year)

	Reception Year					Year 6				
	No of children measured	Participation rate	% Underweight	% Overweight	% Obese	No of children measured	Participation rate	% Underweight	% Overweight	% Obese
Enfield	4,106	89.5%	1.5%	12.7%	10.5%	3761	93.2%	1.5%	15.7%	25.4%
London	97,219	94.9%	1.6%	12.0%	10.1%	81,177	94.7%	1.7%	14.6%	22.6%
England	610,636	95.5%	1.0%	12.8%	9.1%	531,223	93.9%	1.4%	14.2%	19.1%

Source: Health and Social Care Information Centre (HSCIC)

There is a strong link between childhood obesity and poverty, so this is unsurprising given the high levels of child poverty in the borough. There is also a correlation between childhood obesity and ethnicity which needs further investigation in our borough.

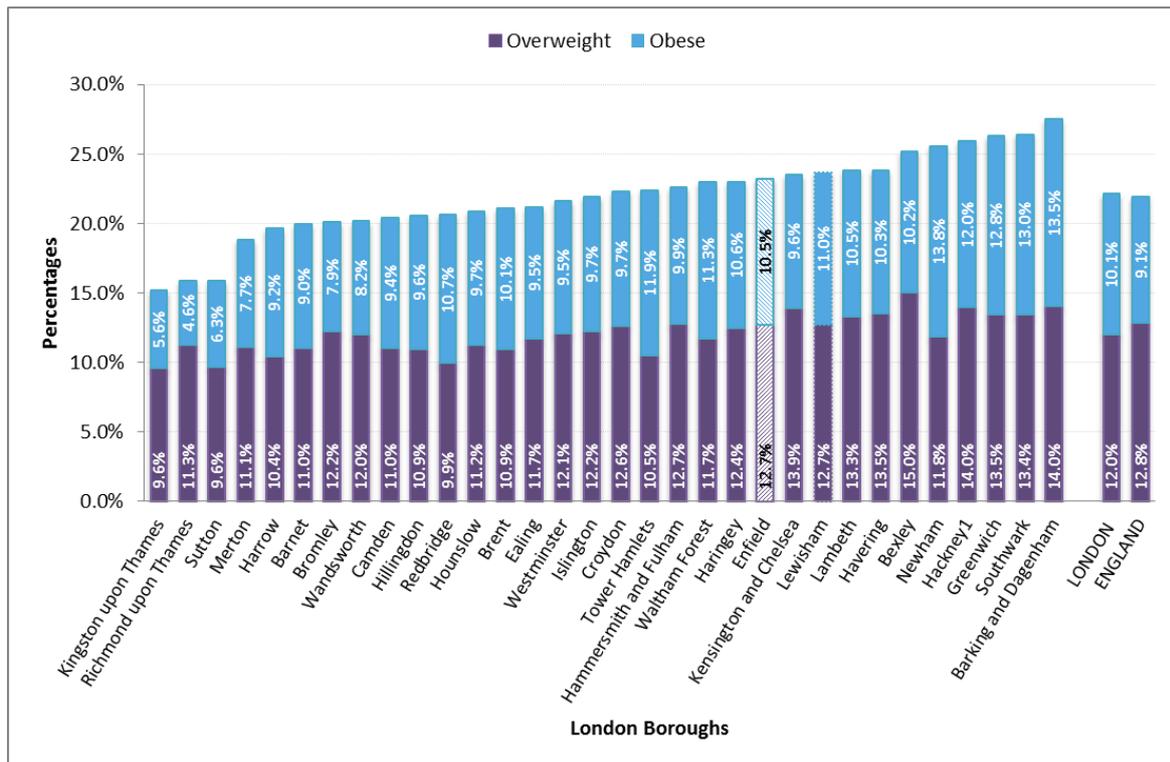


Figure 7 Prevalence of combined Overweight and Obesity in Reception Year pupils (aged 4-5 years) London boroughs; 2014/15
Source: Health and Social Care Information Centre

In Enfield, 58.7% of 15-yr olds reported that they ate the recommended amount of fruit and vegetables each day (at least 5 portions). This was better than England (52.4%, London (56.2%) and statistical neighbours.

