Greater Manchester
Integrated Care Partnership Board

Date: 10 February 2023

Subject: An Integrated Approach to delivering our Ambition for Children and Young People in Greater Manchester

Report of: Mandy Philbin (Chief Nurse, NHS GM Integrated Care, Executive Lead for Children & Young People) and Caroline Simpson (Chief Executive, Stockport MBC, Portfolio Lead for Children & Young People)

PURPOSE OF REPORT:

To gain the support from the GM ICP and GMCA to strengthen the alignment for integration and partnership working to improve health outcomes for GM children and young people.

RECOMMENDATIONS:

The Integrated Care Partnership Board are requested to

- Note the foundations for an integrated approach to improving health outcomes for GM children & young people.
- Endorse the recommendations for how we might strengthen governance arrangements in section 4 of the paper.
- Endorse the set of commitments listed in section 5 of the paper for taking an integrated approach to improve health outcomes for GM children & young people and tackling inequality.

- Endorse the set of priorities identified in section 6 of the paper and note the ambitions to develop a set of measures that will enable us to assess progress as a GM system.

Contact officer

Name: Jacob Botham

Telephone: 07976571993

E-Mail: jacob.botham@greatermanchester-ca.gov.uk

Number of attachments to the report: 1

Appendix 1 - State of Child Health indicators (Royal College of Paediatrics and Child Health) to provide details on the RCPCH framework, for information and reference.

1.0 Introduction

1.1 Greater Manchester is passionate about ensuring that all our children and young people get the best start in life and are cared for, nurtured and supported to grow up well and achieve their ambitions in life. Put simply they are our future. It is therefore fundamental that as a set of partner organisations we make children & young people an absolute priority.

1.2 As this paper sets out there are strong foundations to build on in our ambitions to improve outcomes for children & young people. Over the last 5-10 years GMCA has worked alongside the ten districts to promote approaches where a GM approach can add value to the work locally. This includes work to develop common practice standards for particular groups of young people (eg. SEND, Care Leavers), developing GM level solutions to common challenges and spreading innovative practice, which often emerges from work of multi-agency partnerships involving local government, police, schools, voluntary and community sector organisations and communities themselves alongside NHS partners in GM neighbourhoods.

1.3 There is already acknowledgment of the need to adopt a system wide approach that recognises that improving children & young peoples' health cannot be the sole responsibility of any single organisation or sector and that taking a partnership approach enables us to draw on a wider range of levers to influence health outcomes. When thinking about how we can best support the needs of children & young people we must not ignore the wider social determinants of health and the role that different organisations and sectors play in trying to alleviate the impact of these on the lives of children & young people and families.

1.4 The establishment of the GM Integrated Care System on 1st July 2022 presents a major change to the way in which heath and care will be delivered nationally and here in Greater Manchester. Through the emerging Integrated Care Partnership Strategy there is an opportunity to firm up our commitment to put children & young people at the forefront of our plans and make clear the

priorities we need to get behind as a system. It also offers the opportunity to align our governance and delivery arrangements so that we take a more integrated approach to improving outcomes for our children & young people at both a GM and locality level.

1.5 This paper is purposely being submitted to both the GM ICP and GMCA. This acknowledges that the priorities for children & young people span across the ambitions of the Greater Manchester Strategy and the Integrated Care System but also the requirement for shared accountability and even greater integration in our ambitions to improve outcomes for GM children & young people.

2.0 Why Children & Young People must be a priority

2.1 Looking specifically at the Greater Manchester context, latest 2021 Census data confirms that the GM city region is home to over 650,000 children (23% of the resident population); and nearly 915,000 children and young people when taking a broader view of those aged up to 25 years (32% of the population). Numbers have increased over the last 10 years to a greater degree than is the case nationally; for example, there are over 50,000 more under 18s now than in 2011.

2.2 While the CYP population continues to grow, around 1 in 4 continue to live in poverty, according to DWP data on % of children 0-15 living in low-income households. We recognise the impact following Covid 19 on individuals, families, services and social economic will widen the health inequalities should we not act effectively and efficiently.

