

# Child Health Profile

## Lincolnshire

February 2011

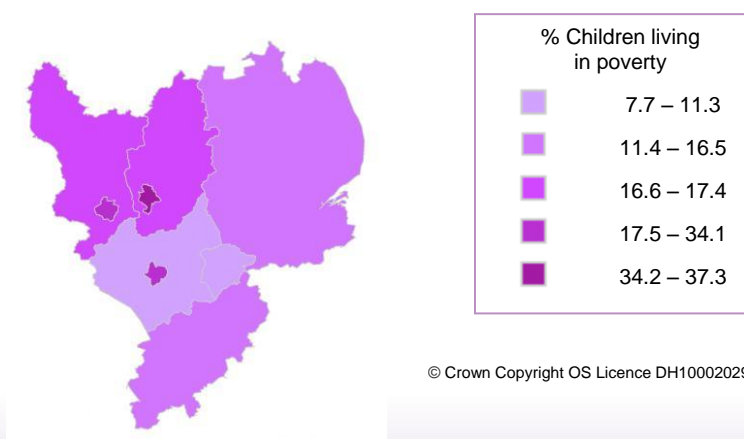
This profile provides a snapshot of Child Health in this area. It is designed to help the local authority and primary care trust improve the health of children and tackle health inequalities.

These profiles are produced by the Child and Maternal Health Observatory (ChiMat) working with East Midlands Public Health Observatory (EMPHO).

### Child population in this area

	Lincolnshire	East Midlands
Live births in 2009	7,605	53,746
Children (age 0 - 4 years), 2009	36,500	260,300
% of total population	5.2%	5.8%
Children (age 0 - 19 years), 2009	157,500	1,056,500
% of total population	22.6%	23.7%
Children (age 0 -19 years) predicted in 2020	161,900	1,102,900
% of total population	21.2%	22.6%
School children from black/ethnic minority group	6,567	92,310
% of school children	7.3%	16.3%
% of children (age 0 -15 years) living in poverty	16.5%	19.1%

### Children living in poverty



### Key findings

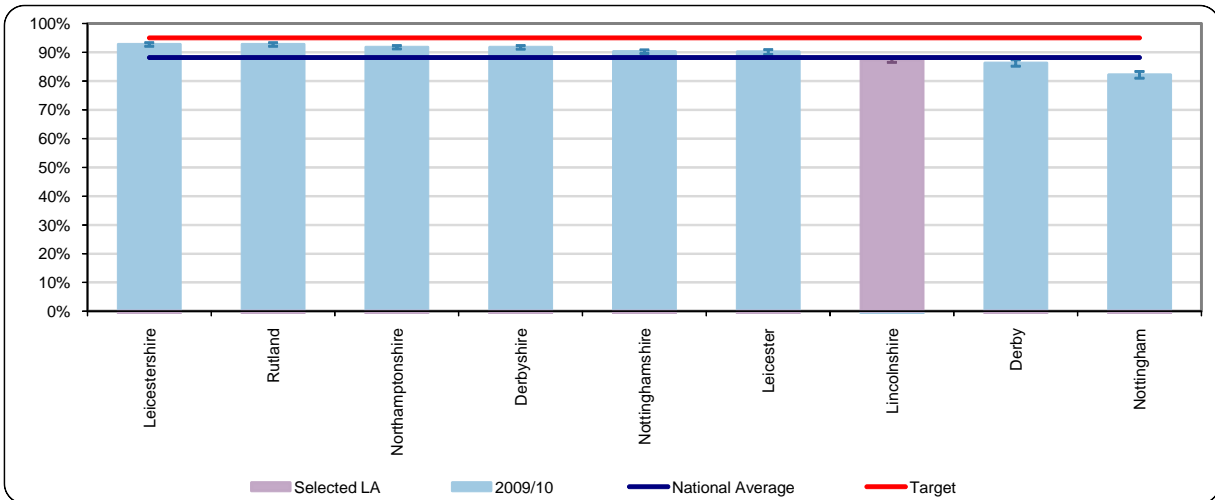
- A quarter of the population of Lincolnshire is under the age of 20. Around 7% of school children are from a black or minority ethnic group and 17% of children under 16 are living in poverty.
- The health of children in this area is generally better than or similar to the England average. Infant and child mortality rates are similar to the England average, but breastfeeding initiation levels are lower than the average.
- 11% of children in Reception and 20% of children in Year 6 are classified as obese. 62% of children participate in more than 3 hours of sport a week.
- Hospital admission rates for alcohol specific stays are better than the England average. Hospital admission rates for substance misuse are similar to the England average. Hospital admission rates for injury are higher than the England average. The percentage of children who say they use drugs is similar to average and the percentage of children who say they have been drunk recently is higher than the England average.