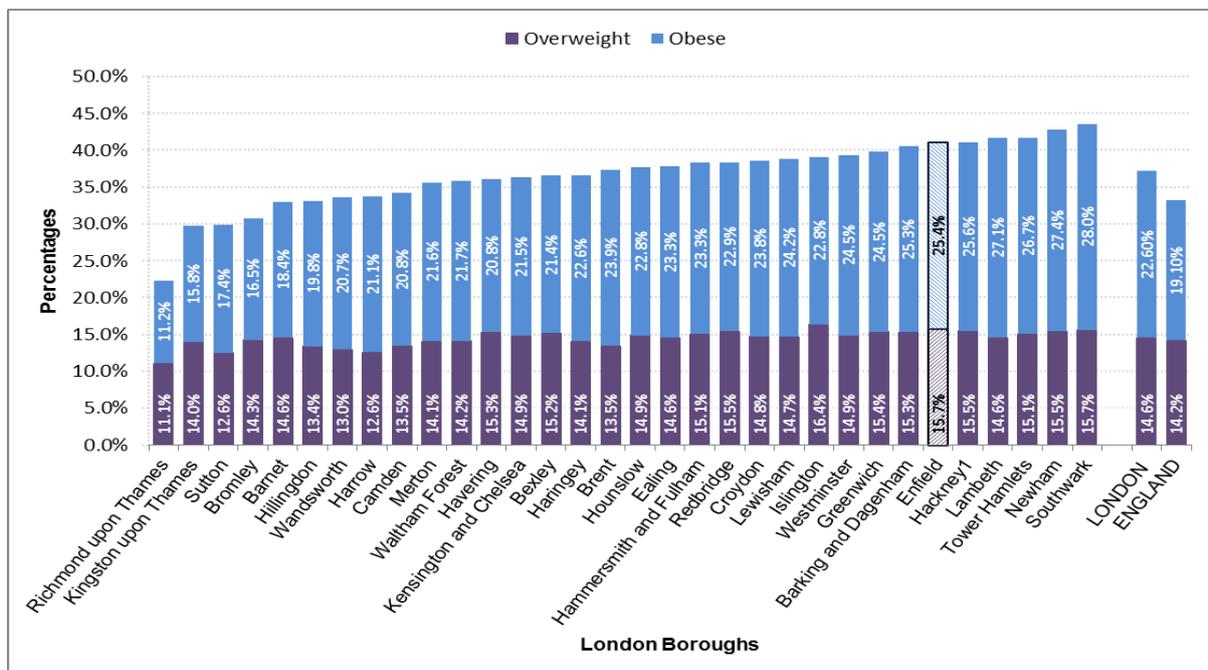


Figure 8 Prevalence of combined Overweight and Obesity in Year 6 pupils (aged 10-11 years) London boroughs; 2014/15
Source: Health and Social Care Information Centre

12.4% of our 15 year-olds meet the WHO guideline of an hour of moderate-to-vigorous physical activity per day. This is similar to the England average of 13.9%.

ACTION TO ADDRESS OBESITY AND PHYSICAL ACTIVITY

The following have been delivered in the borough:

- Delivering the Change 4 Life programme in Children's Centres;
- Supporting the Healthy Schools London programme, this awards schools for helping their pupils to maintain a healthy weight and lifestyle;
- Ensuring school playgrounds are designed to encourage varied and active play;
- Addressing parental concern around the perceived safety of walking and cycling;

The following are planned for the next year:

- Work to reduce consumption of sugary drinks by children.
- Development of a healthy eating programme to be delivered to children prior to their entry into reception year
- Further work to implement Cycle Enfield;
- Offering free places for the summer at local leisure centres for children identified as overweight or obese

ORAL HEALTH

Enfield has a significantly higher than London and National average rates of children with decayed, missing or filled teeth with 43.9% of children aged 5 with one or more decayed, missing or filled teeth. This is one of the highest rates of dental disease in London and compares to 27.9% nationally and 32.9% of children aged 5 for London.

In addition, as can be seen in the figure below, the oral health of 3-year olds in the borough is also a cause for concern.

Oral health, like obesity, is linked to poverty. Other reasons the rate is high may include: consumption of sugary drinks; families' lack of understanding of dental care in the UK and how to access NHS dentistry; parents who do not speak English may find it difficult to access services; and parents may not be getting the right information when their children are very young, so their first trip to the dentist occurs when they are already school age (this is too late).