2.3 There is a central moral and ethical rationale to underpin the prioritisation of children and young people in public policy, and a wealth of evidence confirming that moving resources to prevention and earlier intervention achieves better outcomes in the long term, with substantial financial returns on investments.

2.3 The specific health case for investment in children requires a long-term view, and should reflect our understanding of system costs in adulthood, viewed through a holistic lens of physical, mental and population health (a whole range of issues including adult mental health; rising rates of obesity; diabetes; heart disease). The life course costs of late intervention have been estimated at £17bn across England and Wales (including nearly £4bn borne by the NHS). Exposure to four or more categories of childhood exposure (ACEs) has been associated with: a 4 to 12-fold increased risk of alcoholism, drug abuse, depression, and attempted suicide; a 2 to 4-fold increase in smoking, poor self-rated health and sexually transmitted disease; and 1.4 to 1.6-fold increase in physical inactivity and severe obesity. In the face of these challenges, when early intervention is given due prioritisation the rewards are significant – one of the best examples is the evidence base for Sure Start centres, which reduced hospitalisations at ages 5–11 and saved the NHS approximately £5 million per cohort of children.[1]

2.4 A whole range of metrics and indicators are available to 'tell the story' around the myriad of challenges facing our children and young people, many of which have been exacerbated by Covid-19 and the cost of living crisis – some are population-level, while others reflect issues experienced by particular groups, and most come with their own nuances in terms of demographic and spatial inequalities. However, by way of illustration only, five such challenges help articulate the nature and scale of the priority within GM:

i. Child development in the early years

- Fewer of the city region's young children achieved a 'good level of development' (60.7%) than was the case nationally (65.2%) when end of reception year assessments took place in summer 2022.

[1] £17bn figure - Early Intervention Foundation's seminal 2016 work; ACEs insights - Bright Futures: getting the best for 30 years | Local Government Association; Sure Start - Research by the Institute of Fiscal Studies

- Further upstream, despite a positive direction of travel in the most recent year, fewer GM children (73.6%) aged 2-2.5 years were assessed as reaching the Healthy Child Programme 'expected' level of development when comparing GM figures and England overall (80.9%).

ii. School aged children – wellbeing

- Insights provided through the #BeeWell programme in its first year (2021) confirmed that around 52% of our Year 10 pupils reported good or higher levels of wellbeing, but that wellbeing was lower for many in the city region. National comparisons are limited, but key wellbeing scores at a GM-level seem consistent with what we know from other large studies.
- Findings shared through the #BeeWell Neighbourhood Data Hive provide a rich evidence base on the varied results across each of GM's 66 neighbourhoods – inviting tailored responses in light of local characteristics and needs.
- The #BeeWell results also provided a reminder that important demographic inequalities persist in wellbeing scores, particularly across gender identity and sexual orientation – e.g. 7% of boys reported a high level of difficulties for a key 'Negative Affect' measure in the survey, compared with 22% of girls.

iii. Long term physical health conditions – various priorities, including asthma

- The rate of asthma-related hospital admissions amongst 0-19 years olds in GM is persistently high, and was almost twice the national average (134 per 100,000) in 2020/21.
- Latest annual figures (to Nov 2022) show asthma-related hospital attendance rates across GM were 50% higher amongst CYP from disadvantaged communities.
- Asthma is one of five clinical priorities within the Core20PLUS5 NHS England framework, an approach to support the reduction of health inequalities.

iv. Mental ill health

- In community services, waiting times for CYP in GM have increased compared to last year (13.6 weeks vs 11.5 weeks), with 2 year+ waits being experienced in some areas (e.g. autism spectrum disorder).
- In urgent care, figures across 2022 show that 36% of CYP in GM waited 6 hrs+ in A&E, with these longer waits becoming somewhat more common across GM and wider NW region.