For further information on the health of people in Lincolnshire please see [www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk), and the Community Health Profile at [www.healthprofiles.info](http://www.healthprofiles.info)

Data sources: Live births, Office for National Statistics (ONS), 2009; population estimates, ONS mid year estimates 2009; population projections, ONS (based on 2008 mid year estimates); black/ethnic minority maintained school population, Department for Education (DfE), 2010; children living in poverty, HM Revenue and Customs (HMRC), 2008

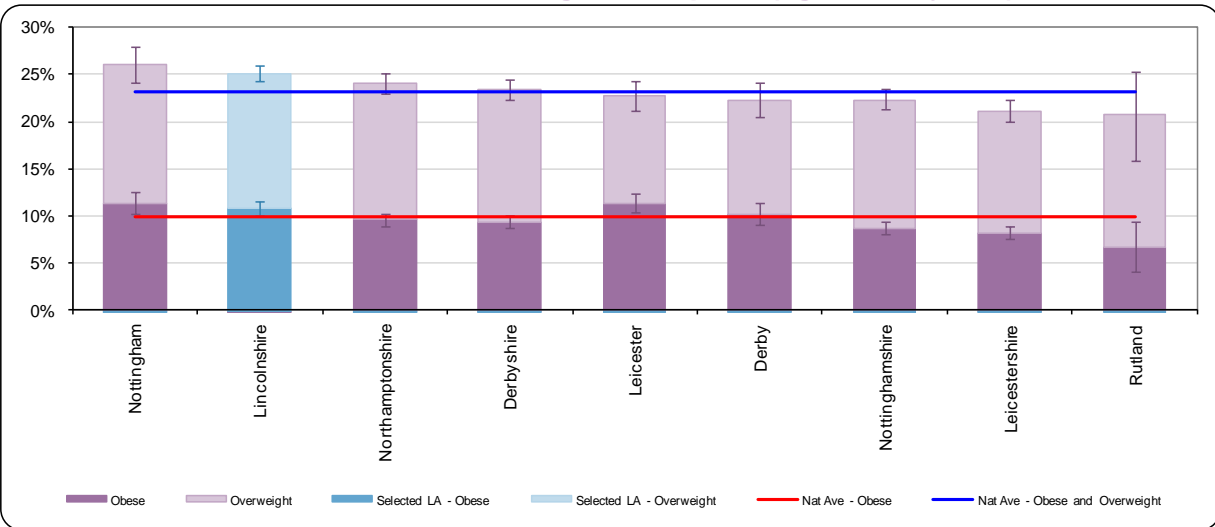
**Percentage of children under 2 years old who have been immunised for MMR, 2009/10**

The chart below looks at the percentage of children under 2 years old who have been immunised for measles, mumps and rubella (MMR) by local authority. Increasing and maintaining MMR immunisation levels are key to reducing incidence of measles, mumps and rubella.

