Walsall Council

Public Health Walsall 2015:Early Years- A Review of Current Intelligence & Research

This needs assessment is part of the Walsall Joint Strategic Needs Assessment process

Acknowledgements

This needs assessment has been produced by the joint efforts of the following people, who either contributed to the writing, design or provided data and information.

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Executive summary

Key findings about early years for children in Walsall

- Just under a tenth of Walsall population is 0 – 5 years old (22,658) and is projected to increase by 2.2% over the next 10 years.
- 35% of the Walsall under 5 year olds population is from **Black Minority Ethnic** groups and is forecasted to grow.
- In 2014 there were 3,748 **live births** in Walsall which was 9.7% steady increase since 2004 with a peak in 2012 of 3,816.
- Walsall is ranked 33rd **most deprived** local authority area in England from the Index of multiple deprivations (2015). **Child poverty** variation in Walsall, ranging 39.2% of children living in poverty in North Walsall area partnership to 12% in Aldridge & Beacon.
- The proportion of **maternal age** women in Walsall of total population (37.7%) is **lower** than regional (41%) and national averages (38.5%).

Maternity

- **Smoking** at time of delivery in Walsall has fallen to 13.7% (2013/14), which is **higher** than regional (13.2%) and national averages (12%).
- **Maternal obesity** is related to increased risk to the baby and children are 3.6 times more likely to be overweight.
- **Teenage pregnancy** rates in Walsall (36.8 per 1,000 births) are above national averages (24.3 per 1,000 births).
- Walsall delivered **substance misuse** interventions to 51 pregnant women, of these 25 babies was delivered and 19 women were still pregnant in April 2014.
- 367 families and young people completed the **parenting programmes** in Walsall with 66% from the two most deprived populations in Walsall (IMD 2010 Local quintiles 1 & 2).
- In 2014/15, there were 172 **Looked After Children** in Walsall (Under 5's) and there were 271 children (Under 5's) on a Child Protection Plan.

Post Birth

- **Infant and perinatal mortality** in Walsall is **statistically above** regional and national averages, however in recent years this **gap has narrowed**.
- **Breastfeeding rates** in Walsall have been improving over last couple of years, however were still (35.3%) **below national average** (45.8%) in 2013/14.

- Walsall has traditionally performed well on all **children vaccination and immunisations** and latest data (2013/14) shows **Walsall above England** for 2 years & 5 years MMR immunisations**.**
- In 2015, Walsall 247 under 5 year children were registered on Walsall Healthcare NHS Trust **disability** database which was shown a **decrease** compared 363 children in 2009.
- **Healthy start** uptake in Walsall (77.8%) is similar to other regional local authorities, however there is **very low uptake of vitamin drops** (2.28%) and tablets (2.59%)
- 54% of children overall have a good level of development by age 5, compared with the national average of 60% at the **early years** foundation stage.

Early Years

- 61% of children overall have a good level of development by age 5, compared with the national average of 66% at the **early years** foundation stage.
- More 300 children a year were admitted to Walsall Manor for **decayed teeth** removal and 1 in 4 children aged 5 years have untreated dental decay.
- NCMP data for 2013/14 show Walsall prevalence of **overweight and very overweight pupil** in reception year (24.2%) was **higher than regional and nationa**l averages.

Area Partnership	Demographic 'Characteristics'	Health & Disease 'Characteristics'	Lifestyle 'Characteristics'
Brownhill/Pelsall/Rushall/Shelfield	• High proportion of old and very old • Average levels of deprivation	• Below borough prevalence of breastfeeding at 6-8 weeks • Above borough Childhood obesity levels • High rate of Perinatal mortality	• Smoking prevalence is bordering the borough average • Fairly high consumption of fresh fruit and vegetables • Fairly low participation in regular moderate exercise
Aldridge & Beacon	• Lack of young children and young working age adults • High proportion of residents within the most affluent social groups	• High rate of Perinatal mortality • Above borough Childhood obesity levels	• Lowest prevalence of smoking prevalence in borough • High consumption of fresh fruit and vegetables
North Walsall	• Above borough proportion of young people (0-15) • Extreme levels of deprivation	• High rate of infant deaths • Below borough prevalence of breastfeeding at 6-8 weeks • Above borough Childhood obesity levels • High rate of unintentional and deliberate injuries (0-5 years) • Higher rates of teenage pregnancy	• High prevalence of smoking • High participation in regular moderate exercise • Low recommended consumption of fresh fruit and vegetables
Walsall South	• Above borough proportion of young people (0-15) • Extreme levels of deprivation • Very diverse ethnic mix, with a large Asian population	• High rate of infant deaths • Above borough for low birth weight babies • Above borough Childhood obesity levels • High rate of unintentional and deliberate injuries (0-5 years)	• Just below borough average prevalence in smoking • Low consumption of fresh fruit and vegetables • Average participation in regular moderate exercise
Darlaston & Bentley	• Above borough proportion of young people (0-15) • Extreme levels of deprivation • Fairly diverse ethnic mix, with a large Asian population	• High rate of infant deaths • Above borough for low birth weight babies • Below borough prevalence of breastfeeding at 6-8 weeks • Above borough Childhood obesity levels • High rate of unintentional and deliberate injuries (0-4 years) • Higher rates of teenage pregnancy	• Above borough prevalence of smoking • Low consumption of fresh fruit and vegetables • Average levels of participation in moderate regular exercise
Willenhall & Short Heath	• Predominantly those of working age • Average level of deprivation across area. • Limited ethnic diversity, with Asian (Indian) the largest minority group	• High rates of infant deaths • Above borough Childhood obesity levels • Higher rates of teenage pregnancy	• Smoking prevalence just below borough average • Fairly high consumption of fresh fruit and vegetables • Low levels of moderate regular exercise

Introduction

This Needs Assessment was commissioned by the Early Years Steering Group and 0-5 integrated Strategic Transition Group. It seeks to identify the local patterns of health and disease within the 0 to 5 years age group. The recommendations from this piece of work will inform the development of the Joint Early Years (0 to 5) Strategy that is currently been developed alongside this report.

The early years (from 0 to 5 years) are critical in shaping health and wellbeing later in life. Improving outcomes for children, families and communities, as well as creating services that provide better access and experience are essential. Giving every child the best start in life is crucial to reducing health inequalities across the life course. Some of the challenges that children aged 0 to 5 years in Borough have to cope with are briefly described in Chapter 2 of the **Walsall Joint Strategic Needs Assessment[1] (JSNA).**

Walsall Borough Council Corporate Plan for this group are:

Improving Safeguarding, Learning and the Life of Chances for Children and Young People.

Walsall Children and Young People's Partnership has identified four objectives:

All children will be:

- Safe and Supported
- Healthy and Well
- Aspiring and Attaining
- Able to make successful transition to adulthood

Each objective will help all children to become socially included:

Each year the Board reviews its priorities and develops action plans to provide a focus for improvement. Currently there are 8 priorities with delivery plans attached to our Children and Young People's Plan

- Supporting the most vulnerable families to provide the best start in life for children
- Ensuring that children maintain a healthy weight
- Reducing the harm caused by child sexual exploitation including children missing from school, care and home
- Greater diversity of choice for learning, training and employment for young people with Special Educational Needs or Disabilities by creating single 'through life' plans

- Promoting pride in the achievements of the children and young people of Walsall
- Better communication between frontline staff in all agencies that support children and families
- Reducing the impact of child poverty

During pregnancy and in the first two years of the child's life the baby's brain and neurological pathways are set for life. It is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing. The primary aim of the early years (0-4) is defined as: 'promoting a child's physical, emotional, cognitive and social development so that all children have a fair chance to succeed at school and later in life'. (NICE). The **Health and Wellbeing Strategy 2013 to 2016**[2] refresh was developed as a result of the challenges identified in the Walsall JSNA, and the **Children & Young People Plan** is in the process of being refreshed.

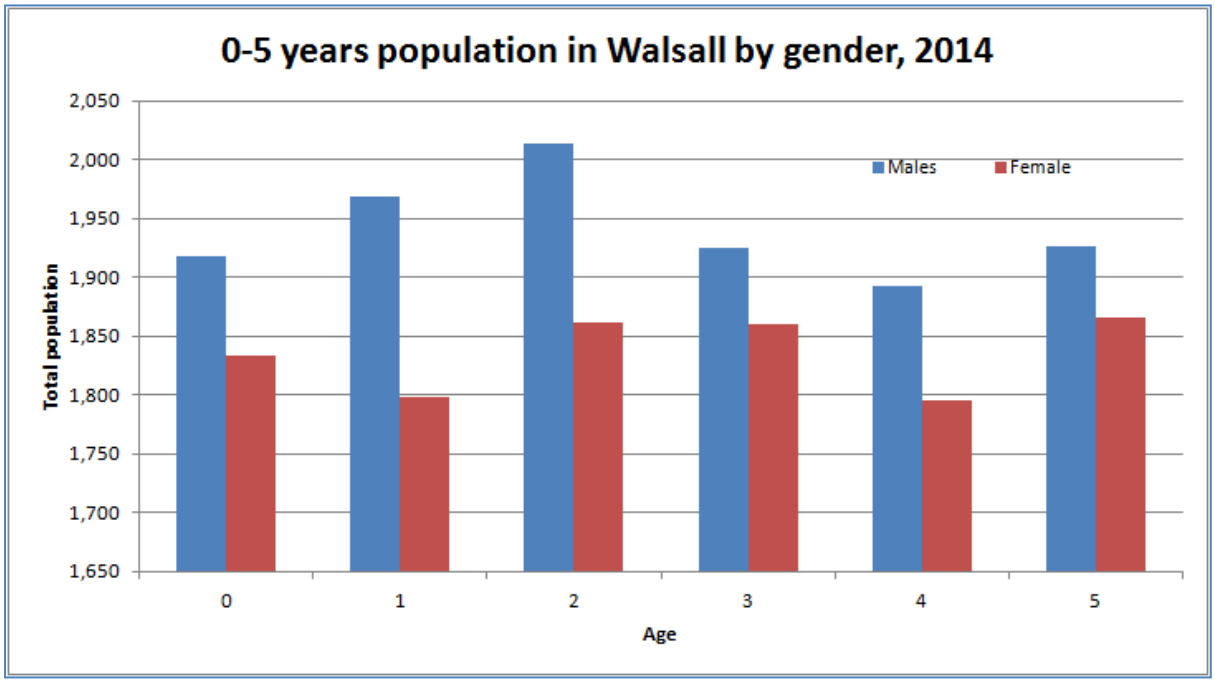
Background

The information in this section provides some background information to the preschool children that live in Walsall.

Demographics

The current estimates shows that 22,658 children are living within Walsall and there is higher proportion of boys than girls (see Figure 1).

Figure 1: Figure 1: 0-5 years population by gender in Walsall

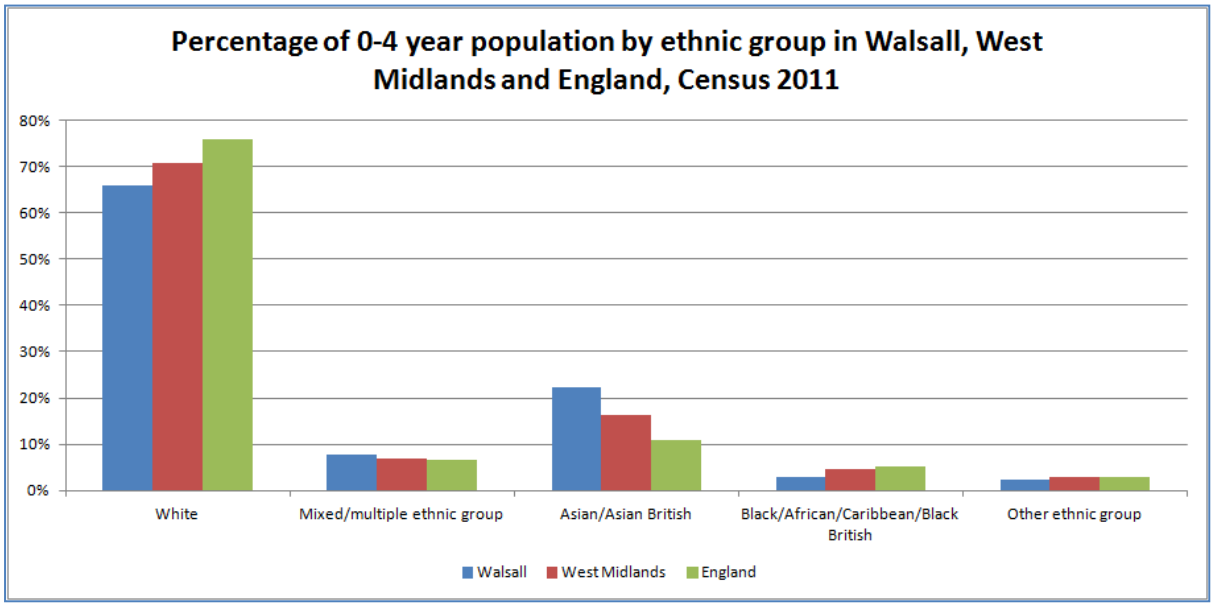


Source: Office of national statistics (ONS) 2014 mid-year population estimates.

Ethnicity of Children in the age group

There was 6472 of 0-4 year olds from black minority ethnic group which represented 35% of total population in this age group[3]. The proportion of Asian/Asian British and Mixed ethnic groups are higher in Walsall compared with regional and national averages (see Figure 2).

Figure 2: Proportion of 0-4 year olds by ethnic group

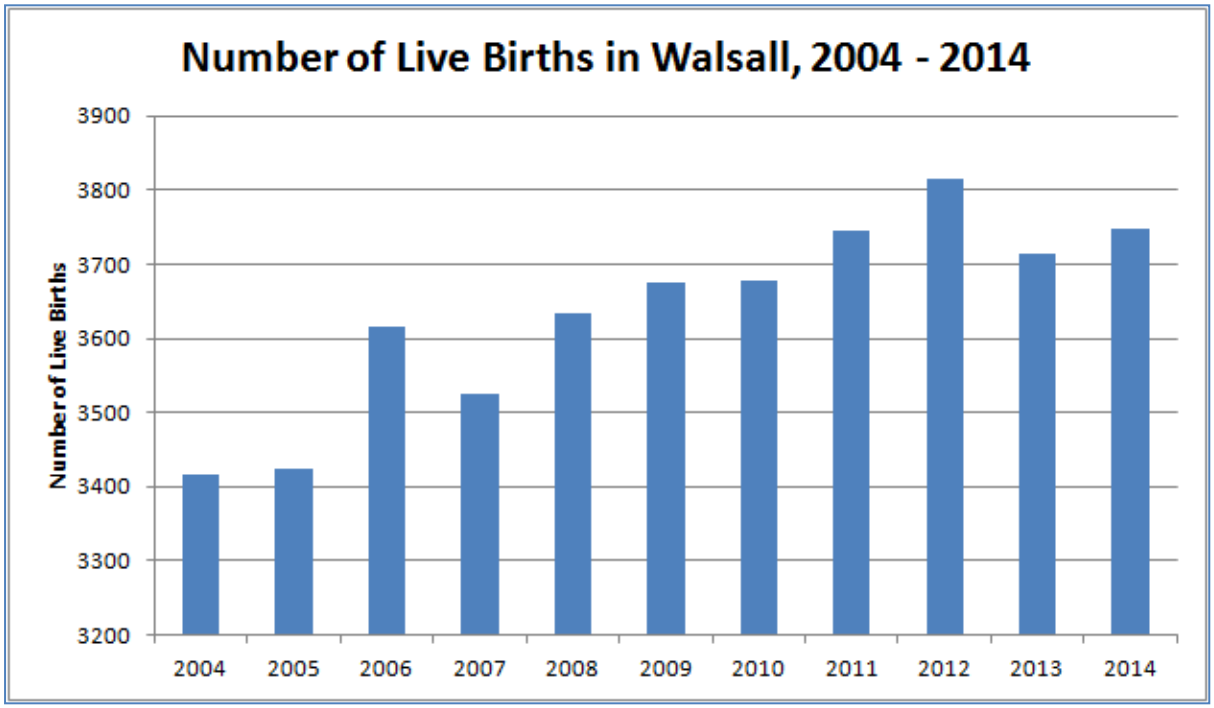


Source: ONS, Census 2011.

Births

The number of live births registered per year in Walsall increase by 9.7% between 2004 and 2014 but is expected to remain stable over the next ten years. The number of live births peaked at 3,816 in 2012, and has declined slightly since. The average life expectancy at birth in Walsall is 77.3 for males and 82.3 for females, respectively 0.8 and 2.1 years shorter than the UK average.

Figure 3: Live births in Walsall, 2004 -2014



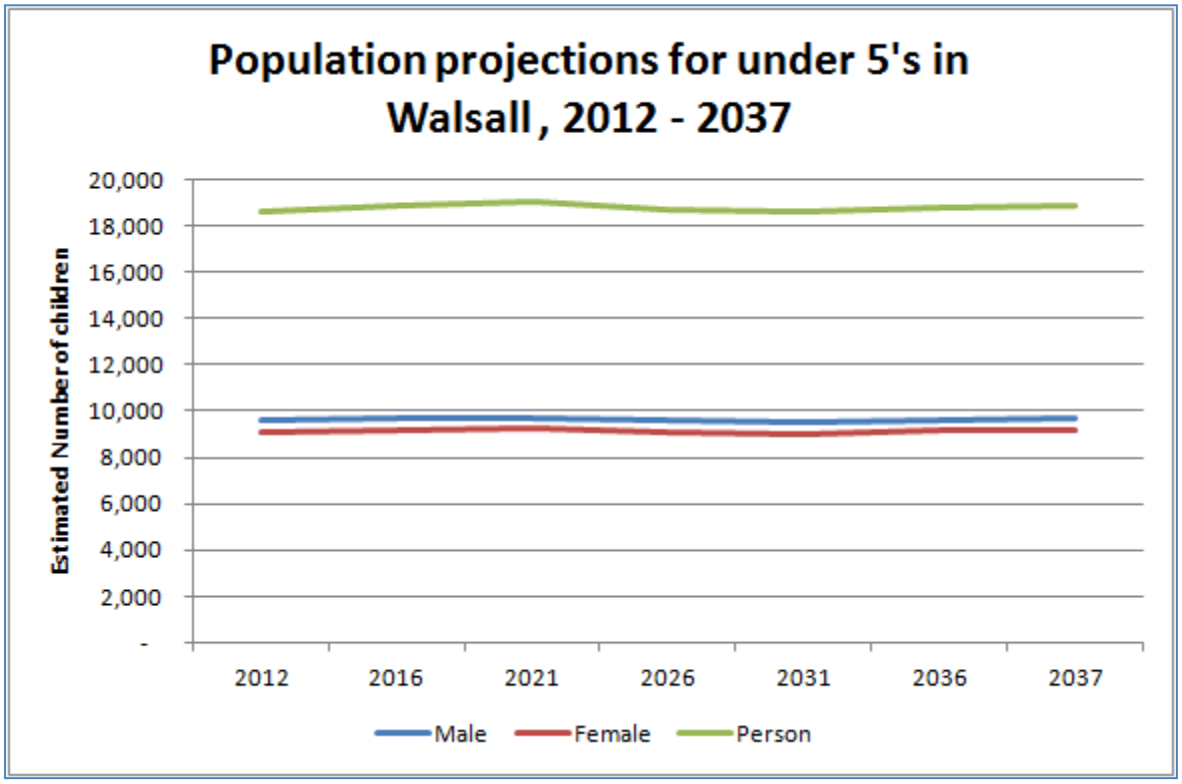
Source: ONS

Population Projections

Walsall's overall population is predicted to increase over the next 10 years by 4.5% from 269,500 in 2011 to 281,700 in 2021.

Figure 4 below shows the population projection for children under the age of 5 in Walsall is estimates to increase by 2.2% by 2022.

Figure 4: Under 5's Population projections in Walsall



Source: ONS 2012 based sub national population projections.

Deprivation

Indices of multiple deprivations 2015

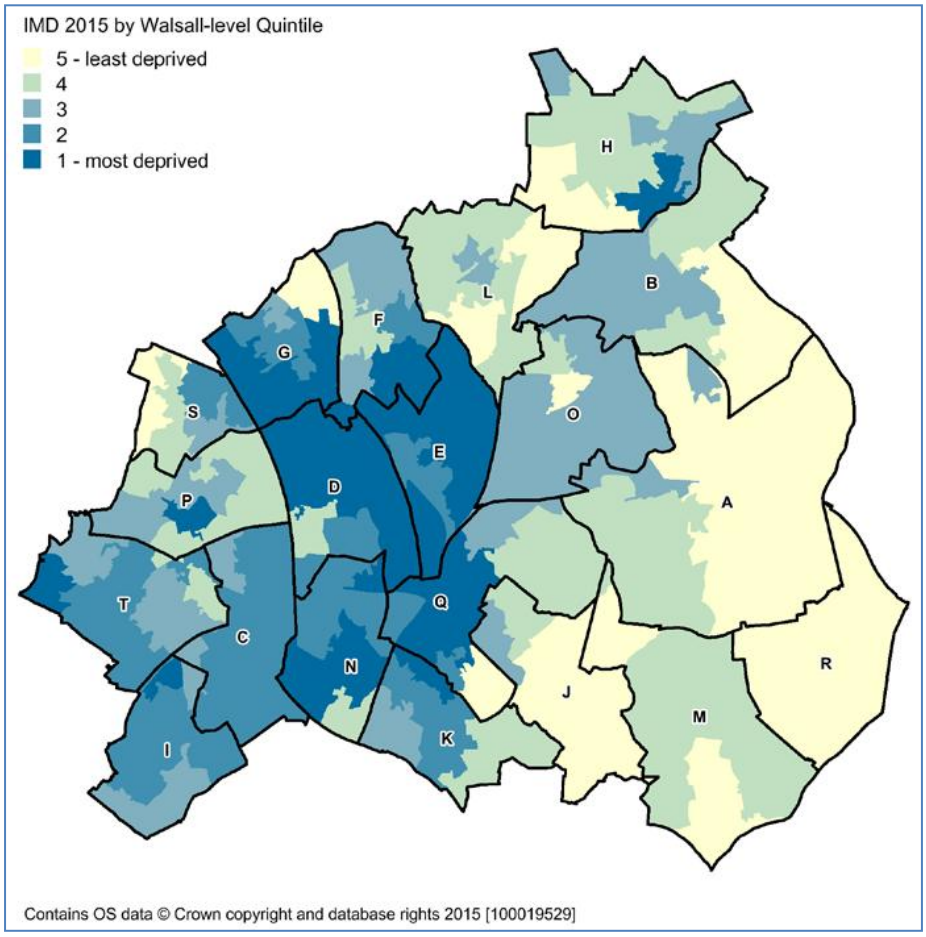
Walsall is now the 33rd most deprived local authority (out of 326); this puts it just outside the most deprived 10% in England, and is an improvement in ranking of 3 places since 2010*.

The figure details that 133,200 (48.6%) of Walsall's total population (2014 mid-year estimates) live within the most deprived quintiles compared to 32,400 (11.8%) living in the least. Looking specifically by age, 32,600 (56.8%) of 0 to 15 year olds live within the most deprived quintiles in Walsall compared to 5,200 (9.0%) of 0 to 15 year olds living within the least deprived quintiles[4].

Figure 5 shows IMD relative to the rest of Walsall, split into quintiles. So within the borough as a whole, the most deprived quintile (i.e. the most deprived 20% of LSOAs) is shown in the darkest blue, and the least deprived quintile (i.e. the least deprived 20% of LSOAs) is pale yellow.

* The improvement in 3 places between 2010 and 2015 IMD does not necessarily mean that Walsall is more or less deprived in absolute terms, nor describes how the number of people experiencing deprivation has changed. What it does show is that the borough is now relatively slightly less deprived when compared to other local authorities

Figure 5: Indices of Multiple Deprivation local quintiles by lower super output area, 2015.

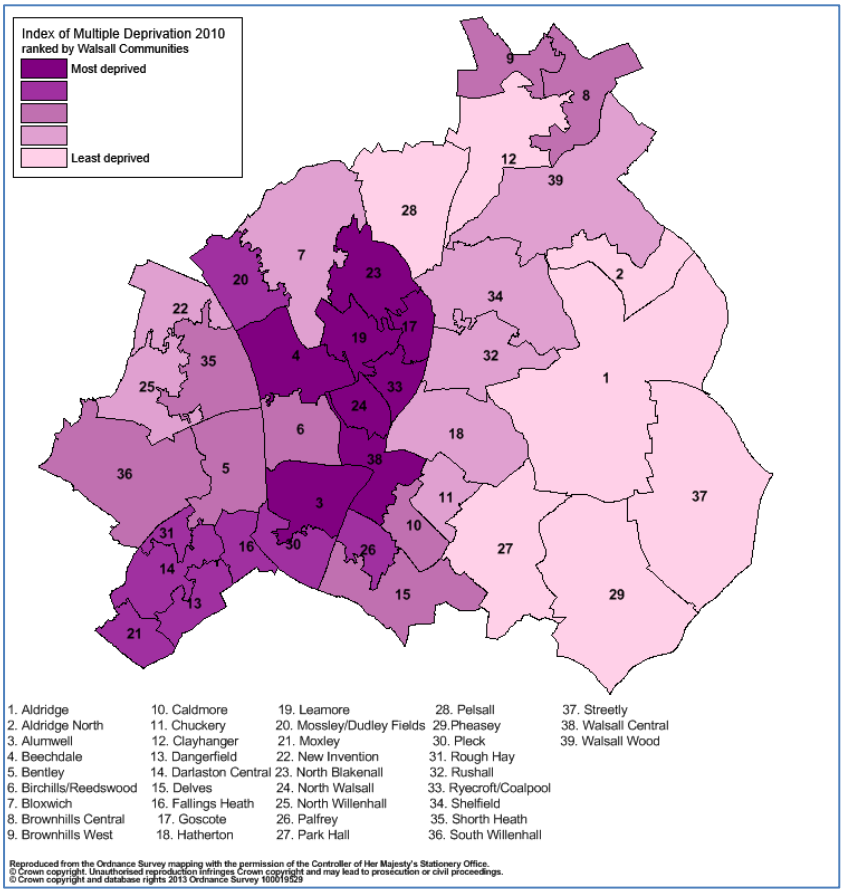


Source: English Indices of Deprivation, Department for Communities and Local Government (DCLG).