v. Vulnerability, risk and complex care

- There are disproportionately high numbers of children and young people across GM who are at risk, vulnerable or have complex needs. One example of this: at the end of 2021/22, there were 92.1 looked after children per 10,000 under 18 years olds in the care of the local authorities of Greater Manchester. This compares to 69.8 per 10,000 in care of authorities across England overall.
- This complexity can result in significant NHS system pressures and demands. For example, between the beginning of 2020 and mid-December 2022, there were 60 completed instances of delayed discharges from NHS tier four specialised mental health provision in GM (an average of 20 per year), lasting an average of 50 days each and in extreme cases 150 days or more. A shortage in the availability of residential children's home provision for children in care with a mental health need is a key contributor.
- Newly-compiled health data in relation to young people open to GM's multi-disciplinary Complex Safeguarding Teams suggests that 72% have emotional and/or mental health needs; 55% have substance misuse needs; 37% sexual health needs and 26% physical health needs.

3.0 Foundations

3.1 An important foundation for improving health outcomes for GM children & young people is better integration between organisations and sectors. We are not starting from scratch with this regard.

3.2 *A Common Strategy* - At a Greater Manchester level the last CYP Plan (2019-2022) described a set of cross organisational ambitions and shared priorities in acknowledgement of the fact that improved outcomes for children & young people cannot be the responsibility of a single agency /sector. The plan succeeded in connecting large elements of the existing GM Children & Young People's Framework (Childrens-Health-and-Wellbeing-Framework-6a-11.05.18.pdf (gmhsc.org.uk))into a single multi-agency plan and represented an important milestone in the way we approach our work around children & young people at a GM level. Further information around what was delivered through the final monitoring report for the plan can be found here Review of the 2019-2022 Greater Manchester Children and Young People's Plan (greatermanchester-ca.gov.uk).

3.3 *Collaboration* - Alongside the development of our GM CYP plan we have strengthened our collaboration at a strategic and programme level. The GM Children & Young People's Steering Group sees senior officers from across local authority, health and police and the voluntary sector come together on a regular basis to provide direction to the work on our shared priorities. This type of multi-agency collaboration is also evident in the delivery of a number of project areas, particularly those focussed on specific groups of children & young people (such as 0-5 year olds, Looked after Children / Care Leavers and children & young people with SEND).

3.4 Alongside the role of local authorities the partnership with GMP, health and community safety partners at both the GM and local level is critical in ensuring that particular groups of young people such as those known to the criminal justice system and those in custody have their health needs met. The GM Integrated Health & Justice Strategy is a good example of this type of collaboration, which includes a commitment to take a public health approach to tackling violence and its root causes and has positioned Greater Manchester well in respect of the introduction of the Serious Violence Duty from 31st January 2023.

3.5 Schools have a vital role to play from a strategic perspective at GM and locality level but also at a delivery level in neighbourhoods. Models like ‘team around the school’ that operates in many of our localities demonstrate how schools can effectively integrate health in our work with children & families alongside local authorities and other partners.

The voluntary and community sector is essential in meeting the heath needs of children & young people at a universal and targeted level and we have seen through our work in early years and mental health what essential role they play in prevention and responding to crisis.

Finally, when we talk about health it is important that we recognise the different roles and expertise with the health system, for example the vital role primary care play as part of of an integrated system for children and families in localities and the role of locality public health teams who directly commission healthy child programme, lead on infant feeding and commission sexual health services, substance misuse services etc.

3.6 *Shared leadership* - We have examples of joint leadership with the current GM Children’s Health & Wellbeing Exec jointly chaired between a Local Authority Director of Children’s Services and health leadership.

3.7 *Shared resources* - There are examples of joint investment in some work areas including specific project posts that are working on shared priorities, for example SEND and school readiness and speech, language and communication or joint funding of operational models at locality level designed to support some of our most vulnerable young people.

