Child Health Profile

Lincolnshire

February 2011

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

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

Child population in this area

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

Children living in poverty

Key findings

- A quarter of the population of Lincolnshire is under the age of 20. Around 7% of school children are from a black or minority ethnic group and 17% of children under 16 are living in poverty.

- The health of children in this area is generally better than or similar to the England average. Infant and child mortality rates are similar to the England average, but breastfeeding initiation levels are lower than the average.

- 11% of children in Reception and 20% of children in Year 6 are classified as obese. 62% of children participate in more than 3 hours of sport a week.

- Hospital admission rates for alcohol specific stays are better than the England average. Hospital admission rates for substance misuse are similar to the England average. Hospital admission rates for injury are higher than the England average. The percentage of children who say they use drugs is similar to average and the percentage of children who say they have been drunk recently is higher than the England average.

For further information on the health of people in Lincolnshire please see www.lincolnshire.nhs.uk, and the Community Health Profile at www.healthprofiles.info

Data sources: Live births, Office for National Statistics (ONS), 2009; population estimates, ONS mid year estimates 2009; population projections, ONS (based on 2008 mid year estimates); black/ethnic minority maintained school population, Department for Education (DfE), 2010; children living in poverty, HM Revenue and Customs (HMRC), 2008
Percentage of children under 2 years old who have been immunised for MMR, 2009/10

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

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

Notes: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. * indicates 95% confidence interval
Summary of Child Health in Lincolnshire

The chart below shows how Children’s Health in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown beneath the chart. Please note: A green circle may still indicate an important public health problem.

### Local vs England average

#### Significant difference

- **Significantly worse than England average**
- **Significantly better than England average**

#### Notes and definitions

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

1. **Rate per 1,000 live births (age under 1 year), 2007-09. ONS**
2. **Directly standardised rate per 100,000 (age 1-17 years), 2001-09. ONS**
4. **% of school children in Reception year, 2009/10, NCMP. NHS IC**
5. **% of children participating in at least 3 hours per week of high quality PE and sport at school (age 5-11 years), 2007/08 via APHO health profiles**
6. **Average (mean) number of teeth per child which were actively decayed, filled or had been extracted (age 5 years), 2007/08. Dental Observatory via APHO health profiles**
7. **% of children who reported that they can talk to their mum or dad when they are worried, 2009. Tellus4 survey, National Foundation for Educational Research (NFER)**
8. **% of pupils who say that they have been bullied at school in the last year, the % who say they are bullied most days, 2009. Tellus4 survey, National Foundation for Educational Research (NFER)**
9. **Under 18 conceptions ending in abortion, 2006/07. ONS/Teenage Pregnancy Unit**
10. **% of children permanently excluded from secondary school, 2008/09. DIE**
11. **% children achieving 6 or more across each of 13 assessment scales of Foundation stage profile, 2010. DIE**
12. **% of pupils at the end of Key Stage 4 achieving 5 A*-C GCSEs, 2009/10 (provisional). DIE**
13. **% of male pupils at the end of Key Stage 4 achieving at 5 A*-C GCSEs, 2009/10 (provisional). DIE**
14. **% of female pupils at the end of Key Stage 4 achieving 5 A*-C GCSEs, 2009/10 (provisional). DIE**
15. **% of children looked after in Year 11 achieving 5 A*-C GCSEs, 2010. DIE**
16. **% of pupils reporting that they have taken cannabis or skunk one or more times in the last four weeks, 2008. Tellus4 survey, NFER**
17. **% of children reported to the police for a provisional arrest (age 10-17 years), 2008. Tellus4 survey, NFER**
18. **% of children reported to the police for a provisional arrest (age 10-17 years), 2008. Tellus4 survey, NFER**
19. **% of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2008. HMRC**
Child Health summary for the East Midlands by local authority

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

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

<table>
<thead>
<tr>
<th>Be healthy</th>
<th>Stay safe</th>
<th>Enjoy and achieve</th>
<th>Making a positive contribution</th>
<th>AEWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality rate</td>
<td>Child mortality rate (age 1-17 years)</td>
<td>Breastfeeding initiation</td>
<td>Child health summary for the East Midlands by local authority</td>
<td></td>
</tr>
<tr>
<td>Derby</td>
<td>Derbyshire</td>
<td>Leicester</td>
<td>Leicestershire</td>
<td>Lincolnshire</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>Nottingham</td>
<td>Nottinghamshire</td>
<td>Rutland</td>
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</tbody>
</table>

Limitations of profiles

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

Acknowledgements

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