Note: See Appendix 5: Ward level IMD 2015 deprivation summary for further details of rank, average IMD scores and map key.

The most deprived communities are concentrated in North and South Walsall area partnerships followed by Darlaston & Bentley according to IMD 2010 (see Figure 5 and Figure 6).

Figure 6: English Indices of deprivation and Department for communities and local government.



Source: English Indices of Deprivation 2010, DCLG.

The IMD data is presented at lower super output area (LSOA) level. The community level figures for Walsall have been calculated using best fit of LSOAs for each community. A Population-weighted average score for these LSOAs was then calculated and the communities ranked.

Child Bearing Women

The definition of women of child bearing is between ages of 15 to 44 years.

Demographics

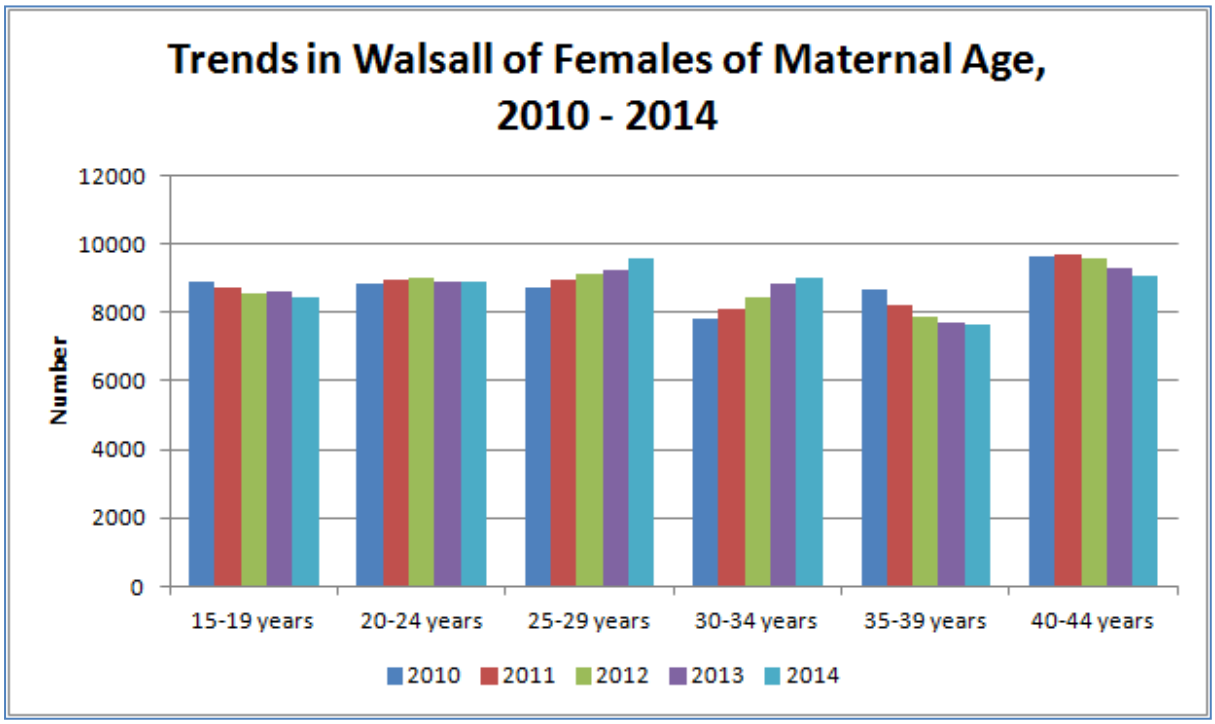
Table 1: Women of child bearing age (between 15 and 44 years), 2014

Area	Females aged 15 – 44 years	% maternal age out of total population
Walsall	52,622	37.7%
West Midlands	582,595	41.0%
England & Wales	11,198,989	38.5%

Source: ONS Mid-year population estimates 2014

The last 5 years have seen changes in the makeup of females of maternal age. Reductions are evident in 2014 compared with 2010 in the following age groups - 15 to 19 (5.4%), 35 to 39 (11.1%) and 40 to 44 (5.6%). In contrast, there are increases in the following age groups – 20 to 24 (1%), 25 to 29 (9.9%) and 30 to 34 (15.2%).

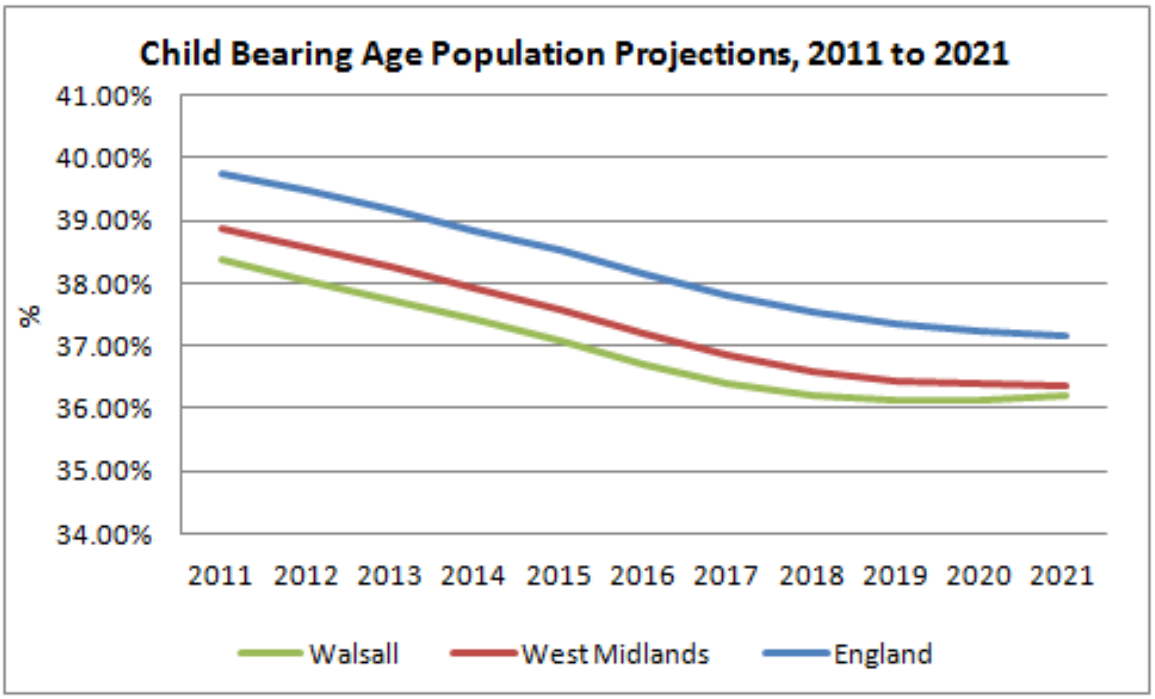
Figure 7: Trends in Walsall of Females of Maternal Age, 2010-2014



Source: ONS

Projections for women of a child bearing age (15 to 44 years) are predicted to decline from 2011 until they even out during 2018. Figures then begin to increase and at 2021 are predicted to be above 2011 figures nationally (95,941 women more) but below 2011 figures for Walsall (730 women less) and the West Midlands (5,163 women less).

Figure 8: Child bearing age population projections, 2011 to 2021



Source: ONS

Women with disability and learning difficulty

Maternity services should take into account the needs of all women, including those related to disability, there is no reliable information collected on the extent of disability population in the UK[5]

Maternity

Smoking in pregnancy

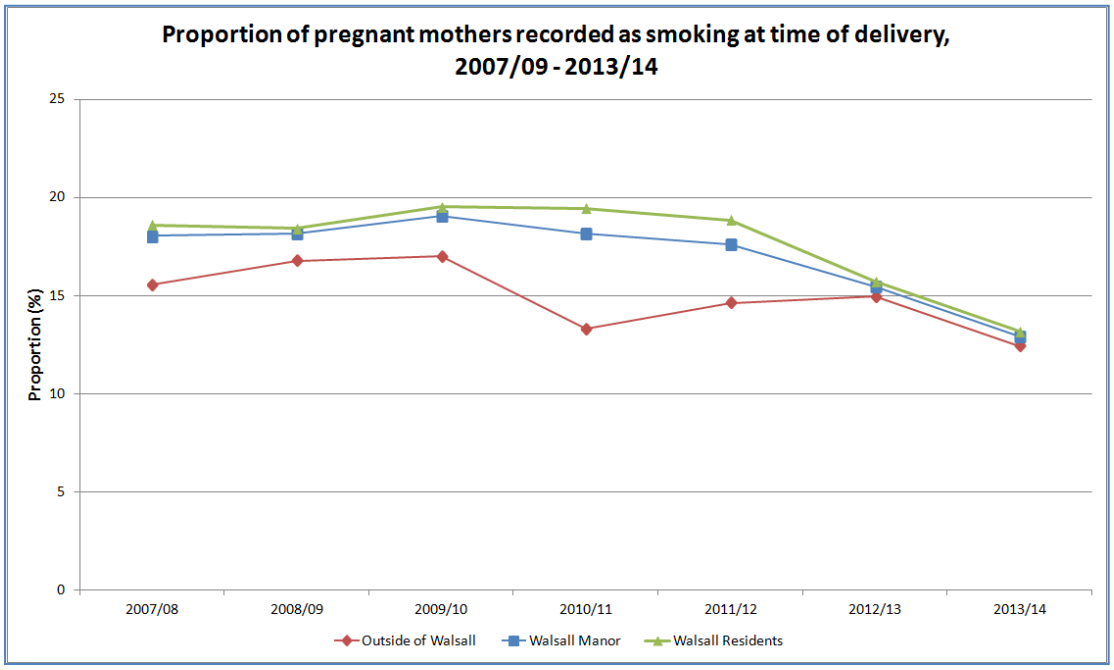
Smoking in pregnancy has detrimental effects for the growth and development of the baby and health of the mother. Smoking in pregnancy leads to: a 60% increase in the risk of infertility compared with non-smokers; 3,000 to 5,000 miscarriages in the UK each year; 14,000 to 19,000 babies in the UK born with low birth weight; and 2,200 premature births per year in the UK. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Encouraging pregnant women to stop smoking during pregnancy may also help them stop smoking for good, and thus provide health benefits for the mother and reduce exposure to second hand smoke for the infant.

- Babies of women who smoke are, on average, 200g (about 8oz) lighter than other babies, which can cause problems during and after labour, for example they are more likely to have a problem keeping warm and are more prone to infection.
- Children whose parents/carers smoke are more likely to suffer from asthma and hearing problems and other more serious illnesses that may need hospital treatment and affect development and learning.
- Babies whose parents smoke are more likely to be admitted to hospital for bronchitis and pneumonia during the first year of life. More than 17,000 children nationally under the age of five are admitted to hospital every year because of the effects of second-hand smoke.

Rates of smoking during pregnancy are estimated from figures gathered at time of delivery. In line with the general population smoking prevalence has been high in Walsall but in the last 12 months huge improvements have been made within maternity services. The rate of women who were reported as smokers at the time of delivery at end of March 2014 has fallen to 13.7% although this is still high compared to the regional rate (13.2%) and the national rate (12%). Comparative trends in smoking in pregnancy are shown in Figure 9.

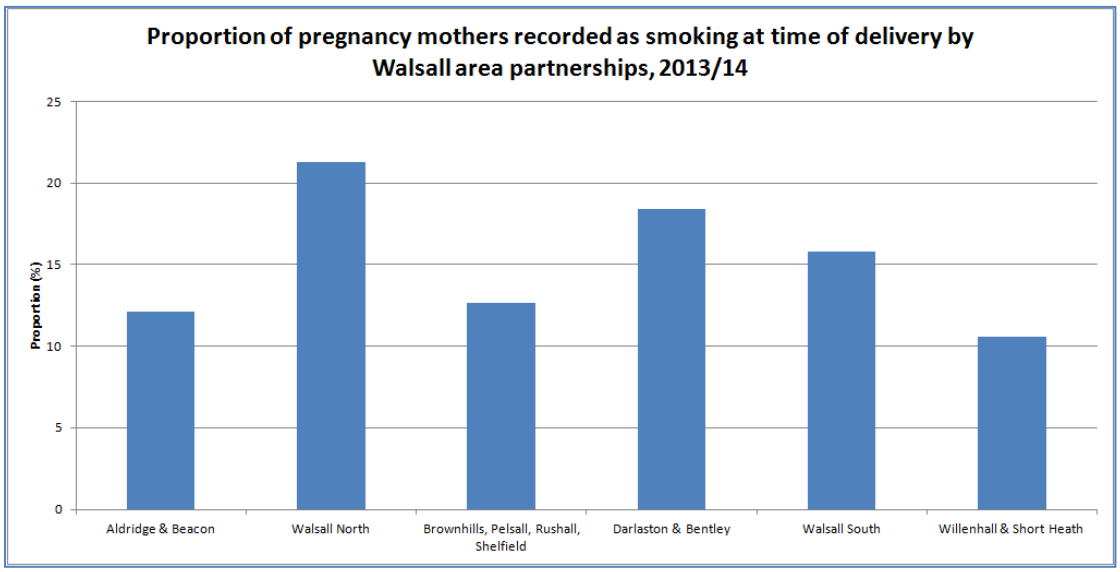
Figure 9: The Proportion of Pregnant Mothers Recorded as Smoking at Time of Delivery



Source: Walsall Healthcare NHS Trust

Figure 10 show that Walsall North partnership area has the highest rates of smoking in pregnancy.

Figure 10: The Proportion of Pregnant Mothers Recorded as Smoking at Time of Delivery by Area Partnership.

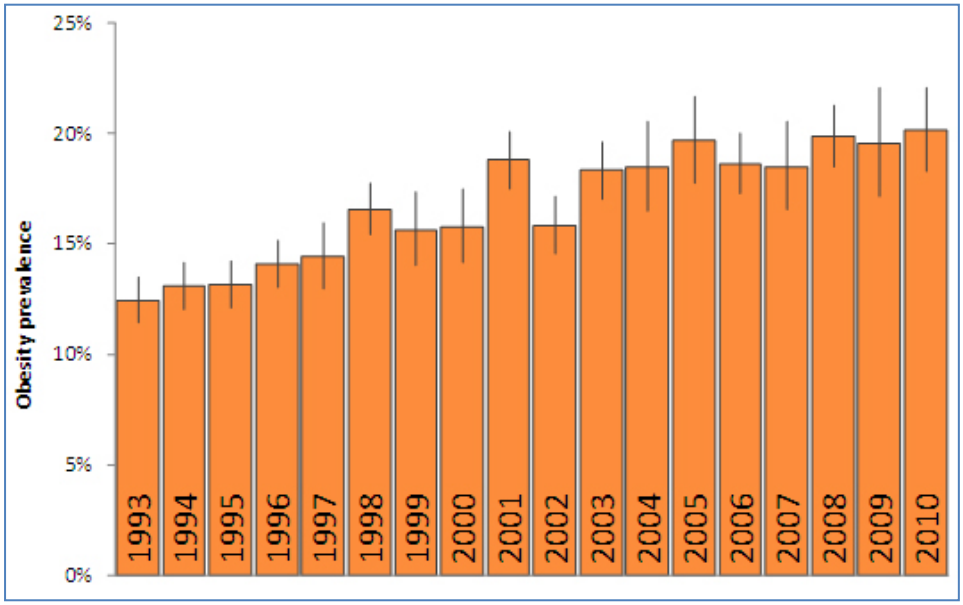


Source: Walsall Healthcare NHS Trust

Maternal obesity

Maternal obesity (defined as obesity during pregnancy) increases health risks for both the mother and child during and after pregnancy. Statistics on the prevalence of maternal obesity are not collected routinely in the UK, but trend data from the Health Survey for England show that the prevalence of obesity among women of childbearing age increased during the period 1997-2010 (**see** Figure 11). Women who are obese are significantly more likely to be older in pregnancy, to have a higher parity (number of pregnancies), and live in areas of high deprivation, compared with women who are not obese.

Figure 11: Prevalence of obesity (with 95% confidence intervals) in females aged 16-44 years during the period 1993-2010



Source: Public Health England; National obesity observatory[6].

Notes: Adult obesity: BMI ≥ 30kg/m^2

The Centre for Maternal and Child Enquiries (CEMACH) report (2010) estimated prevalence of maternity obesity in the UK as 4.99% of all maternities, which translates into approximately 187[†] each year in Walsall[7].

Obesity increases the health risks to the mother during the antenatal, intrapartum and postnatal periods. The CEMACH report (2003-2005) summaries the risks related to obesity during pregnancy for the mother as[8]:

- Maternal death or severe morbidity,
- Cardiac disease,
- Spontaneous first trimester and recurrent miscarriage,
- Pre-eclampsia,
- Gestational diabetes,
- Thromboembolism,
- Post-caesarean wound infection,
- Infection from other causes,
- Postpartum haemorrhage,
- Low breastfeeding rates.

Obesity in pregnancy can affect monitoring of the child which can include being born early (before 37 weeks), and an increased risk of stillbirth (from an overall risk of 1 in 200 in the UK to 1 in 100 if you have a BMI of 30 or more). There is also a higher risk of foetal abnormality, such as neural tube defects like spina bifida.

Children are 3.6 times more likely to be obese themselves if their mother is obese and among obese 3 to 5 years old, the chance of developing adult obesity increased from 24% if neither parent were obese to 63% if at least one parent was obese[9,10,].

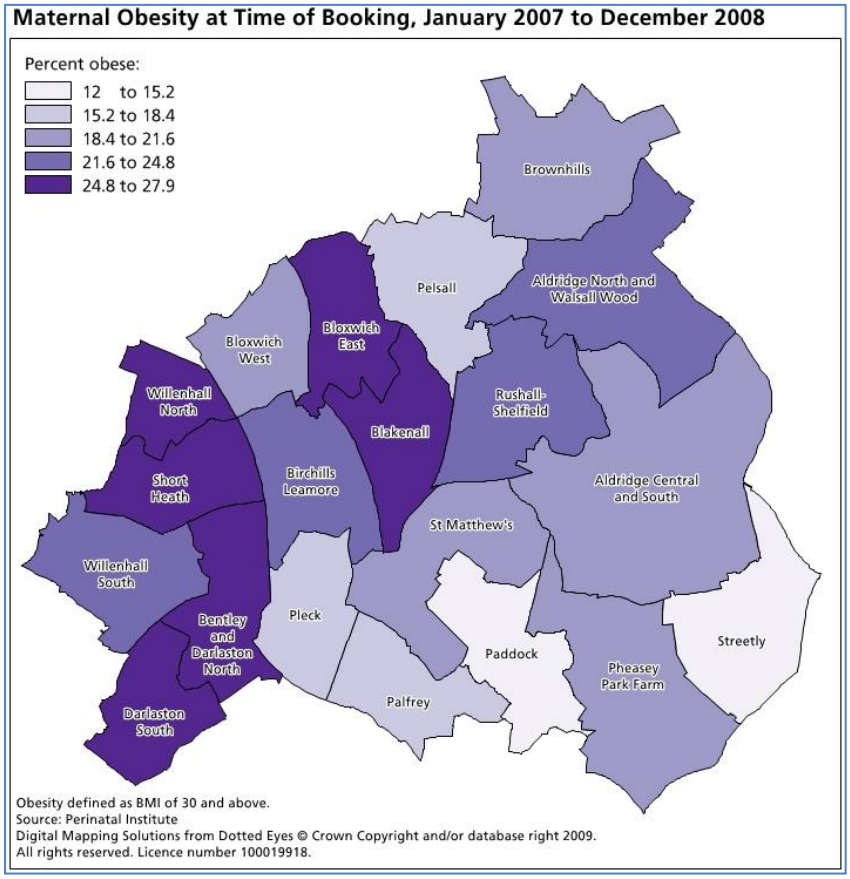
The Health Survey for England (HSE) 2012 data shows around 62% of adults were overweight and obese (BMI >= 25kg/m^2); this equates to 57% of women and 67% of men. Using these prevalence figures it is estimated that around 63,564 women (16+ years) within Walsall may fall into this category[‡].

There is a lack of local data on maternal obesity, however perinatal institute reported that maternal obesity at time of delivery (January 2007 – December 2008) showed (see Figure 12) that a quarter or more (24.9% - 27.9%) of all pregnant women classed as obese (BMI >= 30 kg/m^2) in the following Walsall wards:

[†] ONS 2014 Live Births
[‡] 2014 Mid-year population estimates for female in Walsall.

- Bentley and Darlaston North
- Blakenall
- Bloxwich East
- Darlaston South
- Short Heath
- Willenhall North

Figure 12: Maternal Obesity at Time of Booking, Jan-07 - Dec-08



Source: Perinatal Institute

http://www.reproduction-online.org/content/140/3/387.full

Teenage pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage

mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

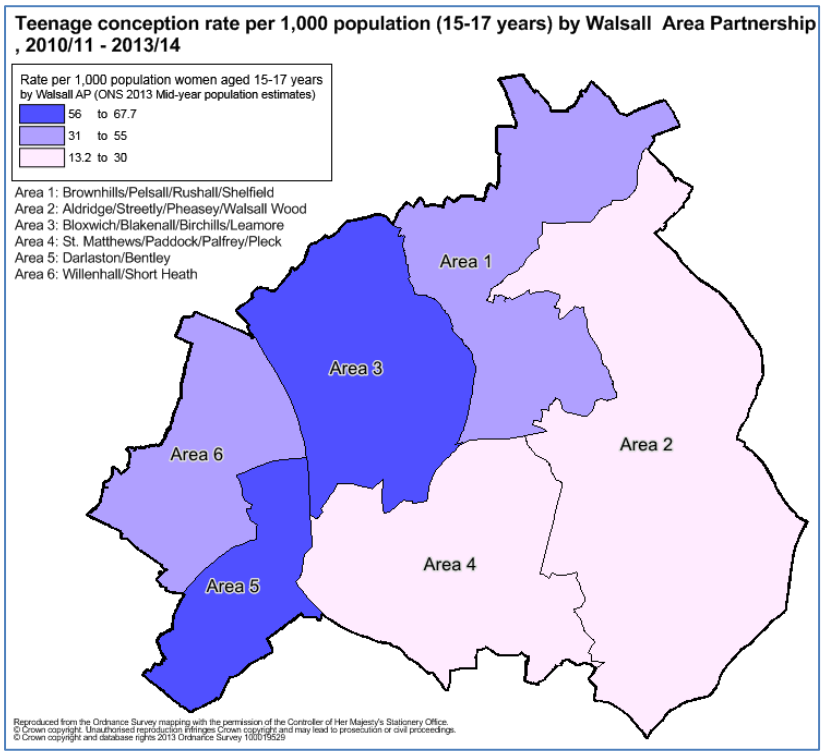
Demographics

In 2013, there were 192 teenage conceptions (under 18) in Walsall and the rate 36.8 per 1,000 was above the regional (28.9) and national (24.3) averages.

Conception rates ages 16 and 18

The rates of teenage conception across the borough varied (see Figure 13) with Walsall North and Darlaston & Bentley AP having the highest rates (56 – 67.7 per 1,000).

Figure 13: Teenage conception rate per 1,000 populations by area partnership by area partnerships, 2010/11 - 2013/14.

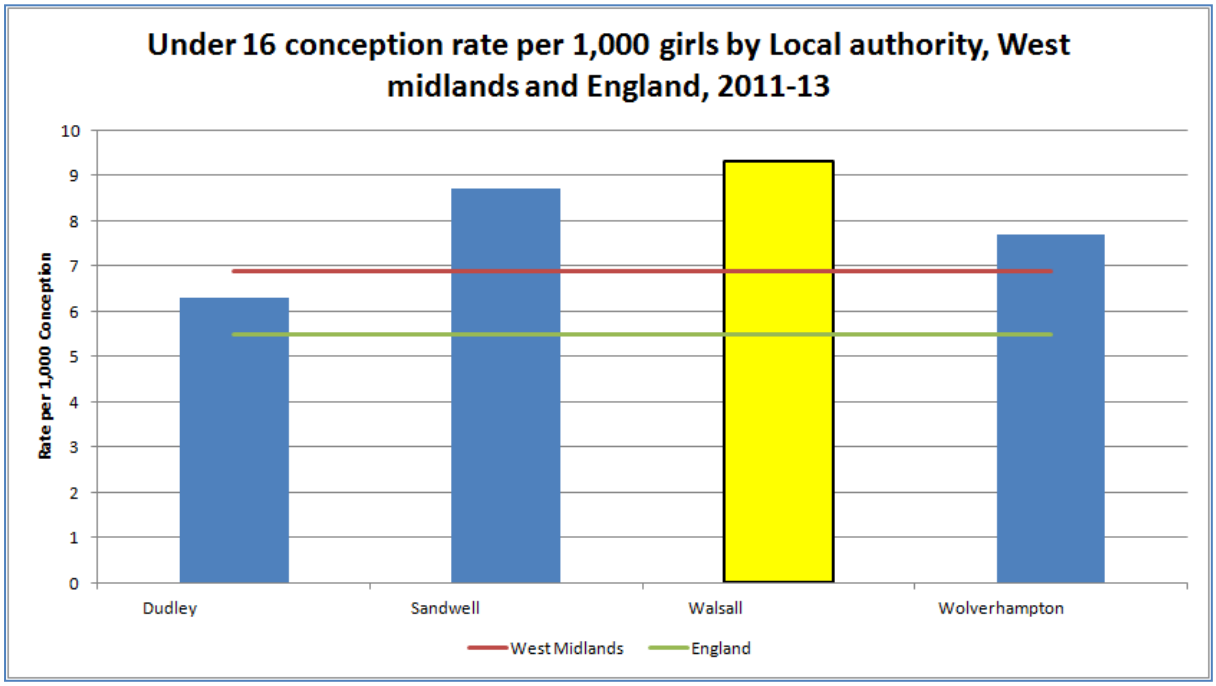


Source: WHNT and ONS 2013 mid-year population estimates.