4.0 Proposed Changes for Governance & Shared Accountability

4.1 Our ambitions to adopt an integrated approach to improving outcomes for children & young people must exist at different spatial levels. Whilst integration at the Greater Manchester level is important the achievement of

improvements across the priorities set out above will be most reliant on neighbourhood and place-based working. A good example of this is our work in early years where whilst we have seen the benefit of working collaboratively at the GM level the integration that takes place at a neighbourhood level is what most affects the experience of families the most - with health visitors working hand in hand with local authorities, early years providers and voluntary and community organisations to support families, particularly those that need most help.

4.2 We therefore recommend a governance system at the GM level that enhances the work undertaken at a local level but also includes clear lines of shared accountability across the GM Integrated Care Partnership and GMCA. To achieve this multi-agency governance arrangements established at the GM level should also be reflected in local arrangements, for example ensuring that Directors of Children's Services have a strong voice and role in locality boards and structures as well as at the Greater Manchester level.

4.3 It is important that we build on existing arrangements, for example the GM Children's Board already brings together political and senor representation from local authorities alongside representatives from health, police and the voluntary sector to discuss the big issues affecting GM children & young people. It has previously taken a role in directing resources following the receipt of transformation funding in 2018 and has taken has strong foundations not least in its commitments to providing a voice to children & young people.

4.4 This paper recommends that the GM Children Board reporting to the Integrated Care Partnership and GMCA is developed to act as a 'systems board' that that through its attendance can represent the range of accountabilities brought together to deliver on the priorities set out in this paper. Through the adoption of a shared vision, shared objectives, focus on reducing gaps in health inequality and optimise new ways of working via co-commissioning this can enhance our integrated approach to improving outcomes for children & young people. To make this shift the GM Children's

Board will need to have a greater connectivity to the ambitions of the NHS Five Year Plan in addition to the Greater Manchester Strategy.

4.5 At the programme level there are also opportunities to strengthen our delivery arrangements. It is proposed that this could be achieved through having a dedicated multi-agency delivery group overseeing implementation across agreed priorities that connects into specific project groups responsible for individual priorities, some of which will already exist in the current governance.

5.0 A set of shared commitments for how we work together

5.1 The development of a Greater Manchester Integrated Care System (ICS) presents an opportunity to re-affirm our commitment to improving health outcomes for our children & young people. It can help us address the negative and often unintended consequences for children and families when organisations work in isolation of each other that creates the risk of fragility of capacity arrangements, fractured disjointed offer to our population, duplication and missed opportunities. We have an opportunity to go further towards a shared vision to:

'Take an integrated approach to improving outcomes for children & young people and tackling inequalities that puts the needs and experience of children, young people and families at the heart of our ambitions'.

5.2 The following set of commitments should underpin our work to improve outcomes for children & young people. These commitments acknowledge much of what we have learned from our public service reform agenda and children & young people health transformation work in Greater Manchester over the last decade:

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
Shared Ambitions	Having a shared vision, shared principles and set of priorities for GM children & young people. This should be clear and explicit from the outset including our ambition to respond to what our children & young people are telling us and work with them at all stages.	Enables us to focus on the things that matter most (inequalities, system pressures and what children & families tell us is most important to them) and allocate resources accordingly.	Shared ambitions agreed through GM ICP and Children's Board alongside local leaders (e.g. Directors of Children's Services) and wider partners with monitoring of progress against agreed set of agreed indicators.
Children & Young People Voice	Commitment to incorporate the voice and rights of children & young people in decision making that affects the support they receive in the community and acute settings. Work to an agreed quality standard for	By listening to what matters to our children, young people and families, we can plan the right steps to improve their health and wellbeing as they grow up and support them to achieve their goals in life.	Appropriate involvement of children, young people in our key strategic groups. Clear expectation of effective engagement and co-production as a core set of requirements for programmes

