PUBLIC HEALTH

Integrated Specialist Public Health Nursing Service (ISPHNS) Intelligence Support Document

Joint Strategic Needs Assessment (JSNA)

Public Health Intelligence Team
East Riding of Yorkshire Council
November 2021

EAST RIDING OF YORKSHIRE COUNCIL

NHS
East Riding of Yorkshire
Clinical Commissioning Group

Contents

i. Introduction

The Integrated Specialist Public Health Nursing Service (ISPHNS) delivers services for children and young people, from preconception to 19 years of age and their families. ISPHNS also delivers services to individuals and their families with special education needs and disabilities from preconception to 25 years old.

The foundations for human health and wellbeing starts preconception and is influenced throughout childhood and adolescence. The lifestyle behaviours children are exposed to, for example physical activity, diet and tooth brushing, can be adopted from an early age and have repercussions throughout an individual's lifetime.

This document examines the health and wellbeing of children and young people in the East Riding of Yorkshire to consider the needs of the population. The document considers how childhood and adolescence can influence future health before considering the different aspects of health at each stage of childhood. The document also reviews current services offered in the ERY to consider how service users perceive the ISPHNS offer and what is needed from this service in the future. This document will support the commissioning of the local ISPHNS to maximise the service delivered to the ERY population and maximise future health.

ii. Key points regarding service focus suggestions, for children, young people and families in the East Riding of Yorkshire

Commissioners wish to highlight the following key local issues which are evident from an assessment of children, young people and families' need:

Integrated working:

- A fully integrated public health nursing service, utilising the unique skills of health visitors and school nurses, while ensuring families receive support in the way that best meets their needs.
- To include a fully integrated Intensive Support Pathway/ Family Nurse Partnership service within ISPHNS as part of a continuous graduated pathway of support for parents.
- To include a fully integrated pathway between ISPHNS and Children Looked After (CLA) health services to ensure children looked after and their carers have equitable access to care and support. There were 340 children looked after as at 31 March 2020 in the East Riding and as a rate per 10,000 population the local authority had a significantly lower rate when compared to England (54 per 10,000 and 67 per 10,000 respectively)
- Improved partnership working with key partners including, but not limited to, maternity, specialist perinatal and infant mental health services, Children's Centre's and early years settings, schools, colleges.
- Contributing to the provision of antenatal education in partnership with a multi-agency programme coordinated by ERY Children's Centres.
- An emphasis on ISPHNS working in partnership with families and involving them in shaping services

Accessibility:

- For services, the rurality of the East Riding area, its geography and transport links need to be considered to make the services fully accessible. The East Riding covers approximately 930 square miles, making it one of the largest unitary authorities in the country and is predominantly rural.
- We require a flexible delivery of services using a blend of face-to-face and remote contacts, which are both responsive to future developments of the Covid-19 pandemic and beyond, and are accessible to all parents and young persons, including vulnerable groups.
- There should also be digital, virtual and telephone options designed around the needs of the family, along with the need for parents to have easy access to information both locally and nationally through NHS Digital Front Door.
- In addition, provision of a 52 week school nursing service that has clear signposting for young people and families as to how to access support during the school holidays.

Other key priorities are:

- To increase breastfeeding prevalence at 10 days, 6-8 weeks and beyond. During 2019/20, 45.3% of East Riding children were breastfed at 6-8 weeks after birth, this was significantly lower than the England average of 48%.
- Smoking cessation work with partners to reduce the number of mothers smoking at the time of delivery, as well as families with a smoker in the household at a new birth visit. In 2019/20 the East Riding prevalence of smoking at the time of delivery (13.6%) was significantly higher than England (10.4%) and has not declined in line with national rates.
- A focus on 'Early Help', to include prevention, early intervention,
- Address the significant increase during the pandemic in needs for support for health and well-being, emotional and mental health for parents, carers and children & young people, including for example young carers and other hard to reach groups. These should also include the fathers/partners.
- Aim to make every contact count and promote health and well-being across all settings and community levels.

1. Childhood influences of health

1.1 Wider determinants of health

Health and wellbeing is influenced by the wider determinants which encapsulate all aspect of life. Potential need can be seen to affect and be affected by various levels ranging from genetic/ biological factors to the wider determinants of health.

- Individual lifestyle factors: sometimes described as lifestyle 'choices', this layer relates to behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity.
- Social and community networks: this refers to family (partners, parents, and children), friends and the wider social circles around us. Social and community networks are a protective factor in terms of health.
- Living and working conditions: includes access and opportunities to (for example): education, employment and training, health, housing, public transport welfare services, and amenities.
- General socio-economic, cultural and environmental conditions: represents social, cultural, economic and environmental factors that impact on health and wellbeing, for example, pay, and availability of work, taxation, and cost of fuel, food, transport, and clothing.

1.2 Universal Development Life Course Phases

There are 4 main life course phases which are childhood, adolescence, adulthood and old age. This document focuses on childhood and adolescence through addressing the health and wellbeing influences throughout preconception, the first 1001 days, preschool, primary and secondary school and transitioning into adulthood. Effective public health approaches should deliver evidence-based action in each of the life stages. Consideration of health and wellbeing at a family-level allows for individual-level health to be influenced, as children and adolescents learn positive health behaviours through their environment and peers. The foundations for every aspect of human development start from preconception.

1.3 The 4-5-6 Model for Health Visiting and School Nursing / new 'Universal in Reach- Personalised in Response' model

In 2016, Public Health England (PHE) published the integrated 4-5-6 model for health visitors and school nurses to support local authorities and providers in commissioning and delivering children's public health services aged 0-19 years.

In March 2021, PHE have published commissioning guidance with a refreshed model for delivery of the Healthy Child Programme. The provider will be expected to transition from the 4-5-6 model to the new 'Universal in Reach- Personalised in Response' model delivering

interventions at the community, individual, targeted and specialist levels. The East Riding ISPHNS service is commissioned to deliver all contacts below except the 6 month review.

The new model can be viewed at the link below:

[Health visiting and school nursing service delivery model - GOV.UK (www.gov.uk)](www.gov.uk).

Figure 2. A high level overview of health visitor and school nurse contributions

2. Demographics

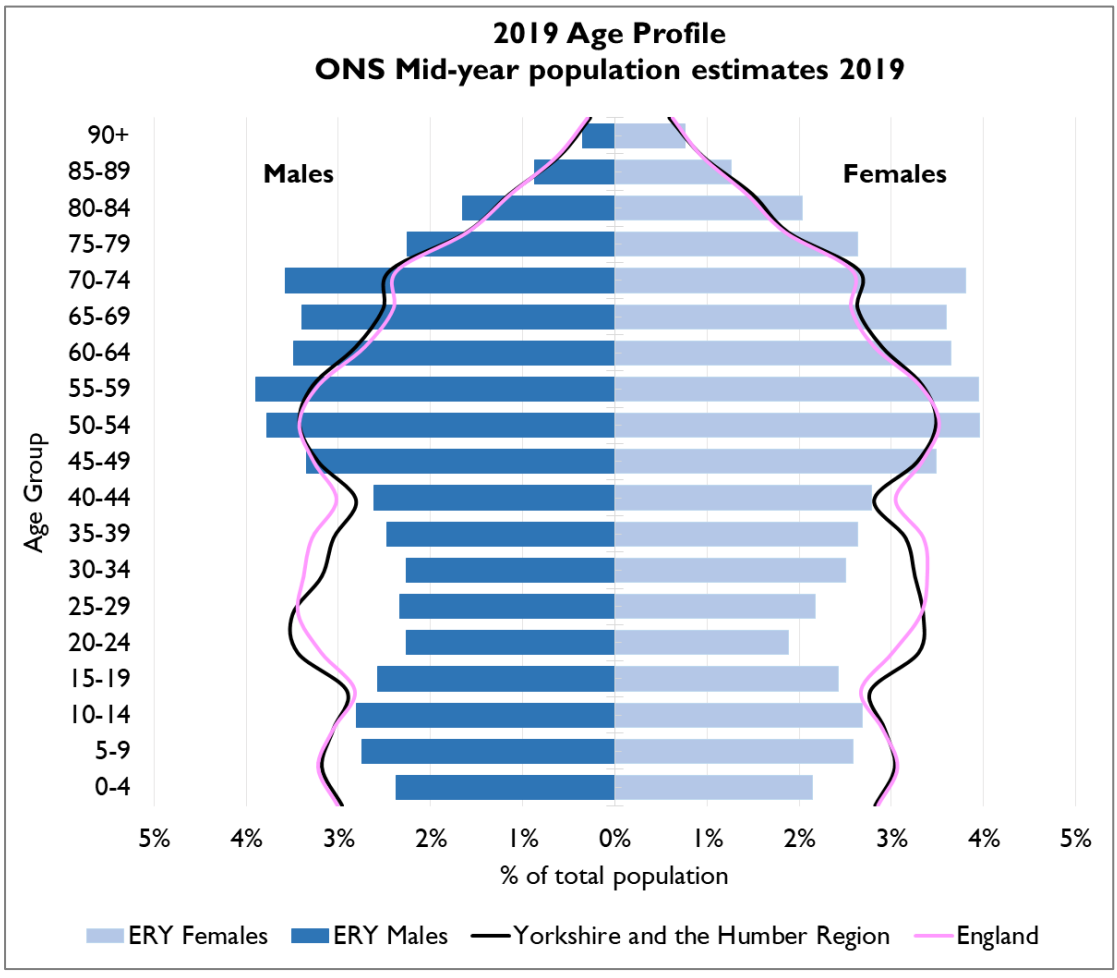
This section provides general demographic information for the East Riding and includes the provision of population projections for children and young people between 2020 and 2040.

2.1 Age and gender profile

The ONS 2019 mid-year estimate for the total ERY population is 341,173 and is divided into 5-year age bands in figure 2.1.1 below. The ERY is clearly shown to have a higher proportion of residents aged 50 to 84 years, than both regional and England averages. Residents aged 65-years and over make up 26% (89,346 residents) of the ERY population, a proportion significantly higher than the England average (18%). There are estimated to be 31,179 ERY residents in the 15-24 year old age group which accounts for 9% of the total population; this is a significantly lower proportion that the England average (12%).

Females account for 51% of the ERY population (173,915 female residents) and males account for 49% (167,258 male residents). This is the same proportional split seen in the national population.

Chart 2.1.1 Population pyramid showing the breakdown of the ERY population (2019).
Source: ONS, 2019



2.2 Population Projections

Population projections can benefit commissioning of services by demonstrating the potential demand, although any kind of projection must be used with caution owing to the increasing likelihood of error the further into the future the projection is made. Within the East Riding, from 2020 until 2040, the 0-24 year old population will generally decrease in size by 7.1%. Table 2.2.1 provides population projections of children and young people within the East Riding population from 2020 to 2040, the table shows the count of children estimated for each year and also the percentage change between each of the years shown.

Table 2.2.1 ONS 2018 population projections of children and young people within the ERY population from 2020 to 2040. Source: ONS

Age Group	2020	2025	2030	2035	2040
0-4	15,100	14800 (-2%)	14400 (-2.7%)	14200 (-1.4%)	14400 (+1.4%)
5-9	18,000	16800 (-6.7%)	16400 (-2.4%)	16000 (-2.4%)	15800 (-1.3%)
10-14	18,900	19200 (+1.6%)	18000 (-6.3%)	17600 (-2.2%)	17200 (-2.3%)
15-19	17,800	19400 (+9%)	19700 (+1.5%)	18600 (-5.6%)	18200 (-2.2%)
20-24	13,800	13500 (-2.2%)	13300 (-1.5%)	13000 (-2.3%)	12900 (-0.8%)
Total 0-24	83,600	83700 (+0.1%)	81800 (-2.3%)	79400 (-2.9%)	78500 (-1.1%)

2.3 Ethnicity

According to the 2011 Census 96.1% of the ERY population is British White, compared to 3.9% being Non-British White. 1.6% of the ERY population are Other White, 0.9% are Asian/Asian British, 0.7% Mixed Ethnic, 0.2% Black/African/Caribbean/Black British and 0.2% other ethnic group.

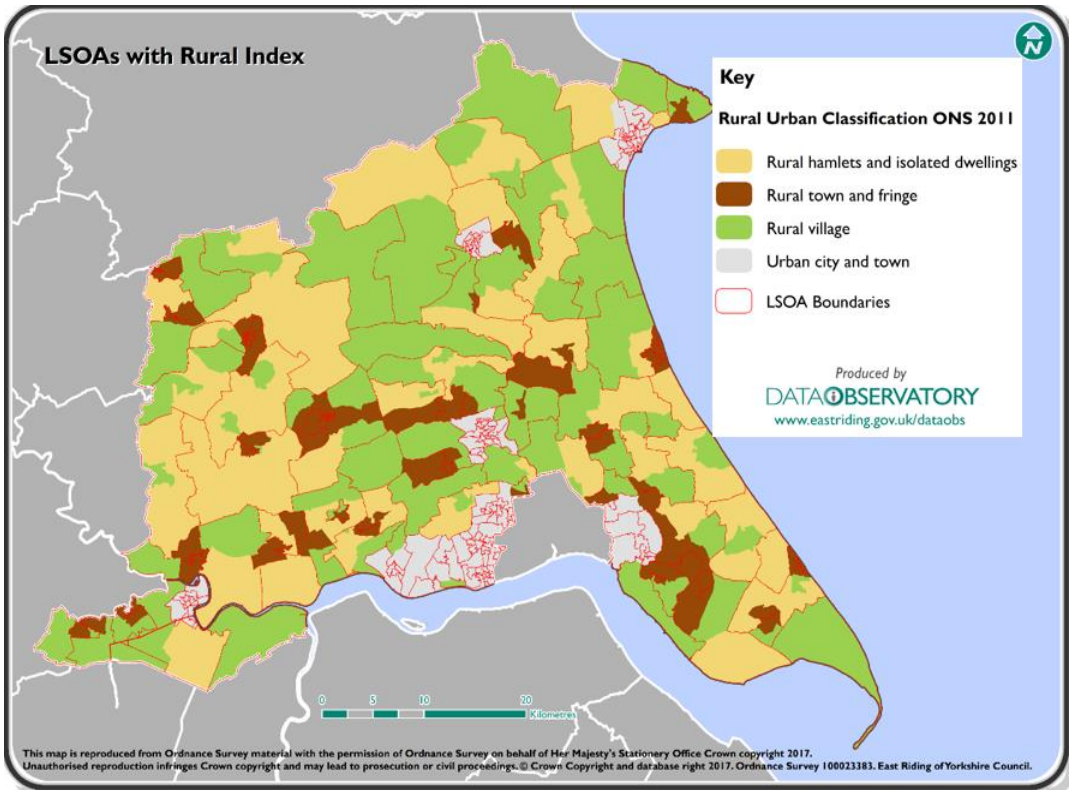
2.4 Urban and rurality overview

The East Riding local authority area covers approximately 930 square miles, making it one of the largest unitary authorities in the country. It is predominantly rural with over half the population living in dispersed rural communities. Map 2.4.1 on the next page shows the rural/urban classification for the ERY LSOAs as of 2011. In total, there are 333 settlements, ranging from large towns to small, isolated hamlets and farmsteads. The largest town in the East Riding is Bridlington. Other major settlements are Beverley, Goole and the Haltemprice area to the west of Hull.

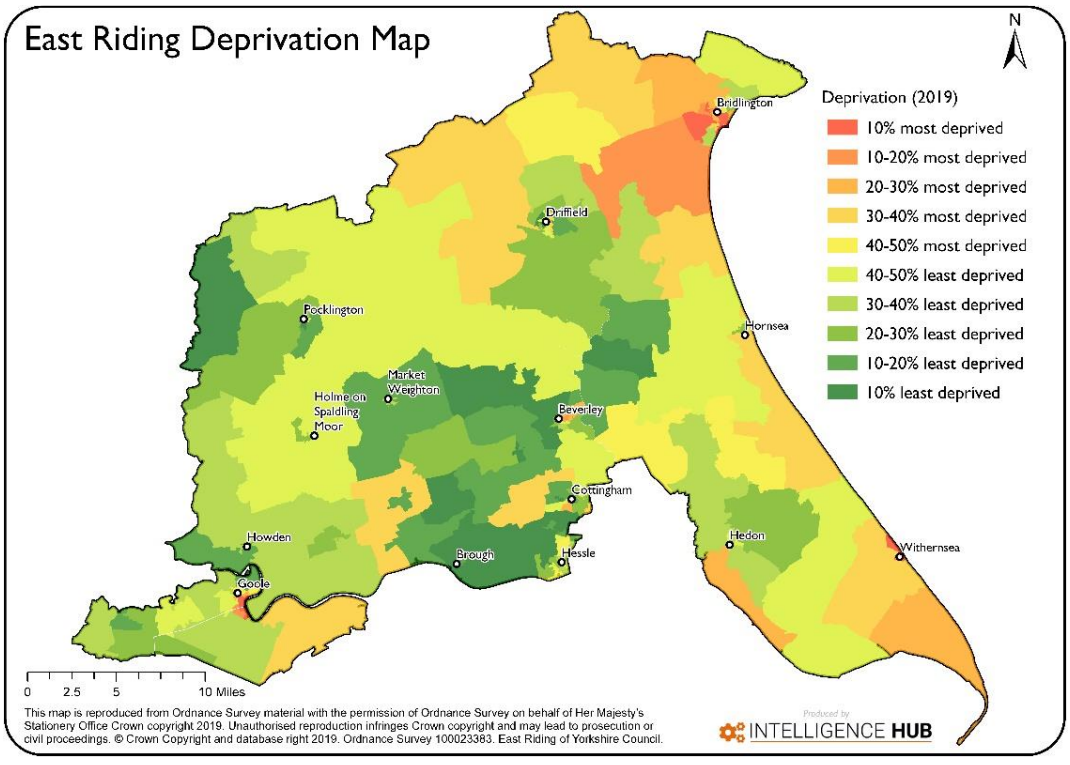
2.5 Deprivation

Overall, the East Riding is generally considered to be an affluent area, however, there are substantial variations in deprivation levels within the local authority area. The most deprived communities can be found in areas of Bridlington, Goole and South East Holderness. Map 2.5.1 on the next page divides the ERY into national indices of multiple deprivation (IMD) deciles.

Map 2.4.1 Map showing urban and rural areas in the East Riding



Map 2.51 Indices of multiple deprivation (IMD 2019) for ERY.



3. Pre-conception Years

Preconception and associated care has a positive impact on a range of health outcomes for the child and their parents. Preconception care is recognised as the provision of biomedical, behavioural and social health interventions to women and couples before conception occurs. Even where public health programmes are in place across the life course, they do not necessarily guarantee that women enter pregnancy in good health.

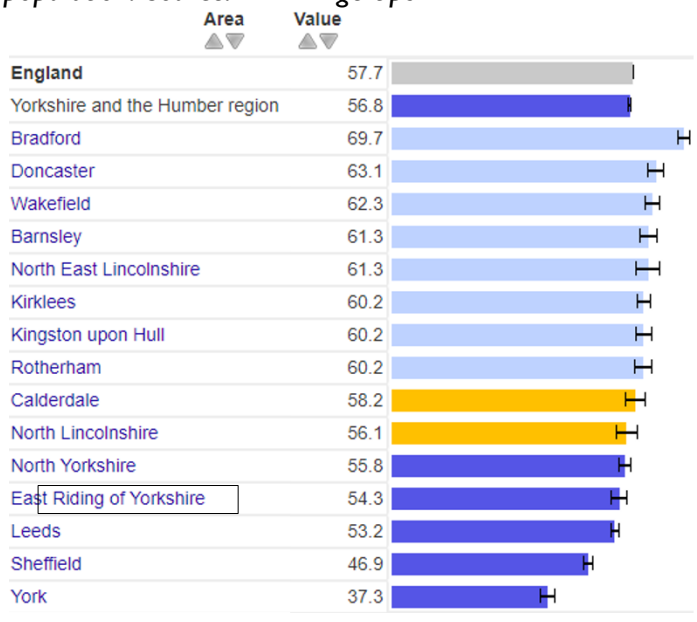
All women and their partners should be supported to be smoke and alcohol free and be living healthy lifestyles including exercising and eating well. Good parental physical and mental health and positive parental relationships are key to providing the basis for a healthy pregnancy and providing the best start in life.

3.1 General Fertility Rate

The general fertility rate is a beneficial indicator to demonstrate the future population growth. It can also provide an indicator of the demand there could be for parental education.

The general fertility rate in the East Riding has been fairly consistent over time between 2010 and 2019, with no significant change in rate over the past 5 years. During this time the East Riding rate has remained significantly lower than the rates of the region and England overall. In 2019 the East Riding rate was 54.3 (per 1,000 females aged 15 to 44 years), compared to the rates of region and England (56.8 and 57.7 respectively) and was the 4th lowest local authority rate within the region. See figure 3.1.1. For 2019, there was no comparison provided by PHE Fingertips for the CIPFA nearest neighbours group.

Figure 3.1.1 General fertility rate, ERY compared to local authorities within region, 2019. Crude rate per 1,000 population. Source: PHE Fingertips



3.2 Reproductive Health

Reproductive health is defined by the World Health Organisation as a "state of physical, mental and social wellbeing in all matters relating to the reproductive system". Reproductive health encompasses all reproductive processes and functions at all stages of life.

For more information relating to the reproductive health of the ERY population, see the Sexual Health in the East Riding: Intelligence Support Document available here.

3.3 Planned Pregnancy

A planned pregnancy is a conception which happens purposefully and one that often occurs when the woman who plans to become pregnant is making lifestyle choices to maximise her health in advance of pregnancy.

PHE (2018) state that 45% of pregnancies and one third of births in England are unplanned or associated with feelings of ambivalence. Thomas and Cameron (2011) calculated the cost of an unintended pregnancy to be £1,663 in direct healthcare costs rising to £2,922 with the inclusion of social costs.

With an unplanned pregnancy, the mother is more likely to seek prenatal care after the first trimester or not to obtain care at all. Unplanned pregnancies are more likely to involve the mother exposing the foetus to harmful substances (i.e. smoking or drinking alcohol). Babies of unplanned pregnancy are more likely to be born with a low birthweight, to die in the first year of life, to being abused, experiencing Adverse Childhood Experiences (ACEs) and of not receiving sufficient resources for healthy development.

Women who have unplanned pregnancies are more likely to be at greater risk of physical abuse, relationship dissolution and poor pregnancy outcomes. Couples with unplanned pregnancies are more likely to suffer financial hardships and fail to achieve their educational and career goals.