Under 16's

The under-16 conception rate per 1,000 for Walsall is shown in Figure 14. With a rate of 9.3 per 1,000 Walsall is above the regional and national averages (6.9 and 5.5 per 1,000 respectively).

Figure 14: Under 16 conception rate per 1,000, 2011-2013.

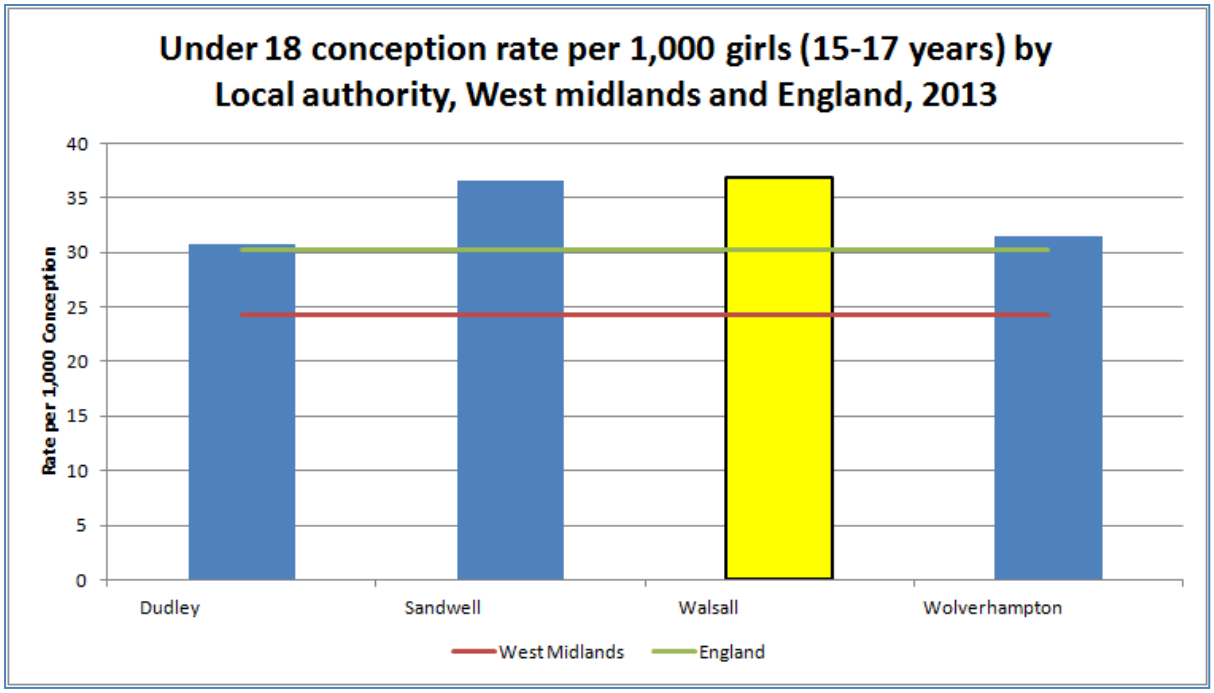


Source: ONS Conception Statistics, 2013

Under 18's

Figure 15 below shows the under-18 conception rate per 1,000, with a rate of 36.8 per 1,000 Walsall is above the regional and national averages (30.3 and 24.3 per 1,000 respectively).

Figure 15: Under 18 conception rate per 1,000, 2013.



Source: ONS Conception Statistics, 2013

Teenage Pregnancy Reduction Strategy

The Teenage Pregnancy Strategy supports the Walsall Children & Young People's Partnership Vision and Priorities.

The strategy includes both those services directly delivered by the Teenage Pregnancy Team, including commissioned/procured services, and those that directly contribute to the Healthy Child programme 5-19 years of age agenda (up to 25 years for young people with LDD). Services provided by Maternity Services, Health Visitors, Family Nurse Partnership and Children's Centres also contribute to delivery for Teenage Parents through the Healthy Child Programme (0 -5) and Children's Centres also target support to Teenage Parents.

Whilst individual young people can be competent parents, evidence shows that children born to teenagers are much likely to experience a range of negative outcomes in later life e.g. lower education attainment, lower income.

The table below shows the ethnicity of young girls (under the age of 19) who were referred and assessed on eligibility for support in 2014. The ethnicity of those referrals broadly reflects the youth demographics of Walsall.

Table 2: Number of teenage girls referred to teenage pregnancy team by ethnicity, 2014

Ethnic Group	Number	% Total
White	170	79.1%
Black and Asian Ethnic Minority	22	10.2%
Unknown/Not Stated	23	10.7%
Grand Total	**215**	

Source: Walsall Teenage Pregnancy Reduction Strategy 2015-17

The mean age of Girls referred to the Teenage Pregnancy Team in 2014 was 17 years old and 23% of the referrals for under 17's. There were no under 14 referrals or known conceptions for the relevant period.

Table 3: Number of teenage girls referred to teenage pregnancy team by Age, 2014

Age	Under 15yrs	16yrs	17yrs	18yrs	19yrs
Amount	13	37	61	58	48
%	6%	17%	28%	27%	22%

Source: Walsall Teenage Pregnancy Reduction Strategy 2015-17

Care leavers

The Children and Young People's Health Outcome Forum noted in 2012 that almost half of young women leaving care become pregnant with 18 to 24 months. Walsall had approximately 40 care leavers aged 16 and over in 2012, and it is assumed that 48% of those are female.

Substance misuse

The government paper[11] "Hidden Harm" reported that nationally it is estimated that 2-3% of all under 16 children can have a problem with drug users in England, which would be equivalent of 1149-1724 children and young people in Walsall[§].

Over half (52% n=1216) of those in the adult treatment population are parents. Of those who are parents 36% (n=435) have at least one child who lives with them. It is important to highlight that 14% (n=320) of client records had no parental status specified or data had not been provided. In the latest twelve month period there were slightly more parents in treatment (55%), but slightly fewer of those parents (34%) had a least one child who lives with them.

In the latest twelve month period Walsall treatment services delivered interventions to 51 pregnant women, of these 5 women miscarried, 2 women terminated the pregnancy, 25 babies were delivered and 19 women were still pregnant on 01/04/14. 6 of these women were under 25 years old.

Parenting capacity

Parenting support can help parents in a variety of ways, such as improving coping skills, reducing anxiety and stress and improving relationships between parents and their children. In Walsall NCT parenting programmes are offered to all parents during pregnancy. In addition those parents requiring more intensive support can access a range of courses such as Teen Triple P, Understanding Your Child, Strengthening Families Strengthening Communities and Mellow. There were 367 families and young people in parenting programming during 2013-14 with 66% were from two most deprived populations in Walsall (IMD 2010 Local Quintile 1 & 2).

Table 4: Caseload of parenting programme in Walsall, 2013-14

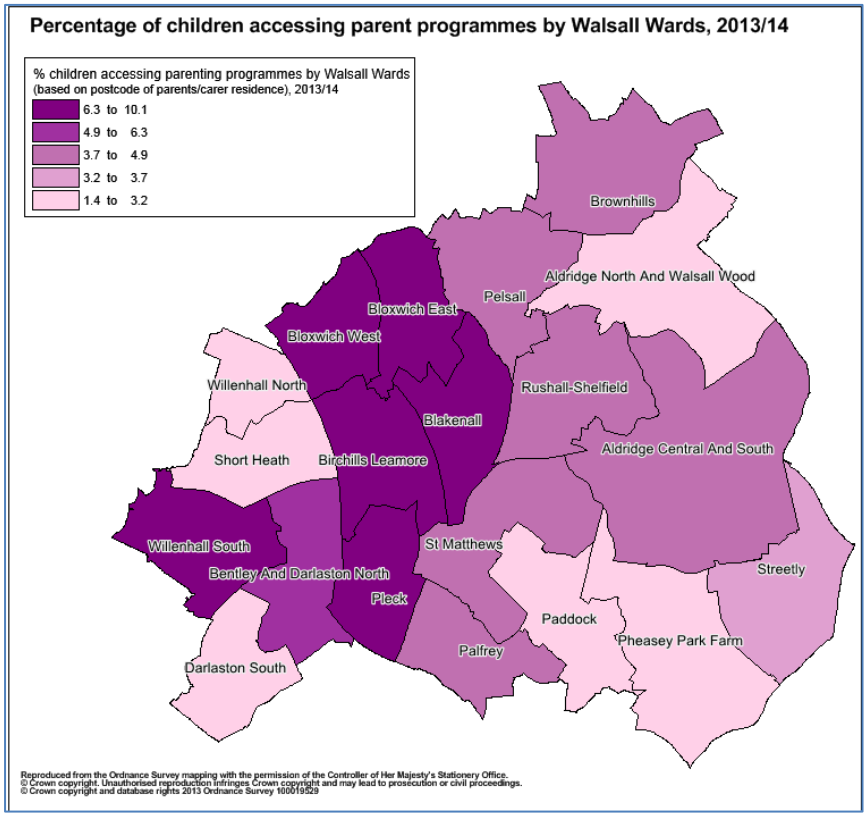
Parenting Programme	Caseload
Family Links	16
Group Triple P	9
Strengthening Families Strengthening Communities	89
Teen Triple P	65
Teen Triple P Primary Care	23
Understanding Your Child	165
Grand Total	367

Source: Walsall Children Service

§ ONS 2014 Mid-year population estimates

Figure 16 shows the highest proportion of children accessing parenting programme were from Blakenall, Birchill Leamore, Bloxwich and Willenhall South.

Figure 16: The % of Children Accessing Parent Programmes by Walsall Wards, 2013/14



Source: Walsall Children Services, Parenting programmes.

National Childbirth Trust

National Childbirth Trust (NCT) practitioners are working in partnership with Walsall Healthcare NHS Trust to provide antenatal education (Parent Education) for expectant parents. Two course formats are offered: Preparation for Birth and Beyond ("PBB"), and Young Parents Courses ("YP"). The contract under review ran from the beginning of April 2015 and is scheduled until the end of March 2016.

Parent education sessions are held at the Midwifery Led Unit (MLU), three different Children's Centres within the Walsall borough, and at the Centre where the Teenage Pregnancy Team are based.

Quarter 1:

- 162 people attended the PBB course and 98% of respondents rated their course highly (85% "Excellent" and 12% "Good") with only 2% finding it "Fair".

Quarter 2:

- 188 people attended the PBB courses and 98% of respondents rated their course highly (86% "Excellent" and 12% "Good") with only 2% finding it "Fair".

Quarter 3:

- 191 people attended the PBB courses and 100% of respondents rated their course highly (86% "Excellent" and 14% "Good").

Quarter 4:

- 209 people attended the PBB course and 100% of respondents rated their course highly (79% "Excellent" and 21% "Good").

Family Nurse Partnership

The Family Nurse Partnership (FNP) is a licensed and evidence based programme which is delivered in the home by experienced nurses. Nurses have backgrounds in Health Visiting, Midwifery or mental health and receive additional training to deliver the programme for first time young mums, aged 19 years or under. The programme is intensive and consists of weekly – fortnightly contacts. Originally an American programme it has been tested and adapted to be delivered in the UK. Clients are referred via midwifery in early pregnancy and clients who consent to the programme are allocated a nurse to work with them until their child reaches the age of two. The nurses are also responsible for delivering the Healthy child programme core contacts and undertaking the Ages and stages (ASQ) and ASQ (SE) social and emotional questionnaires[12],[13]. Specialist interventions such as PIPE (parents in partnership educators), and DANCE (Dyadic assessment of naturalistic care giver activities) are integral to the programme and promote bonding and attachment between mother and baby. The Programme also aims to engage Fathers and has specific facilitators for Fathers.

In Walsall, the local provider is Walsall Healthcare NHS Trust and in the latest period (August/15 – March/16) were 227 referrals to FNP out of which 77 were offered a place.

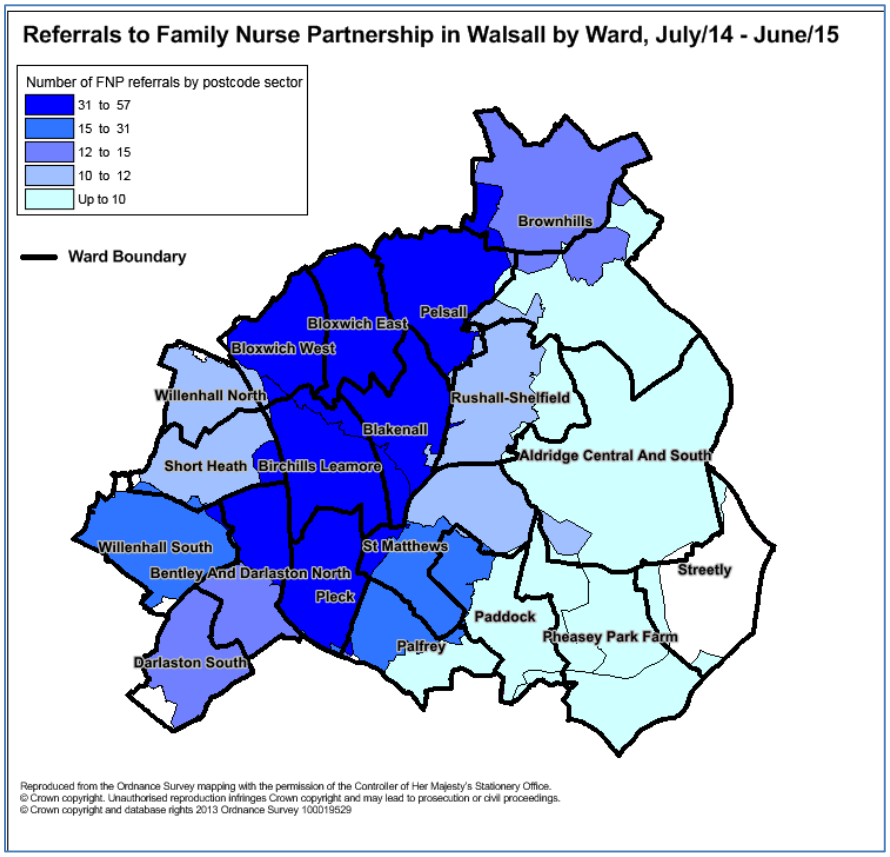
Table 5: Referrals and places offered by FNP

Period	Number of Referrals	Numbers offer place by FNP
July/14 – Jun/15 (12 Months)	186	42
Aug/15 – Mar/16 (8 Months)	225	77

Source: Walsall Healthcare NHS Trust

Figure 17 shows the highest proportion of FNP referrals were concentrated around the central/east part of the borough (July/14 – June/15).

Figure 17: Referrals to Family Nurse Partnership in Walsall



Source: Walsall Healthcare NHS Trust

Social risk assessment

Research indicates that young babies are particularly vulnerable to abuse but this can be minimised if there is early assessment, intervention and support during the antenatal period. Working Together (2015) specifically identifies the needs of the Unborn Child and outlines the responsibilities for any professional working with expectant mothers and fathers or partners to identify these risks and inform midwifery service of any concerns[14]. These concerns may include:

- Mothers and/or partners involved in risk activities such as substance misuse
- Mothers and/or partners with significant mental health needs
- Known domestic abuse any member in family household
- Female genital mutation

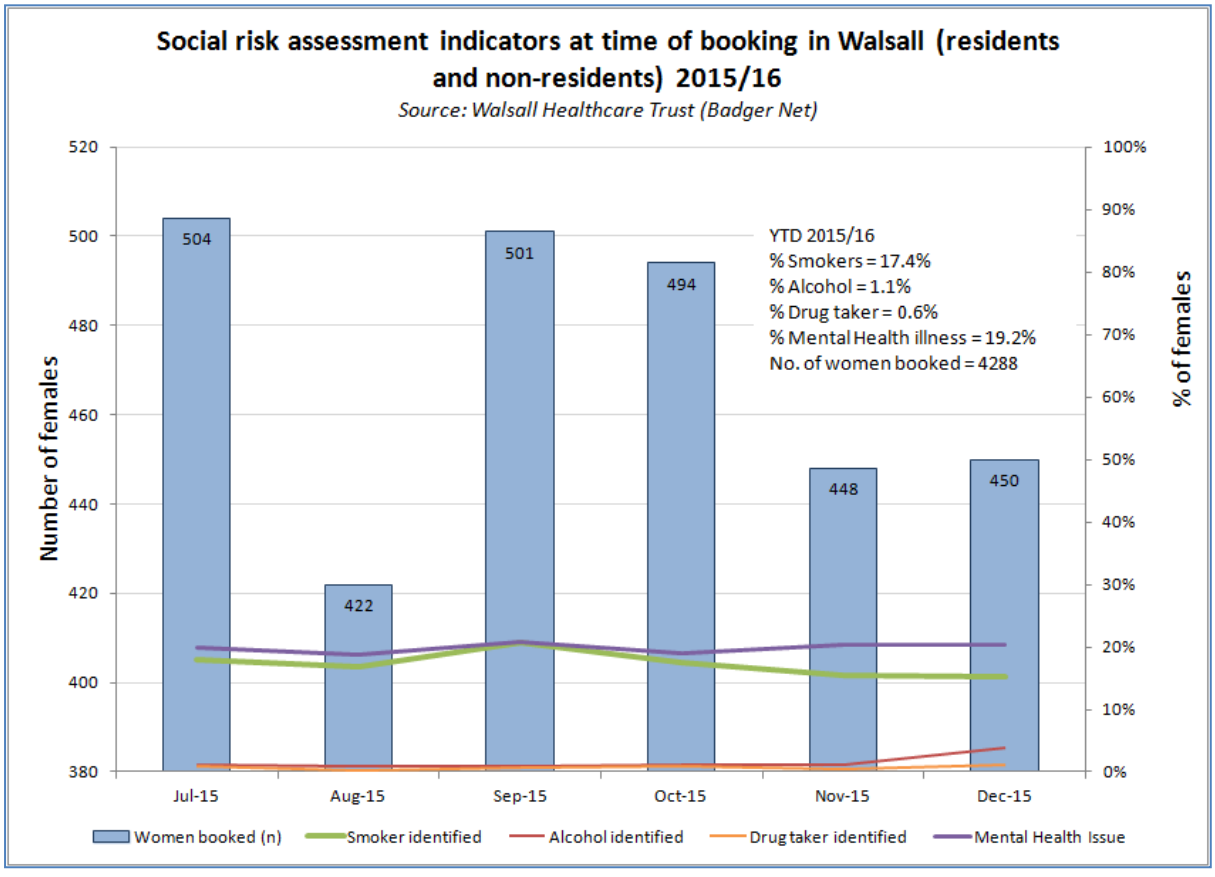
All women should be screened for smoking, alcohol, drugs and mental health issues at booking, 2nd and 3rd trimester as well as at delivery/immediately in the postnatal period.

Figure 18 shows the maternity service at Walsall Healthcare NHS trust have had between 424-582 women booked in each month with total of 4,288 women seen year to date (Apr/15-Dec/15).

Women that were identified as smokers (17.4%) and those identified with mental health illness (19.2%) were highest proportion with a social risk factors identified in women. Most of the women which were identified with a social risk factor were referred onto appropriate services (see further details Appendix 6: Social Risk Assessment).

Upon positive identification of drug and/or alcohol misuse staff contact appropriate services via telephone/letter (including and not limited to: the former Lantern House/Addaction services which have now been replaced by The Beacon). Mental Health issues currently defined in Badgernet can cover different degrees of MH with referrals to the Emotional Health and Wellbeing team for Mild-Moderate concerns or Mental Health services for moderate to severe concerns. Both electronic referrals are set up in Badgernet and being used however currently the emotional health and wellbeing referrals were functional in the reporting period and reflective the low referral rates. Going forward this will be rectified and more accurate representation will be monitor by early year's oversight group and wider partners.

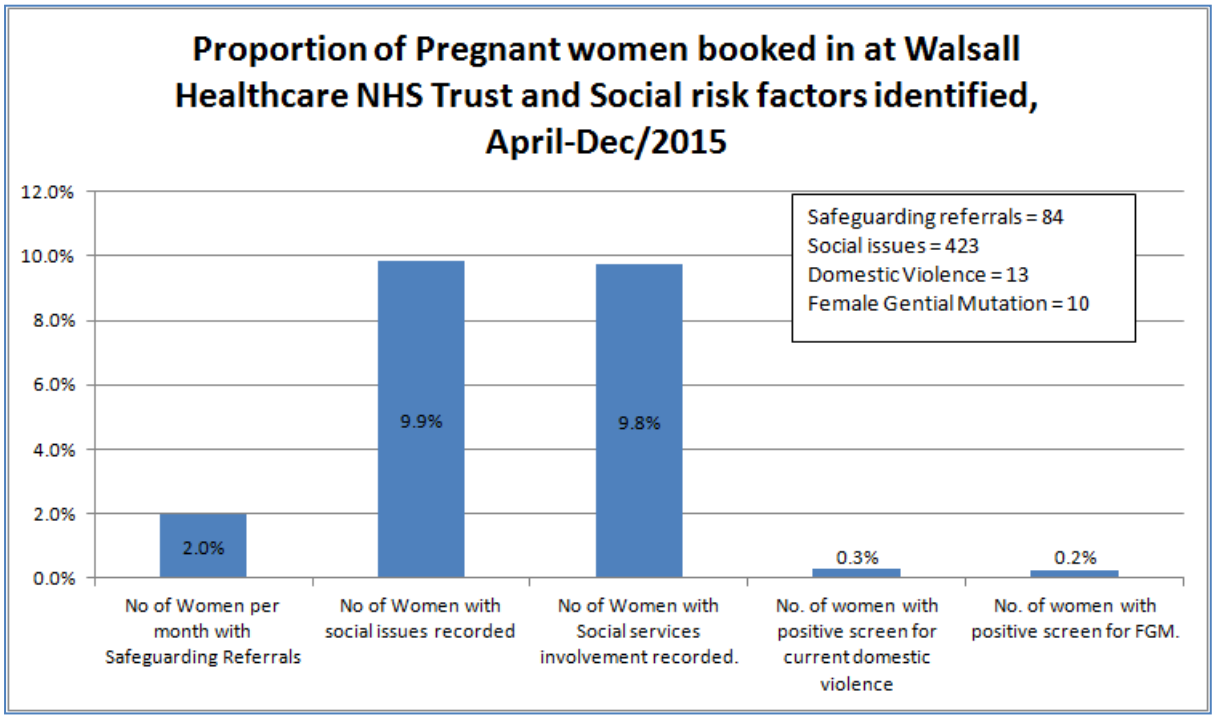
Figure 18: Social risk assessment indicators, Apr/15 - Dec/15



Source: WNHT, Badger Net

The safeguarding related social risk factors shown in Figure 19 indicates that under 10% of women booked during that period were recorded with social issues and similar proportion were involved in social services. The proportion of women identified with current domestic violence and female genital mutation (FGM) were relatively low accounting for 23 women in total (0.5%).

Figure 19: Safeguarding related Social Risk assessment indicators, April-Dec/2015



Source: WHNT

Children in Need

The Children Act 1989 made provision for a specific group of vulnerable children described as 'children in need'. These children were defined as those whose vulnerability was such that they were unlikely to reach or maintain a satisfactory level of health and development, their health and development would be significantly impaired without the provision of services, or they were disabled[15].

The Children in Need (CIN) category encompasses children and young people on children protection plans and looked after children which accounted for 443 children (under 5 years) in 2014/15.

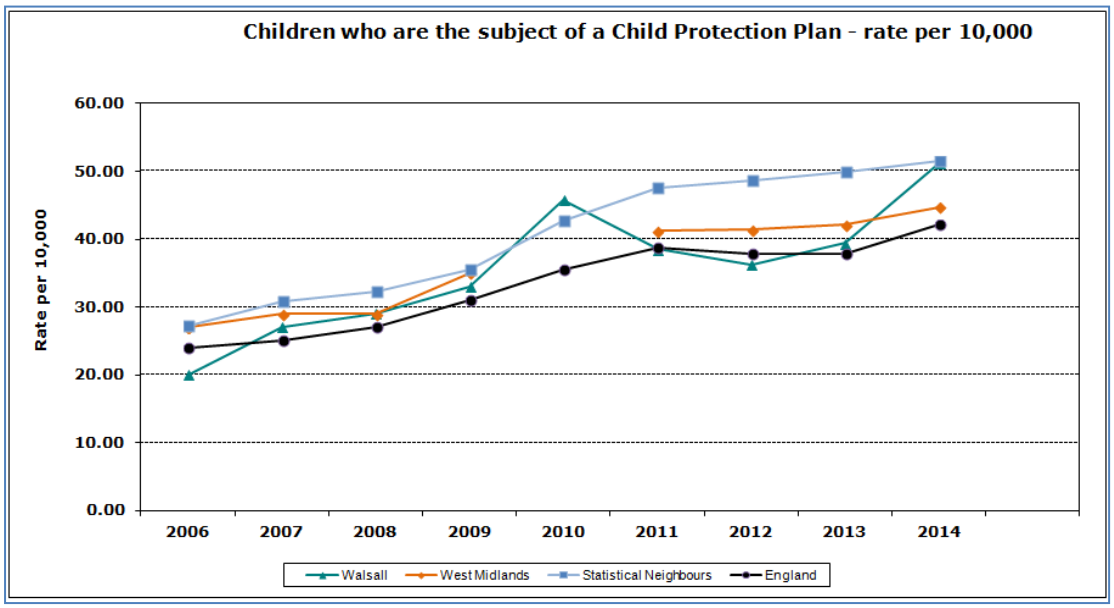
Child Protection Plan

Demographics

In Walsall during 2014/15, there were 271 children (Under 5's) on CPP with 43 children becoming looked after and 149 ceased being on CPP for some other reason.