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
	CYP voice & co-production work in GM.		focused on our agreed priorities. Working to a common framework for incorporating the voice of children that underpins our work.
Tackling Inequalities	Commit to understanding and responding to inequalities as part of our work to improve outcomes for children & young people. Seek to rebalance the resource allocated to support the needs of children & young people.	GM Inequalities report makes it clear that there are still significant disparities in health outcomes for different groups of young people across GM. S At a population level the proportion of spend and resources allocated towards children & young people as a whole versus the overall population is currently not representative of the demographic across the city region.	Reporting on inequalities and proactive approach to tackling them through GM programmes of work. Report and monitor total spend on children & young vs population to ensure equity and a shift of resource to prioritise preventative measures with explicit targets to

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
			achieve this objective.
Resourcing & Commissioning	Commit to taking a partnership approach and longer term view to resourcing our priorities through shared responsibility and transparency of available resources. Maximise opportunities for joint commissioning of specialist services at different spatial levels.	With all public services facing financial pressures taking a fair and transparent approach to resourcing our shared priorities is important. This recognises the budget pressures facing different sectors as a result of shrinking budgets but that different parts of the system benefit from improved health outcomes for children. Joint resourcing of some areas of work and some posts is already in place across some work areas. Identifying opportunities for cross-boundary commissioning of	Regular reporting on resources and funding allocated to support priority areas of work including where gaps exist – to support effective decision making at ICP and Children's Board on source of funding and resources. Commissioners working collaboratively to assess quality and impact of different services and identify opportunities for joint commissioning.

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		specific services can potentially provide efficiencies and drive improvement in quality.	
Early intervention & prevention	A commitment to early intervention & prevention at the universal and targeted level as a central component of our strategy for improving outcomes for children & young people and tackle inequalities.	Research and evidence tell us that effective early intervention is critical for avoid deterioration in mental & physical health conditions and is critical part of long-term strategy to manage demand in the acute / crisis sector.	Commitment to monitor and report on level of investment in preventative activity related to children & young health outcomes as a proportion of overall activity / spend.
Shared leadership, governance, reporting and accountability	Set up appropriate governance structure that has clear lines of accountability for shared priorities including a commitment to better understand and respond to variation across the city-region. This will need to operate	Recognises that children and young people's health outcomes are not the responsibility of any individual organisations and integration is key to the experience of children & young people.	Agree to joint reporting of progress on agreed priorities, sharing and addressing risks and measuring improvement through an agreed set of indicators through both GM Integrated Care Partnership, GM

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
	effectively at GM system, locality and neighbourhood level.	Taking a holistic approach to the health needs of children & young people that recognises the determinants of health including the inequalities, poverty and the connection between physical and mental health issues directly influences health outcomes for children & young people.	Children's Board and other key groups.
Work in partnership with VCSE sector and communities themselves.	Recognising the work of the VCSE sector on improving health outcomes for children & young people is recognised and valued. Acknowledges that many of the solutions lies in communities themselves.	The VCSE sector play a vital role in supporting children & young people, particularly through a range of preventative activities at a neighbourhood level – as such they need to be seen as equal partners in improving outcomes for children & young people and tackling health inequalities across GM.	Ensuring the VCSE are appropriately connected into the children & young people's governance and that they have a voice in decision making. Monitoring levels of funding for VCSE organisations that demonstrate they

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		Evidence that community led approaches can be preventative, innovative and be more responsive to the needs of children & young people.	contribute to improved health outcomes. Make community led approaches a central feature of our strategic plans.
Innovation & shared learning.	Commit to sharing and adopting innovative practice and sharing learning in the field of children & young people's health and wellbeing.	Most of the most innovative models and approaches start within localities whilst others emerge from other parts of the country or abroad. We must find a way to evaluate them properly and be brave to invest in and implement them in our communities where evidence exists. Our infrastructure in GM lends itself well to adopting innovative practice as we have already seen in some our work with children & young people – we	Ensure that we have the appropriate infrastructure and resources in place to promote innovative approaches, evaluate them and share learning. Through regular reporting we can assess to which innovative practice is developed and adopted across GM.