Pro-active family planning is important for the physical and mental health of the parents and the baby. Additionally, family planning is beneficial to health and social care services as it can relieve the financial burden of unplanned pregnancies and poor outcomes.

3.4 Smoking during pregnancy

Having a smoke-free home preconception has profound health effects for both mother and baby. Women who quit smoking before conception or within the first trimester can reduce the risk of premature births to the same level of risk for non-smokers. Women who stop smoking within the first few months of pregnancy have babies with similar birth weights as babies born to non-smokers(6).

Smoking status at the time of delivery is an important indicator for potential complications during pregnancy and labour. In 2019/20 the East Riding prevalence of smoking at the time of delivery (13.6%) was significantly higher than England (10.4%) and has not declined in line with national rates (see chart 3.4.3). SATOD rates vary significantly between localities; maternity services accessed by Bridlington women report among the highest rates of smoking. A comparison with other local authorities is made in charts 3.4.1 and 3.4.2.

Chart 3.4.1 Smoking status at time of delivery, ERY v region, 2019/20. Source: PHE Fingertips

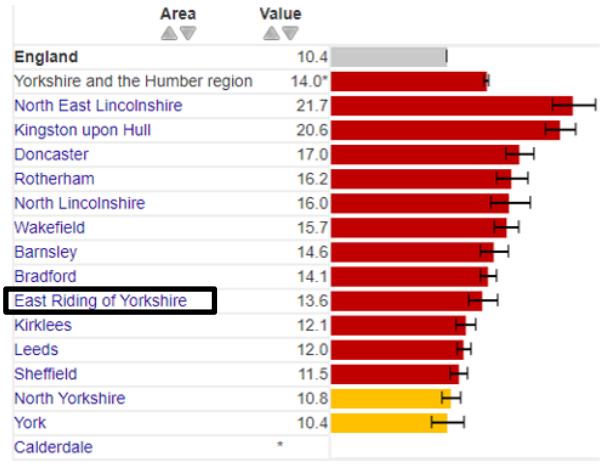


Chart 3.4.2 Smoking status at time of delivery, ERY v CIPFA neighbours, 2019/20. Source: PHE Fingertips

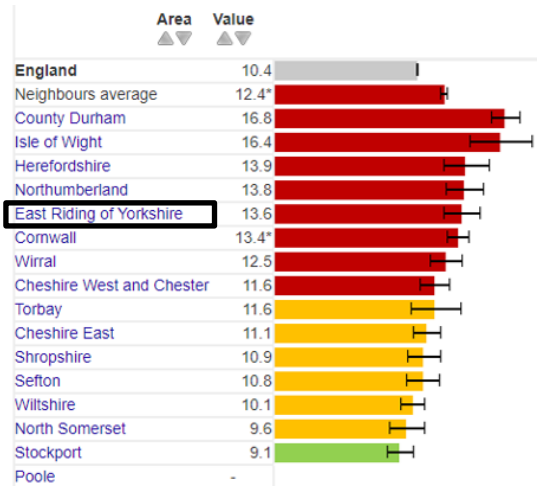
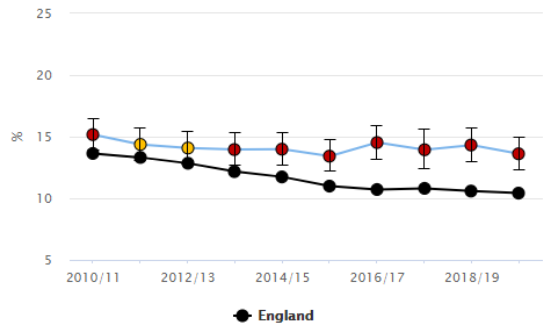


Chart 3.4.3 Smoking status at time of delivery, ERY v England, trend. Source: PHE Fingertips



Recent trend: ➡

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs	England
2010/11	●	423	15.2%	13.9%	16.5%	16.2%*	13.6%
2011/12	●	412	14.4%	13.1%	15.7%	15.4%*	13.3%
2012/13	●	388	14.1%	12.8%	15.4%	14.9%*	12.8%
2013/14	●	377	14.0%	12.7%	15.3%	14.8%*	12.2%
2014/15	●	391	14.0%	12.7%	15.3%	13.9%*	11.7%
2015/16	●	363	13.4%	12.2%	14.8%	13.0%*	11.0%
2016/17	●	390	14.5%	13.2%	15.9%	12.7%*	10.7%
2017/18	●	257	13.9%*	12.4%	15.6%	13.0%*	10.8%
2018/19	●	363	14.3%	13.0%	15.7%	12.7%*	10.6%
2019/20	●	334	13.6%	12.3%	15.0%	12.4%*	10.4%

3.5 Alcohol consumption

It is estimated up to 50% of women continue to drink alcohol in pregnancy despite recommendations to abstain. It is unclear whether any safe level of alcohol consumption in pregnancy exists and there is inadequate evidence to determine whether there are certain gestational windows of foetal vulnerability to alcohol consumption(7).

Alcohol consumption is not advised during pregnancy especially within the first 3-months of pregnancy.

3.6 Healthy Weight

Maternal weight is important and can predetermine the pregnancy outcomes. Maternal weight can impact upon the likelihood of a successful pregnancy, with perinatal mortality rates progressively increasing from 37 in 1000 in women of healthy weight to 121 in 1000 in obese women.

During pregnancy, it is important that pregnant women eat well, do not consume alcohol nor smoke. This is due to the sharing of energy and nutrients that occurs though the placenta. The exchange of maternal-foetal nutrients is what helps the baby develop and grow is essential for the baby's development.

Neonates born to mothers who have a healthy BMI have a significantly less total and relative fat and more fat-free mass than neonates born to overweight/obese mothers. Those born to overweight/obese mothers also have a higher risk of future disease which could occur early in life (e.g. cardiovascular disease, diabetes and obesity).

Maternal weight not only influences the baby's development but can also impact on the health of the mother during pregnancy. Overweight in mothers is one of the key risk factors for gestational diabetes, which has an estimated prevalence of up to 5% of pregnancies (The Lancet, 2019). This can cause the baby to grow larger than usual which can lead to difficulties during the delivery and increases the likelihood of needing induced labour or a caesarean section. Women with gestational diabetes also have a higher risk of premature birth and pre-eclampsia.

Regarding the national prevalence of maternal obesity, the Centre for Maternal and Child Enquiries (2010, page 1) stated:

> "The UK prevalence of women with a known BMI ≥35 (Class II and Class III obesity) at any point in pregnancy, who give birth ≥24+0 weeks' gestation, is 4.99%. This translates into approximately 38,478 maternities each year in the UK.
>
> The prevalence of women with a pregnancy BMI ≥40 (Class III obesity) in the UK is 2.01%, while super-morbid obesity (BMI ≥50) affects 0.19% of all women giving birth*."

The same paper (page 12) also highlighted the risk that maternal obesity had on gestational diabetes mellitus (GDM), "with a number of large cohort studies reporting a three-fold increased risk compared to women with a healthy BMI".

4. First 1001 Days

This stage covers from conception to a child's second birthday. All women, their partners and the child's caregivers should continue to be supported to be smoking and drinking within recommended guidelines, a healthy weight, physically active and eat a healthy balanced diet both during and after pregnancy(2).

They should also receive perinatal mental health support if they need it and the offer of support with parenting, bonding and attachment routinely as well as being supported and encourages to breastfeed exclusively for the first six months. All women and infants should receive high quality care in line with the antenatal and new born screening programme. All children should be 'ready to learn', as part of a broader system approach to school readiness.

4.1 Healthy Life Expectancy at Birth

Healthy life expectancy, also known as Health adjusted life expectancy (HALE), at birth considers how long an individual will live on average without any major health conditions. Globally, it is estimated 63.1 years is the average age any individual will live to with good health – this is 8.3 years lower than the total life expectancy at birth. Poor health results in a loss of nearly 8 years of healthy life, on average globally. Globally, HALE is approximately 3 years greater than for males. In comparison, female life expectancy at birth is almost 5 years higher than males(9).

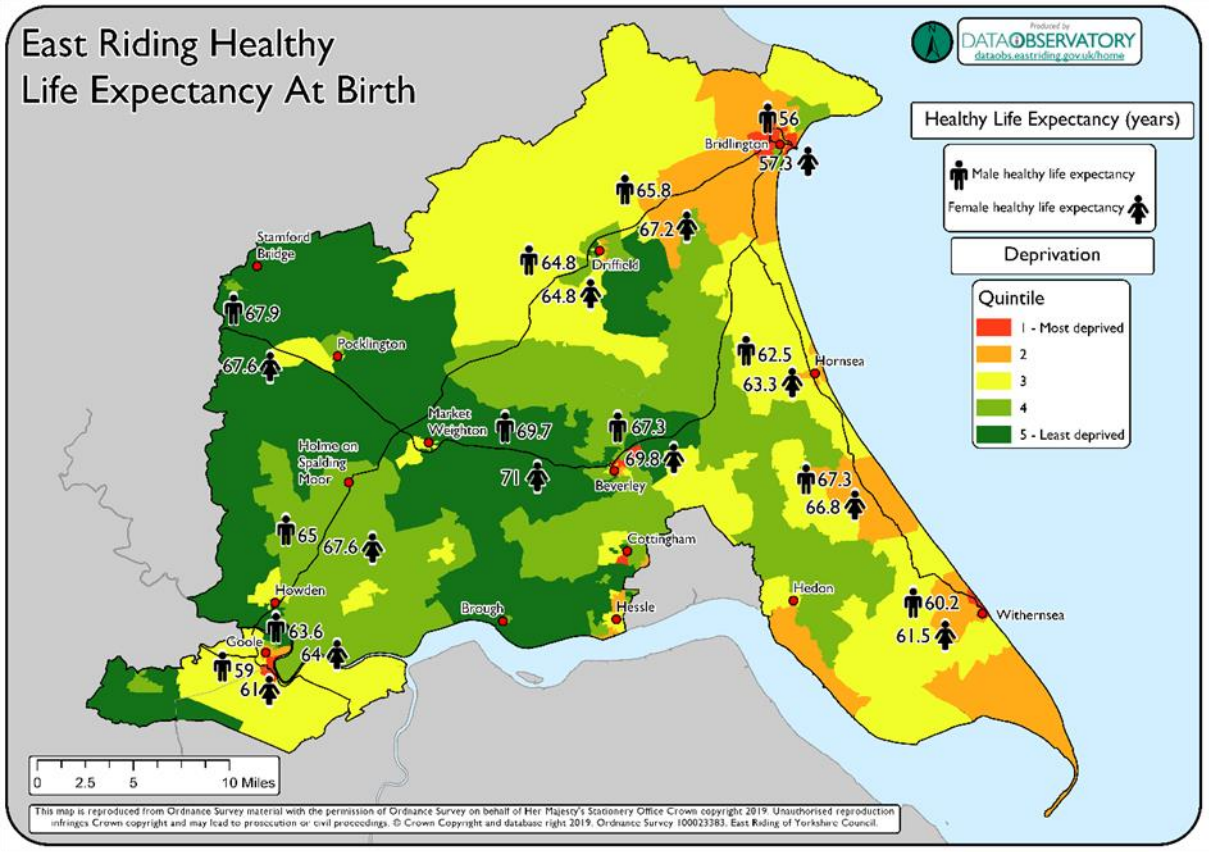
Table 4.1.1 shows the HALE of males and females in the East Riding compared to England and the region. For both males and females, the East Riding has a statistically similar HALE to England but a significantly better HALE when compared to the regional average (for both males and females).

Table 4.1.1 Healthy life expectancy (HALE) of males and females in ERY compared to England and the Y&H region, 2016-18. Source: PHE Fingertips

Gender	ERY	Y&H	England
Male	64.4	61.5	63.4
Female	65.4	62.1	63.9

Inequalities exist in HALE and there is a strong correlation between deprivation and HALE. Map 4.1.2 demonstrates the variance in HALE across the ERY for the period 2009-13 (the latest sub-local authority data available). Areas of high deprivation like Bridlington, Withernsea and Goole have the lowest HALEs for both males and females compared to more affluent areas.

Map 4.1.2 Healthy life expectancy across the ERY, 2009-13. Source: ONS/East Riding of Yorkshire Council Data Observatory



4.2 Smoking

Tobacco smoke poses risks to the health of babies and young children and is a key factor in Sudden Infant Death Syndrome. Data on smoker in the household is recorded at the new birth visit and 6-8 weeks, and recent figures show that between a fifth and a sixth of new babies may be exposed to tobacco smoke.

Table 4.2.1 below provides quarterly information on smoker in the household.

Table 4.2.1 Recording of a smoker in the household at new birth visit and 6-8 weeks. Source: Current provider quarterly contracting reports.

	% of households recorded as having a smoker in the household at New Birth Visit	% data coverage for smoker in the household at New Birth Visit	% of households recorded as having a smoker in the household at 6-8 weeks	% data coverage for smoker in the household at 6-8 weeks
Q1 2020/21	17.0	95.1	17.3	93.3
Q2 2020/21	20.6	97.1	18.3	97.2
Q3 2020/21	20.0	98.1	17.3	95.7
Q4 2020/21	17.6	97.0	16.7	96.2

4.3 Mother's country of birth

Public health and epidemiological studies have demonstrated differences between populations, such as maternal countries of birth, and health indicator values. Different populations can have varying health status, ideas of reproductive health and family planning. However, knowledge of maternal country of birth does not provide accurate information for the health of the mother nor baby.

In 2019, there were 2,671 births to East Riding residents of which 90.9% (2,428) were to mothers born in the UK. Table 4.3.1 shows the breakdown of the country of birth of those East Riding residents giving birth during 2019.

Table 4.3.1 Country of birth of mothers, for those babies born in ERY. Source: ONS

Birthplace of Mother	Number of Births	Proportion of Births
UK	2,428	90.9%
EU	153	5.7%
Europe (Non EU)	7	0.3%
Middle East and Asia	39	1.5%
Africa	25	0.9%
Rest of World	19	0.7%

4.4 Premature Births

Internationally, premature births (under 37 weeks gestation) is the leading cause of death for children under the age of 5. Smoking during pregnancy and exposure to second-hand-smoke can lead to premature birth among many other adverse health effects including complications during labour, low birth-weight at full term and increased risk of miscarriage and stillbirth.

Within the East Riding presently, there is a similar rate of premature births compared to England, although previously it had been significantly lower (i.e. better) in the East Riding. During the 3 year period 2016-18, there were 693 premature births in the East Riding, converting to a premature birth rate of 81.3 per 1,000 population. This was a statistically similar rate to England (81.4) and region (81.7).

4.5 Healthy weight at birth

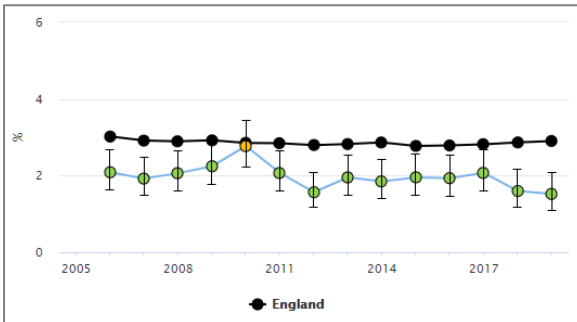
Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

These inequalities are likely to affect childhood and adult health inequalities in the future. Indicators relating to low birth weight are in line with the Government's direction for public health on starting well through early intervention and prevention. Indicators are also included in the Department of Health Business Plan within the context of addressing issues of

premature mortality, avoidable ill health, and inequalities in health, particularly in relation to child poverty.

The low birth weight of term babies in the East Riding has in all years between 2006 and 2019 (except 1) been significantly lower than the England average. This is illustrated in chart 4.5.1 below. In 2019 the East Riding prevalence of low birth weight was 1.5%, significantly lower than England (2.9%) and the region (3.0%).

Figure 4.5.1 Low birth weight of term babies, ERY compared to England. Source: PHE Fingertips



Recent trend: No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2006		60	2.09%	1.62%	2.68%	3.27%	3.02%
2007		56	1.92%	1.48%	2.49%	3.15%	2.91%
2008		59	2.06%	1.60%	2.65%	3.11%	2.89%
2009		66	2.24%	1.77%	2.84%	3.27%	2.92%
2010		79	2.77%	2.23%	3.44%	3.04%	2.85%
2011		59	2.07%	1.61%	2.66%	3.07%	2.84%
2012		46	1.57%	1.18%	2.08%	2.93%	2.80%
2013		54	1.95%	1.50%	2.54%	3.04%	2.82%
2014		52	1.85%	1.41%	2.42%	3.06%	2.86%
2015		53	1.95%	1.50%	2.55%	3.00%	2.77%
2016		51	1.93%	1.47%	2.53%	2.95%	2.79%
2017		55	2.07%	1.59%	2.68%	3.02%	2.82%
2018		40	1.60%	1.18%	2.17%	3.14%	2.86%
2019		37	1.52%	1.10%	2.09%	3.03%	2.90%

On the next page, chart 4.5.2 highlights the East Riding as having the lowest rate of low birth weight within the region, whilst chart 4.5.3 shows it having one of the lowest amongst CIPFA neighbours. In comparison with other local authorities, the overall East Riding percentage of low birth weight is shown in a positive light. However as might be expected within the East Riding inequalities exist, with stark contrasts in the prevalence of low birth weight in some areas compared to others.

Figure 4.5.2 Low birth weight of term babies. ERY v region, 2019. Source: PHE Fingertips

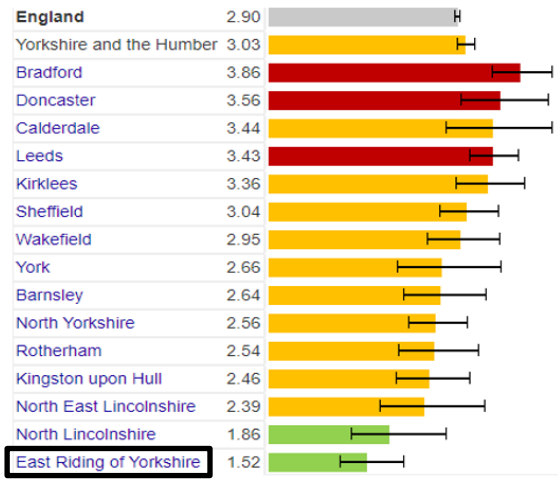


Figure 4.5.3 Low birth weight of term babies ERY v CIPFA. Source: PHE Fingertips

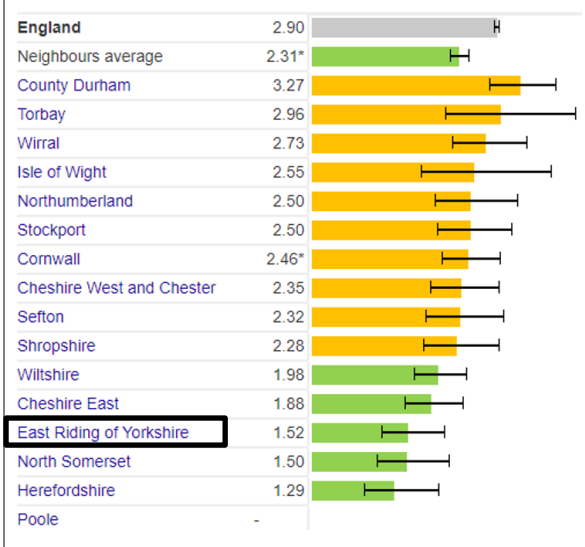
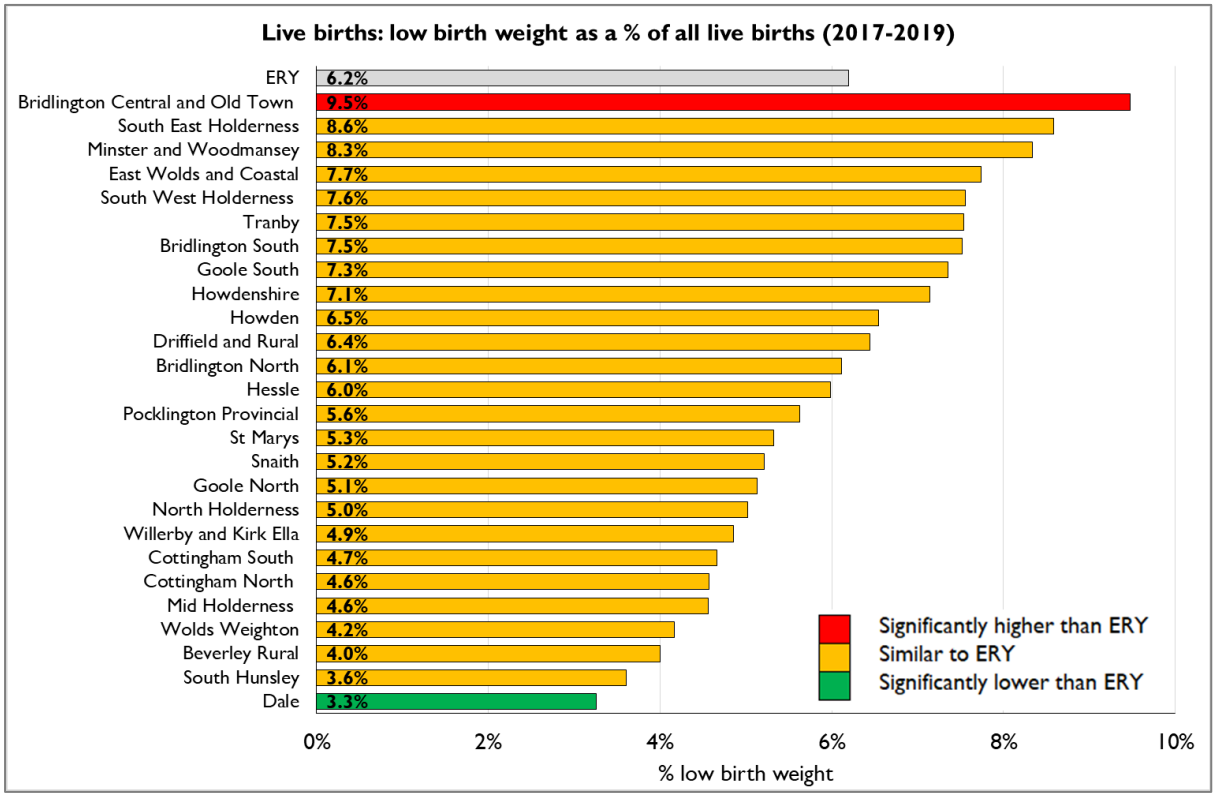


Chart 4.5.4 below, displays the low birth weight for *all* babies born within East Riding wards and so is a different indicator than that shown in charts 4.5.1 to 4.5.3 and should not be compared. The chart shows the number of all births (live and still births) with a recorded birth weight under 2500g as a percentage of all live births with stated birth weight.