This equates to rate of 143.6 per 10,000** (under 5's) which was much higher than the overall rate for 0-18 years old (51.2 per 10,000). The number of children entering care since 2013 has increased at fast rate than regional and national averages (see Figure 20).

Figure 20: Rate per 10,000 Child Protection Plan in Walsall (0-18 years old), 2006-2014



Source: DfE, LAIT (Accessed: 3rd June 2015).

Looked After Children

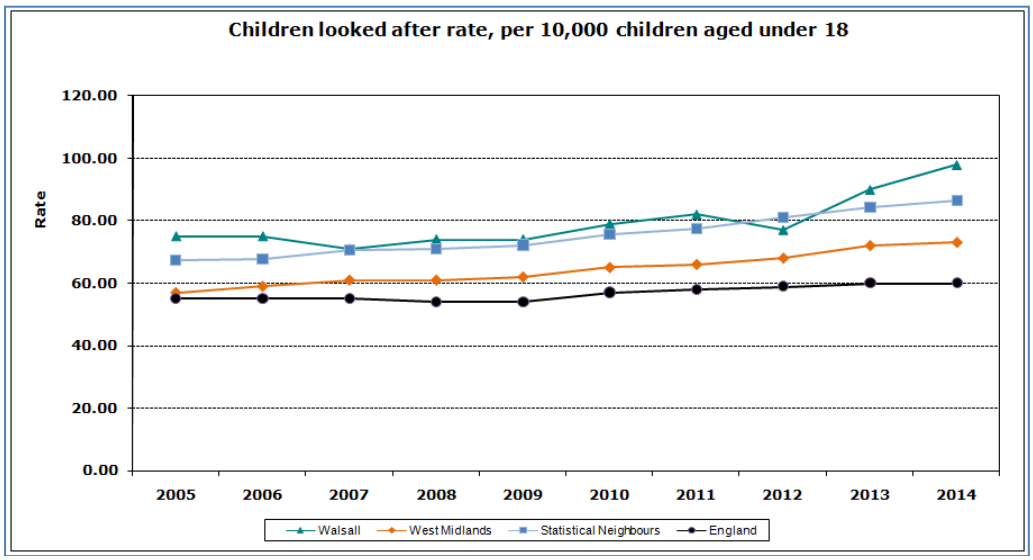
All local authorities have a statutory duty to protect children and young people from harm. Following a comprehensive assessment carried out by Children's Social Care Services, if the child or young person is considered unsafe in their present environment, following a court decision (or voluntary agreement with parents) Local Authorities take on the role of a 'corporate parent' which involves placing the CYP in suitable safe placement – usually with a foster carer – and the CYP is then known as child in care[16].

Demographics

In Walsall during 2014/15, there were 172 looked after children (Under 5 years old) with 87 children ceased to be looked after in the year. This equates to rate of 91.2 per 10,000 (under 5's) which is slightly higher than the overall rate for 0-18 years olds (90.4 per 10,000). The number of children entering care since 2012 has increased at fast rate than regional and national averages (see Figure 21).

** Crude rate of CPP and LAC Under 5's using ONS 2014 Mid-year estimates

Figure 21: Rate per 10,000 looked after children under 18, 2005-14.

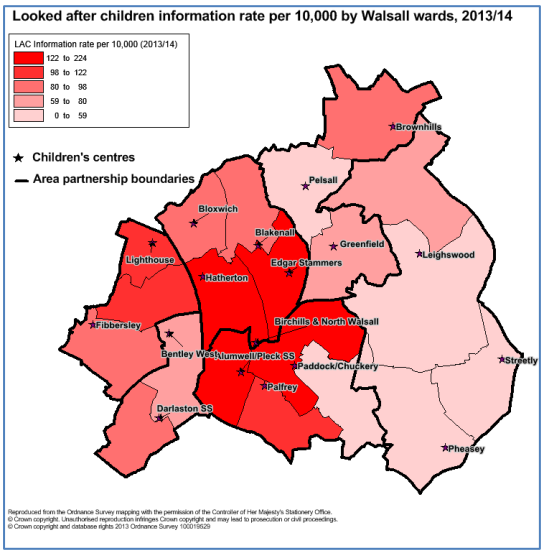


Source: DfE.

***Caveat**: Number of children looked after as 31st March express as rate per 10,000 using 2009 mid-year ONS population estimates.*

The rate of LAC varies across the borough (see Figure 22) with North Walsall AP having highest prevalence wards (Blakenall and Birchills Leamore).

Figure 22: Rate per 10,000 looked after children in Walsall, 2013/14.



Source: WCCS.

Mother with unborn babies at risk

Young babies are particularly vulnerable to abuse but that work carried out in the antenatal period can help minimise harm if there is early assessment, intervention and support. The government report[17] on safeguarding "Working Together" (2015) specifically identifies the need of the Unborn Child.

Babies are the highest risk group for serious injuries and it is important professionals identify factors which will increase the risk of harm, such as:

- Mothers and/or partners involved risk activities (substance misuse; drugs and alcohol)
- Mothers and and/or partners with significant mental health needs
- Known domestic abuse by any member of the household
- Parent or member of household identified as presenting a risk to children,
- Parental involvement as a child or adult with Social Care services
- Teenage mothers and young adults who are Looked After or care leavers

Table 6: Mothers and Unborn children at high risk, 2014/15

2014/15	Number of cases	%Black Ethncity Minority	Main Reason
Multi-Agency Screening Team (MAST)	233	46%	Request for service (82%)
Children's Social Care	227	39%	Abuse/neglect (58.1%)
Early Help Assessments	23	95%	Health Services (26%)
Unborn children on CIN plan	37	40%	
Unborn children on CPP	62	70%	Neglect (52%)
Children with LAC Plan	24	8.70%	Neglect (54%)

Source: Walsall Children Services

There were between 103 and 138 women with some social issues in contact with Manor hospital Walsall, with a total of 736 seen (Jan 2015 – June 2015). During the same period there were 7 women with FGM at booking and 5 screened positive for current domestic violence, however Walsall maternity services expressed this number may not be true reflection as pregnant women feel vulnerable and admitting to DA causes fear of social care involvement and/or call to the home, etc.

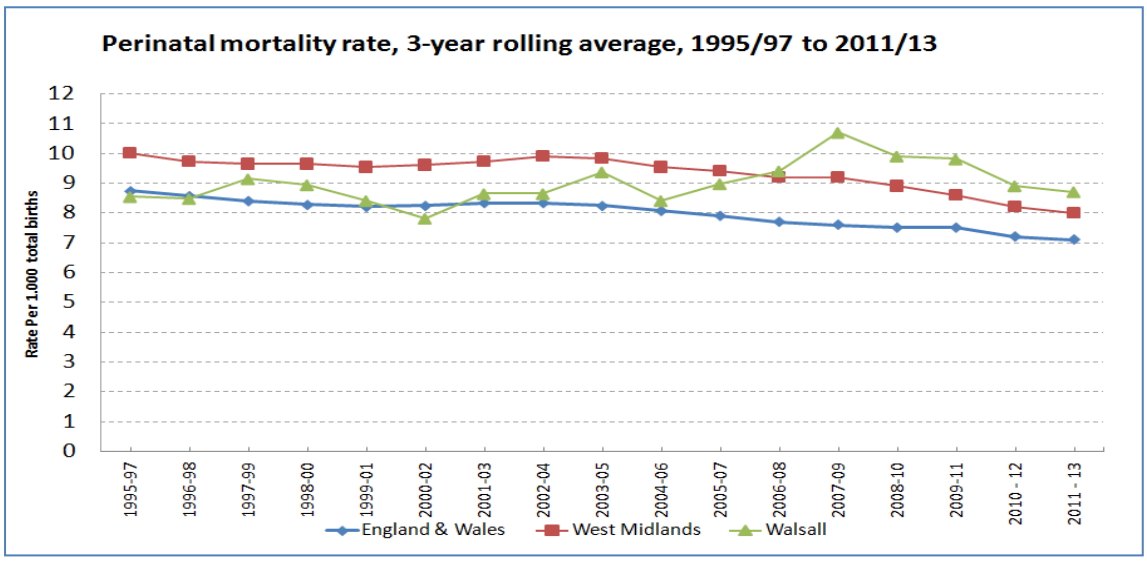
Post birth

Infant and perinatal mortality

In Walsall both infant mortality and perinatal mortality remain consistently higher than the regional and national. Both infant and perinatal mortality are strongly associated with deprivation, with infant mortality rates of less than 5 per 1,000 live births in the least deprived areas compared with rates of 32 per 1,000 in the most deprived areas of Walsall.

Reducing health inequalities in infant mortality requires a combination of health interventions and actions on the wider social determinants of health.

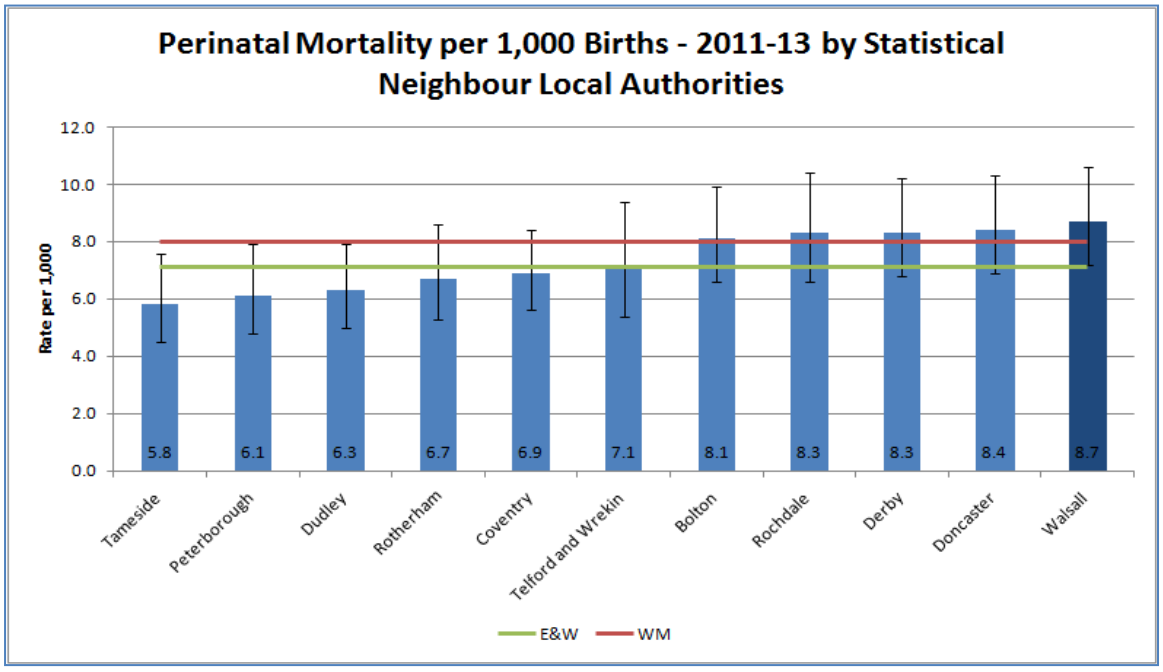
Figure 23: Perinatal Mortality rates, 3 year rolling average, 1995-2013



Source: ONS

Perinatal rates (see Figure 23) for 2011-13 have reduced to 8.7, a reduction from 8.9 the previous year and although they are still above regional and national levels, the gap has reduced.

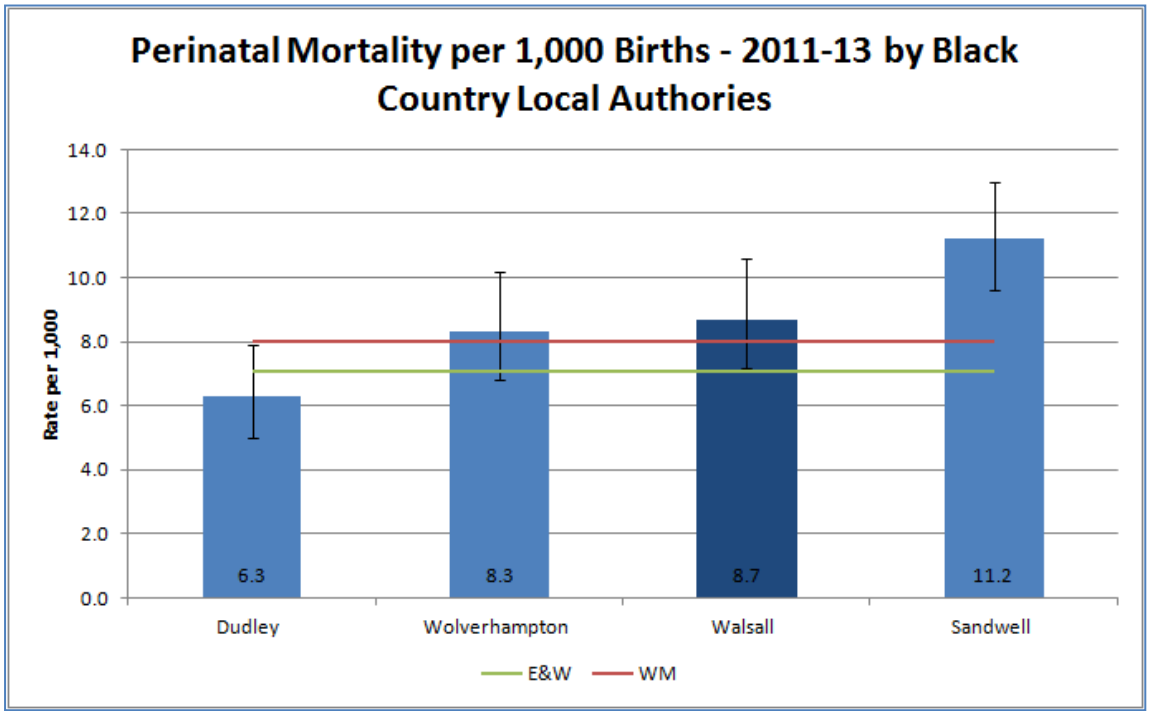
Figure 24: Perinatal Mortality Rates, 3 year rolling average, 2011-13 by Statistical Neighbour Local Authorities



Source: HSCIC

Even though numbers are small and subject to greater volatility, Figure 24 above shows that Walsall's rate is high when compared to Walsall's statistical neighbours. 5 of the 11 Local Authorities have rates above regional and national levels and 6 of the 11 have rates below both regional and national levels. Comparing perinatal mortality to Walsall's Black Country Authorities, (see Figure 25), Walsall's rate (8.7) is lower than Sandwell (11.2).

Figure 25: Perinatal Mortality Rates, 3 year rolling average, 2011-13 by Black Country Local Authorities

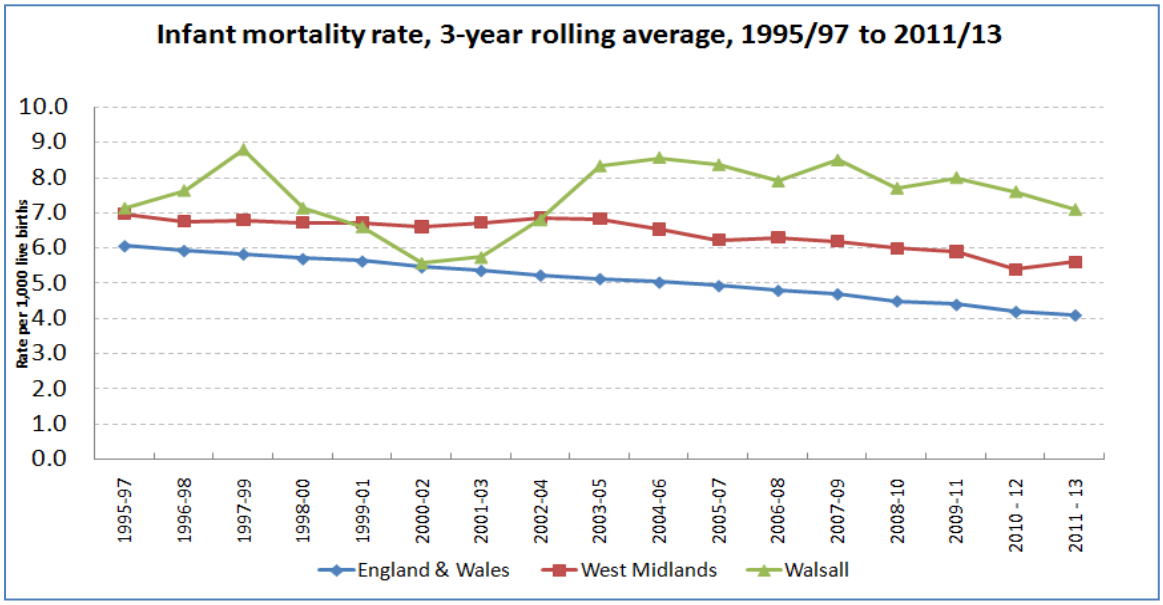


Source: HSCIC

Infant Mortality Trends

Current rates for infant mortality for 2011/13 in Walsall are 7.1 which is a reduction on the previous year of 7.6. This rate is higher than the regional (5.6) and national (4.1) rates, there has been increase regionally and reduction nationally compared to the previous year. Trends do generally show a steady decrease, but they have been erratic and have remained above regional and national rates from 2003/05.

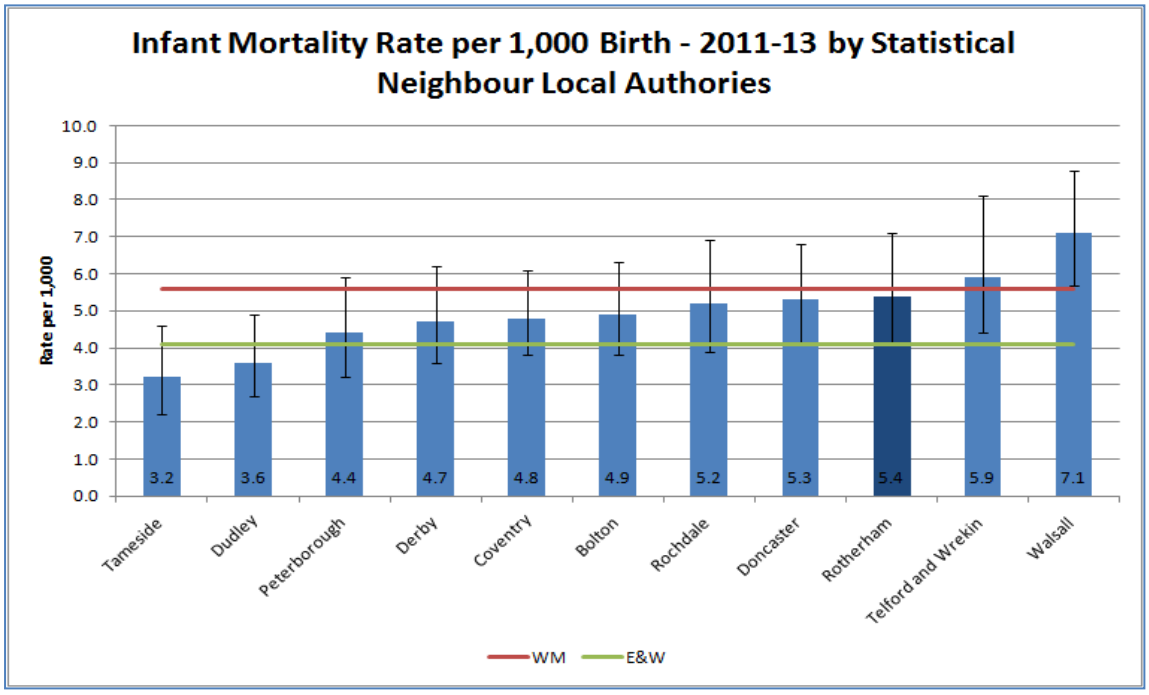
Figure 26: Infant Mortality rates, 3 year rolling average, 1995-2012



Source: ONS

As with perinatal mortality, Walsall's infant mortality rate is highest when compared to statistical neighbours (see Figure 27 below).

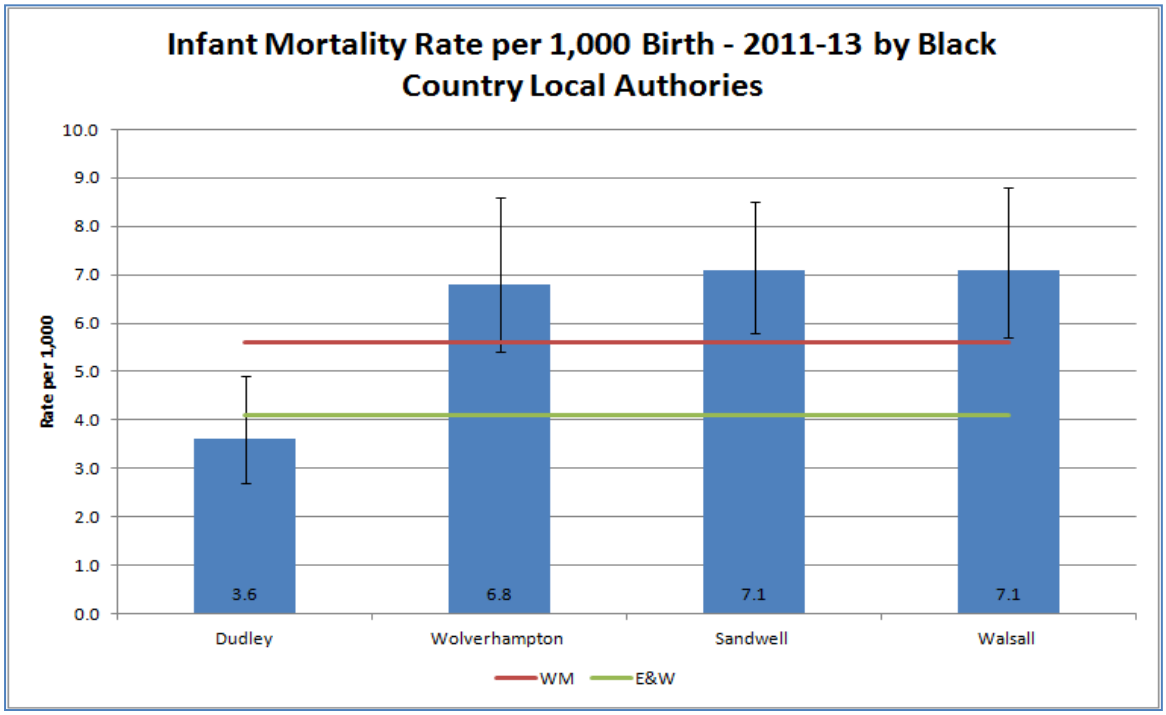
Figure 27: Infant Mortality Rates, 3 year rolling average by Statistical Neighbour Local Authorities, 2011-13



Source: HSCIC

When compared with Walsall's Black Country Local Authorities, Sandwell is on par with Walsall (refer to Figure 28).

Figure 28: Infant Mortality Rates, 3 year rolling average by Black Country Local Authorities, 2011-13

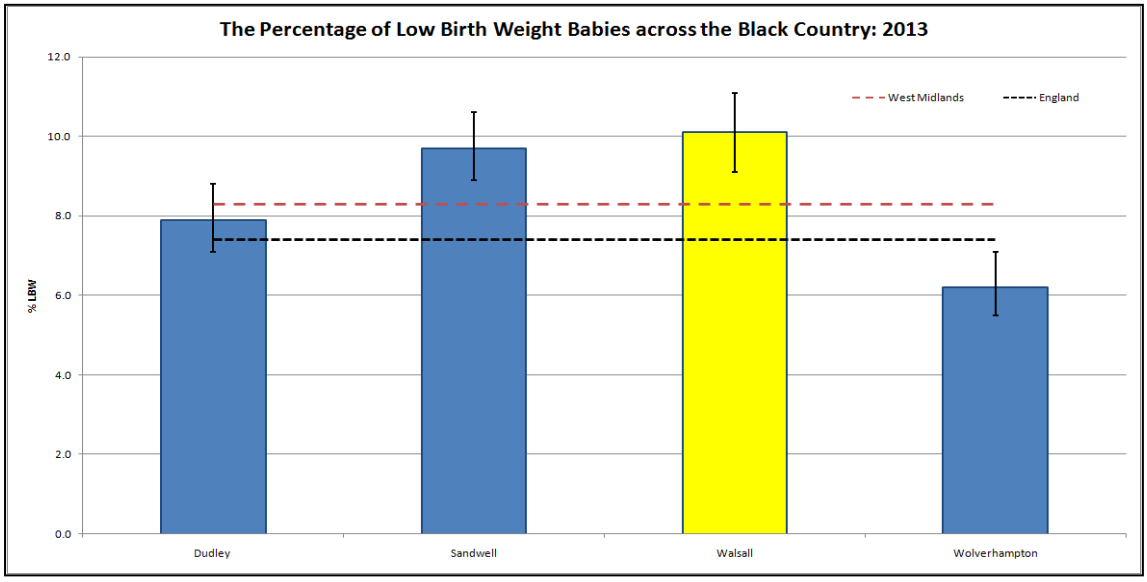


Source: HSCIC

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. At a population level, there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and / or issues with the maternity services.