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		should commit to keeping this as central part of our strategy for improving health outcomes for children & young people.	

6.0 A Set of Shared Priorities

6.1 Having consensus on a set of shared priorities will help focus on the things that matter and ensure we direct our resources to the areas that need it most. Through a range of different sources such as #Beewell, our Young Inspectors scheme and the work of groups like the GM Youth Combined Authority we have a good understanding of the things that matter to young people, not least that they have a say in the services and support they receive and that they care as much about tackling inequalities that exist in the city-region as we do.

6.2 Coupled with analysis of data and intelligence around demand in the system it is proposed that the following areas of work should be considered priorities within the context of the GM ICP strategic plan.

- **Early years** – Taking an integrated approach to early years recognising the importance of 1001 critical days and responding to the detrimental impact of Covid-19 on the development of 0-5s whilst adding value to the work of districts on this priority group.

- **Children & young people with long term conditions** – Taking a preventative approach to tackling issues that may contribute to longer termer conditions such as obesity and asthma and ensuring those with long term conditions get high quality treatment they need in their communities.

- **Family help (including family hubs)** – Working towards a shared vision of family help where families can get the help they need from the right places and people in their communities including health professionals.

- **Education outcomes** – with particular focus on tackling the issues that impact on school attendance/absence.

- **Mental health & wellbeing** – Responding to the rise in the number of children & young people being referred to CAMHs through a focus on earlier support and preventing escalation in the community whilst also having the right pathways in place for those in crisis. Also responding appropriately to #Beewell as an important piece of insight into the wellbeing of GM children.

- **Care for / care experienced young people** – Understanding and responding to the specific health needs of this important group of young people recognising including those placed in specialist residential care units.

- **Children and young people with SEND** – Work together to improve the experience of children & young people with SEND (and their carers) through common standards, joint commissioning and a commitment to addressing inconstancies in the offer across GM.

- **Adolescents** – As part of our ambition to improve the way we work with Adolescents in GM including the implementation of a GM Adolescent Safeguarding Framework ensure that we understand and respond to any specific health requirements of this group of young people including those that are vulnerable to exploitation.

- **Children & Young people in the criminal justice system** – responding to the health needs of young offenders and that many of these young people have unidentified needs until they enter the youth justice system.

- **Domestic Abuse** – recognising the significant impact domestic abuse has on the lives of children & young people and the need for a cross sector response to tackling this issues in our communities.

- **Speech, Language and Communications** – Responding to emerging evidence of delayed early language development in under 5s early years due to the impact of children missing out on early education and normal social interactions during Covid-19 in addition to challenges around workforce lacking expertise / training / capacity to support children of all ages plus long waiting lists and increased demand for SLT.

- **Workforce** – There is a growing disparity and sense of urgency to support and improve access to services by developing an appropriate workforce. We must therefore look at how we tackle common challenges across the children's workforce including recruitment and retention in addition to training around core competencies. Continued focus on Trauma responsive workforce across the services working with all children and families and across the life course.

7.0 A Set of Shared Outcome Measures

7.1 To support a shared focus on the above proposed priorities, the importance of developing a suite of relevant outcomes measures at the system level is recognised. The work to develop a suitable suite of progress measures is underway and will build on the foundations we already have in place from other established frameworks.

7.2 An exercise will be taken forward to triangulate (e.g.) the existing GMS outcomes framework; nationally-recognised frameworks such as the RCPCH State of Child Health framework of measures; discussions at programme level including around social care and education outcome measures alongside other NHS frameworks (including Core20Plus 5 children and young people). The Appendix provides details on the RCPCH framework, for information and

reference. Alongside any consideration of quantitative metrics, more qualitative elements will be considered, reflecting the commitment already established between partners to ensure child, parent and practitioner voice is reflected in any whole-system framework.

8.0 Speaking with One Voice

8.1 Our commitment to making in children & young people a priority in the evolving Integrated Care System must be matched by an ambition to elevate the voice of GM children, young people and families with central government so that there is clarity around the issues that affect their health outcomes and what Government can do to help us respond to their needs.