*Figure 4.5.4 Low birth weight of **all** (not just term) babies. ERY wards, 2017-19. Source: NHS Digital.*



The chart displays the low birth weight of all babies East Riding wards during the 3 year pooled period 2017-19. Generally it is the more deprived wards of the East Riding which have a higher prevalence of low birth weight, in contrast to the least deprived wards which mainly have a lower prevalence. In this period, there is only 1 ward within the East Riding with a significantly higher percent of low birth weight, compared with the local authority average (6.2%). That ward is Bridlington Central and Old Town with 9.5% (n=34) of births classified as a low birth weight, this is almost 3 times the amount recorded for the Dale ward at 3.3%.

4.6 Still Births

There is a history of static stillbirth rates in the UK over the last 20 years. In consequence, the UK Government has an ambition to halve the rate of stillbirths by 2030. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes and history of mental health problems, antepartum haemorrhage and foetal growth restriction.

During the 3 year period 2017-19, there were 23 stillbirths in the East Riding and as a rate (2.8 per 1000) it was lower (but not significantly) than the England average of 4.0 per 1,000. In 2017-19, the East Riding stillbirth rate was the lowest since 2010-12, when the rate was 4.6 based on 43 stillbirths. The East Riding compared favourably to other local authorities, both within region and amongst CIPFA neighbours, recording the 3rd and 2nd lowest (i.e. better) rates respectively. Please refer to charts 4.6.1 and 4.6.2.

Chart 4.6.1 Stillbirth rate in the Yorkshire and Humber region. Crude rate/1,000. 2017-19. Source: PHE Fingertips

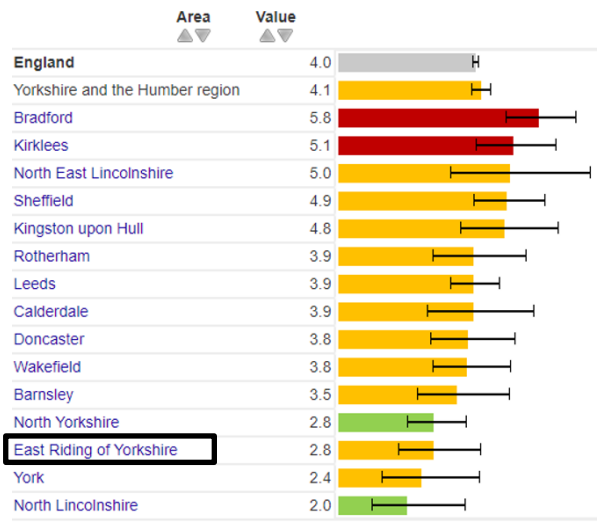
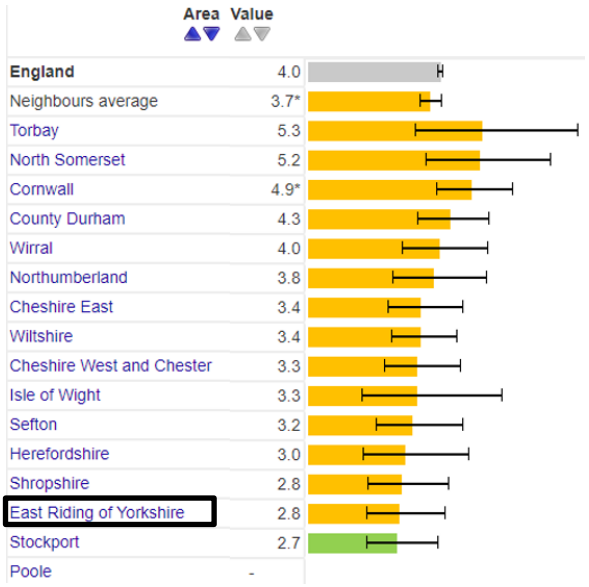


Chart 4.6.2 Stillbirth rate comparing ERY to its peer comparators. Crude rate/1,000. 2017-19. Source: PHE Fingertips



At a ward level within the ERY, the number of stillbirths is too low to produce comparable crude rates. Taking into consideration the number of stillbirths by local deprivation quintiles, a crude rate has been produced for the 5 year period 2013-17. The highest stillbirth rate was within the 2nd most deprived quintile at 5.6 per 1,000, differing slightly from the national picture where the most deprived quintile has the highest rate of stillbirths.

4.7 Neonatal deaths

Neonatal deaths are defined as during the first 28 days of life. Most early neonatal deaths are closely associated with pregnancy-related factors and maternal health(12). In the 3 year period 2017-19, there were 18 neonatal deaths in the East Riding. As a rate (2.17 per 1,000 live births), this was lower but not significantly lower than the England average (2.9). Regarding the latter point, this has been the case since 2010-12. Compared to other local authorities, the East Riding rate was 5th lowest within region and 3rd lowest amongst CIPFA neighbours in 2017-19.

4.8 Infant Mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Unlike neonatal mortality (which focusses on the 1st 28 days of life) infant mortality counts all infant deaths under 1 year of age.

Since 2001-03, the East Riding has had a lower (although not always significantly lower) infant mortality rate than the England average, including up to the latest period 2017-19. In 2017-19 there were 22 infant deaths, equating to a rate of 2.6 per 1,000 live births, compared to the England rate of 3.9 and the regional rate of 4.2. Charts 4.81 and 4.8.2 display the East Riding infant mortality rate as the 2nd lowest (i.e. better) amongst other local authorities within the region and the CIPFA nearest neighbours group.

Chart 4.8.1 Infant mortality rate per 1,000 live births, ERY compared to other LAs in region. Source: PHE Fingertips

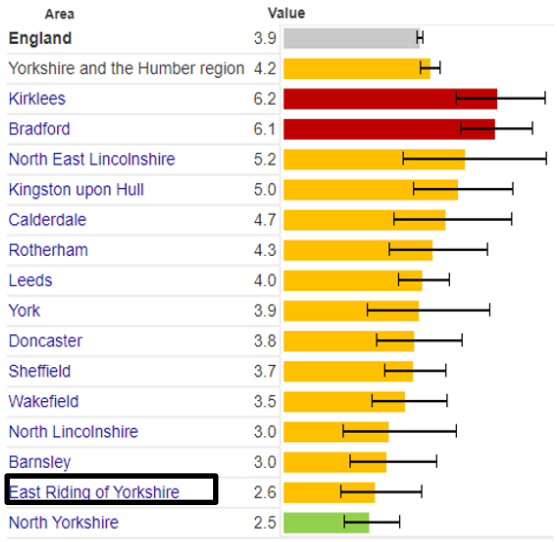
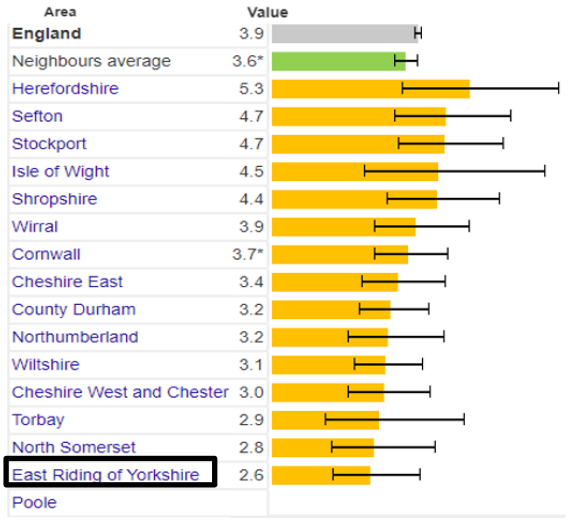


Chart 4.8.2 Infant mortality rate per 1,000 live births, ERY compared to other LAs in CIPFA group. Source: PHE Fingertips



4.9 Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS, also known as "cot death") is the sudden, unexpected and unexplained death of an apparently healthy baby. In the UK, more than 200 babies suddenly and unexpectedly each year. Most deaths occur during the first 6 months of a baby's life. Infants born prematurely or with a low birthweight are at a greater risk. SIDS is also slightly more common in baby boys(13). Parents can reduce the risk of SIDS by not smoking while pregnant or after the baby is born, and always placing the baby on their back when they sleep.

4.10 Infant feeding

Breastfeeding has a key role to play in improving the health of adults and children and reducing inequalities. It protects the health of babies and mothers, and reduces the child's susceptibility to infection. Breastfeeding can make a major contribution to an infant's health and development, especially if sustained exclusively for the first six months of life. It is associated with better health outcomes for the mother and is particularly important for mothers from low income groups, who are known to be less likely to breastfeed

During 2019/20, 45.3% of East Riding children were breastfed at 6-8 weeks after birth, this was significantly lower than the England average of 48%, although in previous years prevalence has been increasing and was similar to England rates. Attrition rates between 10 days and 6-8 weeks are lower than between birth and 10 days and have recently plateaued at around 10%. More comparative information on PHE Fingertips can be found here.

Reasons for not breastfeeding are multifaceted and include the influence of society and cultural norms as well as clinical problems. To improve breastfeeding rates a sustainable coordinated approach is needed with effective partnership working between statutory, voluntary and community services.

4.11 Configuration of local midwifery and maternity services

Due to the configuration of maternity services, apart from the one-bed home from home unit at Goole, all mothers opting for a hospital delivery will give birth outside the boundaries of the East Riding LA area. Around 70% of women book at Hull University Teaching Hospital (HUTH), with the majority of the remainder delivering at either York Hospital Teaching Foundation Trust (YHTFT) or North Lincolnshire and Goole Hospital (NLAG). In some localities the majority of women will deliver at one trust only, for example South Holderness – HUTH, Bridlington – YTHFT (Scarborough Hospital). In other areas, such as Goole and surrounding villages, mothers may be accessing services via any of the three maternity services. In addition all three local Maternity trusts are in the process of implementing Continuity of Carer (CoC) Midwifery models. ISPHNS need to be aware of the complexity of these patterns of provision, and accommodate in local pathways of care. The Humber Coast and Vale Local Maternity System (HCV LMS) is working at scale to improve consistency and quality across all three maternity areas. Efforts are being made to increase ISPHNS/ 0-19 service representation on the LMS and its working groups to improve communications and pathways.

4.12 Homebirths

Part of the transformation of maternity services, includes an emphasis on all mothers being offered and able to access the full range of choices of place of birth: hospital delivery (check terminology), midwife led unit, home birth.

The introduction of continuity of care teams (CoC) in midwifery has been seen to lead to an increase in home births. The Ivy CoC team which covers the Beverley area has had an average of 7% of mothers opting for home birth in the first year of provision. Home births, and 'home-from-home' births in a hospital setting, as currently provided in a one-bed unit at Goole Hospital, are likely to become more popular as CoC is rolled-out across maternity services. ISPHNS will need to be kept aware of developments in provision so that they can signpost and inform pregnant women about the options available.

4.13 New Birth Visits

All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth. This forms part of the Health Child Programme and is important to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. This visit is also important in identifying any development issues with the infant, to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal and paternal mental health.

In 2019/20 the East Riding had a significantly higher proportion (93.7%) of new birth visits being completed within 14 days, than the both the England (86.8%) and regional (83.7%) averages. This was also the case for the preceding 2 years. Charts 4.13.1 and 4.13.2 highlight the East Riding as having one of the highest local authority new birth completion rates within both the region and CIPFA group.

Chart 4.13.1 New birth visits completed within 14 days. Source: PHE Fingertips

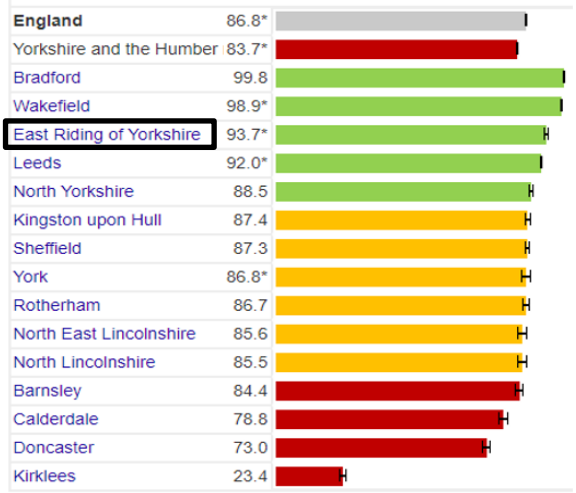
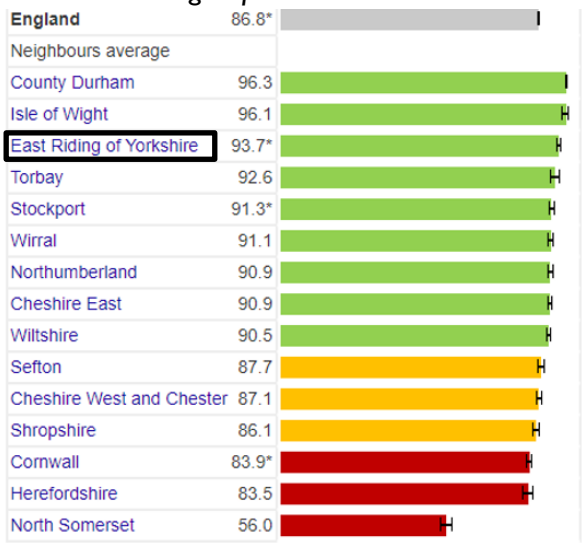


Chart 4.13.2 New birth visits completed within 14 days comparing ERY to peer comparators. Source: PHE Fingertips



4.14 Proportion of Children receiving 3-4 month reviews

In the ERY there is an additional contact at 3-4 months. This allows for continuing support on infant feeding, including early conversation on the appropriate timing for weaning, and breastfeeding status data is reported at this contact. These contacts also allow for additional conversations on relationship-building and emotional and mental health, and vaccination status.

During 2019/20 the East Riding had 87.0% receiving their 3-4 month visit, and breastfeeding status was reported for 40.8% of babies.

4.15 Proportion of Children receiving 12-month Reviews

Every child should receive a health visitor for a review shortly before they are one year old. This allows for an assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any health concerns they may be experience, either themselves or the child, as well as a reminder of the importance of vaccinations at around one year. The 12-month review allows monitoring of the baby's growth and discussions on weaning, oral health and home safety. These visits also provide an opportunity to discuss preconception health before any future pregnancy. A review between 9 and 12-months ensures any issues can be identified early and referrals to appropriate support made.

During 2019/20, the East Riding (at 93.2%) had a significantly higher proportion of children receiving their 12-month review when compared with both England (77%) and the region (86.4%). In this same years, the East Riding had the 2nd highest local authority percent within the region and highest compared to Children's Services Statistical Neighbour Benchmarking Tool (CSSBNT) neighbours.

4.16 Proportion of Children receiving 2-2½ Year Reviews

All children and families should receive a review when the child reaches around 2-2½ years. This allows for an integrated review of their health and development. Additionally, this allows opportunities for parents to discuss preconception health before any future pregnancy and an opportunity to provide support to parents regarding issues such as access to nursery and pre-school immunisation booster reminders.

The East Riding, in 2019/20, had a significantly higher proportion (92.9%) of children receiving their 2-2½ year review than both England (78.6%) and region (82.8%). Compared to other local authorities, the East Riding had the highest proportion within the region and the CSSNBT neighbour group.

See Appendix 1 for information relating to the impact of COVID-19.

5. Pre-School Age

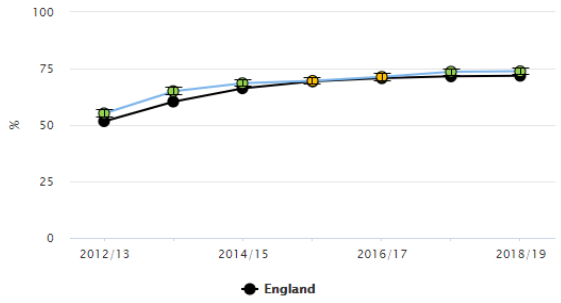
All children should be 'ready for schools'. This means there should be robust systems in place to identify any developmental delay and established systems to ensure those identified receive appropriate care. Children should reach developmental milestones such as being toilet trained, sleeping through the night, being able to communicate their needs and able to socialise with other children. They should be leading a healthy life (including eating fruit and vegetables and being physically active for at least 3 hours each day) and should be developing good oral health practice. They should have their full range of vaccinations and immunisations before they start school.

5.1 Ready for school

School readiness is an important measure of early year's development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence has demonstrated that differences by social background emerge early in life.

In 2018/19, the East Riding had a significantly higher proportion of children achieving a good level of development at the end of reception when compared to both England (71.8%) and region (70%). Since 2012/13, the East Riding percentage has been increasing (significantly improving over the past 5 years) and has consistently been higher than the England and region averages. See chart 5.1.1.

Chart 5.1.1 School readiness: percentage of children achieving a good level of development at the end of reception, ERY compared to England. Source: PHE Fingertips



Recent trend: ⬆ Increasing & getting better

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2012/13	●	1,962	55.2%	53.5%	56.8%	50.1%	51.7%
2013/14	●	2,247	65.0%	63.4%	66.6%	58.7%	60.4%
2014/15	●	2,423	68.5%	67.0%	70.0%	64.6%	66.3%
2015/16	●	2,444	69.5%	68.0%	71.0%	67.4%	69.3%
2016/17	●	2,649	71.3%	69.8%	72.7%	68.8%	70.7%
2017/18	●	2,553	73.6%	72.1%	75.0%	69.5%	71.5%
2018/19	●	2,470	73.8%	72.3%	75.2%	70.0%	71.8%

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Charts 5.1.2 and 5.1.3 on the next page, show how the East Riding percentage of children achieving a good level of development at the end of reception, compares favourably with other local authorities within the region and CIPFA groups (the East Riding is 2nd and 4th highest respectively).

Chart 5.1.2 School readiness: percentage of children achieving a good level of development at the end of reception comparing ERY v region, 2018/19.

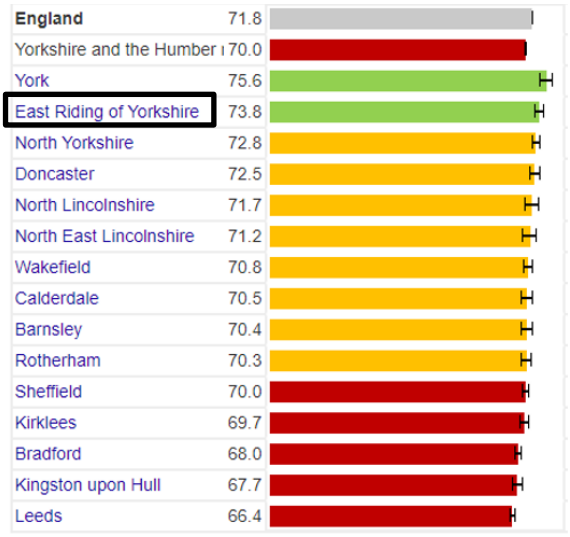
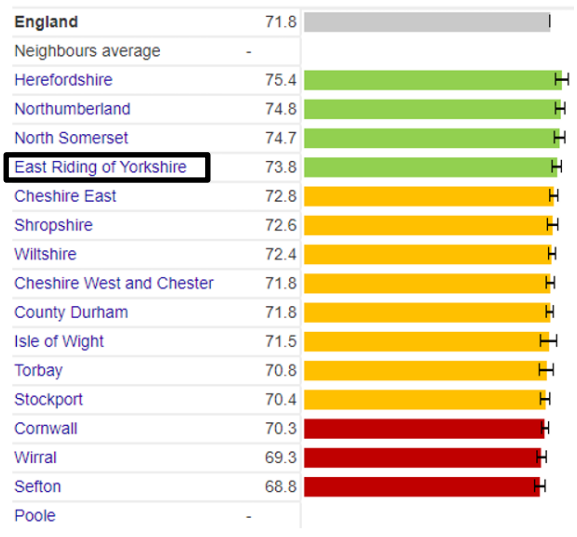


Chart 5.1.3 School readiness: percentage of children achieving a good level of development at the end of reception comparing ERY v CIPFA, 2018/19.



5.2 Identifying children with SEND

A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, which is shortened to SEND. If a child needs extra health and education support, an application can be made for an Education, Health and Care plan (EHC) to the local council. These plans for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. A young person can request an assessment themselves if they are aged 16-25 years old. EHC plan assessments are conducted by the SEN Team within the local authority. Following an assessment, a draft EHC plan is produced for the child or young person before going out to consultation. Families have 15-days to provide comment and then the local authority has 20 weeks to complete the final EHC plan.

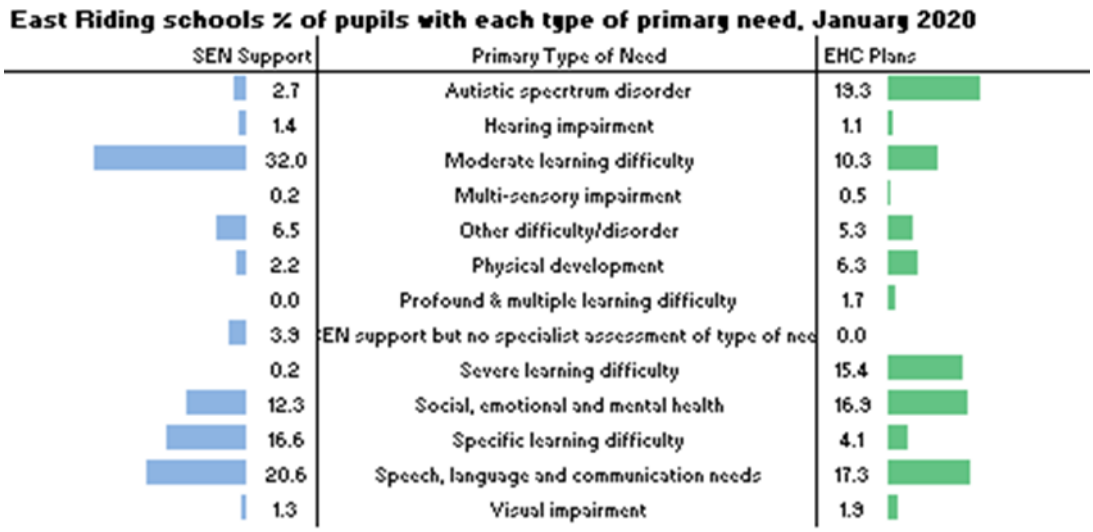
In January 2021, there were 1,686 East Riding pupils with an EHC plan and 4,806 with SEN Support, giving a total of 6,492 pupils with a SEN status. The primary needs for these pupils are highlighted below.