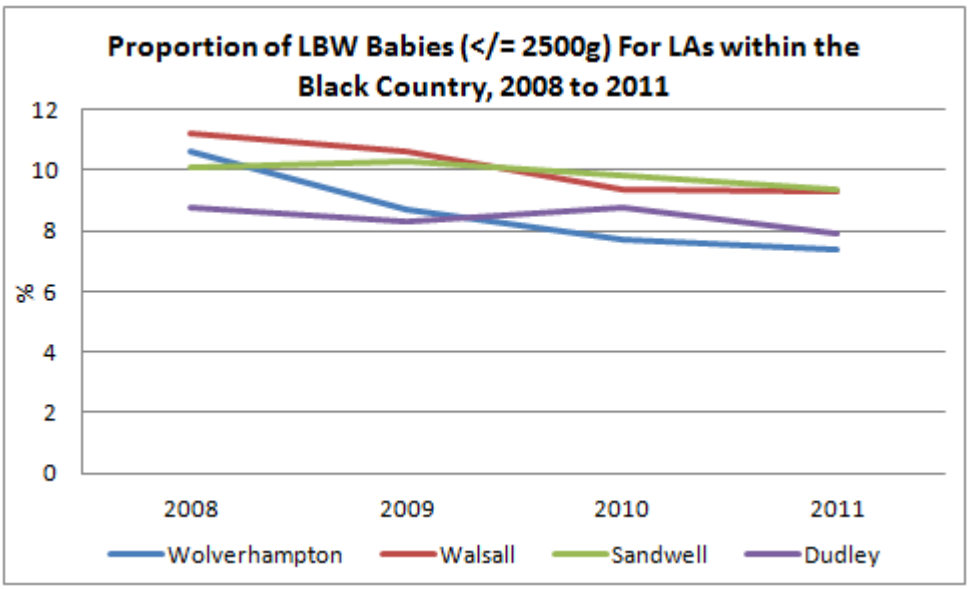
Figure 29: The % of Low Birth Weight Babies Across the Black Country 2013



Source: ONS

Figure 30 illustrates that Walsall and Sandwell have a similar proportion of low births (9.3 and 9.4 respectively) within the Black Country, with Wolverhampton having the lowest proportion at 7.4%). Positively, proportions have reduced for all Black Country Local Authorities over the last 4 years.

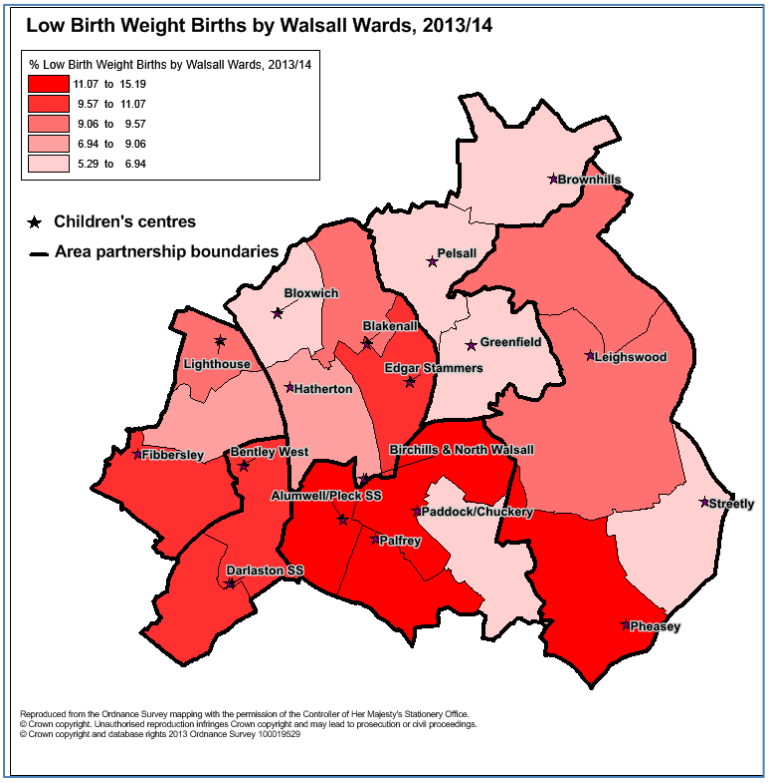
Figure 30: Proportion of Low Birth Weight Babies (less than or equal to 2500 grams) for Local Authorities within the Black Country, 2008 to 2011



Source: ONS

Breaking the data down by ward (see figure 22), Paddock had the greatest proportion of low birth weight babies in 2011 (13.9%), followed by St. Matthew's (12.8%) and Blakenall (12%). Those wards with the lowest proportion of low birth weight babies include Rushall-Shelfield (2.1%), Aldridge North & Walsall Wood (4.3%) and Pheasey Park Farm (5.1%).

Figure 31: Proportion of Low Birth Weight Babies (less than or equal to 2500 grams) by Walsall Council Ward, 2013/14



Source: Walsall Health NHS Trust (WHNT)

Breastfeeding

The World Health Organisation (WHO) and the DH recommend exclusive breastfeeding of infants up to the age of six months. In fact a third of women stop breastfeeding soon after birth.

What happens in pregnancy and the early years of a child's life has a profound effect on their rest of his or her life. Breastfeeding is the healthiest way to feed a baby with exclusive breastfeeding recommended for the first 6 months of baby's life. Breastfeeding offers benefits to both mother and baby. These include:

Benefits to baby:

- Less chance of diarrhoea and vomiting and having to go to hospital as a result
- Fewer chest and ear infections and having to go to hospital as a result
- Less chance of being constipated
- Less chance of developing eczema
- Less likelihood of becoming obese and therefore developing type 2

Benefits to mother:

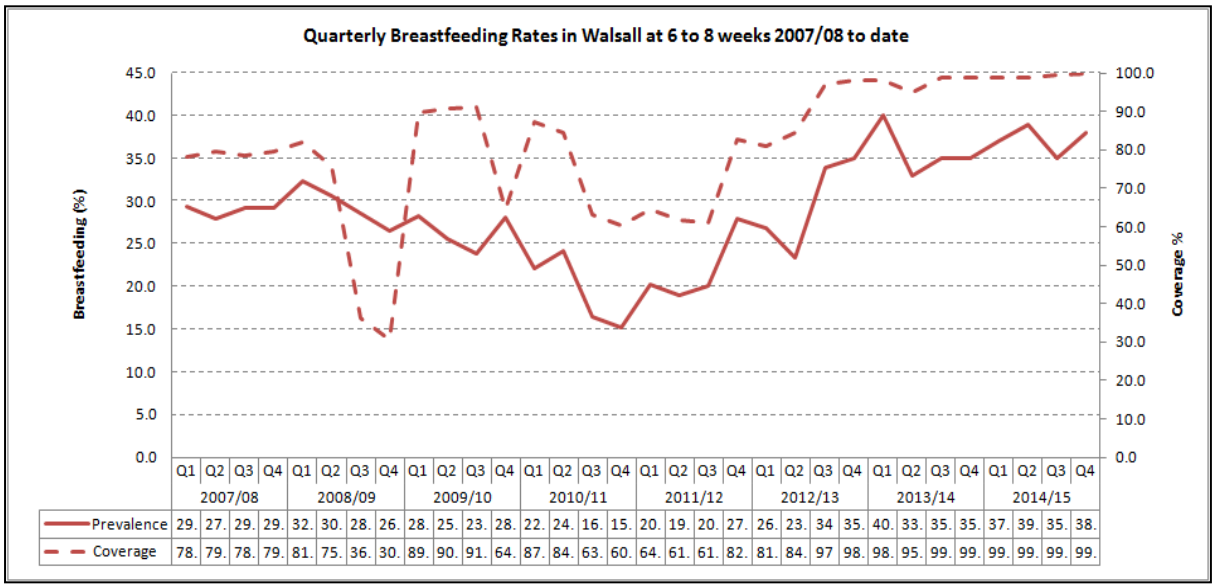
- Breast milk is the only natural food designed for baby
- Breastfeeding protects baby from infections and diseases
- Breast milk provides benefits for baby
- Its free
- Its available whenever and wherever your baby needs a feed

diabetes and other illnesses later in life

- It's always at the right temperature
- It can help to build a strong physical and emotional bond between mother and baby
- It can give a mother a great sense of achievement

Any amount of breastfeeding has a positive effect. The longer mothers breastfeed, the longer the protection lasts and the greater the benefits.

Figure 32: Quarterly Breastfeeding Rates in Walsall at 6 to 8 weeks, 2007/08 to 2014/15



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2007/08				2008/09				2009/10				2010/11				2011/12				2012/13				2013/14				2014/15			
Prevalence	29.	27.	29.	29.	32.	30.	28.	26.	28.	25.	23.	28.	22.	24.	16.	15.	20.	19.	20.	27.	26.	23.	34	35.	40.	33.	35.	35.	37.	39.	35.	38.
Coverage	78.	79.	78.	79.	81.	75.	36.	30.	89.	90.	91.	64.	87.	84.	63.	60.	64.	61.	61.	82.	81.	84.	97	98.	98.	95.	99.	99.	99.	99.	99.	99.

Source: WHNT

Traditionally, there has been a bottle culture in Walsall; however the last few years have seen positive improvements in breastfeeding at the 6 to 8 week visit. Coverage of data collected is very high – currently at 99% for Q4 of 2014/15. At the end of 2010/11, rates were at their lowest following a steady decline to 15.1%. However, since then, rates have gradually improved, peaking at 40% at the start of the year, but reducing slightly to 38% in quarter 4 of 2014/15.

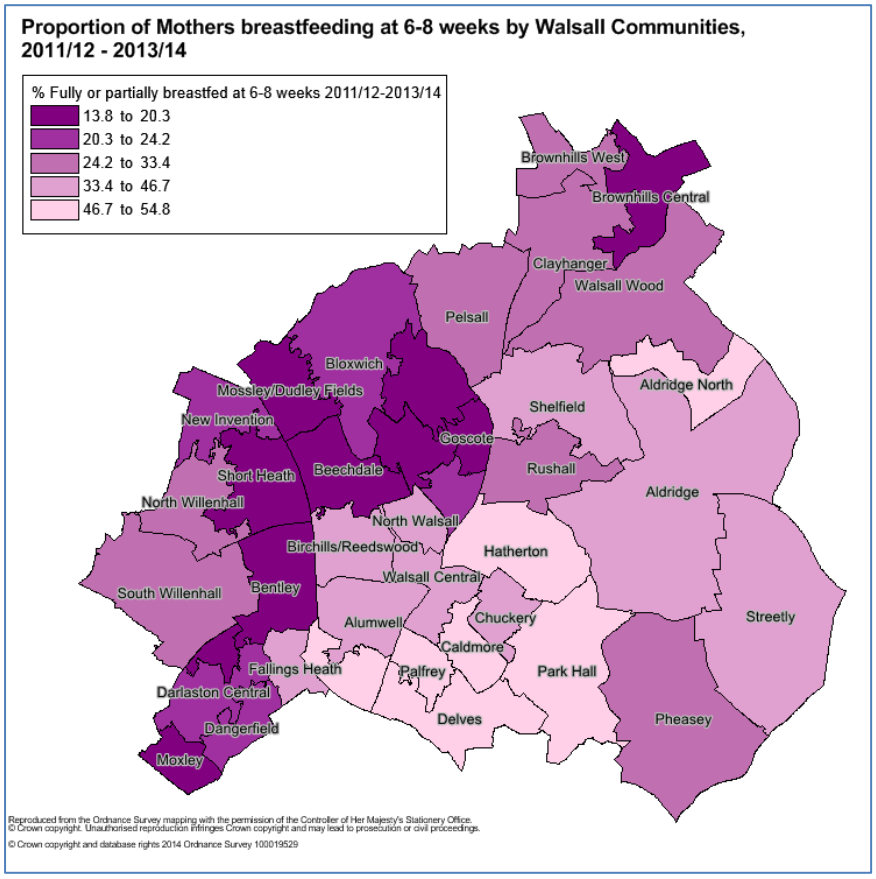
Breastfeeding is recognised as an important contributing factor in reducing the risk to baby of infections, particularly during the first year of a baby's life and this is highlighted within Walsall's Health and Wellbeing Strategy.

The proportion of women totally or partially breastfeeding at the 6 to 8 week CQR submission is highest to the south and parts of the east of the borough (See Figure 33). In contrast, proportions are lower towards the north of the borough and south west, including communities such as:

- Brownhills central
- Mossley/Dudley fields

- Beechdale
- Goscote,
- Bentley,
- Moxley,
- Short Heath

Figure 33: Mothers breastfeeding at 6-8 weeks by Walsall communities, 2011/12 - 2013/14



Source: WNHT

Health visiting

Having a child comes easily to some parents, where for others, the adjustments can be difficult. Health visitors work with all parents to assess the support they need and develop appropriate programs to help give the child the best possible start in life.

Health visitors support and educate families from pregnancy through to when your child starts reception class.

Health visitors can offer:

- Support from your family from ante natal through to when your child attends school.
- Support and advice on family health and minor illnesses.

- Home visit's which include advice on feeding, introduction to solids, healthy eating and dental health.
- A physical and development check to ensure your child is reaching their full potential.
- Providing families with specific support on subjects such as post natal depression.

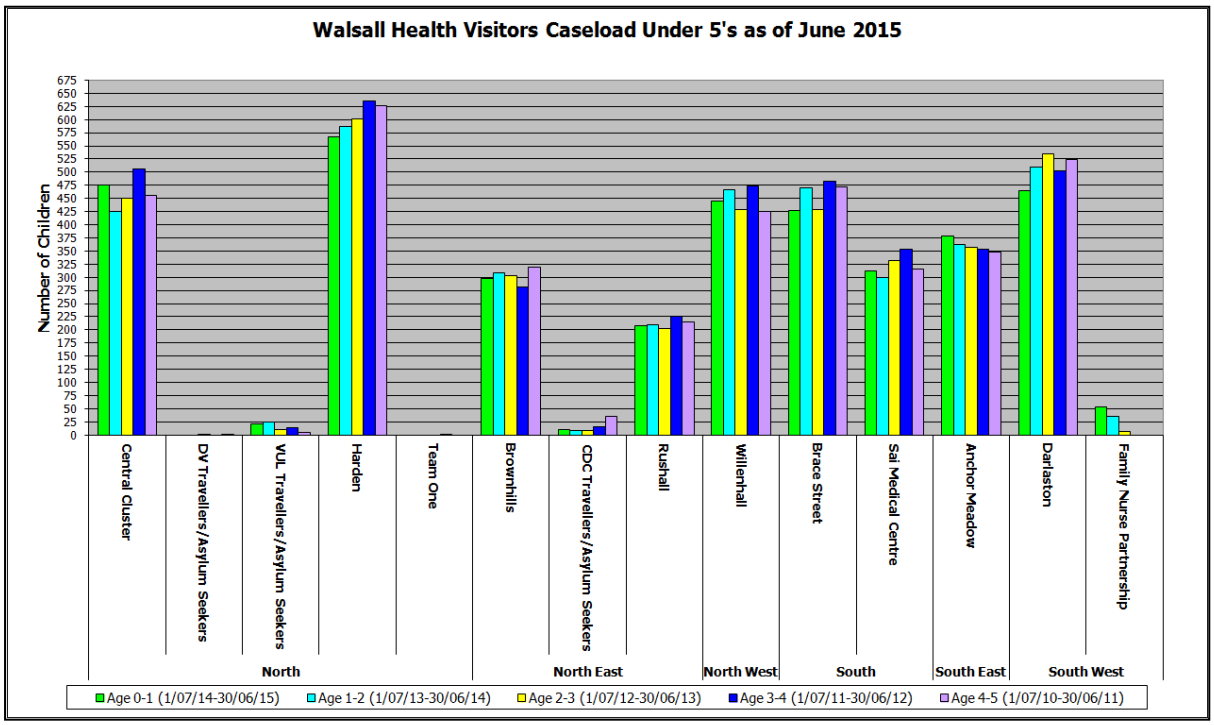
In 2014-15, the health visiting service were below national targets for indicators relating to new birth visits, 1 year and 2-2 ½ year reviews (see Figure 34). Provisional data for quarter 1 2015/16 shows similar trend however the number of mothers receiving 28 weeks visit has increased to 368.

Figure 34: Health visiting performance indicators, 2014-15

Indicato	Indicator Description	Period	Walsall	Service	Target/Trajector	Trend	Trend Period	Source
1	Number of mothers receiving 28 week 1:1 antenatal visit	2014/15	306				Q3 14/15 - Q4 14/15	WHNT
2	% New birth visits within 14 days	2014/15	91.0%		95%		Q1 14/15 - Q4 14/15	WHNT
3	% 6-8 week assessment							
4	% 1 year review	2014/15	82.28%		95%		Q1 14/15 - Q4 14/15	WHNT
5	% 2-2½ year review	2014/15	85.97%		95%		Q1 14/15 - Q4 14/15	WHNT

Source: Walsall Healthcare NHS Trust (WHNT)

Figure 35: Walsall Health Visitor Caseload for Under 5's



Source: Walsall Healthcare NHS Trust

Child screening and immunisation

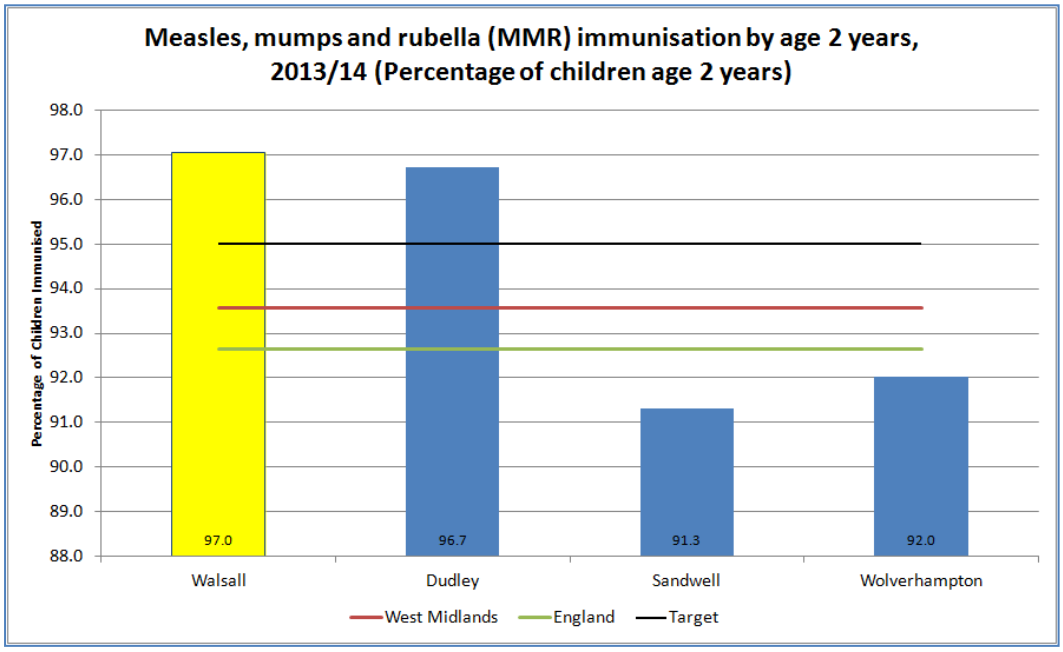
The uptake of childhood immunisations remains very high in Walsall at over 95%. This high uptake needs to be continued to ensure ongoing immunity within the Walsall population because there have been outbreaks of measles and whooping cough reported nationally. This year there have been changes in the vaccine schedule to include removal of the Men C vaccine at 4 years old to be replaced with a Men C vaccine for school leavers. This vaccine will be undertaken by immunisation service. A new vaccine was introduced in July 2013 to protect babies from rotavirus, this will be given at 3 months old.

In Walsall the health protection forum monitors the child immunisation performance for the indicators in the below table:

Table 7: Child Immunisation indicators

Indicator Number	Vaccination & Immunisation Indicator
1	**12 Month Diphtheria/IPV/HIB**
2	**12 Month Meningitis C**
3	**12 Month PCV 13**
4	**24 Month Diphtheria/IPV/HIB**
5	**24 Month Meningitis C/HIB (Booster)**
6	**24 Month MMR**
7	**24 Month PCV 13 Booster**
8	**5 Year Diphtheria/Tetanus/Polio**
9	**5 Year Diphtheria/IPV Booster**
10	**5 Year Meningitis C/HIB (Booster)**
11	**5 Year MMR Dose 1**
12	**5 Year MMR Dose 2**

Figure 36: MMR immunisation by age 2 years, 2013-14



Source: Health and Social Care

Compared with the England average (see Figure 36), a higher percentage of children (97%) have received their first dose of immunisation by the age of two in this area. By the age of five, 96.1% of children have received their second dose of MMR immunisation. This is higher than the England average.

Walsall has traditionally performed really well on all children vaccination and immunisations (see Appendix 2: Immunisation and Vaccinations performance).

Child poverty

A child is living in poverty if they live in a family in receipt of out of work benefits, or in families where their gross income is less than 60% of the national median income.

Low-income families

In Walsall, 27.9% of children were living in families whose income fell below 60% of the median national income in 2012 which translates to almost 15,490 children aged under 16 years living in poverty.

Table 8: Children in low-income families under 16 by area partnership, 2012

Area Partnership	% Children in low-income families (Under 16)
Aldridge & Beacon	12.0%
Brownhills, Pelsall, Rushall, Shelfield	20.5%
Darlaston & Bentley	35.4%
North Walsall	39.2%
Walsall South	28.2%
Willenhall & Short Heath	26.5%
Walsall	**27.9%**
National	**19.2%**

Source: Department of Work and Pensions (DWP)

***Caveat**: Figures for area partnerships are a sum of rounded ward figures, so are indicative only.*

The geographical variation in Walsall is substantial, ranging from 39.2% of children living in poverty in North Walsall AP to 12% in Aldridge & Beacon (See Table 8), for more detailed breakdown see Appendix 4: Walsall % child poverty under 16 (2011). Figure 37 shows highest number of children in families receiving some form of out of work benefits is the under 5's age range in Walsall.

Figure 37: Number of children living in all out-of-work benefit claimant households in Walsall, by age at May 2013.

	Age 0-4	Age 5-10	Age 11-15	Age 16-18	Age 0-15	Age 0-18	Number of Households
All Out of Work Benefits	5,710	5,410	3,830	1,620	14,940	16,560	8,330
Claimant Household Type							
Income Support	3,900	2,270	1,330	470	7,500	7,970	3,880
Jobseeker's Allowance	1,150	1,880	1,220	440	4,240	4,690	2,350
Employment and Support Allowance	600	1,130	1,100	580	2,830	3,410	1,800
Incapacity Benefit or Severe Disablement Allowance	140	270	300	160	710	870	440
Pension Credit	10	50	90	70	140	220	150

Source: DWP and HMRC Child Benefit administrative data.

Children with disabilities and learning difficulties

According to the ONS there are an estimated 0.7 million disabled children in the UK; Boys are more likely than girls to be disabled and children under five are less likely to be counted. ONS estimates 42.3 per 1,000 children who are disabled. The Thomas Coram Research Unit (TCRU) estimate is slightly lower, at 40.3 per 1,000. Using these figures the 2013 mid-year population estimates the prevalence of under-18 disability in Walsall is estimated to be between 2716 and 2851.

The Walsall Healthcare NHS Trust Disability Database shows that in June 2009, there were 363 children (under 5's) in the database (some children had more than one type of need

recorded) who were allocated services. Since then there has been decrease in the number of children on the database to around 247, which shows that less need is being met (according the estimation from TCRU).

Figure 38 Numbers on Walsall Healthcare NHS Trust Disability Database

Age Group	June 2009	October 2011	March 2012	July 2013	2014	2015
0-2	151	130	134	63	17	50
2-4	212	239	241	239	101	197
Total Under 5's	**363**	**369**	**375**	**303**	**118**	**247**
4-6	226	279	298	232	223	267
6-8	207	266	257	238	202	209
8-10	232	239	264	239	202	211
10-12	199	270	280	215	217	224
12-14	120	218	231	196	154	156
14-16	114	161	155	124	180	180
16-18	88	120	132	106	124	126
18-20	17	55	43	65	56	56
Total Children and Young People	**1566**	**1977**	**2035**	**1717**	**1476**	**1677**

Source: Walsall Healthcare NHS Trust Disability Register

Primary schools

For primary school pupils with statement of SEN or at School Action Plus by type of need (see Figure 39), Walsall is above the regional and national average for the below:

- Moderate and Severe Learning difficulties (32.4% and 2.7% respectively),
- Profound & Multiple learning difficulty (0.60%),
- Hearing and visual impairment (3.30% and 3.60% respectively),
- Multi-Sensory Impairment (0.40%),
- Autistic Spectrum Disorder (9%).

Figure 39: Pupils with statements of SEN or at School Action Plus by their primary type of needs as at 31st January 2014.