The rate of repeat abortions for under 25 year olds is higher than the England and London averages at 35.8% (compared to 27.0% for England and 32.3% for London). However, the percentage of terminations performed under 10 weeks is 82.7% which is higher than the England average of 90.4% and similar to the London average of 83.7%.

ACTION TO ADDRESS TEENAGE PREGNANCY

The teenage pregnancy rate was previously very high but a concerted campaign to make this a priority in the borough over a number of years has reaped rewards.

The falling rate is thanks to a number of interventions and programmes, including:

- The Enfield Young People's Project;
- Dedicated sexual health outreach nurses for under 19s;
- A condom distribution scheme;
- An emergency contraception scheme;
- Social networking;
- Youth Enfield website;
- Accessible clinics;
- Workforce training for professionals and volunteers working with young people.

SEXUALLY TRANSMITTED INFECTIONS

Enfield has a higher rate (1039 per 100,000 15-64 year olds) than the England average for new sexually transmitted infections among 15-24 years olds. This is lower than the London average of 1534 per 100,000.

There is a low proportion of 15-24 year olds in the borough that have been screened for chlamydia (18.1%) compared to London (27.9%) and England (24.3%) and the rate of chlamydia detection in young people is low at 1705 per 100,000 people aged 15-24 years.

ACTION TO ADDRESS SEXUALLY TRANSMITTED INFECTIONS

Enfield Council has procured a new sexual health service, to be delivered by North Middlesex University Hospital, to ensure that residents have the best possible access to testing and care. This included a substantial review of locations and delivery methods for Sexual Health services. There are new clinics planned in premises more accessible than the previous settings and plans to work more closely with the voluntary sector.

The Sexual Health Partnership Board is a multidisciplinary group that monitors data on sexual health and provides a forum to discuss and contribute to planning sexual health services in the borough.

The Public Health team has run preventative campaigns to encourage testing for STIs and HIV. It recently ran campaigns to coincide with national HIV testing week in November 2014, World AIDS Day in December 2014 and Valentine's Day 2015. The future of these campaigns, however, is not clear as the funding for public health has been reduced.

ALCOHOL AND SUBSTANCE MISUSE

Enfield's rate of under-18s admitted to hospital for alcohol specific conditions was lower at, 18.5 per 100,000 population for 2012/13-14/15, than the England (36.6 per 100,000) and London averages (23.7 per 100,000)³.

Enfield's rate of 15-24 year olds admitted to hospital for substance misuse (44.9 per 100,000 15-24 year olds for 2012/13-2014/15) is also lower than the England (88.8 per 100,000) and London averages. This is statistically significant when the rate is compared to the England rate.

ACTIONS TO ADDRESS ALCOHOL AND SUBSTANCE MISUSE

In the past, the Public Health team coordinated an alcohol awareness campaign which encouraged different sections of Enfield's residents to drink sensibly, including young people. To target young people, posters were displayed in family centres, youth centres and cinemas.

There is a large programme of work led by the DAAT team on reducing substance misuse across the borough, including work targeted at young people.

- **Distribution of substance misuse information to maternity services** that midwives can hand out to patients where appropriate. This will include information for mothers to take away where there may be substance misuse needs with the father.

An evaluation of the impact and outcomes achieved by the joint maternity clinic will take place in early 2016.

³ This is a different rate to that shown in the Child Health Profile, as it is based on more recent data. In fact this shows that the rate is coming down from 19.2 in 11/12-13/14 to 18.5 in 12/13-14/15.

Enfield's Drug and Alcohol Team commission Compass to provide an adult and young people's drug and alcohol service. The young people's service delivery includes a Hidden Harm service to support children and young people affected by parental substance misuse. Enfield's Hidden Harm Parental Substance Misuse Service and North Middlesex Hospital's Maternity Services have been developing and implementing joint working arrangements to help improve engagement of pregnant women in both services and offer them the best care possible.