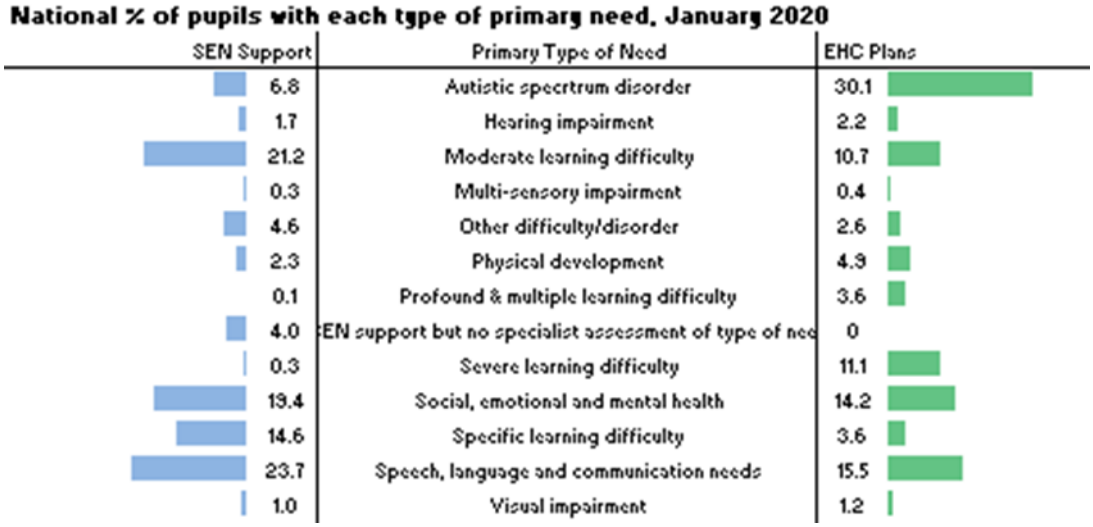
- EHCP pupils: 'Speech, language and communication' was the most prevalent primary need (19.6%, n=331), followed by 'Autistic spectrum disorder' (18.7%, n=316) and then 'Social, emotional and mental health' (18.3%, n=308).
- SEN Support Pupils; 'Moderate learning difficulty' was the most prevalent primary need (31%, n=1,475), followed by 'Speech, language and communication' (21%, n=1,026) and then 'Specific learning difficulty' (18%, n=867).

The following paragraphs and chart 5.2.1 relate to comparing the primary type of need of SEN in East Riding pupils to the national average, but for the preceding year (2020). It has been provided by the Council's Children, Families and Schools Performance Team.

> "Autistic spectrum disorder (ASD) continues to be the most common type of primary need for pupils with EHC plans in East Riding schools; 19.3% of pupils had this type of need in January 2020. This mirrors 2020 national patterns but to a lesser extent; nationally 30.1% of pupils with EHC plans had ASD as their primary need.
>
> Moderate learning difficulty (MLD) continues to be the most common type of primary need for pupils with SEN support in East Riding schools in January 2020. This proportion is larger in the East Riding than nationally reported in 2020; 32.0% compared to 21.2%. Nationally, in 2020, the most common type of primary need for pupils with SEN support was speech language and communication needs."

Chart 5.2.1 Primary need of pupils (EHCP and SEN Support) in ERY and England, January 2020, Source: ERYC Children, Families and Schools Performance Team





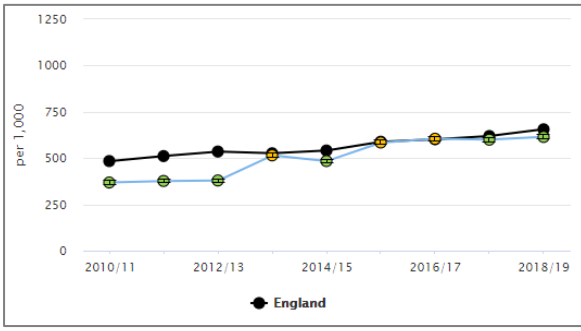
A document, which provides further information regarding SEND in the East Riding can be found on the JSNA website by clicking here.

5.3 A&E Attendances involving children under 5 years old

A&E attendances in children under 5 years old are often preventable and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

Within the East Riding, Between 2010/11 and 2018/19 the average number of A&E attendances in the under-5 population was approximately 8,000 per year. The red arrow in chart 5.3.1 indicates that over the past 5 years shown, the East Riding rate has significantly increased. In 2018/19, however, the rate (614) was significantly when lower compared to the national average (655). The East Riding male A&E attendee rate was significantly higher than the female rate (710 compared to 591 per 1,000 population), which was also the case nationally. A comparison with other local authorities found the East Riding to be centrally placed amongst the values of its peers, for both region and CIPFA.

Chart 5.3.1 A&E attendances (0-4 years). ERY compared to England. Crude rate per 1,000 population. Source: PHE Fingertips



Recent trend: Increasing & getting worse

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010/11		5,985	368.2	358.9	377.6	494.4	483.9
2011/12		6,178	376.3	367.0	385.8	496.9	510.8
2012/13		6,301	379.2	369.9	388.7	512.3	535.1
2013/14		8,425	514.8	503.9	525.9	498.1	525.8
2014/15		7,912	484.0	473.4	494.8	502.1	540.7
2015/16		9,429	584.1	572.4	596.0	538.9	588.1
2016/17		9,663	604.0	592.0	616.2	544.7	601.8
2017/18		9,438	599.3	587.3	611.5	544.2	619.0
2018/19		9,565	614.2	601.9	626.5	624.5	655.3

Within the East Riding, there are a number of wards which have a significantly higher rate of A&E attendances (0-4 years) compared to the local authority average (please refer to chart 5.3.2). For the 5 year period 2014/15-18/19, Bridlington North, Bridlington South and Bridlington Central and Old Town have the highest rate of A&E attendances. At the opposite end of the scale, Pocklington Provincial, South Hunsley and Snaith recorded the lowest rates.

Nationally, A&E attendance rates are significantly more common in children from the most deprived quintiles of the country than other areas, this is also the case in the East Riding. Between 2014/15-2018/19, the rate of A&E attendances from the most deprived quintiles (830 per 1,000 population) was twice as high as the rate for the least deprived quintiles (415).

Table 5.3.3 shows the top 10 reasons for A&E attendances over a period of 4-years (2014/15-2018/19). These are broad admission descriptions but demonstrates the range of reasons for children being taken to A&E.

Chart 5.3.2 A&E attendances (0-4 years). ERY wards. Crude rate per 1,000 population. Source: NHS Digital

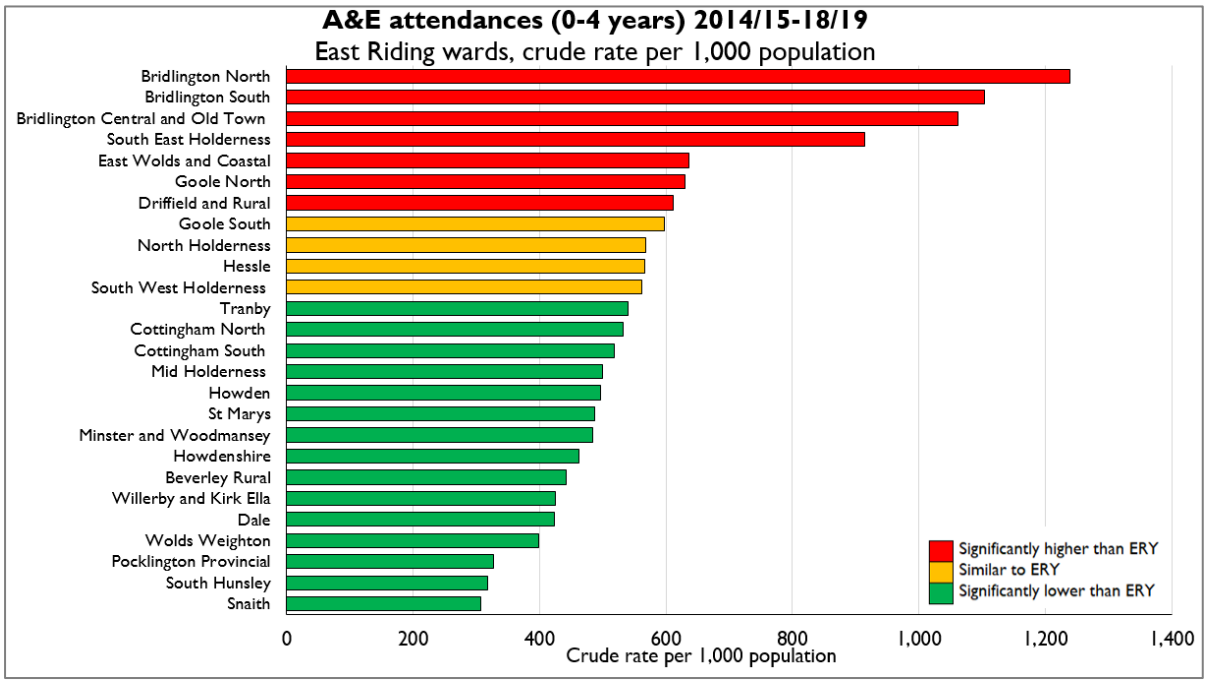


Table 5.3.3 Top 10 reasons for A&E attendance in children aged 0-4 years across the ERY from 2014/15-2018/19.

Rank	Description	Count of attendances	% of total attendances
1	Diagnosis not classifiable	5406	13%
2	Respiratory conditions	5202	12%
3	Head injury	3880	9%
4	Laceration	3017	7%
5	Infectious disease	2688	6%
6	ENT conditions	2396	6%
7	Local infection	2058	5%
8	Nothing abnormal detected	1911	5%
9	Dislocation/fracture/joint injury/amputation	1911	5%
10	Contusion/abrasion	1867	4%

5.4 Emergency hospital admissions caused by unintentional and deliberate injuries in young people aged 0-4.

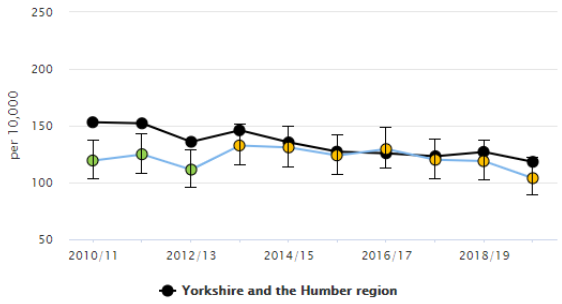
Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experiences.

In the East Riding, there were 160 emergency hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years during 2019/20. As a rate (104 per 10,000

population) this was lower, but not significantly, than both the region (118) and England (117) rates. Compared with other local authorities, the East Riding had the lowest rate amongst CIFPA neighbours and 4th lowest in region.

Between 2010/11 and 2019/20 there have been on average 196 East Riding resident admissions per year and the trend in recent years has been decreasing, even if not significantly so. See chart 5.4.1.

Chart 5.4.1 Emergency hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years). ERY compared to England. Crude rate per 10,000 population. Source: PHE Fingertips



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010/11	●	194	119.4	103.1	137.4	153.1	143.4
2011/12	●	205	124.9	108.4	143.2	152.1	148.3
2012/13	●	185	111.3	95.9	128.6	135.8	134.8
2013/14	●	217	132.6	115.5	151.5	145.9	140.9
2014/15	●	214	130.9	114.0	149.7	135.3	137.5
2015/16	●	200	123.9	107.3	142.3	127.1	129.6
2016/17	●	207	129.4	112.4	148.3	125.7	126.3
2017/18	●	189	120.0	103.5	138.4	123.1	121.2
2018/19	●	185	118.8	102.3	137.2	127.0	123.1*
2019/20	●	160	103.8	89.5	122.6	118.2	117.0

An analysis of East Riding ward data pooled together 5 years of admissions data (2014/15-18/19) to provide a more robust dataset than would be obtained in a single year. Most of the wards had a similar rate of unintentional and deliberate injuries to the East Riding average, only South East Holderness (197.5 per 10,000 population, n=44 admissions) had a signifciantly higher then local authority rate.

When observing rates witin local deprivation quintiles (IMD 2019), those living in the most deprived 20% of East Riding LSOAs had the highest rates of admissions caused by unintentional and deliberate injuries.

6. School age children and young people moving into adulthood

All primary school children should be supported to develop through a spiral curriculum approach to Personal, social, health and economic (PSHE) and whole school approaches to emotional health and wellbeing, incorporating the provisions of new statutory guidance on Relationships and Sex Education and Health Education. Needs should be assessed at school level through regular surveys of health and wellbeing of children. Children should be ready to transition to secondary school.

Secondary school children should be supported through times of stress such as examinations, adverse impact of technology and social media and relationship breakdown. This should extend to reducing bullying and self-harm at a population level, as well as broader issues that can contribute to perceptions and risks to safety such as knife crime. Raising aspiration in secondary school age children is vital to increase social mobility. Vaccinations and immunisations should be up-to-date.

16+) action at this stage should focus specifically on preparation for adult life. Positive health behaviours should be formed by this stage that stay with young people for the rest of their lives, which they in turn pass on to future generations. Vaccinations and immunisations should be up to date. All areas should have plans to minimise the risk of suicide in this age group, as well as broader approaches that build on the principles of healthy, happy and safe. A system wide approach should be in place to support transition between children and adult services, ensuring young adults with vulnerabilities are not lost to services.

6.1 Healthy Weight (including obesity)

Child obesity is a good indicator of adult obesity which can lead to poor health outcomes. Weight issues can also lead to social discord with children being victims of bullying for their size. Conversely in 2017/18 in England, there were 2,196 hospital admissions for eating disorder of children and young people aged 10 to 24 years. 2,006 of these were of girls, and 1,326 of these were of girls aged 13 to 17 years (Hospital Episode Statistics).

The National Child Measurement Programme (NCMP) is a key element of the Governmental approach to tackling child obesity by annually measuring over one million children and providing reliable data on rates of childhood obesity. Children are measured in reception (aged 4-5 years) and year 6 (aged 10-11 years) primarily in state-maintained schools in England.

For further information about this subject in the East Riding, please refer to the 'Needs Assessments and intelligence documents' of the East Riding JSNA website (link below) where there is a document titled 'National Child Measurement Programme (NCMP) 2018/19 Intelligence Support Document update'. Please click here to access the report.

Table 6.1.1 compares each NCMP category prevalence in reception year and year 6 for the East Riding, to those of the region and England for 2019/20. Overall, the East Riding compares

well against both comparators, by having a lower prevalence of overweight or obesity and a higher prevalence of healthy weight (79.4% for reception year and 66.4% in year 6).

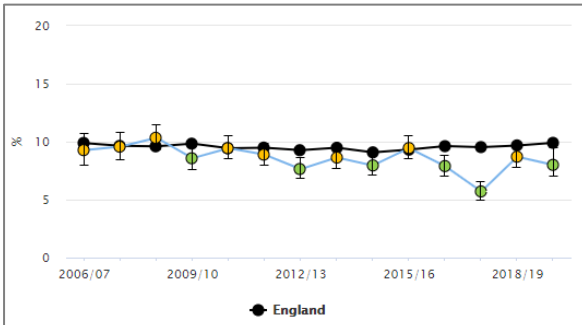
Table 6.1.1 NCMP prevalence comparing ERY to Y&H and England, 2019/20. RAG rating shows ERY compared to England (green = better; amber = similar; red = worse). Prevalence is percentage (%) of age group. Source: PHE Fingertips

Year Group	Indicator	ERY	Y&H	England
Reception	Underweight	0.5%	0.8%	0.9%
	Healthy weight	79.4%	75.2%	76.1%
	Overweight	12.3%	13.6%	13.1%
	Obese	8.0%	10.5%	9.9%
Year 6	Underweight	1.5%	1.4%	1.4%
	Healthy weight	66.4%	62.9%	63.4%
	Overweight	13.6%	13.8%	14.1%
	Obese	18.2%	21.9%	21.0%

The cells coloured green indicate where the East Riding is significantly better than the England average, including the prevalence of obesity. A comparison with other local authorities within the region in 2019/20, found the East Riding to have the 2nd lowest prevalence for reception year and the lowest in year 6.

There has been no significant change in the direction of travel of obesity prevalence in the East Riding for either reception year (chart 6.1.2) or year 6 (6.1.3) over the past 5 years. Both charts compare the East Riding prevalence of obesity to that of the national average between 2006/07 and 2019/20.

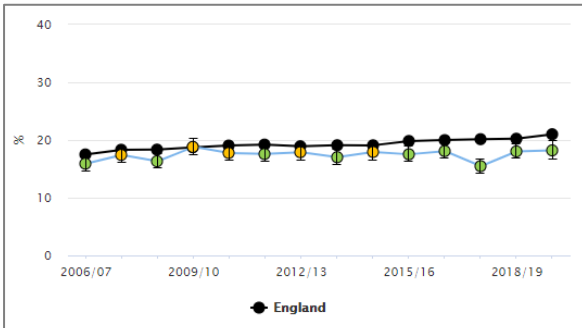
Chart 6.1.2 Prevalence of obesity in reception year, 2006/07 to 2019/20. Source: PHE Fingertips



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2006/07	●	166	9.3%	8.0%	10.7%	*	9.9%
2007/08	●	222	9.6%	8.4%	10.8%	9.7%	9.6%
2008/09	●	306	10.3%	9.3%	11.5%	9.6%	9.6%
2009/10	●	265	8.6%	7.6%	9.6%	9.1%	9.8%
2010/11	●	287	9.4%	8.5%	10.5%	9.1%	9.4%
2011/12	●	292	8.9%	8.0%	9.9%	9.1%	9.5%
2012/13	●	249	7.6%	6.8%	8.6%	8.9%	9.3%
2013/14	●	274	8.6%	7.7%	9.7%	9.2%	9.5%
2014/15	●	256	8.0%	7.1%	8.9%	8.8%	9.1%
2015/16	●	305	9.5%	8.5%	10.5%	9.4%	9.3%
2016/17	●	270	7.9%	7.0%	8.8%	9.7%	9.6%
2017/18	●	184	5.7%	5.0%	6.6%	9.9%	9.5%
2018/19	●	268	8.7%	7.8%	9.8%	10.2%	9.7%
2019/20	●	150	8.0%*	7.0%	9.5%	10.5%	9.9%

Chart 6.1.3 Prevalence of obesity in year 6, 2006/07 to 2019/20. Source: PHE Fingertips



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2006/07		421	15.9%	14.6%	17.3%	*	17.5%
2007/08		542	17.4%	16.1%	18.8%	18.9%	18.3%
2008/09		508	16.3%	15.1%	17.7%	18.6%	18.3%
2009/10		637	18.8%	17.5%	20.2%	18.7%	18.7%
2010/11		563	17.8%	16.5%	19.1%	19.2%	19.0%
2011/12		560	17.6%	16.3%	18.9%	19.2%	19.2%
2012/13		566	17.9%	16.6%	19.3%	19.0%	18.9%
2013/14		515	17.0%	15.7%	18.4%	19.2%	19.1%
2014/15		561	17.9%	16.6%	19.3%	19.2%	19.1%
2015/16		566	17.5%	16.3%	18.9%	20.3%	19.8%
2016/17		564	18.1%	16.8%	19.5%	20.4%	20.0%
2017/18		514	15.5%	14.3%	16.7%	20.6%	20.1%
2018/19		609	18.0%	16.8%	19.4%	21.0%	20.2%
2019/20		415	18.2%*	16.7%	19.9%	21.9%	21.0%

So far, this section has highlighted obesity in school children at a local authority level, the rest of the section looks at the smaller geographic area of wards.

On the next page chart 6.1.4 displays the prevalence of obesity in reception year children by ward, for the 3 school years between 2016/187 and 2018/19. Howden had the highest prevalence (10.8%) but this was not significantly higher than the East Riding average of 7.5%. Goole South and Goole North were the 2 wards with a significantly higher prevalence than the East Riding average at 10.7% and 10.5% respectively.

The prevalence of year 6 obesity by ward is shown in the following chart (6.1.5) for the same period as the reception year and it is this age group which is most frequently reported for performance monitoring.

There were 2 wards with a significantly higher prevalence of obesity than the East Riding average (17.1%): Goole South (27.3%) and Bridlington Central and Old Town (23.7%). In Goole South there were 98 children classified as obese over the 3 year period and the obesity prevalence of the ward was almost 3 times greater than Willerby and Kirk Ella which recorded the lowest at 9.7%. To achieve the same prevalence of Willerby and Kirk Ella, Goole South would have had to have 63 less obese children during this period. By actual count of obese Year 6 children, Bridlington South had the highest number of all East Riding wards at 103 and the 3 Bridlington wards combined totalled 241.

Generally, it was the most deprived wards of the East Riding which had the highest prevalence of obesity in year 6 children, whilst the least deprived wards had a lower prevalence. Analysis was also conducted by local deprivation quintiles (IMD 2019) for the same 3 year period, as the use of wards isn't necessarily a good indicator of deprivation. Children living in the most deprived 20% of East Riding communities reported the highest rate of obesity compared to all other quintiles, for both reception year (8.5% obesity prevalence compared to 6.3% in the least deprived quintile) and year 6 (23.1% compared to 12.5%).