Needs	Primary School		
	Walsall	WM	England
Specific Learning Difficulty	5.20%	7.30%	8.70%
Moderate Learning Difficulty	32.40%	30.40%	19.10%
Severe Learning Difficulty	2.70%	1.00%	1.30%
Profound & Multiple Learning Difficulty	0.60%	0.30%	0.40%
Behaviour, Emotional & Social Difficulities	13.30%	15.00%	18.40%
Speech, Language and Communications Needs	22.50%	28.80%	31.60%
Hearing Impairment	3.30%	2.10%	2.30%
Visual Impairment	3.60%	1.30%	1.30%
Multi-Sensory Impairment	0.40%	0.20%	0.20%
Physical Disability	4.00%	3.70%	4.10%
Autistic Spectrum Disorder	9.00%	6.90%	8.30%
Other Difficulty/Disability	2.90%	3.10%	4.30%
Total Numbers	1,240	41,180	341,405

WM - West Midlands

Source: WCCS (31st January 2014).

Learning Disabilities and Special Educational Needs

Within Walsall we had 48,920 children on schools rolls in January 2014. 14.9% of these children (7,442) were classed as having special educational needs. 5.8% (2,845) of children are on the disability register, 1,240 at primary school, 1,015 at secondary school and 590 in specialist school (1).

Healthy start

Healthy Start is a UK wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnancy and families with children under 4 years old qualify for healthy start. Every 8 weeks beneficiaries receive vitamin coupon with their vouchers which can be swapped for healthy start vitamins in their local area. The coupon are either for Healthy start women's tablets or healthy start children's drop and it is responsibility of primary care and health trusts and health boards to make both available[18].

In Walsall, the health start uptake is above all regional counterparts (and on par with Wolverhampton), however the uptake of droplets and tablet are low (2.28% and 2.59%) which is reflected by other areas (see Figure 40).

Figure 40: Healthy start uptake across West Midlands

Area	HS Take Up %	% drop uptake	% tablet uptake
Birmingham	78.1	5.45	5.73
Coventry	77.7	4.6	5.98
Dudley	76.7	1.06	1.85
Sandwell	77.3	0	0
Shropshire UA	72.2	4.53	11.96
Solihull	72.6	10.17	15.02
Staffordshire	69.9	0.09	0.04
Stoke-on-Trent	77.5	0	0
Telford and Wrekin	78.3	4.67	18.67
Walsall	77.8	2.28	2.59
Warwickshire	69.4	2.73	3.69
Wolverhampton	77.8	3.41	3.89
Worcestershire	71.4	0	0

Source: NHS Business Services Authority and Public Health England.

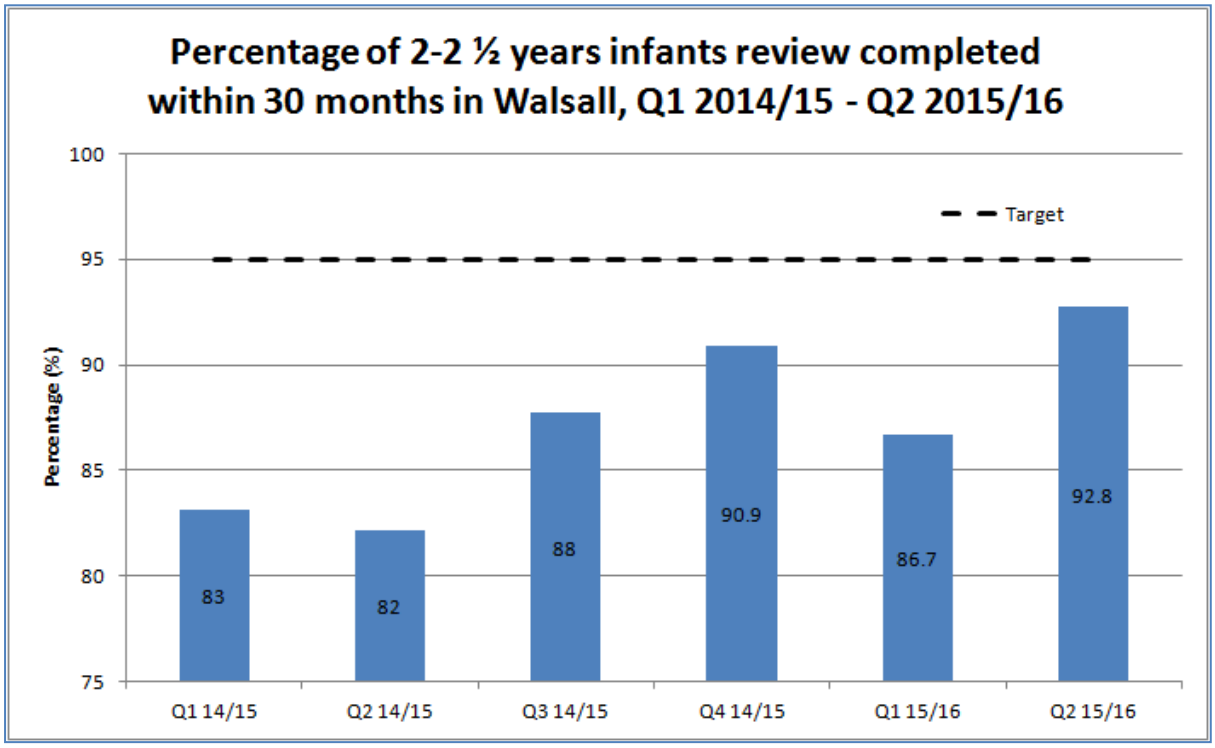
Early years

Early year's assessment

Health visitors carry a review of all children at the age of 2-2 ½ years using a validated tool "Ages and Stages Questionnaire" (ASQ) to assess the physical, social and emotional development of children (See Appendix 7: Ages & Stages Questionnaire Activities).

In Walsall, 92.8% of all children were provided with 2-2 ½ year review (within infants turning 30 months) which is below the 95% target, however the performance in Walsall has been increasing since Q1 2014/15 (see Figure 41).

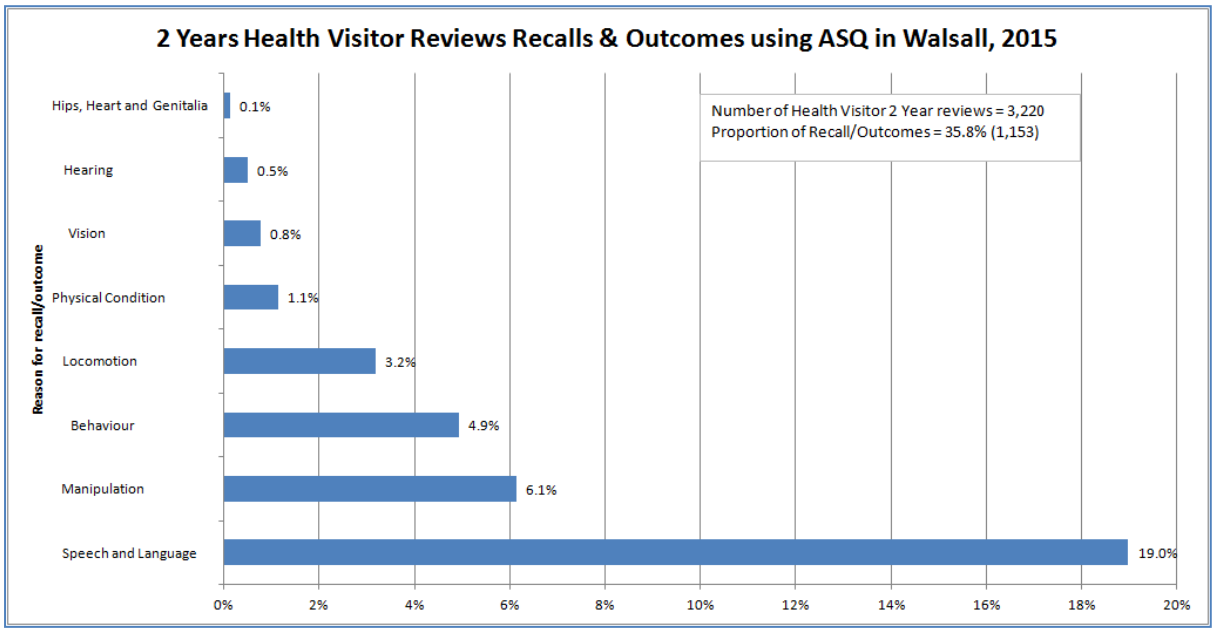
Figure 41: Health visiting 2-21/2 year check review in Walsall, Q1 2014/15 - Q2 2015/16



Source: Walsall Healthcare NHS Trust

In 2015 (children born between Jan/13 and Jan/14), there were 1,135 identified with an issue to recall following 2 year health check review which represent over a third (35.8%) of all children reviewed (3,320). Figure 42 shows the main reasons for recall/outcome with Speech and Language (19%) being highest proportion followed by Manipulation (6.1%).

Figure 42: Recall/Outcomes from 2 Year Health Visitor Review in Walsall, 2015



Source: WHNT

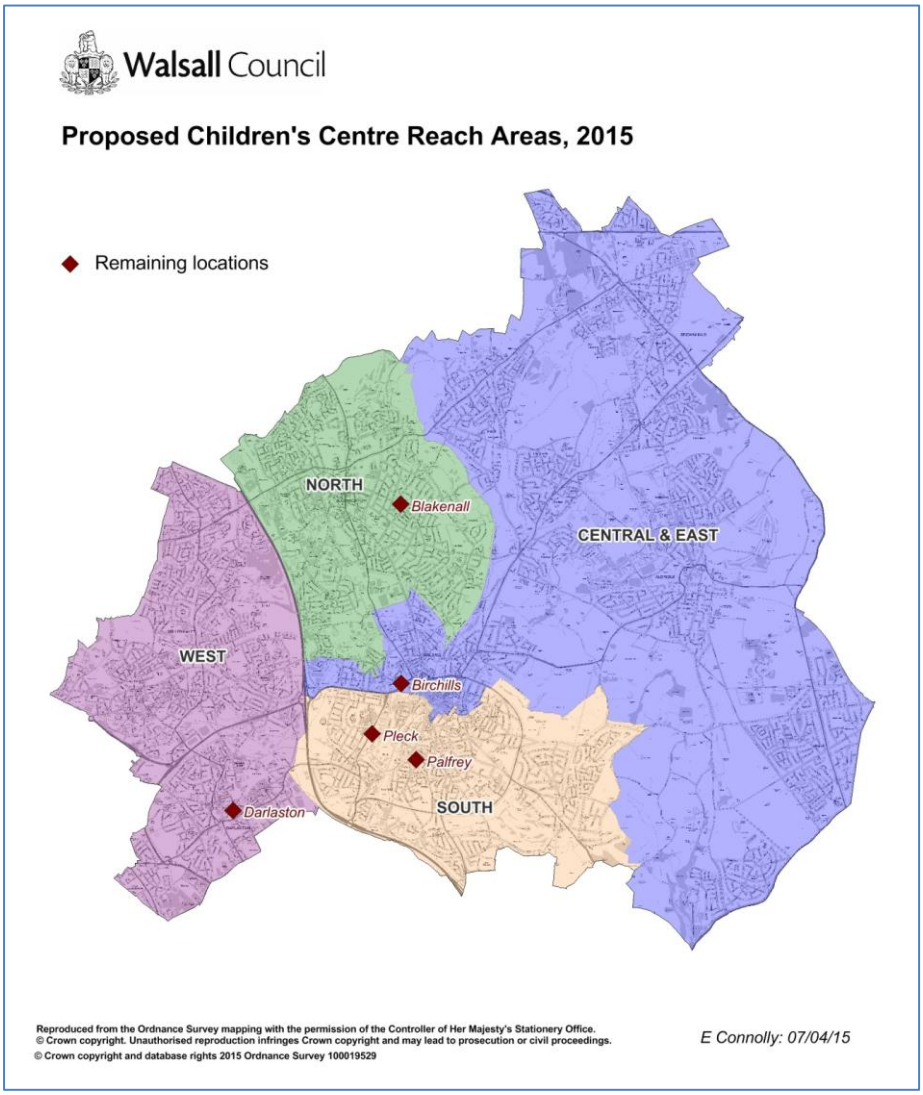
Note: Children born between Jan-13 and Jan-14.

Children's centres

Children's centre provides services for every child aged 0-5, and their families, in Walsall. All their services are suitable for children with special needs or disabilities.

The map below shows the proposed four children centre reach areas within Walsall and the remaining children centre locations:

Figure 43: Map of Proposed CCRA and Children centre



Source: Walsall Council

With effect from the 1st September 2015 children centres have changed how support to families in Walsall is delivered.

Family support staff are based at Blakenall, Birchills, Darlaston and Palfrey but the service continues to outreach across the borough including Play and Stay, Speech and Language, Parenting and other groups operating within local areas.

Staff in Family Support now provides more targeted support to families in greatest need and lead on Early Help Assessments for 0-5's, identifying key professional to undertake work with children, including Health Visitors and Homestart volunteers.

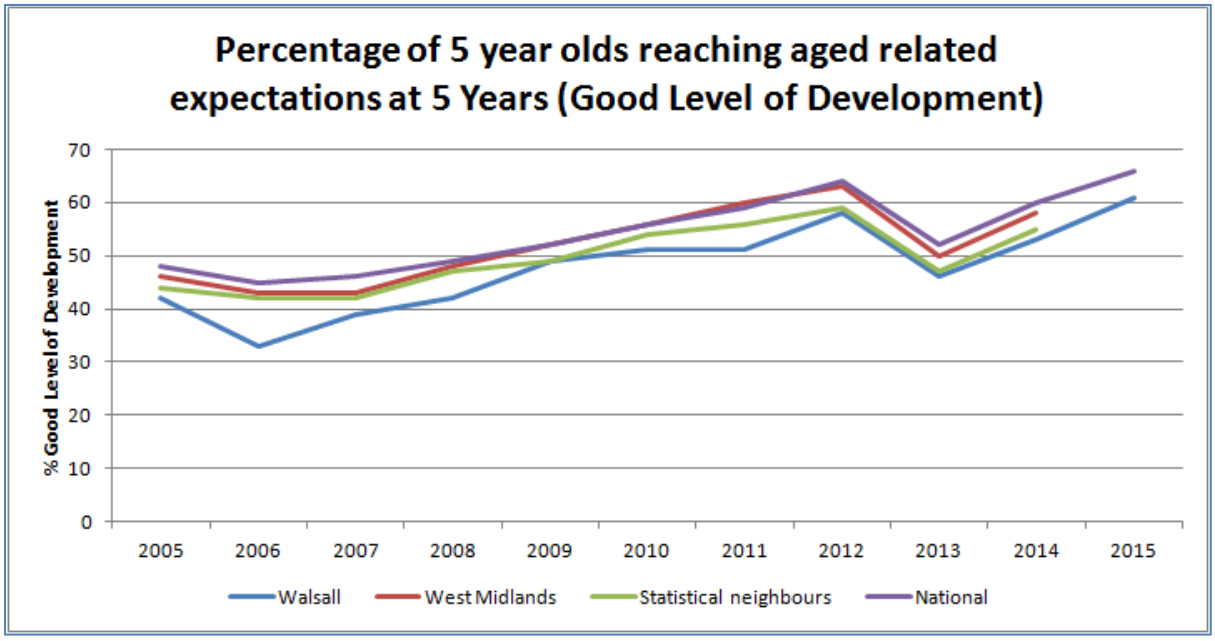
Each team have Child Intervention Workers who work alongside Family Support Workers to work directly with children affected by domestic abuse, neglect and/or who have development delay. The teams also have a SEND family support worker who provides expertise to ensure to that families with children with a development delay or disability are supported and accessing appropriate services.

Educational attainment – The early years

Giving young children the best start in life includes the provision of a high standard of education from an early age. A child's progress is assessed from an early age (Foundation Stage, when the child is between 3 and 5 years of age). Education is a key social determinant of inequalities in society.

At present, 61% of the pupils in Walsall have been judged to have made a good level of development. This is 5% below the national average, a gap that has reduced in 2015. Figure 44 shows the increase in EYFSP in 2015 compared to previous years which follows the trend seen at national level and with the statistical neighbours. Walsall still remains below the comparators; which indicates that more improvement is required in Walsall.

Figure 44: Percentage of children achieving a good level of development at foundation stage (EYFSP)

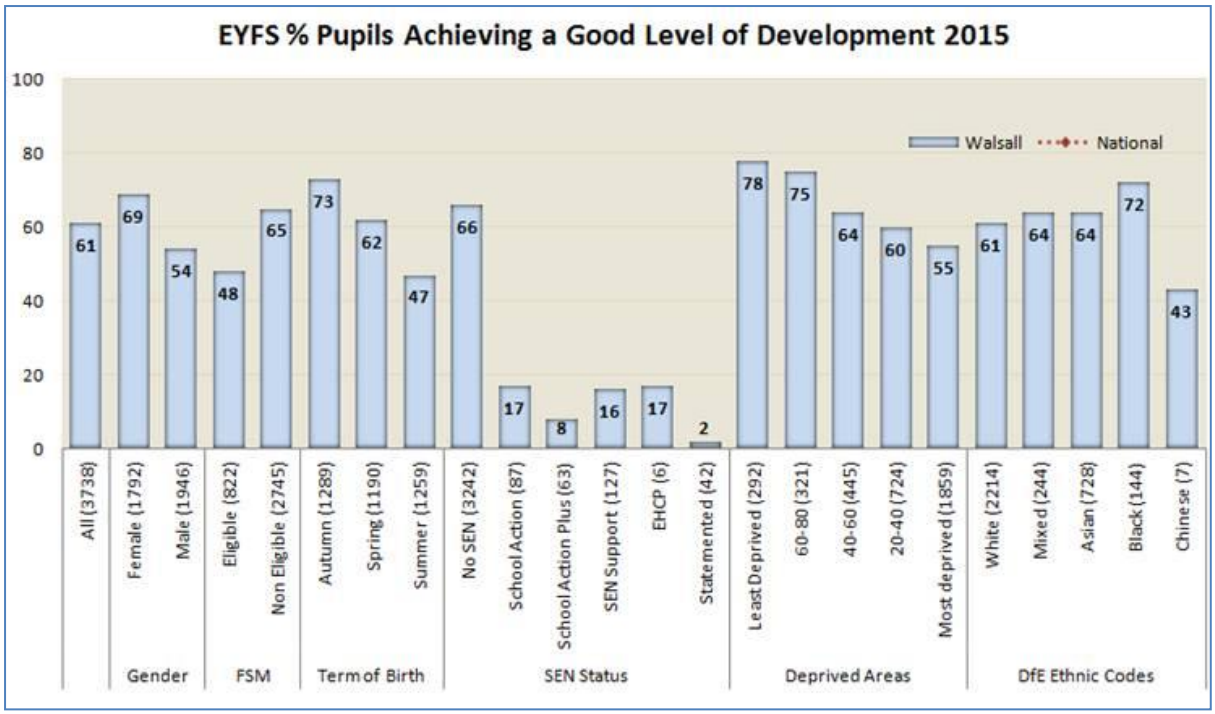


Source: Department of Education

In 2015 EYFS achievement data shows differences between groups in Walsall, Figure 45 shows that:

- Boys achieved less well than girls overall with a 14% percentage difference.
- Pupils eligible for free school meals (FSM) achieved less well compared with those who are not eligible (17% difference).
- There was a trend of decreasing achievement between children with born in autumn to spring and to summer.
- Although there are lower percentage of Special Education Needs and Disability (SEND) children achieving good levels of development nationally, Walsall are particularly low (see Appendix 3: Good Level of Development for Groups of children in Walsall compared to National Average).
- The children from the most deprived areas achieved 23% less well compared with children from the least deprived areas.

Figure 45: Percentage of children, from different groups, reaching aged related expectations at 5 years of age.



Source: Department of Education

The Children's Personal, Social and Emotional Development shows:

- 82% of Walsall children achieved Expected or above in Self-confidence and Self-Awareness. National Average was 87% (77% of boys and 87% of girls).

- 81% of Walsall children achieved Expected or above in Managing Feelings and Behaviour. National Average was 86% (75% of boys and 87% of girls).
- 83% of Walsall children achieved Expected or above in Making Relationships. National Average was 87% (78% of boys and 88% of girls).

The gap between girls and boys does reflect the national picture but it is clear that improvement in achievements are required for all children especially boys; this is priority in 0-5 integrated strategy.

The area of learning for 'Physical Development'; 87% of Walsall children achieved Expected or above in Health and Self-Care. National average was 90% (83% of boys and 91% of girls).

Oral Health

Good oral health is an integral part of overall health. Poor oral health has a significant impact on quality of life causing pain and sepsis; affecting appearance and leading to a lack of confidence; loss of nights' sleep; missed school and affecting the ability to eat a healthy diet.

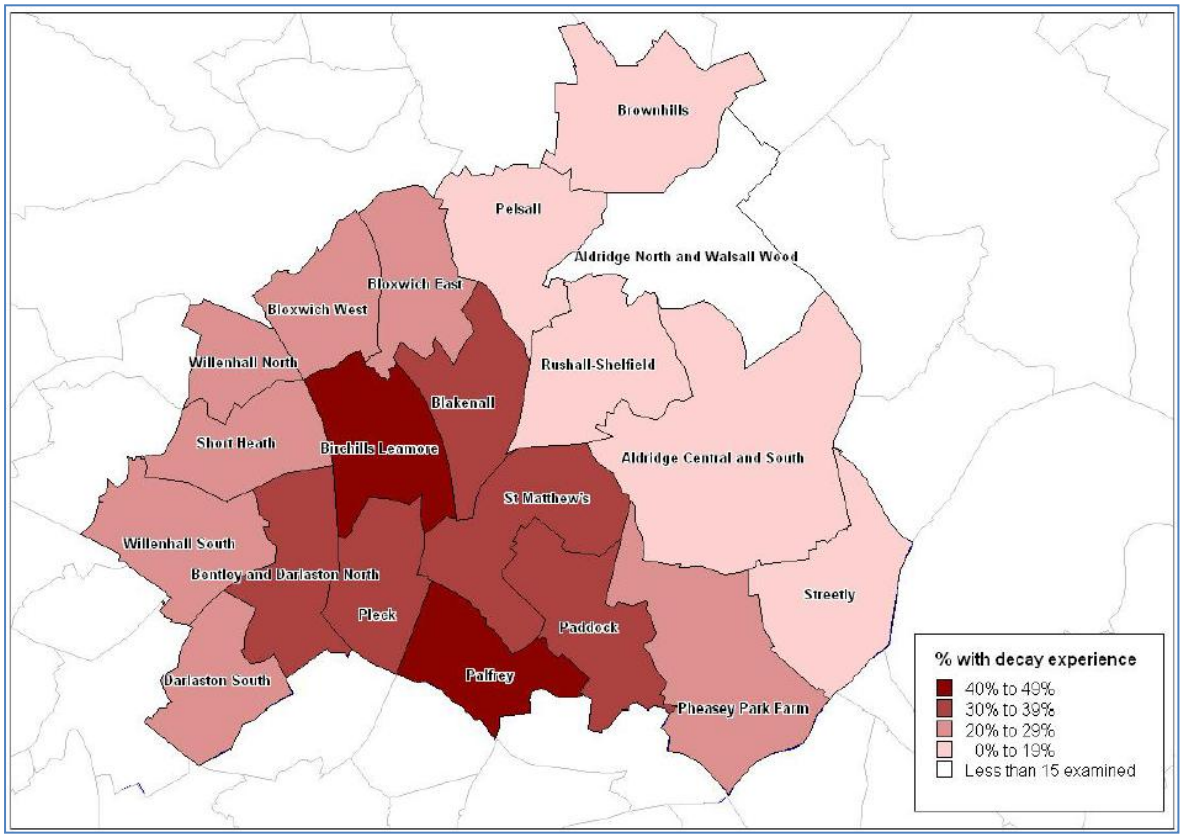
Avoidable and unpleasant dental treatment including extractions under general anaesthetic which represent an avoidable risk to life can be avoided through maintaining good oral health.

Despite an overall improvement in oral health over the past 30 years, over 27% of 5 year olds have tooth decay. Tooth decay (dental caries) is the decalcification of the tooth surface, which can lead to tooth decay. The cause of tooth decay is frequent sugar consumption in foods or drinks. It can be prevented by reducing the frequency of sugar consumption and by strengthening the tooth surface with fluoride, most commonly through brushing with fluoride toothpaste.

Oral health inequalities can be observed in age, gender, socio-economic and education level within England. Tooth decay still remains a major health problem for many groups of people in the England, particularly for those from socio-economically deprived or vulnerable groups. The incidences of oral cancer (with tobacco consumption and alcohol misuse as risk factors) and periodontal (gum) disease (risk factors include poor oral hygiene and smoking) are also strongly related to social and economic deprivation.

Walsall local authority has levels of decay that are lower than the average for England. A larger sample has allowed for calculation of estimates at ward level. There is variation across the area with higher proportions of children living in wards in the centre and south of the area having experience of decay. In the wards of Birchills Leamore and Palfrey the proportions affected are particularly high (See Figure 46).

Figure 46: The % of Dental Decay by Walsall Council Ward: 2012



Source: Public Health England, Dental health profile 2012

There were more than 300 children a year admitted to Walsall Manor hospital for decayed teeth removal and 1 in 4 children aged 5 years have untreated dental decay. Next year the 3 year old survey across Walsall has been scheduled to measure the prevalence within the preschool age group.

Obesity at age 4-5

Childhood obesity is an outcome of a myriad of risk factors, including biological and lifestyle factors, environment, culture and social structures. It is well recognised that children who are obese are likely to have obese parents. Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat.