The joint working in place and currently being further developed include:

- A Care Pathway for pregnant women with substance misuse needs. This pathway is already in place and there have been a number of women who have been successfully care coordinated using this care pathway.
- The introduction of a lead role for pregnancy in Compass the adult drug and alcohol service, who will help draw together operational working between the adult drug and alcohol services, NMUH maternity services and the Hidden Harm Service. This lead role is already operational.
- Flexibility in the location in which appointments are delivered by both services to ensure they are as accessible as possible to encourage and increase engagement.
- Pregnant women with substance misuse needs have a named midwife for contact and a named substance misuse worker to support with care coordination and communication between the two services.
- The lead worker for pregnancy in Compass began a weekly Friday drug and alcohol clinic from NMH maternity services from August 2015. This coincides with the Consultant's clinic that takes place on a Friday morning. The lead worker for pregnancy from Compass is present at NMH maternity services all day on a Friday to enable them to deliver:
 - One to one sessions with patients
 - Group work sessions with patients
 - Joint sessions with midwives (on site or home visits)
 - Surgery space for midwives and other maternity staff to discuss cases
 - Bite size training programme to be developed and potentially delivered at the same time each week for professionals to attend

- Distribution of substance misuse information to maternity services that midwives can hand out to patients where appropriate. This will include information for mothers to take away where there may be substance misuse needs with the father.

HOSPITAL ADMISSIONS

Enfield has a higher rate of A&E attendances for 0-4 year olds (847.8 per 1000 children aged 0-4 years) than the London and England averages (540.5 per 1000 children aged 0-4 years). It is not possible to identify all reasons why children attended A&E, but it is known that most of the children who were subsequently admitted attended for ear, nose and throat infections or upper airway infections. Some of these could be prevented by hand-hygiene of parents and carers and immunisation with pneumococcal vaccine, Hib vaccine and influenza vaccine. In addition, most viral bronchiolitis cases can be dealt with by GPs, out-of-hours GPs and urgent care centres. Appropriate triage by 111 services should help avoid unnecessary A&E attendance.

ACTION TO ADDRESS HOSPITAL ADMISSIONS

Actions already taken to reduce A&E use:

- To promote GP registration, Enfield Council distributed leaflets door-to-door informing where the nearest GPs are in Enfield Chase and Enfield Lock.
- The CCG has made additional investments into Urgent Care Centres, and arrangements have been made to employ GPs in the A&E department.
- In addition, an app was commissioned by the CCG for users of iPhones and Android phones to inform them of where to go to if they feel unwell.
- A booklet on common childhood illnesses was published last summer. This signposts parents to appropriate self-care, advises when professional help is needed and provides information on immunisations. The booklet was translated by public health into the main community languages with a web-based spoken word version for the Somali community.

HEALTH BEHAVIOURS IN YOUNG PEOPLE

The What About YOUth (WAY) survey is a lifestyle study of 15-year olds in England that collects data on risky behaviours, health and wellbeing.

The vast majority of children (84.1%) reported that their general health was excellent or good, a similar percentage to the England average of 85%. Enfield has a lower proportion of children with a long term illness, disability or condition and only 6.6% of children engaged in three or more of the risky behaviours they were asked about, much lower than the England average of 15.9%

HEALTHY WEIGHT

Over 50% (53.6%) of children reported that they felt their body was about the right size. This was similar to the England average and similar to the borough's statistical neighbours. The percentage of children reporting that they eat five portions of fruit and vegetables per day was 58.7% for Enfield which compares favourably with 56.2% in London and 52.4% in England. Physical activity levels among Enfield youth are below the England average with 12.4% of young people reaching the WHO's guideline of an hour of moderate to vigorous physical activity per day. The England average is 13.9% of young people.

MENTAL HEALTH AND WELLBEING

The mean Enfield score on the Warwick-Edinburgh Mental Wellbeing scale was 48.4, which is higher than the England mean score of 47.6. Additionally Enfield had high rates of bullying with 48.1% of children reporting that they had been bullied in the past couple of months. However, although this was a high percentage this was lower than the England and London averages.

E-CIGARETTES, SMOKING AND DRINKING

Only 2% of Enfield 15-year olds are regular smokers and this is lower than the England average of 5.5%. E-cigarettes have been tried at least once by 10.5% of 15-year olds, lower than the England value of 18.4%. In Enfield 1.8% of 15-year olds are regular drinkers, much lower than the England average of 6.2%. This may reflect ethnicities in the boroughs, as many cultures refrain from alcohol.