Chart 6.1.4 Prevalence of obesity in East Riding wards, reception year children, 2016/17-18/19. Source: NCMP/ERY PHI

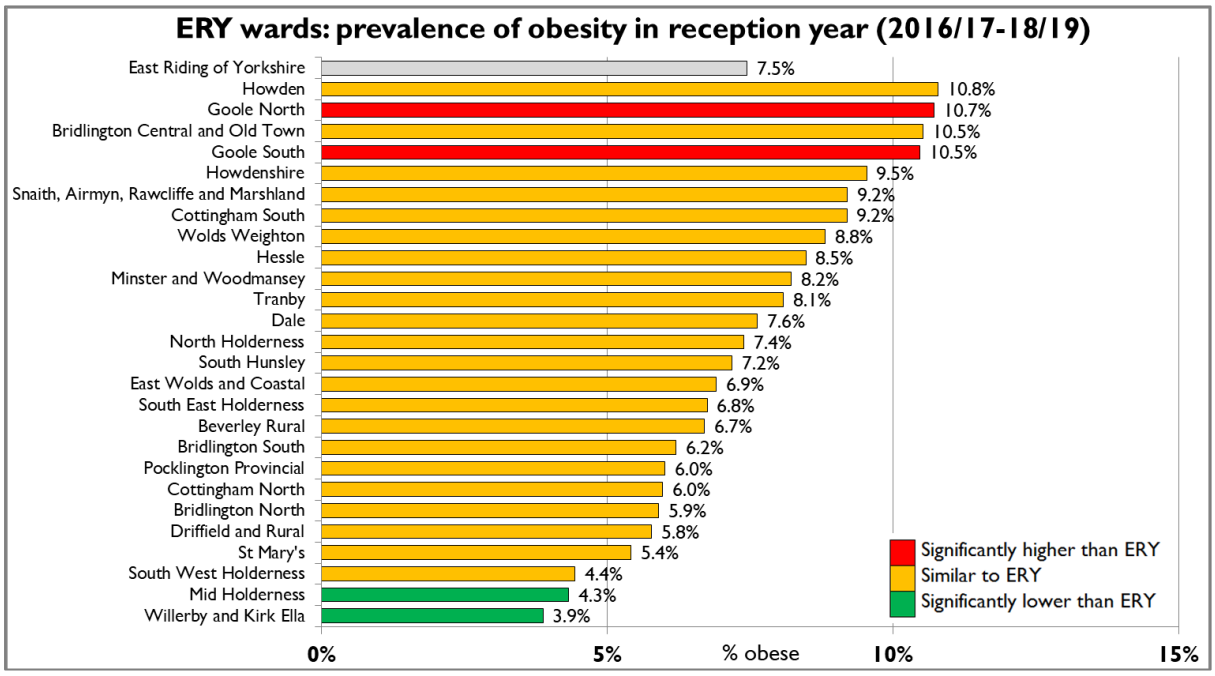
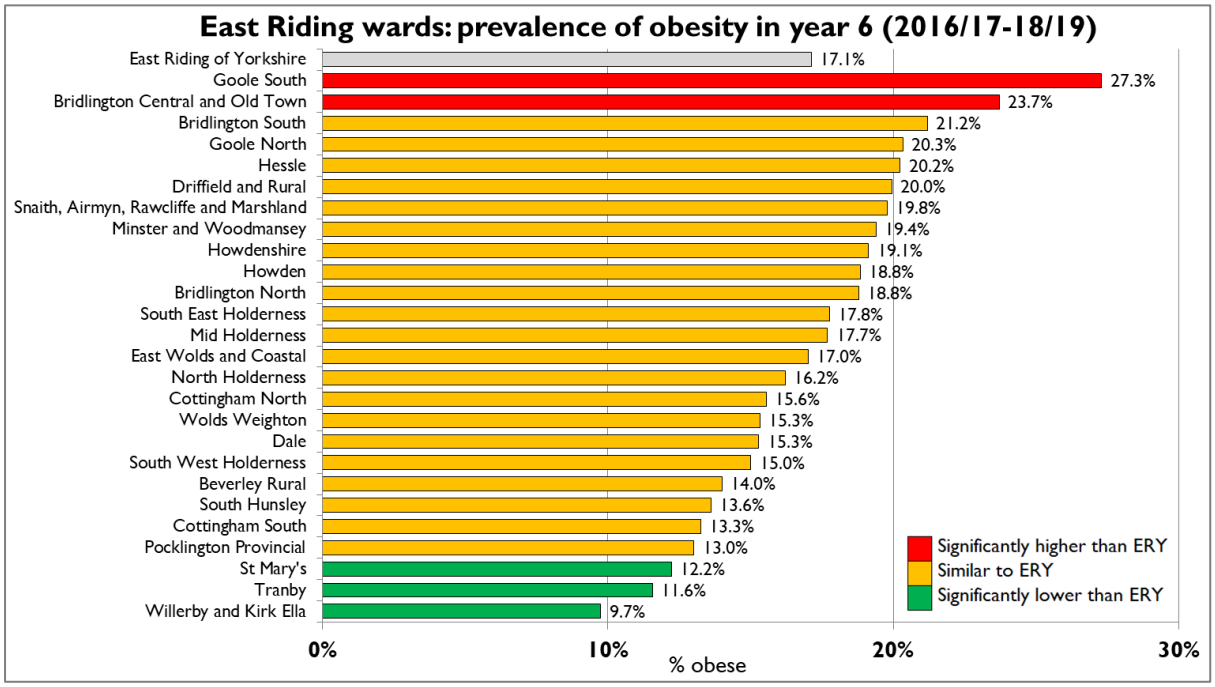


Chart 6.1.5 Prevalence of obesity in East Riding wards, year 6 children, 2016/17-18/19. Source: NCMP/ERY PHI



6.2 Educational attainment

Children's education and development of skills are important for their own wellbeing and for that of the nation as a whole. Learning ensures children and young people develop knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional,

social and physical wellbeing now and in the future. Children and young people with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of education qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.

Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. Attainment 8 is a measure of a 15-16 year old pupil's average grade across a set suite of eight subjects. In 2019/20, the average attainment 8 score in the East Riding was 50.7 which was higher (but not significantly) than the England average of 50.2 and significantly higher than the regional average 48.4. Compared to other local authorities, the East Riding had the 4th highest attainment score in the region (chart 6.2.1) and 5th highest amongst CIPFA neighbours (chart 6.2.2).

Chart 6.2.1 Average attainment 8 score for ERY compared to the Y&H region, 2019/20. Source: PHE Fingertips

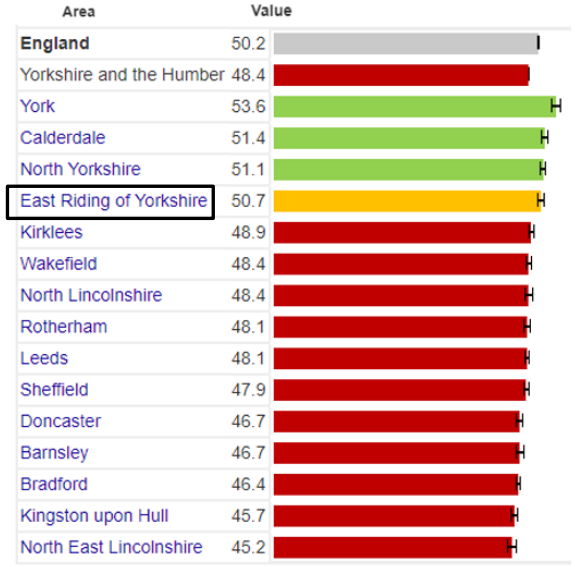
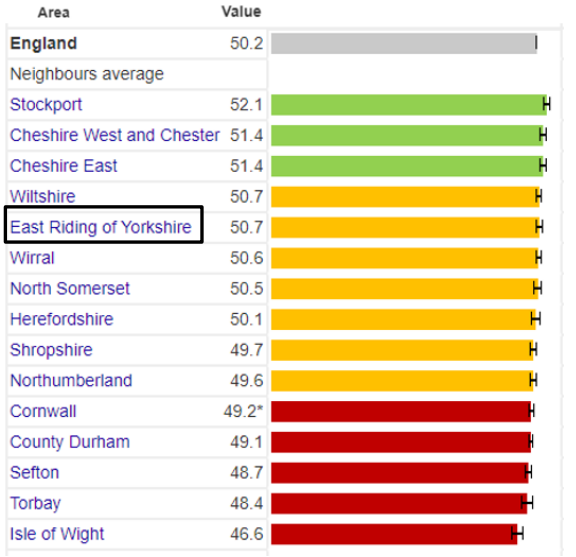


Chart 6.2.2 Average attainment 8 score for ERY compared to CIPFA neighbours, 2019/20. Source: PHE Fingertips



6.3 Relationships and Sex Education

Sexual health education is a synthesis of lifetime experiences and knowledge which aids individuals to form their own attitudes, beliefs and values on identity, relationships and intimacy. School based sex education programmes are an effective and cost saving method for promoting safe sex, reducing teen pregnancy and sexually transmitted infections.

From September 2020, all schools are required to provide relationship and sex education and health education (RSE). The ISPHNS service are one of a number of public health commissioned services and other services who provide specialist input to schools, both universal and targeted, for RSE.

The local ISPHNS delivers health promotion in schools and colleges relating to puberty, making positive and informed health choices, relationships and positive sexual health, safety and risk-taking behaviours, hand-washing and emotional wellbeing, and also provides one-to-one interventions through school drop-ins for secondary pupils.

6.4 Teenage pregnancy

Most teenage pregnancies are unplanned and approximately half result in termination. As well as being an avoidable experience for the young women, abortions represent an avoidable cost to the NHS. For some women, having a child can represent a positive turning point in their lives but for many teenagers bringing up a child is extremely difficult and can often result in poor outcomes for both the teenage mother and child in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long term poverty.

Teenage mothers are less likely to finish their education, 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.

As part of the ISPHNS and sex education offer, safe sex and the use of contraception is promoted to young people. This is to reduce the incidence of teenage pregnancy and to reduce the potential harm this could have on individual's lives. It is important to note that not all teenage pregnancies are unplanned nor lead to negative health and wellbeing outcomes however ensuring young people, particularly young women, can make an informed choice to conceive is vitally important.

Further information pertaining to teenage pregnancy and abortion rates, see the Sexual Health in the East Riding: Intelligence Support Document, accessible from the JSNA website by clicking here.

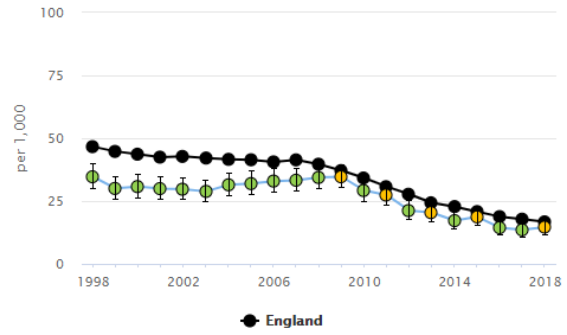
6.4.1 Under-18 conceptions and births

There were 77 conceptions in 2018 involving East Riding residents under the age of 18 years; equating to a rate of 14.6 per 1,000 population. This was lower than the England average of 17.8 per 1,000 population, but not significantly. In 2018, the East Riding had the second lowest (i.e. better) rate amongst the 15 other local authorities in the region, behind North Yorkshire which had a rate of 12.8 per 1,000. Amongst the 15 other CIPFA neighbours, the East Riding had the 7th lowest rate.

Between 1998 and 2018 the number of conceptions involving this age group in the East Riding more than halved, decreasing from almost 200 a year to just over 77. Throughout this period,

the East Riding rate has usually been significantly lower than the England rate (as shown by the green circles in chart 6.4.1.1) and has generally been decreasing over the past 5 years, although there has not been a significant decrease in that time.

Chart 6.4.1.1 Conceptions to females aged under 18 years, ERY compared to region and England. 1998 to 2018. Source: PHE Fingertips



Recent trend: ➡

Period	East Riding of Yorkshire					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
1998		196	34.7	30.0	39.9	53.1	46.6
1999		167	30.0	25.6	34.9	51.0	44.8
2000		174	30.8	26.4	35.7	47.9	43.6
2001		173	29.9	25.7	34.8	47.1	42.5
2002		176	29.7	25.5	34.4	47.2	42.8
2003		174	28.8	24.7	33.4	47.1	42.1
2004		190	31.5	27.1	36.3	48.1	41.6
2005		195	31.9	27.6	36.8	48.9	41.4
2006		199	32.9	28.5	37.9	48.0	40.6
2007		205	33.3	28.9	38.2	48.3	41.4
2008		213	34.4	29.9	39.3	47.1	39.7
2009		214	34.7	30.2	39.6	43.5	37.1
2010		175	29.2	25.0	33.9	39.9	34.2
2011		164	27.4	23.4	31.9	33.8	30.7
2012		125	21.2	17.7	25.3	31.7	27.7
2013		121	20.4	16.9	24.3	28.5	24.3
2014		100	17.2	14.0	20.9	26.4	22.8
2015		106	18.7	15.3	22.6	24.3	20.8
2016		79	14.4	11.4	17.9	22.0	18.8
2017		72	13.5	10.6	17.0	20.6	17.8
2018		77	14.6	11.6	18.3	19.6	16.7

Nationally, there are significantly higher rates of under 18 conceptions in the most deprived communities, where rates were twice as high as less deprived areas. A similar situation transpires within the East Riding, with the highest rates (based on estimated numbers) are more prevalent within the more deprived wards of the local authority area.

Map 6.4.1.2 on the next page, highlights the wards with rates significantly higher than the East Riding average with the use of purple shading and white diagonal lines, for the 3 year pooled period 2016-18. Wards highlighted in such a way, include Bridlington South, Bridlington Central and Old Town, Goole South and South East Holderness.

Also on the next page, table 6.4.1.3 shows the numbers of mothers in the East Riding aged under 20 years of age, over the 10 year period 2010 to 2019. During this time period the number of mothers aged under 20 have reduced from 205 to 85 per year. There have been an average of 92 births per year over the last 5 years, with the age of the mother ranging from 15 to 19 years. In 2019 there were 85 births to mothers aged under 20, equating to 3% of all East Riding births that year.

Map 6.4.1.2 Conceptions to females aged under 18 years in ERY wards (2016-18). Source: ONS

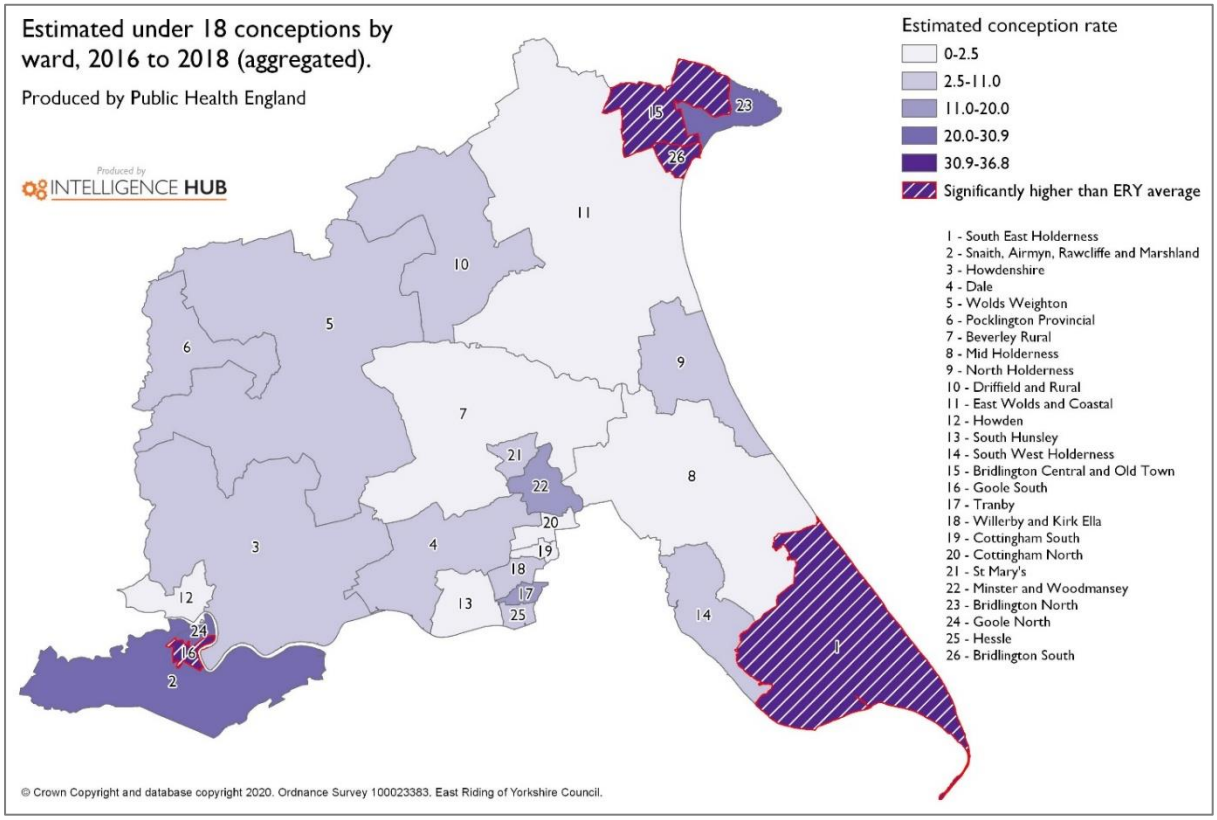


*Table 6.4.1.3 ERY births by year, showing counts by teenage mothers aged under 20 years and all ages. No still births included. Source: NHS Digital**

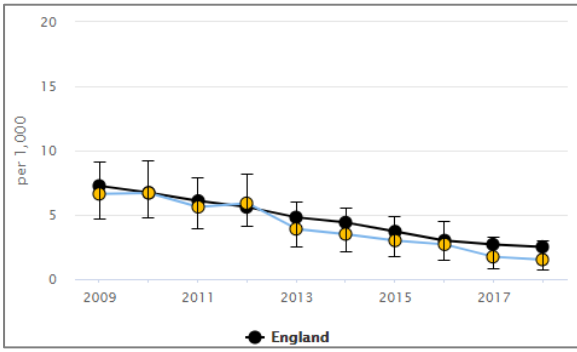
Year birth was registered	Age range of mother (under 20 years)	Number of births registered where mother is under 20 years of age	All births registered (all ages of mother)	Under 20 years % of total
2010	14-19	205	3,273	6.3%
2011	14-19	196	3,205	6.1%
2012	14-19	169	3,261	5.2%
2013	15-19	163	3,025	5.4%
2014	14-19	114	3,109	3.7%
2015	15-19	119	2,978	4.0%
2016	15-19	101	2,954	3.4%
2017	15-19	81	2,981	2.7%
2018	16-19	73	2,679	2.7%
2019	15-19	85	2,619	3.2%
Grand Total	14-19	1,306	30,084	4.3%

6.4.2 Under-16 conceptions

There were 8 conceptions in 2018 involving East Riding residents under the age of 16 years and the local authority rate (1.5 per 1,000 population) was lower, but statistically similar to the England average of 2.5 per 1,000. The East Riding had the lowest (i.e. better) rate compared to all other local authorities within the region.

Between 2009 and 2018 the actual number of conceptions involving this age group have decreased year on year, dropping by from a count of 39 to 8. Chart 6.4.2.1 shows that whilst the East Riding rate has decreased over time it has remained statistically 'similar' in all periods to the England average.

Chart 6.4.2.1. Conceptions to females aged under 16 years, ERY compared to region and England. 1998 to 2018. Source: PHE Fingertips



Recent trend: ➡

Period		East Riding of Yorkshire				Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2009		39	6.6	4.7	9.1	8.7	7.3
2010		39	6.7	4.8	9.2	8.3	6.7
2011		33	5.6	3.9	7.9	6.8	6.1
2012		34	5.9	4.1	8.2	6.8	5.6
2013		22	3.9	2.5	6.0	6.0	4.8
2014		19	3.5*	2.1	5.5	5.5	4.4
2015		16	3.0*	1.7	4.9	4.4	3.7
2016		14	2.7*	1.5	4.5	4.0	3.0
2017		9	1.7*	0.8	3.3	3.3	2.7
2018		8	1.5	0.7	3.0	3.2	2.5

6.5 Young people drinking alcohol and substance misuse

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Drinking alcohol is often a coming-of-age activity with young people trying and consuming alcohol prior to turning the legal age of 18-years. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol use in young people, like people of any age, can lead to poor judgement and risky behaviour including antisocial behaviour and unsafe sex. In 2009, the then Chief Medical Officer recommended that children under 15 should not consume any alcohol at all. Research had suggested that those who drank alcohol at an early age would go on to drink both more frequently and in greater quantities in later life.

Data for this section is derived from the "What About Youth" (WAY) study, which was commissioned by the Department of Health to collect robust local level data on a range of topics relating to young people (including smoking, emotional wellbeing, diet, physical activity, drugs, alcohol and bullying), to help to drive an improvement in outcomes.

The WAY survey asked 15-year olds if they had ever had an alcoholic drink (classified as a 'whole drink' as opposed to just a 'sip'), with 71.8% in the East Riding responding that they had (table 6.5.1). This was a significantly higher prevalence than both region and England and the East Riding was one of 7 local authorities within the region which reported a significantly higher proportion of alcohol drinkers at 15 years. The colours in table 6.5.1 represent a

significantly higher proportion than England (red) or a statistically similar proportion (amber) to England.

Table 6.5.1 Percentage of alcohol drinkers at age 15-years, WAY Survey, 2014/15.

Indicator	ERY	Region	England
1. Percentage who have ever had an alcoholic drink	71.8%	66.2%	62.4%
2. Percentage of regular drinkers	9.9%	7.7%	6.2%
3. Percentage who have been drunk in the last 4 weeks	17.3%	16.2%	14.6%

Question 24 of the survey asked "How often do you usually have an alcoholic drink?" and those who drank alcohol at least once a week were classed as regular drinkers. The specific response choices in the questionnaire that make up the category of regular drinkers include: "Every day or almost every day", "About twice a week", "About once a week".

From the survey respondents, 9.9% of East Riding residents reported to drink alcohol regularly, which was a significantly higher proportion than the prevalence found for both the regional and England averages. For the same indicator, chart 6.5.2 compares the East Riding to other local authorities within the region, where the prevalence ranged from 5.5% in to 11.3%. The ERY is placed third highest and is one of seven local authorities in the group that were significantly higher than the England average.

Chart 6.5.2 Percentage of regular drinkers at age 15, 2014/15. WAY survey.
Source: PHE Fingertips

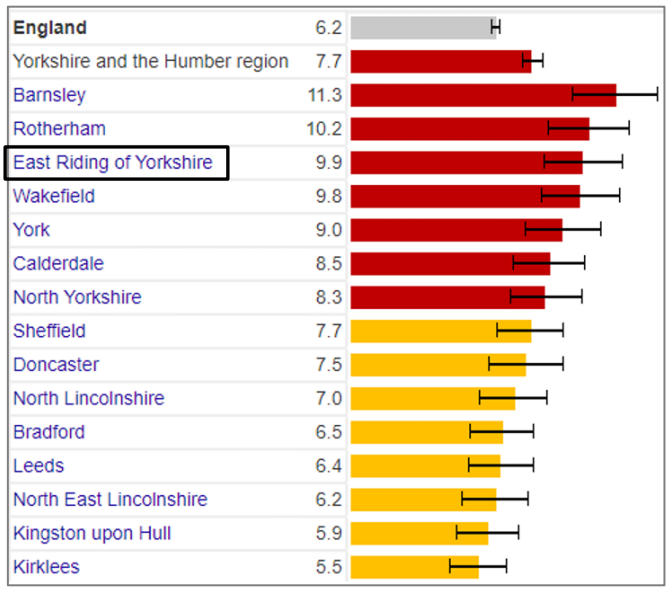


Table 6.5.3 shows the prevalence of 15 year olds have tried cannabis or other drugs (these results were also from the WAY survey). Results for the 3 indicators show the East Riding to have a lower (i.e. better) prevalence compared to England, although only the 1st indicator (those who had ever tried cannabis) was significantly lower.

