

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 13 March 2018

By: Acting Director of Public Health

Title: Annual Report of the Director of Public Health 2017-2018: The State of Child Health in East Sussex

Purpose: To inform the Health and Wellbeing Board of the Annual Report of the Director of Public Health 2017-2018

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board note the Annual Report of the Director of Public Health 2017-2018.

1. Background

1.1 The Health and Social Care Act 2012 stipulates that the Director of Public Health (DPH) is required to produce, and the relevant Local Authority to publish, an annual public health report. Each year there is a different focus for the report.

1.2 On 26 January 2017, The Royal College of Paediatrics and Child Health (RCPCH) published the landmark report [The State of Child Health Report 2017](#). The report generated significant media interest both nationally and locally as it identified the state of child health nationally and also compared to other countries. The report only presented the national picture however and did not provide data at a lower level so the focus for the 2017/18 DPH Annual Report is child health.

2. Introduction

2.1 The DPH Annual Report (published online at www.eastsussexjsna.org.uk) has reproduced the national RCPCH report for East Sussex presenting data at an East Sussex, district and borough local authority and Clinical Commissioning Group (CCG) level and made comparisons to national data and to trend data where these are available. In some places, where it is useful, it also includes some additional measures.

2.2 The report comprises six chapters:

- [Chapter 1](#) examines mortality in infants under 1 year, children aged 1-9 years and young people aged 10-19 years.
- [Chapter 2](#) outlines issues relating to conception, pregnancy and infancy with a focus on smoking and pregnancy, breastfeeding and immunisation.
- Early years are picked up in [Chapter 3](#), including healthy weight when starting school, healthy teeth and gums, hospital admissions due to injury and school readiness.
- [Chapter 4](#) covers topics within school age and adolescence and includes healthy weight at Year 6, HPV vaccination, smoking in young people, alcohol and drug use, wellbeing, mental health, self-harm, suicide, road traffic injuries, sexual and reproductive health, school absences and exclusions and those children who are not in employment, education or training.
- Family and social environment are picked up in [Chapter 5](#), including child poverty, family key work, the child protection system and looked after children.

- Chapter 6 explores the common health conditions of childhood including asthma, cancer, diabetes, disability and additional learning needs, epilepsy, autistic spectrum disorder and palliative care.

2.3 All the chapter sections follow the same format:

- Key Messages
- What is the indicator showing us?
- Why is the indicator important?
- Where are we now in East Sussex?
- Spotlight on Inequalities
- What does good look like?
- How can we improve?
- What are we doing in East Sussex?
- Key actions going forward

3. 2017/18 DPH Annual Report, The State of Child Health in East Sussex

3.1 How East Sussex compares to the national picture and how each of the district and borough councils and CCGs compare with both the national picture and with East Sussex is summarised in the table on the following pages.

TABLE KEY

	Similar to England/East Sussex
	Better than England/East Sussex
	Worse than England/East Sussex
	Higher than England/East Sussex
	Lower than England/East Sussex

HOW TO INTERPRET THE TABLE

Where data are available, the value for each indicator is shown at District, Borough and CCG level. This value has been statistically compared to England and East Sussex as shown below.

Sec	Indicator	Eng	E. Sx	Eastbourne	
				Eng	E. Sx
1.1	Infant deaths, rate per 1,000	4.4	4.1	4.0	

Eastbourne value compared to England

Eastbourne value

Eastbourne value compared to East Sussex

[illegible]

[illegible]

Sec	Indicator	Eng	E. Sx	District/Borough														Clinical Commissioning Groups									
				Eastbourne			Hastings			Lewes			Rother			Wealden			EHS			H&R			HWLH		
				Eng		E. Sx	Eng		E. Sx	Eng		E. Sx	Eng		E. Sx	Eng		E. Sx	Eng		E. Sx	Eng		E. Sx	Eng		E. Sx
4.11	Persistent school absence age 5-15, %	10.5	12.4																								
4.12	NEET age 16-17, %	3.0	3.6		4.6				4.6				3.6				3.1										
5.1	Child poverty, %	20.1	18.6		21.0				28.7				15.8				19.2										
5.2	Child protection plan, rate per 10,000	43	45		32				120				22				38										
5.3	Looked after children, rate per 10,000	62	53		51				76				31				57										
6.1	Asthma admissions age <19, rate per 100,000	207	199																								
6.2	Cancer incidence age <20, rate per 100,000	15.1	15.4																								
6.2	Cancer mortality age <20, rate per 100,000	2.5	3.3																								
6.3	Controlled diabetes, %	7	n/a																								
6.4	Pupils with SEND, % *	14.4	13.3		12.3				14.4				14.2				12.7										
6.5	Epilepsy admissions age <19, rate per 100,000	74	89																								
6.6	Autism Spectrum Disorder, rate per 1,000 *	12.5	13.3		19.7				14.8				12.8				14.4										

n/a = not available * Data relating to a child's residency differs between national and local data making statistical comparison inappropriate

3.2 The report makes only one recommendation and that is to continue to implement the key actions agreed by partners as outlined in each chapter, and in doing so ensure a focus on prevention, as almost all poor outcomes are preventable, and on reducing inequalities, as the majority of poor outcomes have a relationship to deprivation.

4. Conclusion and Reason for Recommendation

4.1 The 2017-18 DPH Annual Report has reproduced the Royal College of Paediatrics and Child Health report on the national state of child health for East Sussex presenting data at an East Sussex, district and borough local authority and CCG level and made comparisons to national data and to trend data where these are available.

4.2 The report identifies where East Sussex children and young people are experiencing poor health outcomes. Most of these poor outcomes are preventable. Improving them not only makes gains in health outcomes now but improves the long-term outcomes of future adult populations at a fraction of the cost of treating and caring for adults.

4.3 The Health and Wellbeing Board is recommended to note the 2017-18 Annual Report of the Director of Public Health.

CYNTHIA LYONS

Acting Director of Public Health

BACKGROUND DOCUMENTS

None