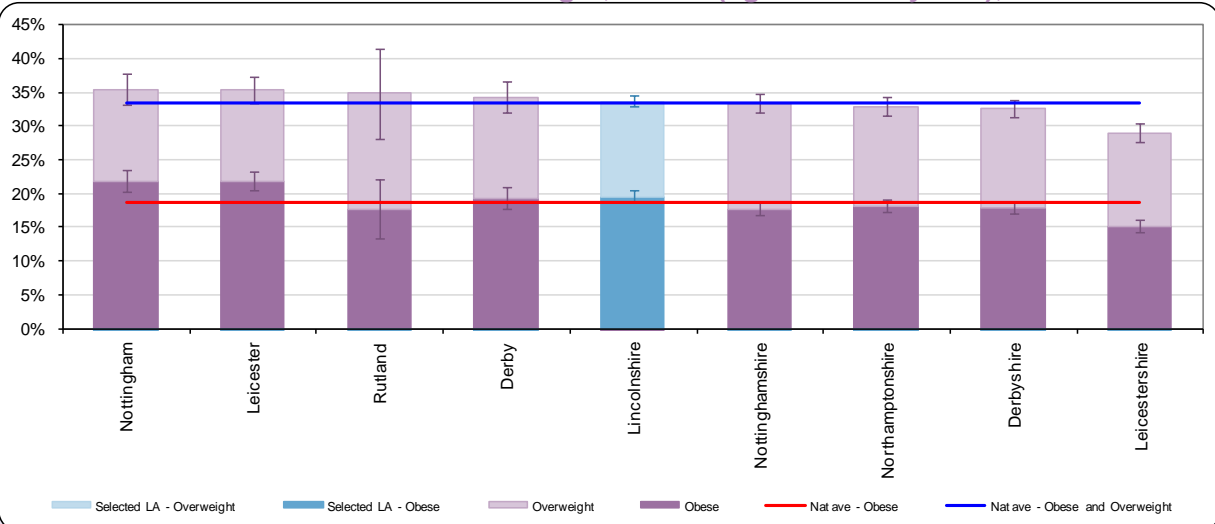


The charts below show the percentage of children classified as obese or being overweight in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) respectively by local authority. The East Midlands has similar percentages compared to England for children in Reception and Year 6 who are obese and overweight.

**Children classified as obese or overweight, Reception (aged 4 – 5 years), 2009/10**



**Children classified as obese or overweight, Year 6 (aged 10 – 11 years), 2009/10**



Notes: This analysis uses the 85<sup>th</sup> and 95<sup>th</sup> centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese | I indicates 95% confidence interval  
 Data sources: National Child Measurement Programme (NCMP), NHS Information Centre for health and social care (NHS IC), NHS Immunisation Statistics, NHS IC

## Summary of Child Health in Lincolnshire

The chart below shows how Children's Health 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 beneath the chart. Please note: A green circle may still indicate an important public health problem.