The Foresight report (2007) referred to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain"[19]. The Foresight map was divided into seven cross-cutting predominant themes:

- Biology: an individual's starting point - the influence of genetics and ill health;

- Activity environment: the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- Physical Activity: the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- Societal influences: the impact of society, for example the influence of the media, education, peer pressure or culture;
- Individual psychology: for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- Food environment: the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home; and
- Food consumption: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

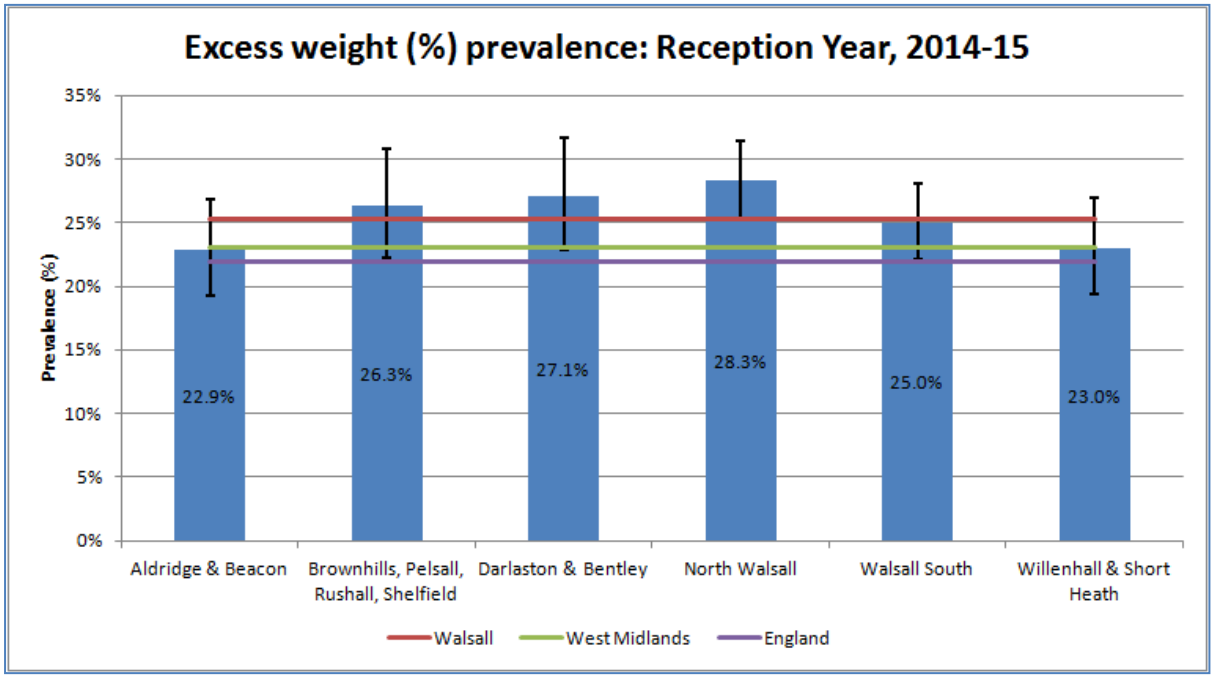
Childhood obesity links closely with the Infant Feeding Strategies and Adult Obesity Strategies. The preschool years (ages 2 to 5) are a key time for shaping lifelong attitudes and behaviours, and childcare providers can create opportunities for children to be active and develop healthy eating habits and act as positive role models.

The 2013/14 national children measurement programme results showed that Walsall prevalence of overweight and very overweight pupils in reception year (24.2%) was higher than regional and national averages (see Figure 47).

Reception Year NCMP

The Darlaston & Bentley AP has the highest prevalence of excess weight children in the reception year within Walsall and is significantly worse than regional and national level. The Aldridge & Beacon AP is below the Walsall, regional and national averages.

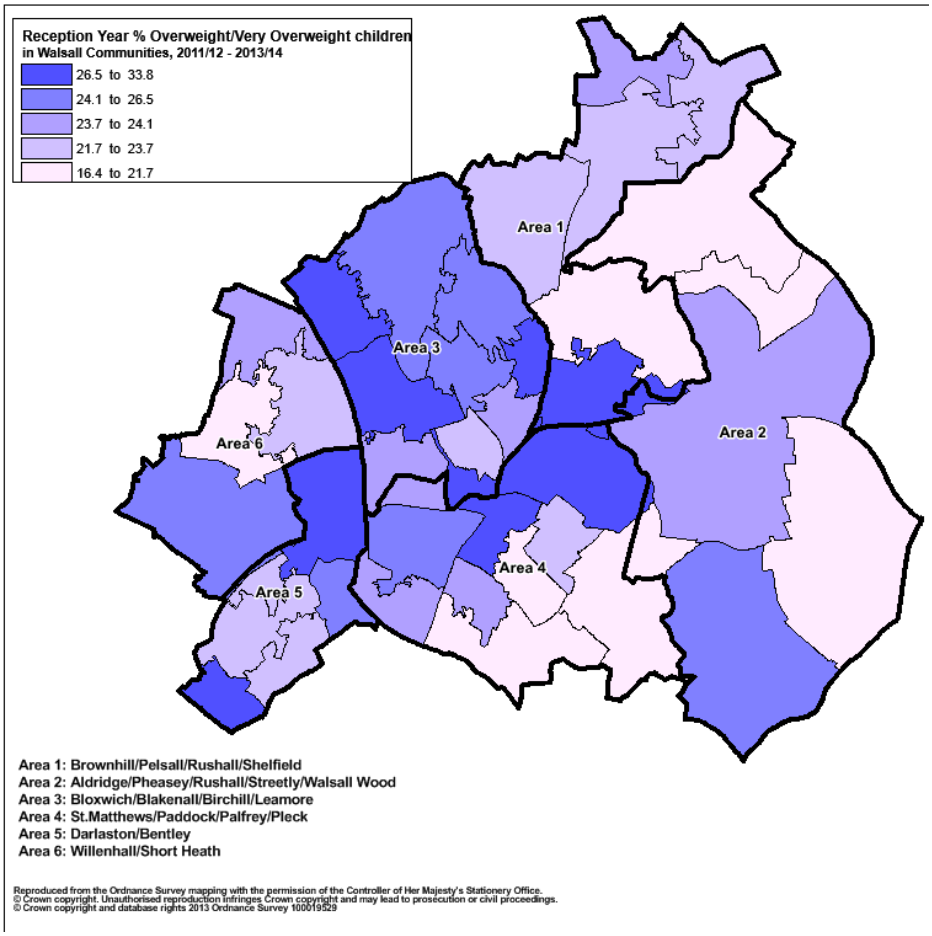
Figure 47: Percentage of children classified as excess weight (overweight and very overweight) in reception year (aged 4-5 years) by area partnership.



Source: National child Measurement Programme (NCMP) and Walsall HealthCare NHS Trust (WHNT).

All Walsall communities are mainly within range of higher than the national average (22.4%, excluding North Willenhall, Walsall wood and Streetly. Figure 48 shows that Moxley (33.7%) and Goscote (31.3%) communities within Area 3 and 5 have highest prevalence's of overweight and very overweight children in the borough compared to streetly and north willenhall with the lowest. 22 out of the 39 (56%) communities in Walsall have higher prevalence of excess weight children in reception year than the Walsall average (23.6%).

Figure 48: Prevalence of excess weight in reception children in Walsall, 2011/12 – 2013/14



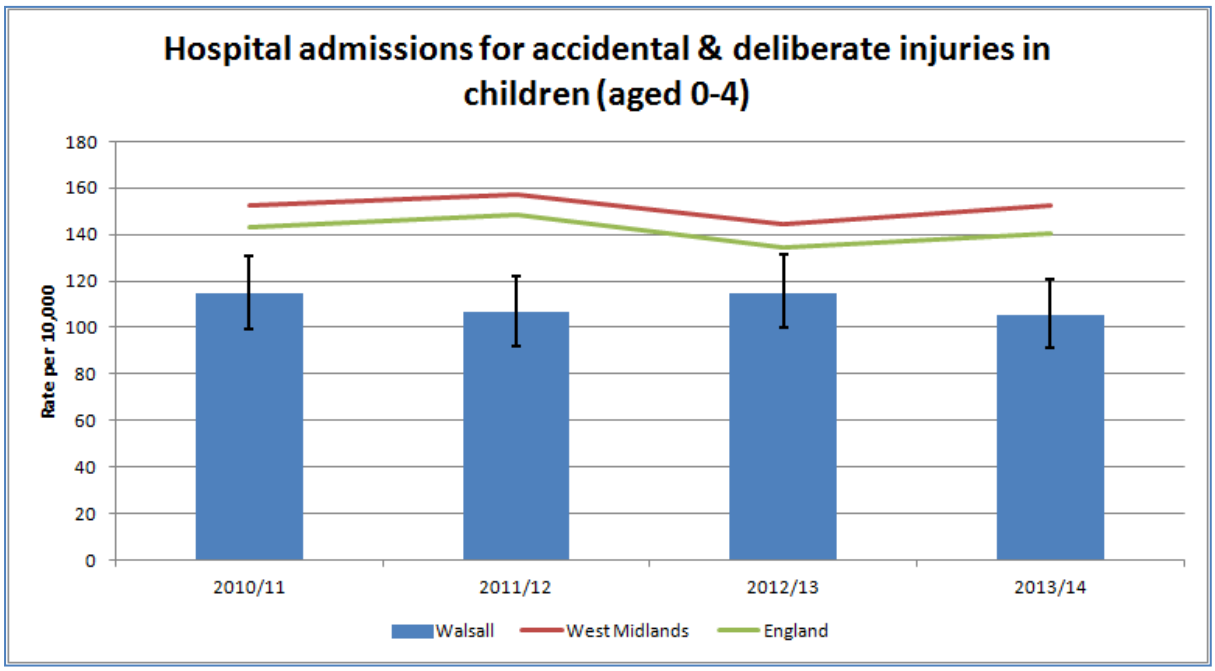
Source: National child Measurement Programme (NCMP) and Walsall HealthCare NHS Trust (WHNT).

Deliberate and Unintentional Injury

Injuries are a leading cause of hospitalisation 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 related experience(s).

The hospital admission rate for injury in children is lower than the England average, and has been since 2010/11 (see Figure 49).

Figure 49: Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 resident populations



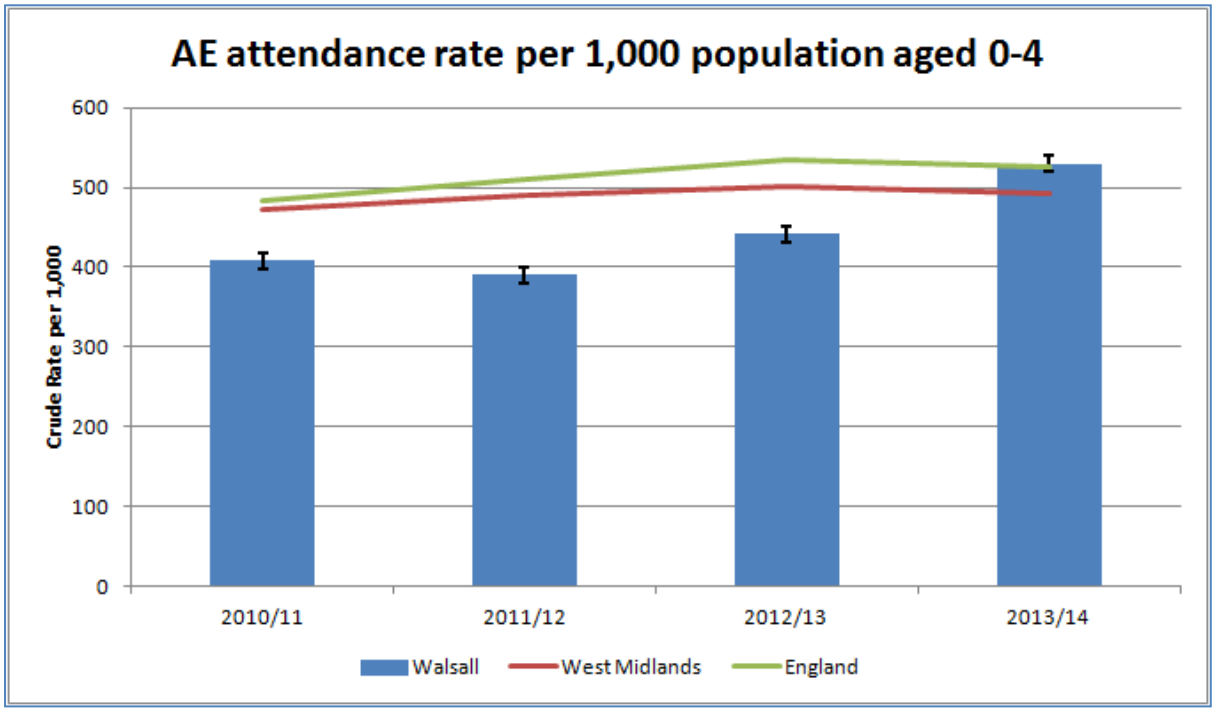
Source: HSCIC and ONS.

Note: ICD10 Codes S00 – T79 or V01 – Y36, finished emergency admissions only included if they have a valid local authority code.

Accident and Emergency (AE) attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

In 2013/14, there were 9,923 A&E attendances by children aged four years and under. Figure 50 shows that the trend data for AE attendance rates in Walsall have been significantly below regional and national averages, however in 2013/14 the rate has increased in Walsall (530 per 1,000) and is now above regional (493 per 1,000) and national average (525 per 1,000).

Figure 50: AE Attendance Rate per 1,000 populations (Under 5's)



Source: Hospital Episode Statistics (HES), Health and Social Care Information (HSCIC) and Office for National Statistics (ONS).

Accidents in the home

Unintentional injuries in and around home are a major cause of death and disability among children under five years in England. An average of 62 children died each year between 2008 and 2012 (Office for National Statistics). These injuries result in an estimated 452,200 visits to A&E departments (Department of Trade and Industry, 2002) and approximately 40,000 emergency hospital admissions among children of this age each year. In England home-related injuries account for 8% of deaths of the children aged 1 to 4 years (Office for National Statistics).

Analysis of injury and mortality data indicates that local authorities should prioritise the reduction of five causes of unintentional injuries among the under-fives. This grouping includes the most severe and preventable injuries including those that result in high death rates and the largest number of emergency hospital admissions. Each has its own profile and characteristics.

- Choking, suffocation and strangulation
- Falls
- Poisoning
- Burns and scalds
- Drowning

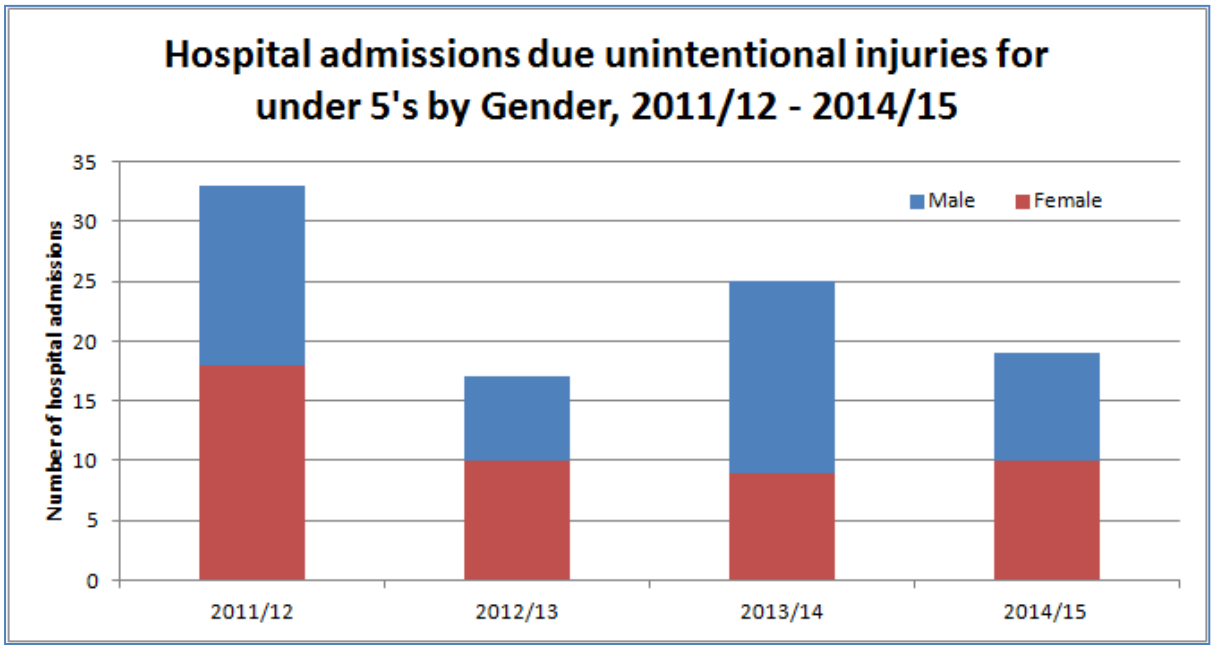
The following table shows the crude rates of emergency admissions for selected unintentional injuries in Walsall.

Table 9: Unintentional injuries around the home

Indicator Name	Walsall	England
Emergency hospital admissions due to suffocation and strangulation (2008/09 - 2012/13)	less than 6.6	0.5
Emergency hospital admissions due to inhalation of food or vomit (2008/09 - 2012/13)	8.8 (8)	11.1
Emergency hospital admissions due to falls from furniture (2008/09 - 2012/13)	157 (142)	149.2
Emergency hospital admissions due to poisoning from medicines (2008/09 - 2012/13)	80.7 (73)	99.4
Emergency hospital admissions due to hot tap water scalds (2008/09 - 2012/13)	less than 6.6	6.8
Emergency hospital admissions due to hot water burns (2008/09 - 2012/13)	31 (28)	38.4
Emergency hospital admissions due to drowning in the bath (2008/09 - 2012/13)	less than 6.6	1.1

Source: Health and social care information, hospital episode statistics.

Figure 51: Unintentional injuries hospital admission under 5' by Gender, 2011/12 - 2014/15



Source: Secondary Uses Service (SUS)

Note: Unintentional injuries include Downing in bath, falls from furniture, hot tap water burns and scalds, inhalation of food or vomit and poisoning with medicines.

Links with deprivation and gender

There is a persistent social gradient for unintentional injuries and inequalities have widened[20]. The evidence suggested that children of never-employed or long-term unemployed parents are 13 times more likely to die from an unintentionally injury than those children who parents are employed in higher managerial and professional occupations[21].

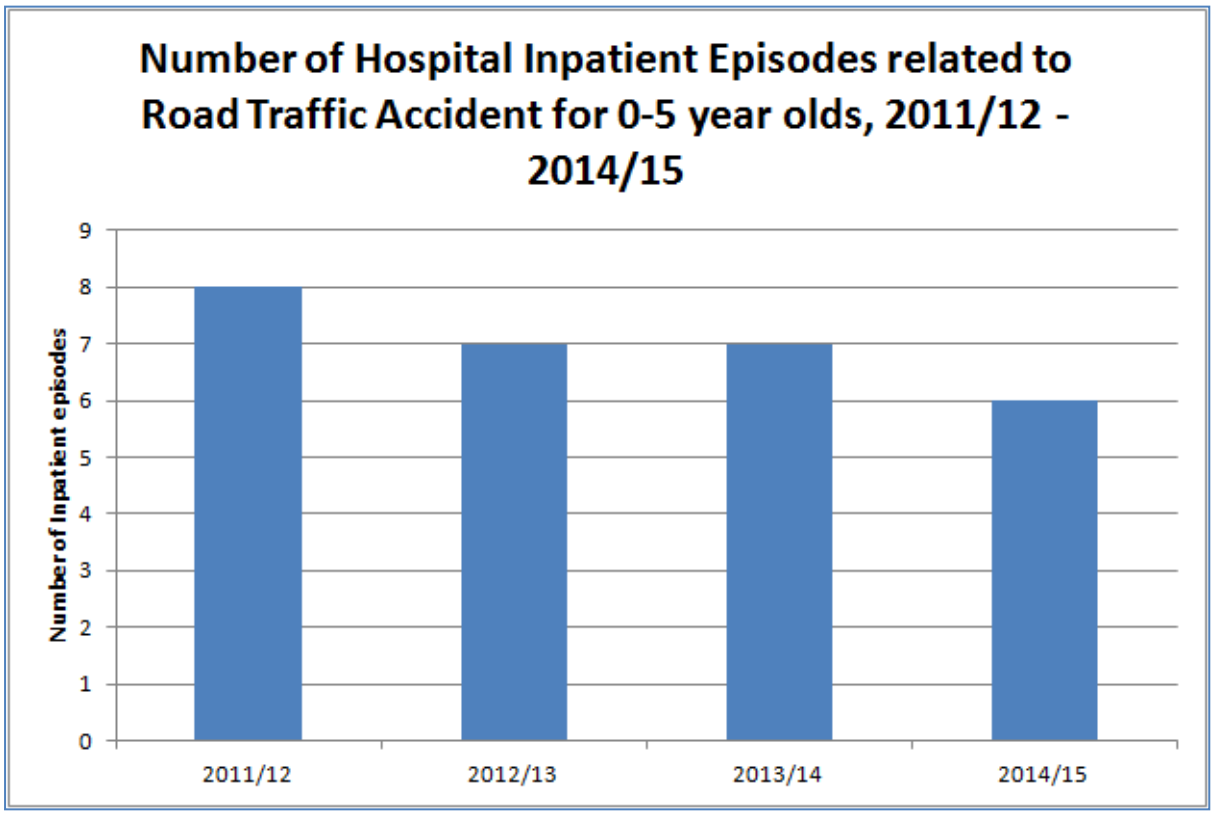
Hospital admission rates for unintentional injuries among under 5's is 45% higher for children from the most deprived areas compared with children from the least deprived nationally[22], locally in Walsall it was almost three times higher number of admissions in most deprived areas.

Boys have higher rates of death and hospital admissions.

Road Traffic Accidents

There have been a total of 10 children (under 18's) killed by Road Traffic Accidents between 1999/2000 and 2011/2012.

Figure 52: The Number of Hospital Inpatient Episodes related to Road Traffic Accidents, 2011/12 to 2014/15



Source: SUS

Please note that only Walsall residences have been included in search criteria along with RTA any diagnosis level in the SUS dataset.

There were no Accident and Emergency admissions with primary diagnosis of RTA, however there were 28 inpatient stays between 2011/12 and 2014/15. There were slightly higher numbers of boys compared with girls during this period.

Appendix 1: Child Health Profile 2015

Public Health England

Child Health Profile
June 2015

Walsall

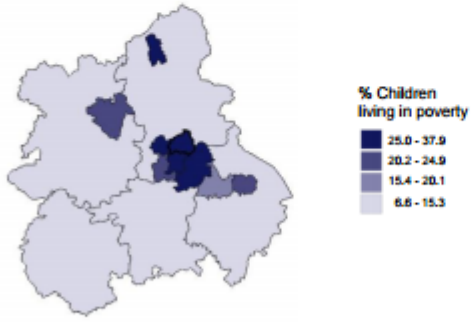
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	West Midlands	England
Live births in 2013			
	3,715	71,188	664,517
Children (age 0 to 4 years), 2013			
	18,700 (6.9%)	363,500 (6.4%)	3,414,100 (6.3%)
Children (age 0 to 19 years), 2013			
	70,700 (26.0%)	1,397,700 (24.6%)	12,833,200 (23.8%)
Children (age 0 to 19 years) in 2020 (projected)			
	72,800 (25.8%)	1,424,900 (24.2%)	13,325,100 (23.6%)
School children from minority ethnic groups, 2014			
	13,770 (34.2%)	228,380 (31.2%)	1,832,995 (27.8%)
Children living in poverty (age under 16 years), 2012			
	27.9%	21.9%	19.2%
Life expectancy at birth, 2011-2013			
Boys	78.1	78.8	79.4
Girls	82.8	82.8	83.1

Children living in poverty

Map of the West Midlands, with Walsall outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 26.0% of the population of Walsall. 34.2% of school children are from a minority ethnic group.

The health and wellbeing of children in Walsall is generally worse than the England average. The infant mortality rate is worse than and the child mortality rate is similar to the England average.

The level of child poverty is worse than the England average with 27.9% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average.

Children in Walsall have worse than average levels of obesity: 11.0% of children aged 4-5 years and 24.4% of children aged 10-11 years are classified as obese.

The MMR immunisation rate is better than the England average. The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is better than the England average.