Table 6.5.3 ERY substance misuse at age 15, 2014/15, WAY survey. RAG rating shows ERY and Y&H compared to England (green = better; amber = similar; red = worse). Source: PHE Fingertips

	ERY	Y&H	Eng	
Percentage who have ever tried cannabis at age 15	8.7%	9.8%	10.7%	
Percentage who have taken cannabis in the last month at age 15	3.8%	4.1%	4.6%	
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	0.5%	0.7%	0.9%	

6.6 Young people smoking

Smoking is a major cause of preventable morbidity and premature death. Smoking from a young age increases the risk of poor health outcomes in later life. The Tobacco Control Plan highlighted the importance of reducing the number of young people taking up smoking, as it is an addiction largely taken up in childhood but has profound effects throughout the life course. A national ambition was set to reduce the rates of 15-year old regular smokers to 3% by 2022. Data for this section is derived from the "What About Youth" (WAY) study.

Table 6.6.1 provides a summary of the smoking related information for East Riding residents aged 15 and compares prevalence against region, England and nearest 15 CIPFA neighbours. The "current" East Riding smoking prevalence (i.e. smoking less than one a week, between 1 and 6 cigarettes a week or 6+ cigarettes a week) in this age group, is estimated to be 7.6%, lower (but not significantly) than the England average of 8.2%. In comparison to other local authorities, the East Riding had the 2nd lowest (i.e. better) prevalence in the region and 8th lowest (approximately mid-table) amongst CIPFA neighbours.

The findings were similar for those classed as "regular smokers" (between 1 and 6 cigarettes a week or 6+ cigarettes a week), with a prevalence of 5.2% for the East Riding (lower than the England average of 6.2%, but not significantly).

Table 6.6.1 ERY smoking prevalence at age 15, 2014/15, WAY survey. RAG rating shows ERY and Y&H compared to England (green = better; amber = similar; red = worse). Source: PHE Fingertips

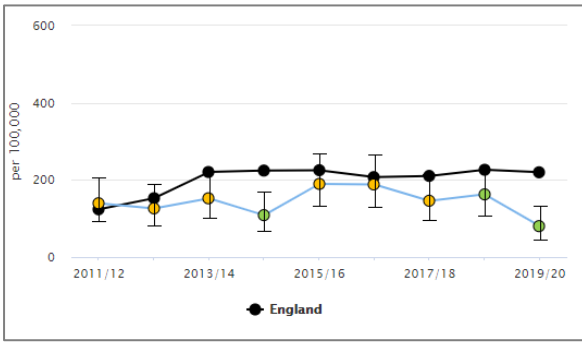
Smoking status	Prevalence			ERY compared to region LAs	ERY compared to CIPFA LAs
	ERY	Y&H	England		
Current smokers[1&2]	7.6%	8.7%	8.2%	2nd lowest	8th lowest
Regular smokers [1]	5.2%	6.2%	5.5%	2nd lowest	8th lowest
Occasional smokers[2]	2.4%	2.5%	2.7%	7th lowest	4th lowest

*Key: **1**: I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week". **2**: "I sometimes smoke cigarettes now but I don't smoke as many as one a week*

6.7 Self-Harm

There are numerous self-harm indicators on PHE Fingertips to compare the East Riding to other areas, so for this document 2 have been taken which include children and young people aged 10-14 years and 15-19 years. In the latest period reported (2019/20) there were 15 admissions for self-harm involving children aged 10-14 and 90 involving young people aged 15-19 years. As a rate per 100,000 population, both age groups in the East Riding were significantly lower than the equivalent rates for England overall and amongst the lower half of rates of local authorities within the region. Charts 6.7.1 and 6.7.2 below compare the rates of self-harm within the East Riding to England over the 9 year period 2011/12 to 2019/20. Both charts state that there has been no significant change in the direction of travel of the East Riding rate, over the past 5 years.

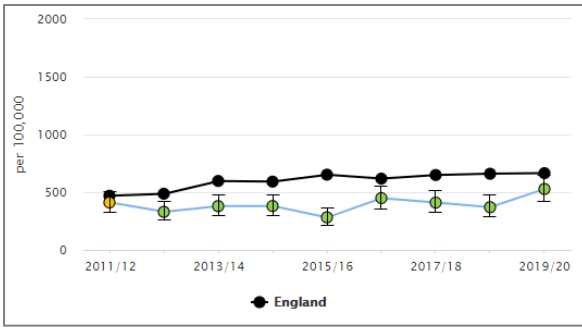
Chart 6.7.1 Emergency Hospital Admissions for Intentional Self-Harm, 10-14 years of age, comparing ERY to England. Standardised rate per 100,000 population. Source: PHE Fingertips



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2011/12	●	26	139.4	91.1	204.3	-	123.8
2012/13	●	23	126.2	80.0	189.4	146.6	152.5
2013/14	●	27	152.3	100.3	221.6	212.3	220.5
2014/15	●	19	108.7	65.4	169.7	219.2	224.2
2015/16	●	33	189.6	130.5	266.3	222.3	225.2
2016/17	●	33	188.3	129.6	264.4	222.1	207.2
2017/18	●	26	145.9	95.3	213.9	192.8	210.4
2018/19	●	30	162.5	105.2	225.6	233.2	226.3
2019/20	●	15	80.1	44.8	132.2	212.6	219.8

Chart 6.7.2 Emergency Hospital Admissions for Intentional Self-Harm, 15-19 years of age, comparing ERY to England. Standardised rate per 100,000 population. Source: PHE Fingertips



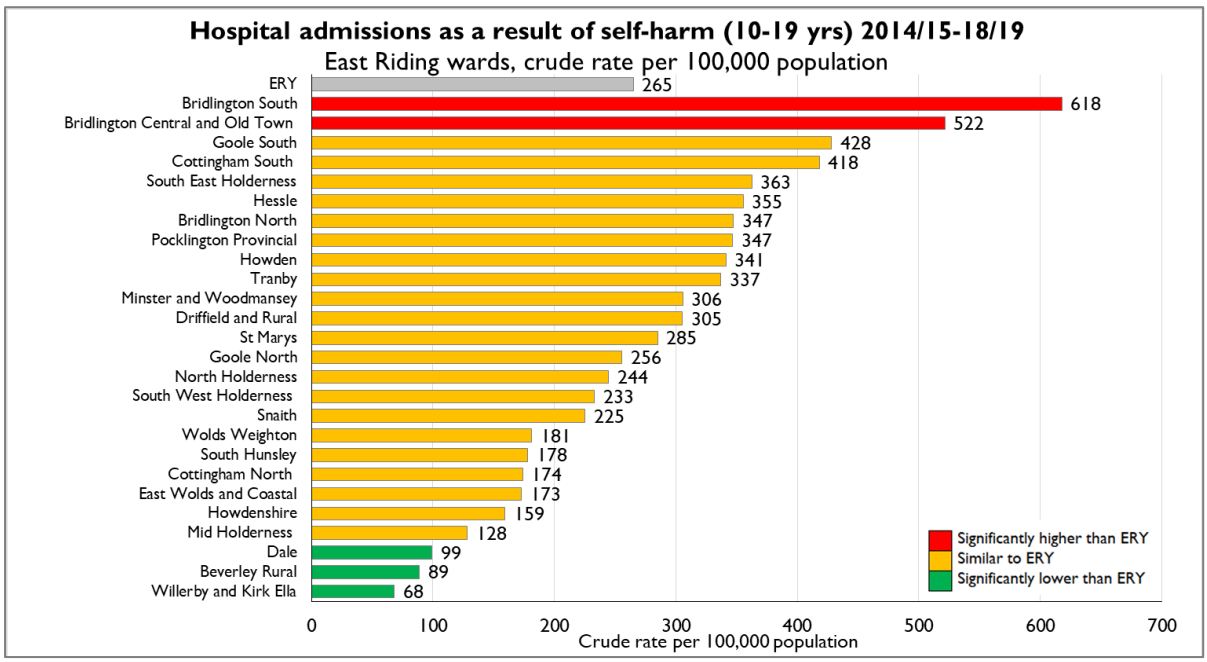
Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2011/12	●	84	410.8	327.7	508.6	-	469.2
2012/13	●	67	329.7	255.5	418.7	476.8	486.4
2013/14	●	76	378.9	298.5	474.3	567.1	597.1
2014/15	●	75	379.9	298.8	476.3	540.2	591.3
2015/16	●	54	281.6	211.5	367.5	590.2	651.6
2016/17	●	84	448.7	357.9	555.5	610.0	617.1
2017/18	●	74	409.4	321.5	514.0	620.3	648.6
2018/19	●	65	369.6	290.3	477.5	622.7	659.5
2019/20	●	90	527.6	419.0	642.1	608.0	664.7

Charts 6.7.3 displays the ward-level crude rate per 100,000 population (as opposed to the standardised rates shown in the previous charts) for hospital admissions as a result of self-harm for children and young people aged 10-19 years. This is for the 5 year pooled period 2014/15-18/19. Two of the wards had a significantly higher rate of admissions than the East Riding average, these were Bridlington South (618 per 100,000 population, based on 49 admissions) and Bridlington Central and Old Town (532 per 100,000, n=31). The Bridlington South rate was over twice the East Riding average and 9 times higher than the ward with the lowest rate (Willerby and Kirk Ella), which was 68 per 100,000. For Bridlington South to achieve the same rate as Willerby and Kirk Ella, the ward would have had to have recorded 44 less admissions. Analysis by local deprivation bands (IMD 2019) found young people living

in the most deprived 20% of East Riding communities had a significantly higher rate (472 per 100,000 population) of admissions for self-harm in this age band compared to the East Riding average (265) and all other deprivation bands.

*Chart 6.7.3 Hospital admissions as a result of self-harm (10-19 years) in ERY wards. Crude rate per 100,000 population. 2014/15-2018/19 (5 years pooled). Source: NHS Digital**



6.8 Hospital admissions caused by unintentional and deliberate injuries in children and young people

Section 5.4 features the 'indicator hospital admissions caused by unintentional and deliberate injuries in 0-4 year olds', this is the same indicator but for the wider age group of 0-14 years and the 15-24 years age group.

Table 6.8.1 displays the count and the rate of admissions in these age groups during 2019. The East Riding 0-14 years group has a smaller rate (i.e. better) than both the region and England, whilst the 15-24 group has a higher (i.e. worse) rate then the 2 comparators, however neither of the East Riding rates significantly different from either region or England.

Table 6.8.1 Hospital admissions caused by unintentional and deliberate injuries in young people. ERY compared to region and England, 2019/20. Crude rate per 10,000 population. Amber colour indicates the East Riding is similar to England. Source: PHE Fingertips

Age	ERY count	ERY rate	Y&H rate	England rate
0-14 years	470	89.8	95.3	91.2
15-24 years	430	137.9	133.2	132.1

A comparison in 2019/20 with other local authorities for both indicators, found the East Riding rates to be within the lower (i.e. better) half of rates within the region and amongst the CIPFA neighbours.

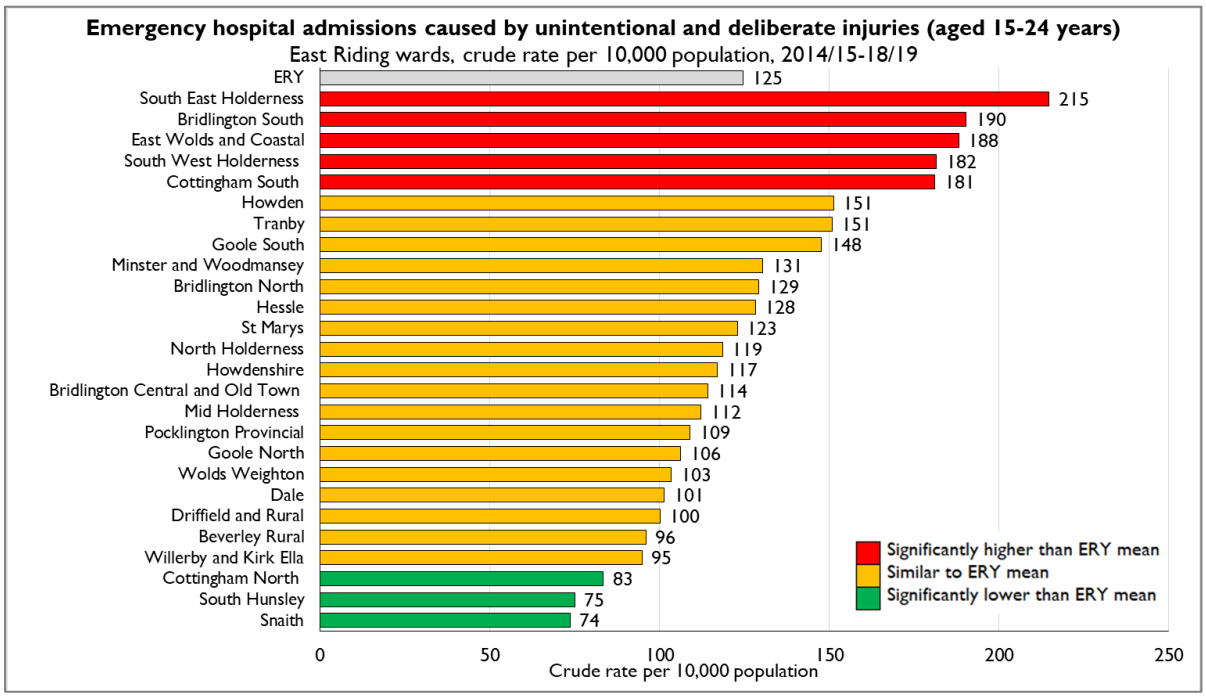
There has been no significant change in the direction of travel of the East Riding rate, for either age group over the past 5 years, with both age groups between 2010/11 and 2019/20 remaining significantly lower or statistically similar to the England and regional averages. The 0-14 year olds, over the past 10 years, have averaged 508 admissions per year caused by unintentional and deliberate injuries, whilst the 15-24 year olds have averaged 446 admissions.

Chart 6.8.2 on the next page, displays the rates of hospital admissions caused by unintentional and deliberate injuries within the wards of the East Riding. It is for the 5 year pooled period 2014/15-18/19 and for the 15-24 age group only.

There were 5 wards with a significantly higher rate of admissions than the East Riding average (125 per 100,000 population): South East Holderness, Bridlington South, East Wolds and Coastal, and South West Holderness and Cottingham South. These wards are generally, but not exclusively, amongst the more deprived wards of the East Riding. This in contrast to the wards with some of the lowest admission rates (Beverley Rural, Willerby and Kirk Ella, South Hunsley and Snaith) which are generally amongst the least deprived wards. The rate in South East Holderness (215 per 100,000 population) was almost 3 times higher than the ward with the lowest rate (Snaith, 74 per 100,000).

Observation of the rates within the East Riding local deprivation quintiles (IMD 2019) found the most deprived 20% of East Riding communities had a significantly higher rate of hospital admissions compared to the East Riding average and also the least deprived 20% of East Riding communities (the latter also had a significantly lower rate compared to the East Riding average).

Chart 6.8.2 Emergency hospital admissions (unintentional and deliberate injuries) aged 15-24 years at ERY ward level. 2014/15-2018/19. Crude rate per 100,000. Source: NHS Digital



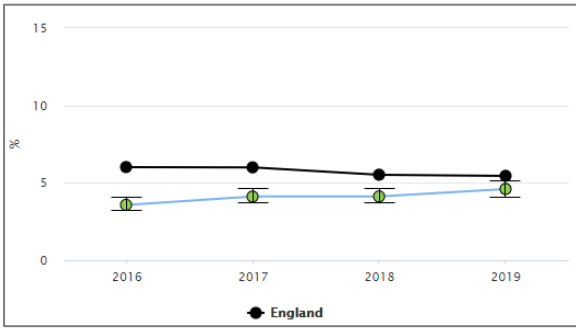
6.9 Not in education, employment or training (NEET)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work. The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives, but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.

To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was included in 2013 to raise the participation age as contained within the Education and Skills Act 2008. This required that from 2013 all young people remain in some form of education or training until the end of the academic year in which they turn 17. From September 2016 Department for Education relaxed the requirement on authorities to track academic age 18-year-olds. LAs are now only required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday (i.e. academic age 16 and 17-year-olds).

In 2019, 4.6% of 16-17 year olds in the East Riding were NEET (or their activity was unknown), based on a count of 310 persons. This was significantly better than the proportion for both England (5.5%) and the region (5.6%), as has been the cases since 2016 (see chart 6.9.1). However, the East Riding proportion had increased from 3.6% to 4.6% between 2016 and 2019.

Chart 6.9.1 *Not in education, employment or training. ERY compared to England. Source: PHE Fingertips*



Recent trend: Could not be calculated

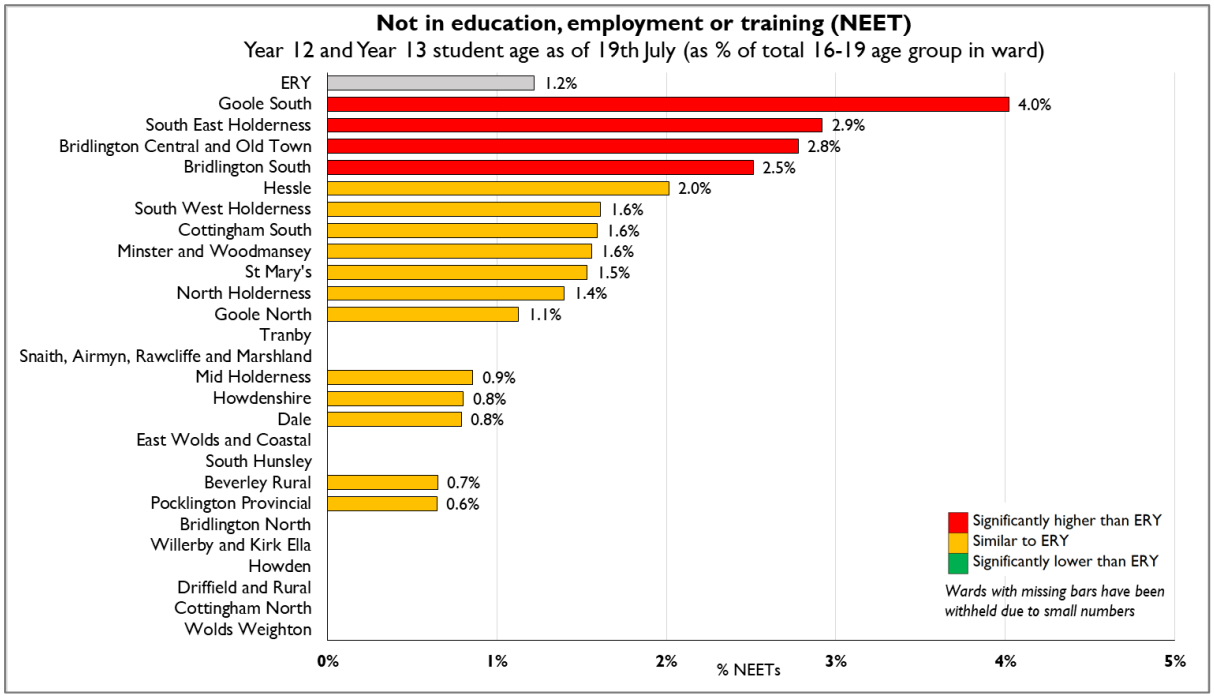
Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2016		260	3.6%	3.2%	4.1%	-	6.0%
2017		280	4.1%	3.7%	4.6%	-	6.0%
2018		280	4.1%	3.7%	4.6%	-	5.5%
2019		310	4.6%	4.1%	5.1%	-	5.5%

Source: Department for Education

A comparison in 2019 with other local authorities in the region and the CIPFA group found the East Riding to be within the bottom half (i.e. better) of values of both groups, where percentages ranged from 3% to 8.8% and 2.4% to 9.2% respectively.

Chart 6.9.2 shows the prevalence of NEETs within the wards of the East Riding as of July 2019. This chart uses a denominator of a wider age band of 16-19 year olds (to take account of all possible ages in school years 12 and 13) and *does not count* 'whose activity is not known' and so is not directly comparable with the previous chart.

Chart 6.9.2 Not in education, employment or training, July 2019. Source: ERYC Children's Performance Team



There were four wards with a significantly higher prevalence of NEETs than the East Riding average; Goole South (4% prevalence, n=16 NEETs), South East Holderness (2.9%, n=17), Bridlington Central and Old Town (2.8%, n=12) and Bridlington South (2.5%, n=15). A number of wards are not represented by a bar on the chart due to the small counts involved of the numerator (i.e. a count of less than 5 NEETs in that ward). Analysis on deprivation quintiles (IMD 2019) found the most deprived 20% of communities within the East Riding had a significantly higher proportion of NEETs (3%) compared to the East Riding average (1.2%) and every other deprivation quintile.

Consideration will need to be given to the impacts of the COVID-19 pandemic on employment and training opportunities of local young people.

7. Cross cutting themes

This section considers aspects of health and wellbeing that can affect children and young people throughout their development.

7.1 Oral health

Tooth decay is a predominantly preventable disease. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children (i.e. childhood obesity). Significant levels of tooth decay in childhood exist within the population. This results in pain, sleep loss, time off school and in some cases treatment under general anaesthetic.

Oral health surveys involving 5 year olds children are conducted every 2 years across the country, with the latest results available nationally for 2018/19. However, there have been no results for the East Riding for the past 2 surveys and the last results published for the East Riding were from 2014/15. From this survey, 23.2% of 5 year olds in the East Riding had had experience of visually obvious dental decay, which was an increase over the previous 2 surveys. The East Riding percentage was lower (but not significantly) than the national average of 24.7%. Regionally the proportion was 28.5%.

7.2 Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are when a child experiences abuse, neglect and dysfunctional home environments. ACEs put children at more risk of developing harmful behaviours, including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. In turn, these behaviours can be linked to conditions such as diabetes, mental illness, cancer, cardiovascular disease and premature mortality.

An informative video describing what ACEs are and how they have an impact on an individual's health and wellbeing was produced by the Public Health Network Cymru and is available here.