	Indicator	Local no. per year	Local value	Eng. ave.	Eng. worst	England range	Eng. best
Be healthy	1. Infant mortality rate	37	5.0	4.7	8.5		2.2
	2. Child mortality rate (age 1-17 years)	25	18.3	16.9	30.0		10.7
	3. Breastfeeding initiation	1474	72.0	74.6	35.7		95.9
	4. Obese children (age 4-5 years)	724	10.8	9.8	14.7		5.5
	5. Obese children (age 10-11 years)	1298	19.5	18.7	28.6		12.1
	6. Participation in at least 3 hours of sport/PE	57691	62.1	49.6	25.0		79.1
	7. Decayed, missing or filled teeth (age 5 years)	-	0.7	1.1	2.5		0.5
	8. Children who have someone to talk to	-	61.0	64.0	56.0		74.0
	9. Teenage conception rate (age <18 years)	510	38.8	41.0	74.5		15.4
	10. Under 18 conceptions ending in abortion	220	43.1	49.7	74.6		35.3
Stay safe	11. Pupils who say that they have been bullied	-	24.0	23.0	38.0		15.0
	12. Hospital admission rate due to injury (age <18 years)	2219	1585.8	1443.2	2351.9		901.8
	13. MMR immunisation (by age 2 years)	6936	87.3	88.2	73.0		96.7
	14. Children in care immunisations	370	96.0	83.9	0.0		100.0
	15. Percentage change in children killed/seriously injured in RTA	-	8.1	6.4	72.2		-100.0
Enjoy and achieve	16. Primary school exclusions	34	0.07	0.02	0.1		0.0
	17. Secondary school exclusions	82	0.19	0.17	0.6		0.0
	18. Children working securely at foundation stage	-	53.0	51.0	36.0		79.0
	19. GCSE pass rate (5A*-C)	6936	79.9	74.8	62.3		92.1
	20. GCSE pass rate (5A*-C) - Male	3351	76.4	70.8	57.8		92.6
	21. GCSE pass rate (5A*-C) - Female	3582	83.4	79.0	65.7		91.6
Making a positive contribution	22. GCSE pass rate (5A*-C) for children in care	14	28.6	26.1	0.0		77.8
	23. Hospital admissions due to alcohol specific conditions (< 18 years)	75	53.7	64.5	168.6		14.3
	24. Hospital admissions due to substance misuse (age 15-24 years)	50	58.1	62.8	175.5		21.3
	25. Children and young people using drugs	-	4.0	4.0	13.0		0.0
	26. Children and young people using alcohol	-	17.0	15.0	23.0		3.0
	27. First time entrants to the Youth Justice System	966	1410.0	1472.0	2990.0		270.0
	28. Reoffending rates	-	0.8	1.1	2.1		0.4
	29. Participation in positive activities	-	71.0	65.8	48.6		80.4
	30. Not in education, employment or training (age 16-18 years)	1150	4.8	6.4	11.9		1.8
	AEWB	31. Rate of family homelessness	519	1.7	1.9	7.3	
32. Percentage of children living in poverty (age <16 years)		20070	16.5	21.6	55.3		7.1

- Significantly worse than England average
- Significantly better than England average
- ◆ Regional average

- Not significantly different
- Significance not tested

AEWB Achieving economic well being  
RTA Road traffic accidents

England range: England worst 25th percentile England average 75th percentile England best

## Notes and definitions

Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box

1. Rate per 1,000 live births (age under 1 year), 2007-09. ONS
2. Directly standardised rate per 100,000 (age 1-17 years), 2001-09. ONS
3. % of mothers initiating breastfeeding where status known, 2010/11 (Q2). Vital Signs Monitoring Return. Department of Health (DH)
4. % school children in Reception year, 2009/10, NCMP. NHS IC
5. % school children in Year 6, 2009/10, NCMP. NHS IC
6. % children participating in at least 3 hours per week of high quality PE and sport at school (age 5-18 years). Annual Survey of School Sport Partnerships, 2008/09 via APHO health profiles
7. Average (mean) number of teeth per child which were actively decayed, filled or had been extracted (age 5 years), 2007/08. Dental Observatory via APHO health profiles
8. % children who reported that they can talk to their mum or dad when they are worried, 2009. Tellus4 survey, National Foundation for Educational Research (NFER)
9. Under 18 conception rate per 1,000 females (age 15-17 years), 2006-08. ONS/Teenage Pregnancy Unit
10. % under 18 conceptions ending in abortion, 2006-08. ONS/Teenage Pregnancy Unit
11. Of children reporting being bullied at school in the last year, the % who say they are bullied most days, 2009. Tellus4 survey (NFER)
12. Hospital admissions following all injury (age 0-17 years) crude rate per 100,000, 2006/07-2009/10. Hospital Episode Statistics (HES)
13. % children immunised against measles, mumps and rubella (MMR) (age 2 years), 2009/10. NHS IC
14. % children in care whose immunisations were up-to-date, 2009. DfE
15. % change in number of children killed or seriously injured during the calendar year compared to the previous year, 2007-09. Department for Transport (DfT)
16. % of children permanently excluded from primary school, 2008/09. DfE
17. % of children permanently excluded from secondary school, 2008/09. DfE
18. % children achieving 6 or more across each of 13 assessment scales of Foundation stage profile, 2010. DfE
19. % of pupils at the end of Key Stage 4 achieving 5 A\*-C GCSEs, 2009/10 (provisional). DfE
20. % of male pupils at the end of Key Stage 4 achieving at 5 A\*-C GCSEs, 2009/10 (provisional). DfE
21. % of female pupils at the end of Key Stage 4 achieving 5 A\*-C GCSEs, 2009/10 (provisional). DfE
22. % children looked after in Year 11 achieving 5 A\*-C GCSEs, 2010. DfE
23. Alcohol specific hospital admissions, crude rate per 100,000 (age under 18 years), 2006/07-2008/09. Local Alcohol Profiles for England (LAPE)
24. Hospital admissions for substance misuse, directly standardised rate per 100,000, (age 15-24 years), 2005/06-2009/10. HES
25. % children (Years 8 and 10) who reported that they have taken cannabis or skunk one or more times in the last four weeks, 2009. Tellus4 survey. NFER
26. % children who reported that they had been drunk one or more times in the last four weeks, 2009. Tellus4 survey. NFER
27. Rates of young people age 10-17 years receiving their first reprimand, warning or conviction per 100,000 population, 2008/09. DfE
28. Rate of proven re-offending by young offenders, 2008/09. NI 19. Youth Offending Team
29. % of young people (Year 10) who have participated in any group activity led by an adult outside school lessons and/or claiming they participated in one or more structured activities. NI 110. Tellus4 survey NFER.
30. % age 16-18 years not in education, employment or training as a proportion of total age 16-18 years known to local Connexions service, 2009. DfE
31. Statutory homeless households with dependent children or pregnant women per 1,000 households, 2008. Department for Communities and Local Government
32. % 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, 2008. HMRC.