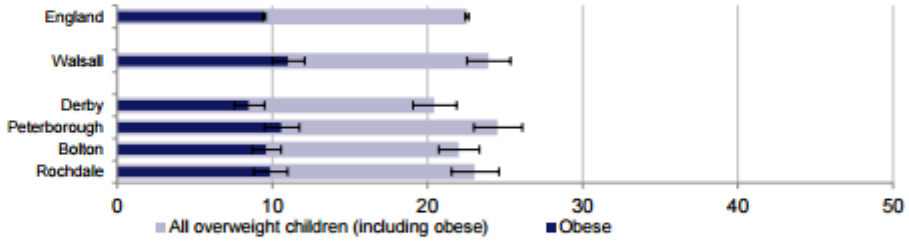
In 2013/14, there were 9,923 A&E attendances by children aged four years and under. This gives a rate which is similar to the England average. The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is lower than the England average.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

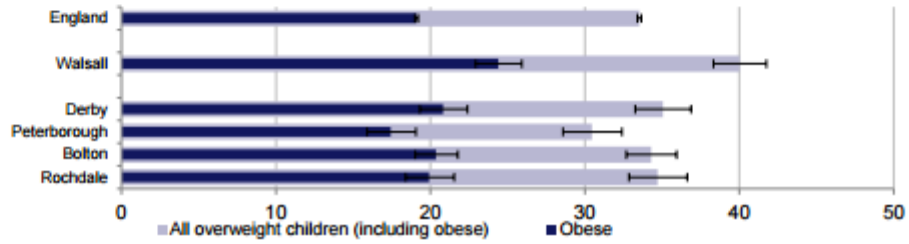
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a similar percentage in Reception and a worse percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2013/14 (percentage)



Children aged 10-11 years classified as obese or overweight, 2013/14 (percentage)

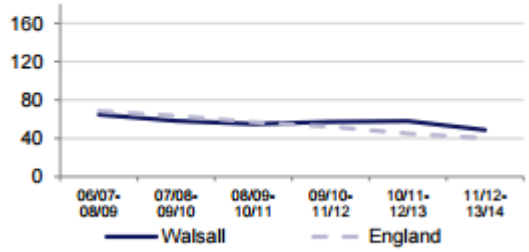


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.
I indicates 95% confidence interval. Data source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is similar in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is similar to the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

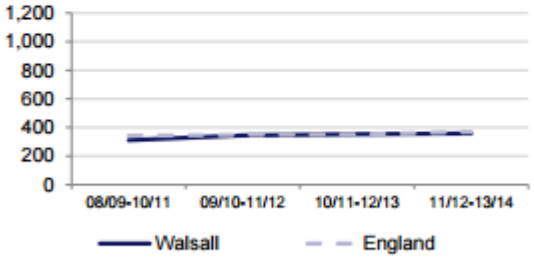


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



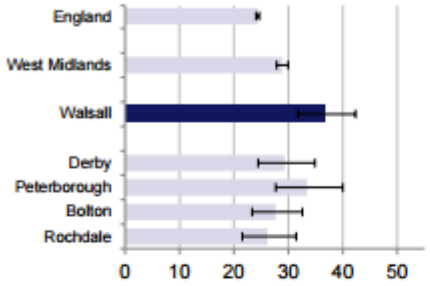
*Information about admissions in the single year 2013/14 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

Walsall Child Health Profile June 2015

These charts compare Walsall with its statistical neighbours, the England and regional average and, where available, the European average.

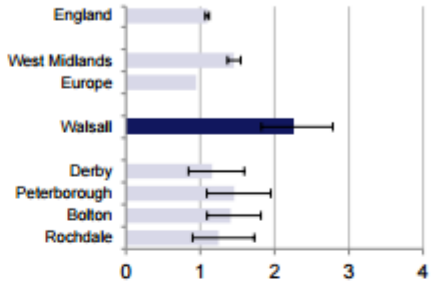
Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 37 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is higher than the regional average. The area has a higher teenage conception rate compared with the England average.

Data source: ONS

Teenage mothers aged under 18 years, 2013/14 (percentage of all deliveries)

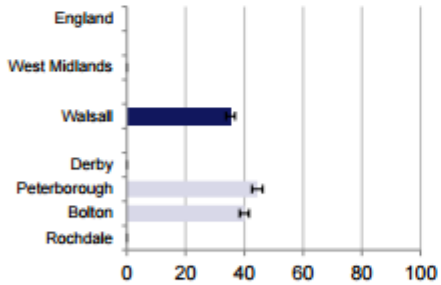


In 2013/14, 2.3% of women giving birth in this area were aged under 18 years. This is higher than the regional average. This area has a higher percentage of births to teenage girls compared with the England average and a higher percentage compared with the European average of 0.9%*.

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

* European Union 27 average, 2013. Source: Eurostat

Breastfeeding at 6 to 8 weeks, 2013/14 (percentage of infants due 6 to 8 week checks)

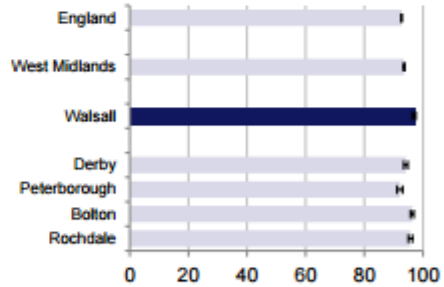


In this area, 35.3% of mothers are still breastfeeding at 6 to 8 weeks. 63.4% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%*.

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Data source: PHE

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2013/14 (percentage of children age 2 years)



Compared with the England average, a higher percentage of children (97.0%) have received their first dose of immunisation by the age of two in this area. By the age of five, 96.1% of children have received their second dose of MMR immunisation. This is higher than the England average. In the West Midlands, there were 46 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data sources: Health and Social Care Information Centre, PHE

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

Walsall Child Health Profile — June 2015

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- Regional average

25th percentile — England average — 75th percentile

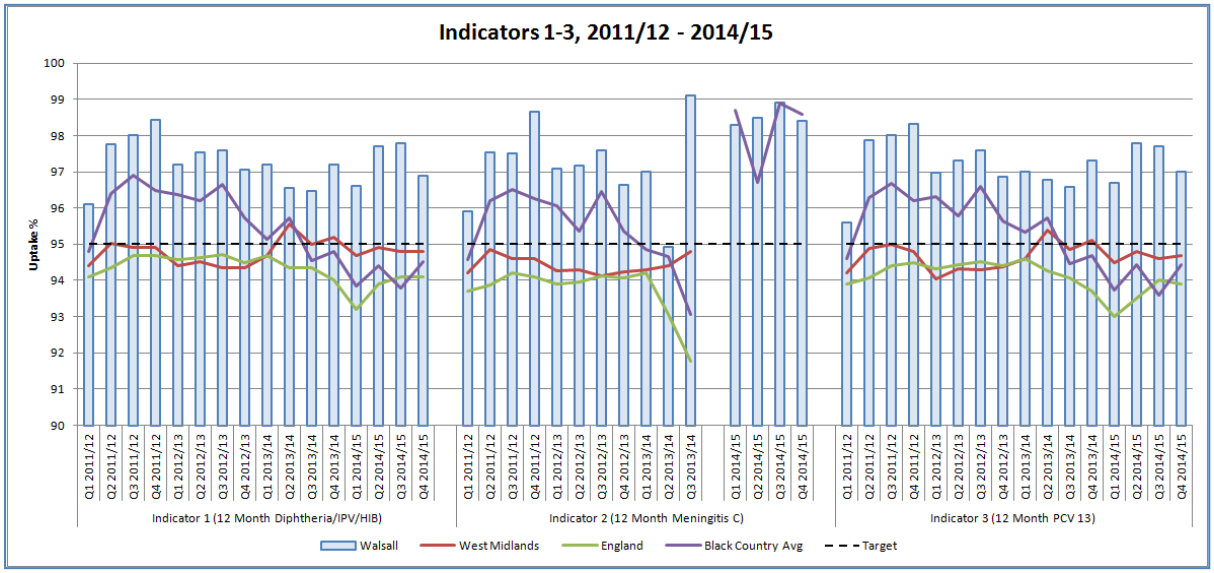
	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	27	7.1	4.1	7.5		1.7
	2 Child mortality rate (1-17 years)	9	14.6	11.9	22.8		3.0
Health protection	3 MMR vaccination for one dose (2 years)	3,387	97.0	92.7	78.3		98.3
	4 Dtap / IPV / Hib vaccination (2 years)	3,438	98.5	96.1	81.6		99.1
	5 Children in care immunisations	415	92.2	87.1	27.3		100.0
	6 New sexually transmitted infections (including chlamydia)	1,489	4,262.0	3,432.7	8,098.4		1,899.8
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	1,944	53.3	60.4	41.2		75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,654	48.7	56.8	35.4		73.8
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	10 16-18 year olds not in education, employment or training	580	5.8	5.3	9.8		1.8
	11 First time entrants to the youth justice system	140	509.1	440.9	846.5		171.0
	12 Children in poverty (under 16 years)	15,490	27.9	19.2	37.9		6.6
	13 Family homelessness	203	1.9	1.7	10.8		0.1
	14 Children in care	625	98	60	153		20
	15 Children killed or seriously injured in road traffic accidents	16	28.9	19.1	48.3		8.2
Health improvement	16 Low birthweight of all babies	374	10.1	7.4	10.4		4.6
	17 Obese children (4-5 years)	386	11.0	9.5	14.2		5.5
	18 Obese children (10-11 years)	767	24.4	19.1	26.8		10.5
	19 Children with one or more decayed, missing or filled teeth	-	28.3	27.9	53.2		12.5
	20 Under 18 conceptions	192	36.8	24.3	43.9		9.2
	21 Teenage mothers	83	2.3	1.1	2.5		0.2
	22 Hospital admissions due to alcohol specific conditions	32	48.8	40.1	100.0		13.7
	23 Hospital admissions due to substance misuse (15-24 years)	24	68.7	81.3	264.1		22.8
Prevention of ill health	24 Smoking status at time of delivery	487	13.7	12.0	27.5		1.9
	25 Breastfeeding initiation	2,291	63.4	73.9	36.6		93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	1,273	35.3	-	19.4		77.4
	27 A&E attendances (0-4 years)	9,923	530.0	525.6	1,684.5		252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	482	90.4	112.2	214.1		64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	383	110.4	136.7	291.8		69.6
	30 Hospital admissions for asthma (under 19 years)	152	225.5	197.1	509.1		54.6
	31 Hospital admissions for mental health conditions	54	84.5	87.2	391.6		25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	187	359.7	412.1	1,246.6		119.1

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

1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013
2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14
5 % children in care with up-to-date immunisations, 2014
6 New STI diagnoses per 100,000 population aged 15-24 years, 2013
7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14
8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14
9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013
11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013
12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012
13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14
14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014
15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013
16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013
17 % school children in Reception year classified as obese, 2013/14
18 % school children in Year 6 classified as obese, 2013/14
19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
21 % of delivery episodes where the mother is aged less than 18 years, 2013/14
22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14
24 % of mothers smoking at time of delivery, 2013/14
25 % of mothers initiating breastfeeding, 2013/14
26 % of mothers breastfeeding at 6-8 weeks, 2013/14
27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14
28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14
29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14
30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14
31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14
32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14

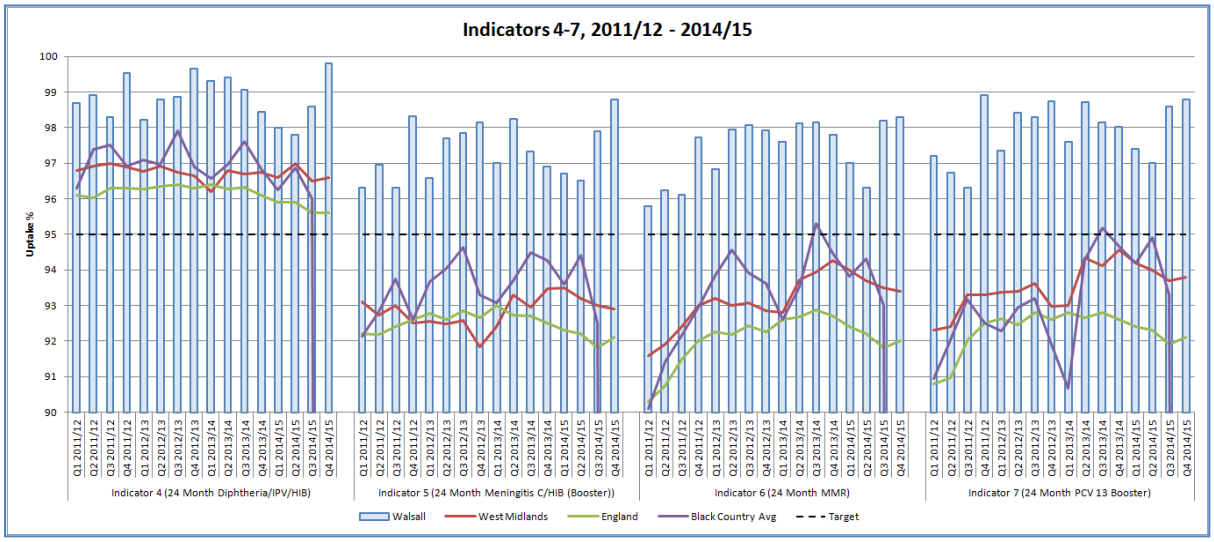
Appendix 2: Immunisation and Vaccinations performance

Figure 53: 12 Month Immunisation and vaccinations



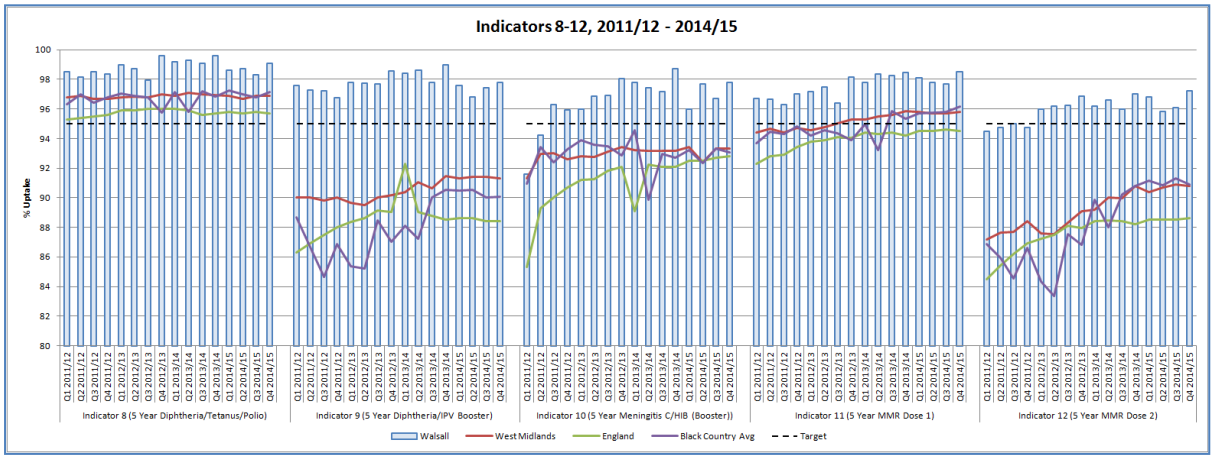
Source: Cover Statistics

Figure 54: 24 Month Immunisation and vaccinations



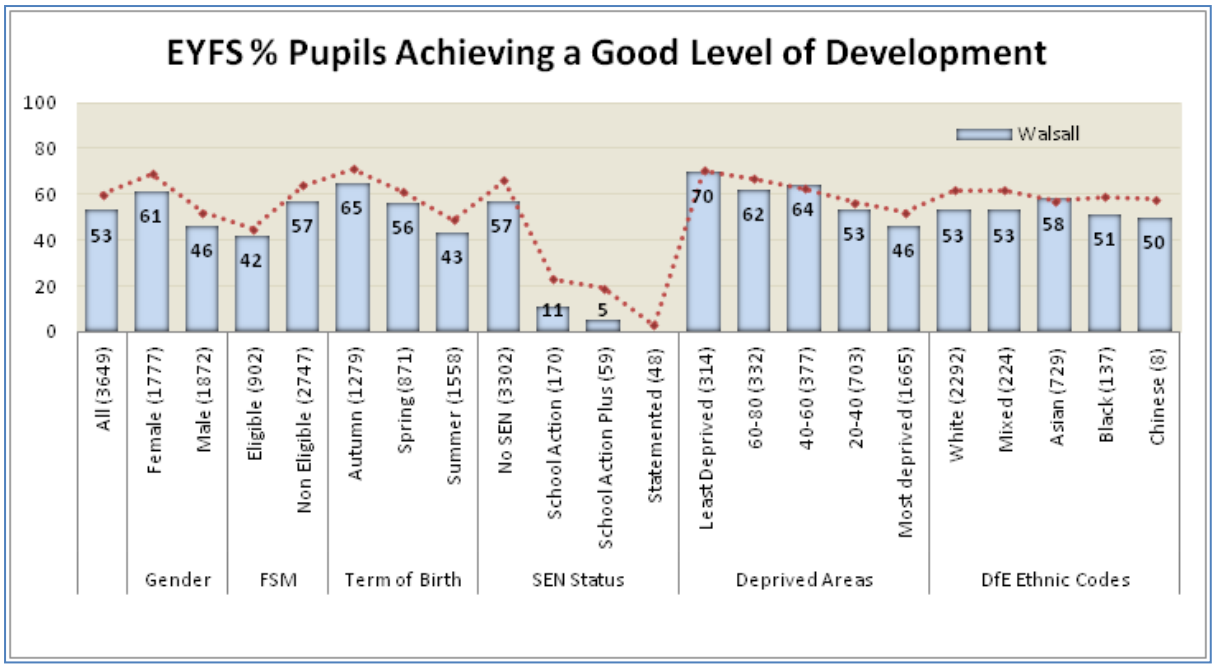
Source: Cover Statistics

Figure 55: 5 Year Immunisation and vaccinations



Source: Cover Statistics

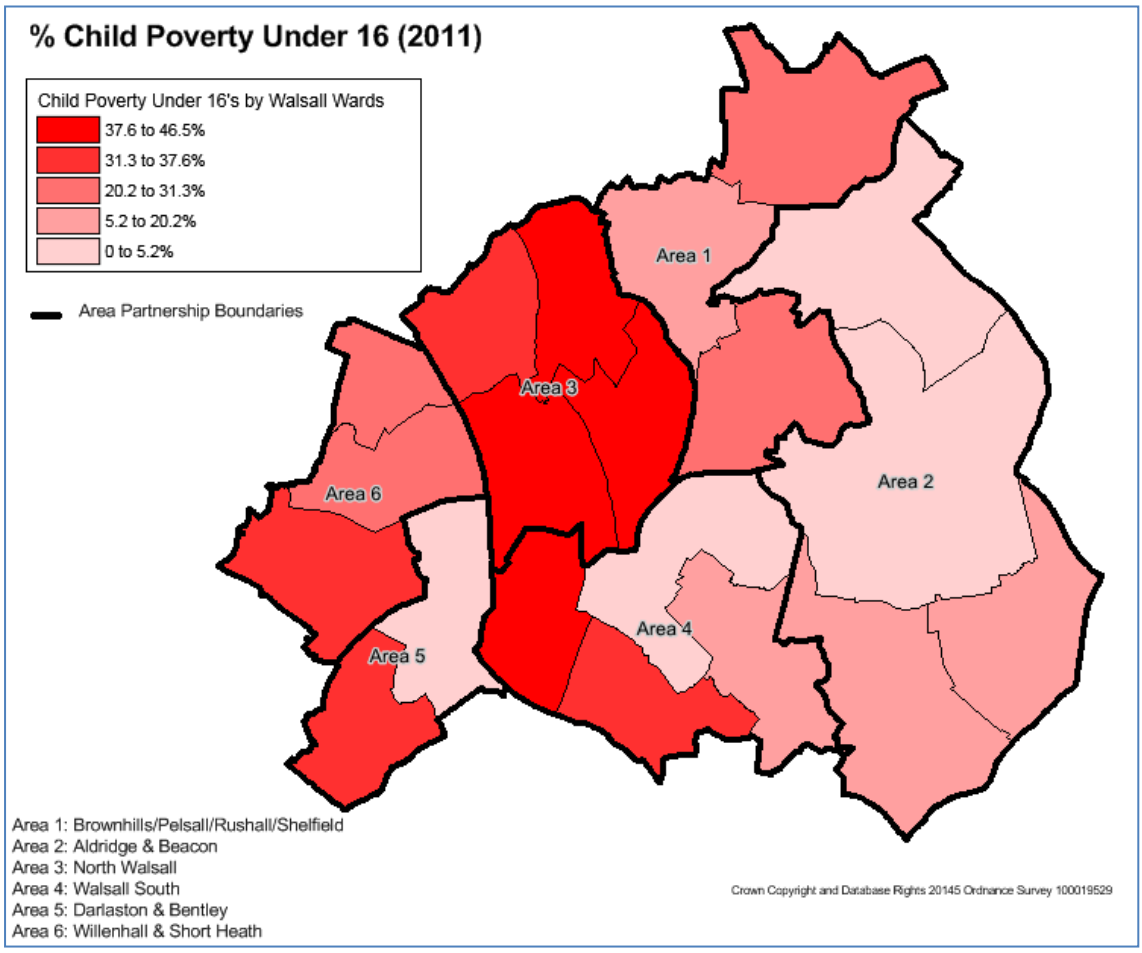
Appendix 3: Good Level of Development for Groups of children in Walsall compared to National Average



Red Line = National Average

Source: Department of Education

Appendix 4: Walsall % child poverty under 16 (2011)



Appendix 5: Ward level IMD 2015 deprivation summary

Ward	2015 Rank	Average IMD Score	England Decile	2010 Rank	Map Key
Blakenall	1	52.9	1	1	E
Birchills Leamore	2	48.1	1	2	D
Pleck	3	44.0	2	3	N
Bloxwich East	4	41.4	2	4	F
Darlaston South	5	39.9	2	5	I
St Matthew's	6	38.9	2	8	Q
Bentley & Darlaston North	7	38.3	2	7	C
Palfrey	8	37.6	2	6	K
Willenhall South	9	37.4	2	9	T
Bloxwich West	10	35.0	2	10	G
Brownhills	11	26.7	4	11	H
Short Heath	12	24.5	4	13	P
Willenhall North	13	23.8	4	14	S
Rushall-Shelfield	14	23.5	4	12	O
Aldridge North & Walsall Wood	15	17.8	5	15	B
Pelsall	16	17.4	5	16	L
Aldridge Central & South	17	13.9	6	17	A
Paddock	18	13.8	7	18	J
Pheasey Park Farm	19	11.6	7	19	M
Streetly	20	5.5	10	20	R

Appendix 6: Social Risk Assessment

YTD 2015/16 to November 2015		
Maternity Life Style	**n**	**%**
Women booked	3838	
Smokers at booking	678	17.7% of total booked
CO Levels checked	818	21.3% of total booked
Smoking referrals	579	85.4% of smokers were referred
Alcohol form completed	234	6.1% of total booked
Alcohol at booking	29	0.8% of total booked
Alcohol referrals	10	34.5% of alcohol referred
Drug taker at booking	19	0.5% of total booked
Drug referrals	16	84.2% of drug users were referred
Mental health issue at booking	737	19.2% of total booked
Mental health referrals	59	8.0% of mental health were referred

Source: Walsall Healthcare NHS Trust (WNHT)

Appendix 7: Ages & Stages Questionnaire Activities

Activities for Children 24–30 Months Old

ASQ-3

Add actions to your child's favorite nursery rhymes. Easy action rhymes include "Here We Go 'Round the Mulberry Bush," "Jack Be Nimble," "This Is the Way We Wash Our Clothes," "Ring Around the Rosy," and "London Bridge."	Play Target Toss with a large bucket or box and bean bags or balls. Help your child count how many she gets in the target. A ball of yarn or rolled-up socks also work well for an indoor target game.	Wrap tape around one end of a piece of yarn to make it stiff like a needle and put a large knot at the other end. Have your child string large elbow macaroni, buttons, spoons, or beads. Make an edible necklace out of Cheerios.	Children at this age love outings. One special outing can be going to the library. The librarian can help you find appropriate books. Make a special time for reading (like bedtime stories).	Play a jumping game when you take a walk by jumping over the cracks in the sidewalk. You may have to hold your child and help him jump over at first.
Take time to draw with your child when she wants to get out paper and crayons. Draw large shapes and let your child color them in. Take turns.	During sandbox play, try wetting some of the sand. Show your child how to pack the container with the wet sand and turn it over to make sand structures or cakes.	Add an old catalog or two to your child's library. It's a good "picture" book for naming common objects.	Give your child soap, a washcloth, and a dishpan of water. Let your child wash a "dirty" doll, toy dishes, or doll clothes. It's good practice for hand washing and drying.	Make "sound" containers using plastic Easter eggs or pantyhose eggs. Fill eggs with noisy objects like sand, beans, or rice and tape the eggs shut. Have two eggs for each sound. Help your child match sounds and put them back in an egg carton together.
Show your child how to make snakes or balls or how to roll out pancakes with a small rolling pin using playdough. Use large cookie cutters to make new playdough shapes.	Children at this age love to pretend and really enjoy it when you can pretend with them. Pretend you are different animals, like a dog or cat. Make animal sounds and actions. Let your child be the pet owner who pets and feeds you.	Your child will begin to be able to make choices. Help him choose what to wear each day by giving a choice between two pairs of socks, two shirts, and so forth. Give choices at other times like snack or mealtime (two kinds of drink, cracker, etc.).	Enhance listening skills by playing compact discs or cassettes with both slow and fast music. Songs with speed changes are great. Show your child how to move fast or slow with the music. (You might find children's cassettes at your local library.)	Children can find endless uses for boxes. A box big enough for your child to fit in can become a car. An appliance box with holes cut for windows and a door can become your child's playhouse. Decorating the boxes with crayons, markers, or paints can be a fun activity to do together.
Play "Follow the Leader." Walk on tiptoes, walk backward, and walk slow or fast with big steps and little steps.	Try a new twist to fingerpainting. Use whipping cream on a washable surface (cookie sheet, Formica table). Help your child spread it around and draw pictures with your fingers. Add food coloring to give it some color.	Action is an important part of a child's life. Play a game with a ball where you give directions and your child does the actions, such as "Roll the ball." Kick, throw, push, bounce, and catch are other good actions. Take turns giving the directions.	Make an obstacle course using chairs, pillows, or large cartons. Tell your child to crawl over, under, through, behind, in front of, or between the objects. Be careful arranging so that the pieces won't tip and hurt your child.	Collect little and big things (balls, blocks, plates). Show and describe (big/little) the objects. Ask your child to give you a big ball, then all of the big balls. Do the same for little. Another big/little game is making yourself big by stretching your arms up high and making yourself little by squatting down.

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