See Appendix 1 for information relating to the impact of COVID-19.

7.2.1 Family dysfunction

Children exposed to frequent, intense and poorly resolved inter-parental conflict are at heightened risk of emotional problems such as anxiety, depression as well as behavioural problems such as conduct problems. Children and young people can be affected by destructive inter-parental conflict with effects throughout the life course of the child.

This indicator counts children identified as 'in need' on 31st March with family stress or dysfunction or absent parenting identified as the primary reason for being in need at initial assessment. The primary need indicates the main reason why a child started to receive services, it should only record one reason and not be left blank.

In the 2017 (the latest period presented on Fingertips) there were 456 East Riding children in need due to this reason, as a rate this was significantly lower (72.7 per 10,000 population) compared to England (93.8). Between 2016 and 2017 the rate of children in need due to family stress or dysfunction or absent parenting, decreased. Refer to table 7.2.1.

Table 7.2.1 Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18. Crude rate per 10,000 children aged under 18-years. Source: PHE Fingertips

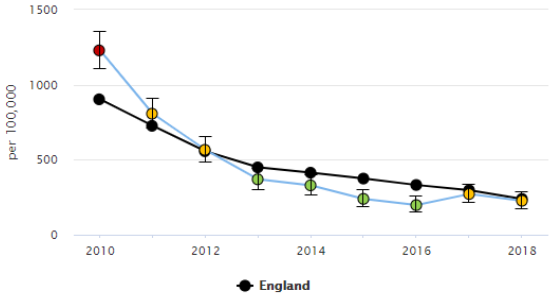
Period	ERY count	ERY rate	Yorkshire and the Humber rate	England rate
2016	659	105.1	66.4	98.0
2017	456	72.7	66.1	93.8

7.2.2 Young offending and first time entrants into the criminal justice service

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. This is an important indicator to consider as to ensure that vulnerable children and young people at risk of offending are included in planning and service provision. Children and young people at risk of offending or within the youth justice system often have greater mental health needs than other young persons. Mapping relevant risk factors associated with youth crime can help inform local authorities and NHS commissioning of evidence based early intervention, therefore maximising the life chances of vulnerable children and improving their outcomes. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system. Incorporating these vulnerable children into mainstream commissioning also has the potential benefit of impacting on a young person's wider family.

In 2018, 65 young people in the ERY (226.5 per 100,000) received their first conviction or youth caution. This was a similar rate of first time entrants compared to England (238.5 per 100,000) and the region (244.7 per 100,000) (chart 7.2.2).

Chart 7.2.2 First time entrants to the youth justice system in ERY compared to England. Source: PHE Fingertips



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010	🔴	392	1,228.6	1,109.9	1,356.4	849.2	902.5
2011	🟡	254	806.6	710.5	912.2	702.0	725.9
2012	🟡	175	565.7	485.0	656.1	537.9	556.9
2013	🟢	112	369.4	304.2	444.5	467.0	449.0
2014	🟢	98	329.2	267.3	401.2	477.0	413.5
2015	🟢	70	239.0	186.3	302.0	428.6	374.4
2016	🟢	57	197.5	149.6	255.9	353.0	331.7
2017	🟡	78	271.5	214.6	338.8	322.9	296.4
2018	🟡	65	226.5	174.8	288.7	244.7	238.5

7.3 Mental health

Mental health is an aspect of health and wellbeing that affects everyone. Mental health and resilience is developed and influenced from childhood.

7.3.1 Maternal mental health assessments

Understanding how mothers are coping with their own mental health is an important element of pre- and post-natal care. Ensuring mothers are able to cope and have access to support where necessary can have huge benefits to the health and wellbeing of the child and family involved. Maternal mental health assessments are conducted between 28-weeks' gestation and birth and between birth and 8-weeks post-natal.

In 2019/20, 2,205 expectant mothers within the East Riding received a maternal mental health assessment between 28-weeks and birth (97.4% of all expectant mothers, with a target of 95%). There were 2,450 mothers who received a maternal mental health assessment between birth and 8-weeks postnatal (equating to 98.9%, with a target of 95%).

7.3.2 Child Mental Health

PHE Fingertips estimate that there were 5,762 East Riding children and young people (aged 5-17) with mental health disorders in 2017/18. The website also estimates the prevalence of emotional disorders in 5-16 year olds as 3.5% in the East Riding, which was lower than the regional (3.7%) and England estimates (3.6%).

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing which consists of 14 questions to assess individuals feeling and functioning aspects of mental wellbeing. In 2014/15, the mean score of the WEMWBS statements at age 15-years old was 47.5. This was a similar score to England and the region (47.6 and 47.7 respectively).

For further details on mental health throughout the life course, the "Mental Health and Dementia Joint Strategic Needs Assessment" can be found on the East Riding JSNA website by clicking here.

See Appendix 1 for information relating to the impact of COVID-19 on health.

7.4 Parenting

Parenting is recognised as playing a vital role in determining the health and wellbeing of children, young people and families. Positive parenting is pivotal to ensure children grow up with the best start in life and can achieve the best outcomes later in life.

Positive parenting creates a warm, loving, nurturing home environment which enables children to grow up happy and healthy and flourish as young adults. All parents need help and guidance at some point in their parenting experience and seeking help should be seen as normal, acceptable and a positive step. In modern society, many parents no longer have immediate access to a supportive family or community for advice and help; access to easily available professionally-based advice and support has become more important.

7.4.1 Parenting through childhood

During gestation, parental behaviours that have an impact on child development include diet, substance misuse and stress. Even at this very early stage, the health of the child into their own adulthood can be compromised.

The first 1001 days are the most important in terms of setting up the pathways and frameworks that support all other development throughout children's lives. During this period, it is vital to provide parents with the right support at the right times. Within this period, the parent/child connection is of paramount importance and the positive elements of this interaction link to all other areas known to affect health and wellbeing.

Diet, stress and emotional wellbeing all continue to be important as the child develops into their teenage years. The potential difficulties brought along with the transitions young people experience such as puberty, social interactions, engagement in risky behaviours require an adaptive parental approach. This is a distinct and important stage where parental knowledge of the processes in play might well help them respond positively.

The prevalence of mental health issues is also known to be greater in the late teens and early twenties which show the need for parental awareness and engagement in this subject area.

Interestingly, the importance of social connectedness is shown to be core across childhood, adolescence and into adulthood, beyond academic achievement, socio-economic status and disadvantage. This is true for parents and their children and the networks that emerge over time.

7.4.2 Parenting through adversity

Parenthood itself is a transition that requires some adjustment by all affected parties. Evidence supports the notion of parental involvement even where the relationship with the mother may no longer be intact in its original form. Where young parents are increasingly not in a long-term relationship with each other, seeking to continue to support the involvement of both parents could have a positive effect on a significant proportion of new born children in the crucial first 1001 days and beyond.

Evidence on the effects of separation and divorce on children is concerning in that this results in children being at greater risk of socio-economic wellbeing, lower academic achievement, more physical health problems, more mental health problems and behavioural problems. They are also less likely to sustain a romantic relationship of their own, which makes these negative effects inter-generational.

There is evidence that young male parents not in a romantic relationship with the mother are often excluded and do not have any support (practical and emotional) in developing the necessary skills in parenting and remaining involved.

Those who do remain with the mother can develop and maintain more positive relational skills that transmit between parents and provide protective factors and resilience. Improvement of these elements for fathers and parents is showing early signs of having a positive impact on the social context and health outcomes of children.

See Appendix 1 for information relating to the impact of COVID-19.

8. Vulnerable Groups

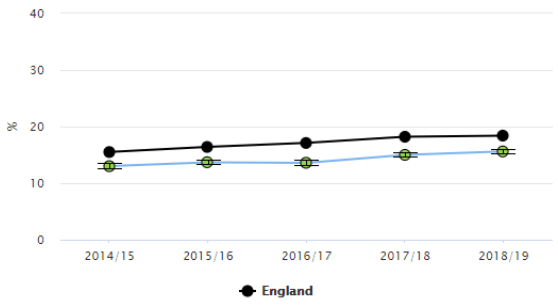
This section addresses the needs of vulnerable population groups within the ERY population to consider how their differing circumstances can be addressed through support and advice.

8.1 Children in low income families

Childhood poverty has increased risk of premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. Children and young people growing up in poverty also have a higher risk of exposure to a range of risks that can have a serious impact on their mental health (i.e. ACEs).

This indicator shows the proportion of children under 16 years living in households with a relative low income (i.e. the income is below 60% of the UK median in that year). The East Riding is compared to England in chart 8.1.1 between 2014/15 and 2018/19 and throughout that time the East Riding has been significantly lower; however the trend for the local authority has been increasing and getting worse over the past 5 years. In 2018/19 the East Riding had a significantly lower proportion of children in low income families compared to England (15.6% compared to 18.4% in 2016), was third lowest in the region (which ranged from 12.4% to 34.7%) and 8th lowest amongst CIPFA neighbours (ranging from 9.8% to 22.3%).

Chart 8.1.1 Proportion of children in low income families in ERY compared to England. Source: PHE Fingertips



Recent trend: ⬆ Increasing & getting worse

	East Riding of Yorkshire						
Period		Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2014/15		7,177	13.0%	12.6%	13.4%	13.7%*	15.5%
2015/16		7,529	13.7%	13.3%	14.1%	14.0%*	16.4%
2016/17		7,509	13.6%	13.2%	14.0%	14.4%*	17.1%
2017/18		8,295	15.0%	14.6%	15.4%	15.1%*	18.2%
2018/19		8,685	15.6%	15.2%	16.0%	15.5%*	18.4%

Source: Department for Work and Pensions / HM Revenue and Customs

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

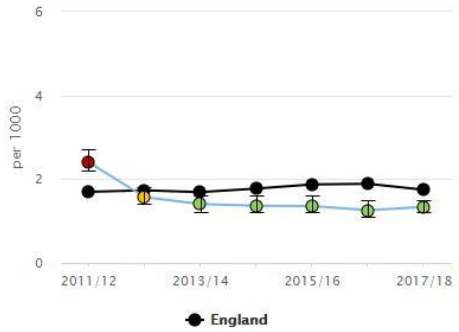
When reviewed 10 years later, Marmot (2020) found family circumstances for many had deteriorated since 2010, stating that the rates of child poverty had increased and many social and economic outcomes inequalities had widened.

8.2 Family homelessness

The UN Convention on the Rights of the Child highlights the right of every child to an adequate standard of living. Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

Homelessness has been quantified below by looking at pregnant women or families with dependents who have been declared unintentionally homeless. The East Riding has a significantly lower rate of homelessness than England (1.3 per 1000 and 1.7 per 1000 respectively) (chart 8.2.1). Homelessness in the East Riding has a better rate than the average rate for the region (chart 8.2.2) and has the second highest rate of homeless compared to its peer comparators (chart 8.2.3).

Chart 8.2.1 Homelessness in ERY compared to England. Crude rate per 1000. Source: PHE Fingertips



Recent trend: ➡

Period	East Riding of Yorkshire					Yorkshire and the Humber region	England
		Count	Value	Lower CI	Upper CI		
2011/12		348	2.4	2.2	2.7	1.4	1.7
2012/13		239	1.6	1.4	1.8	1.3	1.7
2013/14		206	1.4	1.2	1.6	0.9	1.7
2014/15		199	1.4	1.2	1.6	0.8	1.8
2015/16		200	1.4	1.2	1.6	0.9	1.9
2016/17		185	1.3	1.1	1.5	1.0	1.9
2017/18		198	1.3	1.2	1.5	1.0	1.7

Source: P1E quarterly returns, Ministry of Housing, Communities and Local Government.

Chart 8.2.2 Homeless in ERY compared to the Y&H region. Crude rate per 1000, 2017/18.

Area	Value
England	1.7
Yorkshire and the Humber region	1.0
Kingston upon Hull	3.6
Doncaster	2.0
Kirklees	1.6
East Riding of Yorkshire	1.3
Bradford	1.2
Wakefield	1.1
Sheffield	0.9
North Lincolnshire	0.7
York	0.6
North Yorkshire	0.6
Rotherham	0.6
Leeds	0.4
Barnsley	0.3
Calderdale	0.3
North East Lincolnshire	*

Chart 8.2.3 Homelessness in ERY compared to peer comparators. Crude rate per 1000, 2017/18.

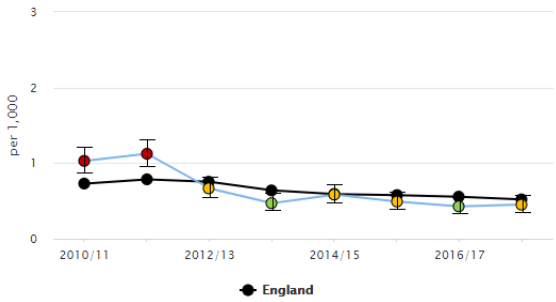
Area	Value
England	1.7
Neighbours average	-
Poole	1.4
East Riding of Yorkshire	1.3
Torbay	1.3
Shropshire	1.2
Stockport	1.0
Wiltshire	0.9
Isle of Wight	0.9
Cornwall	0.9
Northumberland	0.8
North Somerset	0.8
Wirral	0.5
Herefordshire	0.4
County Durham	0.4
Cheshire West and Cheste	0.4
Cheshire East	0.3
Sefton	0.2

8.3 Homeless young people

Homelessness has profound impact on both the young people affected and the wider society. Young people describe their lives as being 'on hold' whilst homeless consequentially making it harder for them to achieve their goals and proving detrimental to their own wellbeing. Homeless young people are more likely not to be in education, employment or training. Consequential criminal activity further decreases the chances of them finding work and escaping their situation. These young people are also at a higher risk of being victims of crime and exploitation. The chaotic and unstable lives of homeless young people means poor physical and mental health is common, as is substance misuse.

Chart 8.3.1 demonstrates there has been a significant decrease over the last 7 years in the rate of homelessness in the East Riding and has had a lower rate than England since 2012/13.

Chart 8.3.1 Homeless young people, aged 16-24, in ERY compared to England. Crude rate per 1,000. Source: PHE Fingertips



Recent trend: ➡ No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2010/11	🔴	147	1.03	0.87	1.21	0.82	0.73
2011/12	🔴	161	1.12	0.96	1.31	0.87	0.79
2012/13	🟡	96	0.67	0.54	0.81	0.78	0.75
2013/14	🟢	68	0.47	0.37	0.60	0.48	0.64
2014/15	🟡	85	0.58	0.47	0.72	0.43	0.59
2015/16	🟡	72	0.49	0.39	0.62	0.41	0.58
2016/17	🟢	63	0.43	0.33	0.55	0.40	0.56
2017/18	🟡	66	0.45	0.35	0.57	0.35*	0.52

In 2017, PHE stated that there were 66 homeless people aged 16-24 within the East Riding and that rate (0.45 per 1,000 population) was lower, but not significantly, than the national average (0.52 per 1,000). Compared to other local authorities in 2017/18; the East Riding rate of homeless young people within the region was the 4th highest and centrally placed amongst the 10 CSSBNT neighbours.

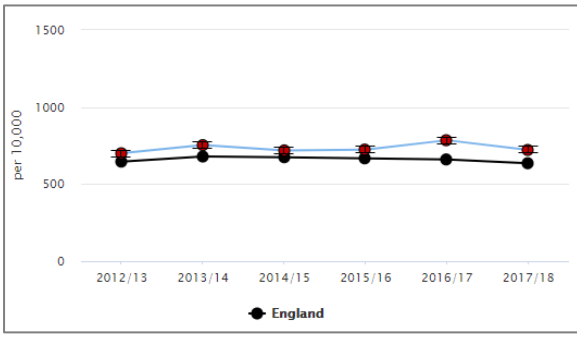
8.4 Children in need

A child in need is one who has been assessed by children's social care to be in need of services. These services can include family support, leaving care support, adoption support or disabled children's services.

In 2017/18 there were 4,519 children (aged under 18 years) classified as being as a child in need. As a rate per 10,000 population, the East Riding had a significantly higher rate (721 per 10,000) compared to both England (635) and the region (690).

Chart 8.4.1 highlights the East Riding to have had a significantly higher rate than England in all periods displayed.

Chart 8.4.1 Children in need: Rate per 10,000 children aged <18, ERY compared to England. Crude rate per 10,000. Source: PHE Fingertips



Recent trend: No significant change

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2012/13		4,465	700	679	721	701	646
2013/14		4,773	753	732	775	755*	679
2014/15		4,537	719	698	740	725	674
2015/16		4,540	724	703	746	711*	667
2016/17		4,924	785	762	806	680*	660
2017/18		4,519	721	701	743	690*	635

Source: Children in need statistics https://www.gov.uk/government/collections/statistics-children-in-need

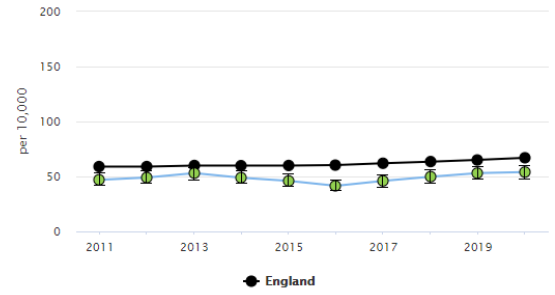
For more information relating to children in need in the ERY, see the "Vulnerable Children and Young People in the East Riding" document available here.

8.5 Children looked after

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

There were 340 children looked after as at 31 March 2020 in the East Riding and as a rate per 10,000 population the local authority had a significantly lower rate when compared to England (54 per 10,000 and 67 per 10,000 respectively). Chart 8.5.1 shows the East Riding to have had a significantly lower rate than England since 2011, but the red arrow indicates that the East Riding has significantly increased in rate over the past 5 years.

Chart 8.5.1 Children looked after in ERY compared to England.

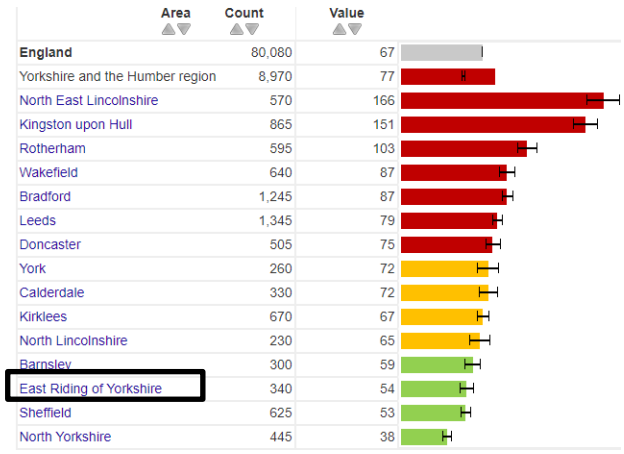


Recent trend: Increasing & getting worse

Period		East Riding of Yorkshire Count	Value	95% Lower CI	95% Upper CI	Yorkshire and the Humber	England
2011		305	47	42	53	66	59
2012		315	49	44	55	67	59
2013		335	53	47	58	66	60
2014		310	49*	44	55	65*	60*
2015		290	46*	41	52	64*	60*
2016		260	41*	37	47	63*	60*
2017		285	46	40	51	67	62
2018		310	50	44	56	71	64
2019		335	53	48	59	74	65
2020		340	54	48	60	77	67

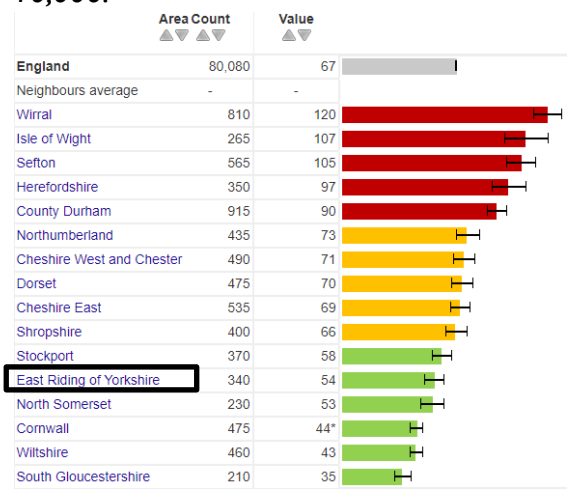
As of 31 March 2020, the East Riding had the 3rd lowest rate of children looked after in the region and 4th lowest compared to its peer comparators in the CIPFA group. See charts 8.5.2 and 8.5.3.

Chart 8.5.2 Children in care in ERY compared to the Y&H region (2020). Crude rate per 10,000.



Area	Count	Value
England	80,080	67
Yorkshire and the Humber region	8,970	77
North East Lincolnshire	570	166
Kingston upon Hull	865	151
Rotherham	595	103
Wakefield	640	87
Bradford	1,245	87
Leeds	1,345	79
Doncaster	505	75
York	260	72
Calderdale	330	72
Kirklees	670	67
North Lincolnshire	230	65
Barnsley	300	59
East Riding of Yorkshire	340	54
Sheffield	625	53
North Yorkshire	445	38

Chart 8.5.3 Children in care in ERY compared to peer comparators (2020). Crude rate per 10,000.



Area	Count	Value
England	80,080	67
Neighbours average	-	-
Wirral	810	120
Isle of Wight	265	107
Sefton	565	105
Herefordshire	350	97
County Durham	915	90
Northumberland	435	73
Cheshire West and Chester	490	71
Dorset	475	70
Cheshire East	535	69
Shropshire	400	66
Stockport	370	58
East Riding of Yorkshire	340	54
North Somerset	230	53
Cornwall	475	44*
Wiltshire	460	43
South Gloucestershire	210	35

As already highlighted in this section, there are approximately 350 children looked after by East Riding of Yorkshire Council of which the majority, but not all, are the responsibility of NHS ERY CCG (e.g. where the child or young person lived in East Riding but was registered with a NHS Hull CCG GP at the time of becoming looked after). The table below shows the number of initial and review health assessments completed in the last three financial years and an estimate for 2020/21.

Table 8.5.3 East Riding of Yorkshire: number of initial and review health assessments completed in the last three financial years and an estimate for 2020/21

Year	Initial health assessments	Review health assessments
2017_18	99	298
2018_19	111	329
2019_20	113	343
2020_21 FOT	122	367

During 2020/21, there were 29 leaving care health summaries completed. Whilst the numbers do vary each year, according to NHS ERY CCG the numbers completed are gradually increasing.