8.2 Through our work to date Greater Manchester is well positioned to respond to some of the big policy shifts nationally whether as a pathfinder for the recommendations from the review of children's social care or in our contributions to the NHS long term plan. A commitment to strengthen our ambition and take appropriate next steps in moving to a more integrated approach to improving outcomes for children & young people can only serve to stand us in good stead in our lobbying and positioning with central government.

9.0 Conclusion

9.1 Whilst there is work still to do to finalise the governance and programme delivery arrangements an endorsement of an agreed set of priorities and a set of shared commitments for how we work together as system within the context of the new GM Integrated Care System can take us a long way towards strengthening our integrated response to improving health outcomes for GM Children & young people. GM ICP and GMCA are asked to recognise and endorse these in that we can progress to the next phase of the work required.

Appendix 1 - State of Child Health indicators (Royal College of Paediatrics and Child Health)

The RCPCH State of Child Health report includes framework measures comprising indicators framed around a number of headline domains. Taken together, they are intended to provide a suite of metrics to judge partnership progress in:

- ending child health inequalities;
- developing a robust and well-resourced system to deliver public health, health promotion and early intervention; and
- enhancing health services for infants, children and young people

The GM ICS may consider the indicators, listed in full below as a helpful starting point for GM partners debating and agreeing a shorter, cross-cutting list of indicators owned collectively within the single CYP plan from a whole system perspective.

Mortality

- **Infant mortality rate** per 1,000 live births
- **Child mortality** rates per 1,000 children aged 1-9
- **Adolescent mortality** rate per 100,000 children age 10-19

Maternal and perinatal

- **Smoking during pregnancy** - % at time of delivery
- **Breastfeeding** - % exclusively breastfeeding

Prevention of ill health

- **Immunisations** – 5-in-1 vaccination coverage at 12 months
- **Immunisations** - % of MMR vaccination coverage (second dose) at 5 years
- **Healthy weight -** % of 4-5 year olds overweight or obese
- **Oral health** – rate of tooth extraction due to decay per 1,000 children aged 0-5

Injury prevention

- **Accidental injury** – rate of hospital admission non-intentional injury children 0-4
- **Road traffic accidents** – rate of injuries per 1,000 young people aged 17-19
- **Youth violence** – incidence of injury by sharp object per 100,000 aged 15-19

Health behaviours

- **Young people smoking** - % 15-year-olds regularly smoking
- **Young people drinking** - % 15-year-olds reporting being drunk 2+ times
- **Young people consuming drugs** - % 15-year-olds reporting cannabis use ever
- **Conception in young people** – under 18 conception rate per 100,000 females aged 15-17

Mental health

- **Mental health prevalence** - % of 5-15 year olds reporting any mental health disorder
- **Mental health services** – rate of CAMHS admissions per 100,000 aged 0-18
- **Suicide** – rate per 100,000 young people aged 15-24

Family and social environment

- **Child poverty** - % children aged 0-18 living in relative poverty after housing costs
- **Not in education, employment or training (NEET)** - % of young people aged 16-18 NEET
- **Young carers** – rate of young carers providing any unpaid care per week, per 1,000 young people aged 10-19 years
- **Child protection** – rate of children and young people on either a child protection plan or the child protection register per 100,000 aged 0-18
- **Looked after children (LAC)** – LAC rate per 10,000 children aged 0-18

Long term conditions

- **Asthma** – rate of emergency admission for asthma per 100,000 aged 10-18
- **Epilepsy** - rate of emergency admission for epilepsy per 100,000 aged 10-18

- **Diabetes** – median % HbA1c level of those aged 0-25 with Type 1 diabetes
- **Cancer** – mortality rate per 100,000 children aged 5-14
- **Disability and additional learning needs** - % of pupils in mainstream education SEND

Child health workforce

- **Workforce** – rate of paediatric consultants per 10,000 aged 0-18