**Child Health summary for the East Midlands by local authority**

This table provides a snapshot of Child Health in the region. It shows how each local authority compares to the England average across the range of indicators used in the profile. A square is coloured according to the difference between the local authority and the England average. The key to the colours is explained beneath the chart.

Please note: A green box may still indicate an important public health problem.

	Be healthy										Stay safe			Enjoy and achieve				Making a positive contribution					AEWB											
	Infant mortality rate	Child mortality rate (age 1-17 years)	Breastfeeding initiation	Obese children (age 4-5 years)	Obese children (age 10-11 years)	Participation in at least 3 hours of sport/PE	Decayed, missing or filled teeth (age 5 years)	Children who have someone to talk to	Teenage conception rate (age <18 years)	Under 18 conceptions ending in abortion	Pupils who say that they have been bullied	Hospital admission rate due to injury (age <18 years)	MMR immunisation (by age 2 years)	Children in care immunisations	Percentage change in children killed/seriously injured in RTA	Primary school exclusions	Secondary school exclusions	Children working securely at foundation stage	GCSE pass rate (5A*-C)	GCSE pass rate (5A*-C) - Male	GCSE pass rate (5A*-C) - Female	GCSE pass rate (5A*-C) for children in care	Hospital admissions due to alcohol specific conditions (< 18 years)	Hospital admissions due to substance misuse (age 15-24 years)	Children and young people using drugs	Children and young people using alcohol	First time entrants to the Youth Justice System	Reoffending rates	Participation in positive activities	Not in education, employment or training (age 16-18 years)	Rate of family homelessness	Percentage of children living in poverty (age < 16 years)		
Derby	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	
Derbyshire	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Leicester	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Leicestershire	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Lincolnshire	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Northamptonshire	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Nottingham	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Nottinghamshire	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Rutland	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

■ Significantly worse than England average    
 ■ Significantly better than England average    
 ■ Not significantly different    
  Significance not tested / no data

**Limitations of profiles**

This profile is intended to give an overview of child health outcomes in a local area at the time of analysis. Inevitably there will be gaps in our knowledge and ambiguities in certain fields of data for which we apologise. For the most recent data available, you should visit Data Atlas on the ChiMat website.

**Acknowledgements**

These profiles are loosely based on Child Health profiles for the East of England (ERPHO) and APHO's national health profiles which we acknowledge as a valuable contribution.