8.6 Children and young people who are carers

Young people aged 16-24 years who provide any (1+ hours) of unpaid care per week are more likely to have poorer mental health outcomes which impacts on their physical, emotional and psychological wellbeing. Additionally, young carers are also more likely to be living in poverty or poor conditions due to financial constraints. In England, there were 166,363 young carers, 9% of which care for 50 hours a week or more. Data for this indicator has been produced from the 2011 census data therefore the current proportion of young people presently providing care may differ. There are no trends available for young people in the East

Riding providing care, due to a lack of immediately accessible data. Nonetheless, this indicator is important to include in this document as young carers are a particularly vulnerable group who require support and advice to ensure their mental and physical health and wellbeing is being met.

In 2011, over 1,500 young people in the East Riding aged 16-24 years were recorded as providing at least 1 hour of unpaid care per week. This gave a prevalence of 4.7%, similar to the England average of 4.8%.

Charts 8.6.1 and 8.6.2 compare the percentage of young people within the East Riding population aged 16-24 years who provide unpaid care (1+ hours), against the region and statistical neighbours respectively. Chart 9.7.1 and 9.7.2 show the East Riding to have the 7th lowest proportions within the region and also amongst statistical neighbour local authorities.

Chart 8.6.1 Young people providing care: percentage (%) of people aged 16-24 who unpaid care, 2011. ERY compared to the Y&H region. Source: PHE Fingertips

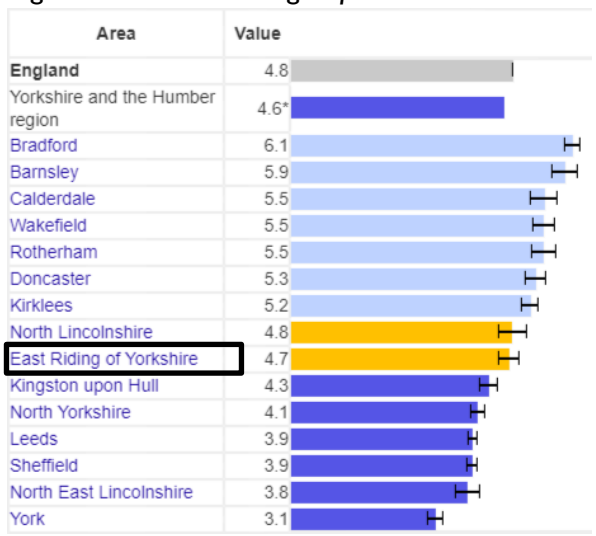
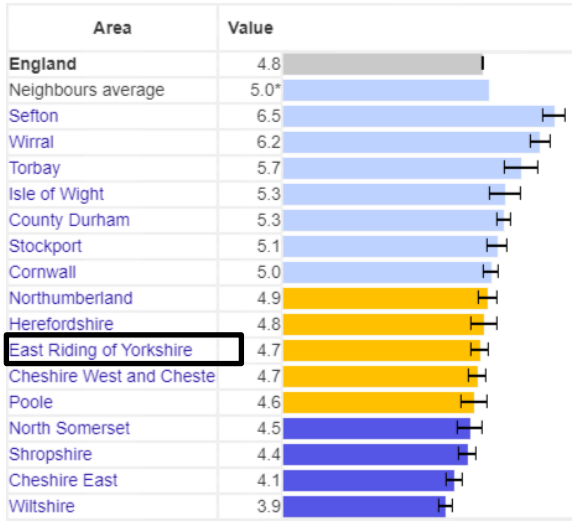


Chart 8.6.2 Young people providing care: percentage (%) of people aged 16-24 who unpaid care, 2011. ERY compared to statistical neighbours. Source: PHE Fingertips



Charts 8.6.3 and 8.6.4 show the proportion of East Riding young people who were providing considerable unpaid care (20+ hours per week) in 2011. The East Riding proportion of 1.1% (based on 360 residents providing unpaid care) was significantly lower than the England average of 1.3%. Within the region, the East Riding has the 5th lowest proportion of 16-24 year olds providing a large amount of unpaid care and the fourth lowest compared to statistical neighbours.

Chart 8.6.3 Percentage (%) of people aged 16-24 who unpaid care, 2011. ERY compared to the Y&H region. Source: PHE Fingertips

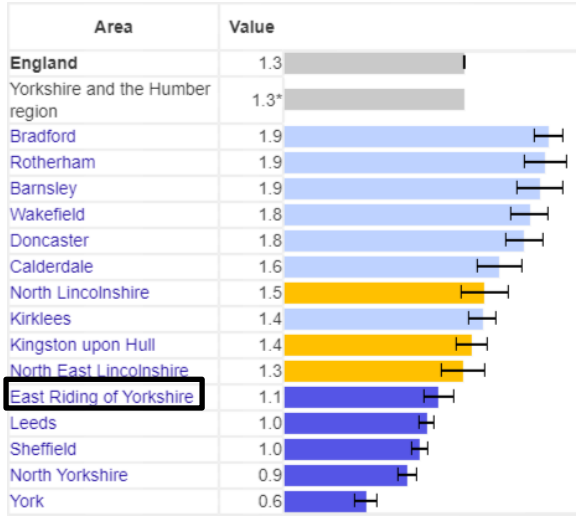
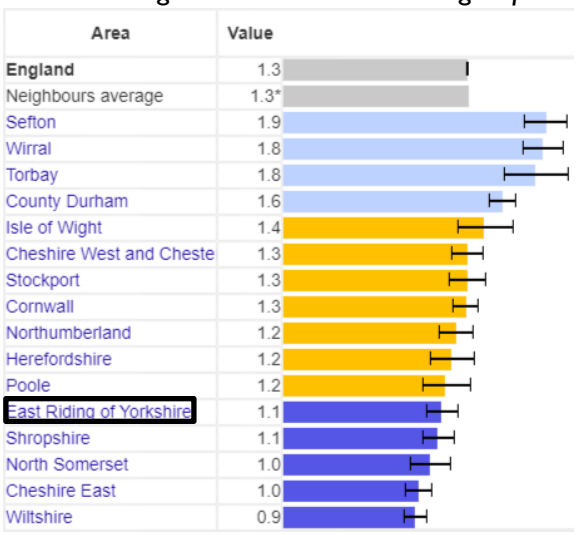


Chart 9.6.4 Percentage (%) of people aged 16-24 who unpaid care, 2011. ERY compared to statistical neighbours. Source: PHE Fingertips



8.7 Children with long-term conditions

Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health.

Studies have shown that the health of young people has remained moderately stable over time, despite the health of infants and older people improving. Young people's general health has therefore been an area of concern for the government over a number of years. Self-rated health is seen to be related to behaviours, outcomes and other social conditions such as life satisfaction. There is also a wide variation between individuals and their health, with background, economic status and the area people live in having a significant impact on their general level of health.

The PHE Fingertips website includes a section called 'long term conditions and complex health needs', accessible by clicking here, which provides information about East Riding children and long term conditions. A summary table of the content provided on the website is provided below in table 8.7.1.

Table 8.71 Long term conditions and complex health needs in the East Riding, compared to region and England. Source: PHE Fingertips

Indicator	Period	East Riding			Region England	England	England
		Recent Trend	Count	Value	Value	Value	Range
Hospital admissions for asthma (under 19 years)	2019/20	→	60	90.1	140.9	160.7	
Admissions for asthma for children aged 0 to 9	2019/20	→	40	119	170	192	
Admissions for asthma for young people aged 10 to 18	2019/20	→	20	60.6	107.6	123.4	
Admissions for diabetes for children and young people aged under 19 years	2019/20	→	35	52.5	52.8	51.9	
Admissions for diabetes for children aged 0 to 9	2019/20	→	10	29.8	27.3	27.6	
Admissions for diabetes for young people aged 10 to 18	2019/20	→	25	75.7	82.2	80.6	
Admissions for epilepsy for children and young people aged under 19 years	2019/20	→	45	67.5	82.8	78.2	
Admissions for epilepsy for children aged 0 to 9	2019/20	→	25	74.4	102.3	94.6	
Admissions for epilepsy for young people aged 10 to 18	2019/20	→	15	45.4	61.3	58.8	
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	–	-	14.2%	13.0%	14.1%	
Hospital admissions for mental health conditions	2019/20	↑	95	150.7	73.5	89.5	
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2020	↑	805	1.78%	2.65%	2.70%	
Pupils with special educational needs (SEN): % of school pupils with special educational needs	2018	→	5,929	13.1%	14.3%	14.4%	

8.8 Gypsy and Traveller Communities

Gypsies and Travellers generally suffer poor health and a lower life expectancy than the general population. The Gypsy and Traveller population are estimated to have a life expectancy 10-12 years lower than the settled population(17). Additionally, this population are also significantly higher risk of suffering a range of poor health outcomes (table 8.8.1). Research and population studies have highlighted the Gypsy and Traveller population health and wellbeing is poorer than compared to the general population and other marginalised groups.

Table 8.8.1 Conditions and health outcomes which are common in the Gypsy and Traveller communities. Source: Shared Intelligence and Gypsylife, 2015.

• High infant mortality	• High risk of substance misuse issues
• High maternal mortality	• High prevalence of long-term conditions
• High prevalence of mental health issues	• Low level of child immunisations

There are three sites within the ERY which Gypsy and Traveller communities can settle upon and rent pitches from the county council. The sites are located at:

- Woodhill Travellers Site, Woodhill Way, Cottingham, HU16 5SX
- Woldgate Travellers Site, Woldgate, Bridlington, YO16 4XE
- Eppleworth Travellers Site, Westfield Road, Skidby, HU16 5YJ

According to the 2012 Gypsy and Traveller Needs Assessment created for the East Riding of Yorkshire Council by the Arup Group, there was an estimated 488 individuals within this

community. Demographic information was not estimated. The full needs assessment can be accessed here.

8.9 Economic migrants

An economic migrant is a person who travels from one country to another in order to improve their standard of living. Whilst a variety of measures are in place to ensure migrants have the right and ability to access healthcare, many individuals fall through the cracks or do not utilise the services on offer.

In 2017, there were 860 National Insurance registrations to adult oversea nationals entering the UK. Goole South and Goole north had the highest proportion of NI registrations. Economic migrants come to the ERY in part due to the large number of horticultural and agricultural employment opportunities.

8.10 Refugees and asylum seekers

Just like for economic migrants, the Equality Act 2010 places a regard duty on public authorities to protect the health and wellbeing of refugees and asylum seekers. Previous research has identified asylum seekers are disproportionately burdened by communicable and non-communicable diseases including a high prevalence of respiratory, gastrointestinal, dermatological and sexually transmitted diseases, poor dental health and physical limitations. The mental health and wellbeing of asylum seekers is also disproportionately burdened with a higher prevalence of depression, anxiety and post-traumatic stress disorder.

8.11 Service children

The nature of the work of the armed forces, can often present a unique and challenging environment for children born within a service family. Barriers may include regularly interrupted education and a lack of social and emotional needs not being met due to a lack of established and long term friendships with other children. Parental stress and mental health problems due to the nature of the role of the forces can impact on family life, and for the young, brain development may be irreparably altered because of this, impacting on the child's physical, cognitive, emotional and social growth.

In the January 2021 school census, there were 22 East Riding schools containing 5* or more service children. Table 8.11.1 shows the number of service children by each of these schools.

Table 8.11.1 Service children: ERY school attended, January 2021. Source: ERY Children, Families and Schools Performance Team.*

** Only schools with a count of 5 more or more service children are shown, due to data confidentiality. Other schools may have a higher proportion of service children on their roll, but numbers of service children will be less than 5 and therefore not shown in this table*

School no.	School Name	Total no. of children on school roll	No. of service children in school*	% of school roll that are service children**
2754	Leconfield Primary School	157	69	43.9%
4051	Longcroft School	937	57	6.1%
2719	Driffield Junior School	497	12	2.4%
2768	Westfield Primary School	408	9	2.2%
4061	Hornsea School and Language College	1076	23	2.1%
4001	Driffield School	1344	27	2.0%
2743	Pocklington Junior School	275	5	1.8%
3029	Mount Pleasant C of E, VC Junior School	318	5	1.6%
2777	Acre Heads Primary School	409	6	1.5%
2733	Hornsea Primary School	555	8	1.4%
4102	The Snaith School	908	13	1.4%
4060	Woldgate School and Sixth Form Centre	1176	14	1.2%
4055	The Market Weighton School	517	6	1.2%
4063	Howden School	690	8	1.2%
4056	South Hunsley	2130	22	1.0%
4500	Bridlington School	1071	10	0.9%
4062	Wolfreton School	1504	14	0.9%
4625	Beverley Grammar School	819	7	0.9%
4002	Holderness Academy and 6th Form College	1167	9	0.8%
4050	Beverley High School	855	6	0.7%
4053	Hessle High School and Penshurst Primary	1748	10	0.6%
4058	Cottingham High	956	5	0.5%

Leconfield Primary School had the highest count of service children (n=69), followed by Longcroft School and Sixth Form College (n=57). Leconfield School had the highest proportion of service children on its roll at almost 44%. Owing to the close proximity of the Defence School of Transport (the largest residential driver training school in the world), based at Normandy Barracks in Leconfield, this is perhaps not surprising.

9. Current East Riding of Yorkshire ISPHN Services

This section provides an overview of current ISPHNS services in the ERY. The current ISPHNS service is commissioned as an integrated model in which the Health Visitor and School Nursing services across East Riding have been formed into a 0-19 (25) Specialist Public Health Nursing workforce. The service is designed as a needs-based model, with flexible transition points, so that families and children can benefit from a range of skills across the whole 0-19 (25) life course, and offering continuity of care for targeted and specialised interventions. Further detail on some individual service elements is given below:

9.1 Antenatal Provision

The HCP antenatal contact is carried out in the home to begin to develop a relationship with the ISPHN and enable assessment of the baby's environment. Coverage is lower than for postnatal contacts although increasing year on year, and there is ongoing work in partnership with local maternity systems to improve pathways and rates of notifications from Midwives. Table 10.1 shows the percent achieved for the past 4 financial years.

Table 10.1. Percent of mothers receiving a first face to face antenatal contact with a health visitor at 28 weeks or above. Source: Current provider quarterly contracting reports.

Financial year	% of mothers receiving a first face to face antenatal contact with a health visitor at 28 weeks or above
2017/18	66.8%
2018/19	78.9%
2019/20	84.2%
2020/21	87.0%
Target	95.0%

9.2 Antenatal parenting education

Antenatal parenting education sessions are a programme of lessons designed to help expecting parents to prepare for the baby's birth and give them confidence and information. Antenatal education is currently delivered via a collaborative model co-ordinated by East Riding Children's Centres and delivered in partnership with ISPHNS, and Midwifery services. ISPHNS have responsibility for delivering the Infant Feeding session and also contribute to 'Carousel' market place events. Up to 2019/20, around a third of East Riding families were attending antenatal education, however the COVID-19 pandemic has led to disruption in delivery of face-to-face sessions requiring use of a range of strategies to maintain access and engagement. In order to improve quality and consistency a new model is being developed, incorporating more flexibility in delivery, and a shared outcomes framework.

9.3 Infant feeding support

Breastfeeding support is provided as an integral part of the ISPHNS contract.

All ISPHNS Health Visitor practitioners are trained to BFI standards, and provide information to enable pregnant women to make informed choice around infant feeding and to be supported in their chosen feeding method.

The service includes an infant feeding co-ordinator, and feeding champions in each locality. ISPHNS also provide specialist breastfeeding support for mothers requiring additional help for complex needs after 28 days. The current service comprises two International Board of Lactation Consultants (IBLC) trained Lactation Consultants available via a referral pathway.

In March 2019, the East Riding IPSHN service were awarded the Baby Friendly Initiative Gold Award in conjunction with the ERY Children's Centres: the East Riding was a pilot site for a joint Gold award for community services working collaboratively. Compliance continues to be regularly audited and assessed on an annual basis.

9.4 School nursing services

The ISPHNS support children and young people in schools through providing health information, advice and support to families and carers. The ISPHNS covers health checks, planning and preparation of the National Child Measurement Programme and delivery of health promotion sessions.

The ISPHNS offer a school based drop in service which allows pupils to see nurses without making an appointment. Evaluation of the drop-in service was conducted in East Riding schools during the autumn term of the 2018-2019 academic year. A number of key findings are highlighted below in the bulleted list (source: Humber Teaching NHS Foundation Trust):

- 60% of KS3 and KS4 pupils did not know where the school drop-in was held;
- The majority of pupils expressed a preference for the drop-in to be at lunchtime;
- The majority of pupils preferred a drop-in service whilst over a third would prefer appointments;
- Top three reasons for attending drop-in at KS3: anxiety, bullying and exam stress;
- Top three reasons for attending drop-in at KS4: anxiety, exam stress, depression.

ChatHealth is a two-way communication platform that allows direct contact between patients and healthcare professionals(21). The platform is used to enable young people (aged 11-19) to ask a nurse questions through anonymous SMS text messages. A web-based management application allows teams of school nurses to reply to the message confidentially. ChatHealth is currently available to around 1 million young people in England and was launched in ERY schools in July 2019. In January 2020, the ChatHealth website went live. During 2019/20, there were 157 conversations opened on ChatHealth

9.5 Family Nurse Partnership Programme

The ISPHNS service currently delivers intensive support to young and vulnerable mothers through the Family Nurse Partnership licensed programme. The Family Nurse Partnership Programme (FNP) is a free, voluntary programme for under 20-year olds expecting their first baby. It is an integral part of the ISPHNS 0-19(25) service. A specially trained Family Nurse will visit every one to two weeks starting early on in pregnancy and continue until the child is two-years old. The FNP programme aims to enable women to have healthy pregnancies, improve the child's health and development and help plan for the mother's own future and aspirations. The programme also works with fathers who are invited to the sessions. The service is currently delivering to an extended model through FNP ADAPT; offering to vulnerable first-time mothers aged 20-24, and implementing personalisation and flexing of the FNP offer to the needs of clients. Work is also ongoing to integrate the FNP more fully into the ISPHNS.

At the Annual Review in October 2020 the service had an active caseload of 78, and had worked with 112 clients over the preceding year.

10. Appendices

Appendix 1: rapid literature review on the impact of COVID-19

Introduction

The COVID-19 pandemic has impacted upon every aspect of social, economic and political life across the world, the UK and the East Riding of Yorkshire. This brief rapid review of the vast academic, medical and other literature concerning COVID-19, explores the impacts of the virus upon school nursing, health visiting, new parents and babies, children and adolescents.

Methodology

A literature search was undertaken. Google Scholar and Google were searched using terms such as COVID-19 and women, COVID-19 and children, mental health, lockdowns, health visitors, school nurses, looked after children, homeless young people, breastfeeding, smoking. Access to NHS Open Athens was unavailable.

Thousands of articles and reports were sourced and a small sample of the most relevant were included in this rapid literature review.

The COVID-19 Pandemic

The COVID-19 pandemic and the subsequent lockdowns, isolation and other restrictions have exacerbated health, economic and social inequalities and have adversely impacted upon Public Health Specialist Nursing and Health Visiting services, their staff and their patients across the UK. Examples relating to this are outlined in points 1 to 6 below.

1. Health Visiting

In the response to the virus, many health visitors were redeployed to COVID-19 activities and some services migrated online. Conti and Don (2020) noted that:

> "The COVID-19 pandemic, NHS England's prioritisation of community health services (19 March to 3 June) and the government-imposed lockdown have placed significant pressures on the health visiting workforce and the services it provides".

Conti and Don found:

> "Concerning evidence" on the impacts of COVID-19, lockdown restrictions and redeployment on the ability of health visitors to deliver services for young children and families".

Reflecting Conti and Don's findings, the NSPCC (2021) observed that "Only 1 in 10 parents with children under two saw a health visitor face-to-face during the pandemic".

2. School Nursing services,

With schools closed and many pupils and families self-isolating under the lockdowns, across the country school nursing services faced ever increasing challenges. For example, the National Child Measurement Programme (NCMP) was curtailed; although many areas still managed to achieve good coverage rates.

In response to the pandemic, the Royal College of Nursing issued guidance (2020) on how school nursing services could still operate under the COVID-19 restrictions. The guidance recommended a digital migration to online, text, phone and video calls.

Raynor (2020) noted that

> " Even before the pandemic, many school nurses delivered services via text, email and online drop-in clinics" and that "they have continued to work remotely during the pandemic while schools have remained closed, carrying out consultations by phone, video call or text".

3. Children's Mental Health

Loades et al's (2020) Rapid Systematic Review on "The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19", noted that the "disease containment of COVID-19 has necessitated widespread social isolation".

Loades et al explored what is known about how loneliness and disease containment measures impact on the mental health in children and adolescents. They found that:

> "Children and adolescents are probably more likely to experience high rates of depression and most likely anxiety during and after enforced isolation ends. This may increase as enforced isolation continues".

They recommended that:

> "Clinical services should offer preventive support and early intervention where possible and be prepared for an increase in mental health problems.

4. Perinatal Mental Health

The Royal College of Midwives (2020) issued a Clinical Guidance Briefing regarding the impact of COVID-19 on perinatal mental health. It noted that up to one in five women will experience

poor mental health in the perinatal period. It maintained that, without prompt and effective treatment, the negative impact of perinatal mental health problems can have serious consequences for both the woman and her family.

The guidance found that the COVID-19 pandemic has created a challenging climate for pregnant and postpartum women. The Royal College of Midwives observed that "the unknown of pregnancy and motherhood is a psychological trigger for many, and the lack of certainty surrounding the COVID-19 situation is likely to cause considerable anxiety".

5. Breastfeeding

Vazquez -Vazquez et al (2020) investigated the impact of the COVID-19 lockdown on the experiences and feeding practices of new mothers in the UK. They found that lockdown had impacted negatively on maternal experiences, resulting in distress for many women. They reported that 45% of women who gave birth during the lockdown felt that they had not received sufficient infant feeding support; especially 'face-to-face' support for practical issues.

6. Homeless children, adolescents and families

Rosenthal et al (2020) explored the impact of COVID-19 on vulnerable homeless children living in temporary accommodation during the pandemic, the lockdowns and other restrictions. They noted that there were a:

> "myriad of considerable direct and indirect health, social, and educational consequences for children and families experiencing homelessness, while living in temporary or insecure accommodation".

In particular, they observed that:

> "young children (aged ≤5 years) living in temporary accommodation were susceptible to, due to overcrowding, respiratory diseases, lack of open space and fresh air and isolation and loneliness".

Conclusion

This brief rapid review (of the vast academic, medical and other literature concerning COVID-19) has explored the impacts of the virus upon school nursing, health visiting, new parents and babies, children and adolescents.

It has found that the pandemic has adversely impacted upon every aspect of life across the world, the UK and the East Riding of Yorkshire.

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