Health Profile of Children and Young People in Norfolk

Key health-related issues for people aged 0-19 years

By: Claire Gummerson
Date: July 2015

Norfolk Public Health
Improving health and wellbeing,
Protecting the population
Preventing ill health

www.norfolk.gov.uk

Norfolk County Council

Contents

Executive Summary

This profile summarises the latest data on some of the key mental and physical health-related issues for children and young people in Norfolk.

- The rate of **emergency hospital admissions** (EHA) is greatest in the first year of life, and then reduces dramatically when children reach school age.
- Over the last five years there have been on average 14,200 emergency hospital admissions of children and young people (0-19 years) each year in Norfolk and Waveney. The trend is increasing with 14,773 in 2013/14.
- In the youngest age group (0-4 years) problems of the respiratory system are the most common cause for EHA (bronchitis and tonsillitis), then as children get older 'injuries and poisonings' become the leading causes
- The rate of hospital admissions for accidental and deliberate injuries in children aged 0-14 in Norfolk increased last year and is now statistically significantly above the national average (122 per 10,000 children in Norfolk compared to 112 per 10,000 nationally).

- There are significant **health inequalities** in Norfolk. Children living in the more deprived areas of the county are more likely to have an EHA than children living in less deprived parts of the county. In 2012/13 in the most deprived areas of Norfolk and Waveney there were 267 EHA per 1,000 population aged 0-19 compared to 158 per 1,000 in the least deprived group.

- It is estimated that there are just over 10,000 children and young people aged 5-16 who are living with **mental health** problems in Norfolk. This is 9.4% of this age group.

- **Teenage pregnancy** is reducing. The rate of under 18 conceptions is reducing in all districts, and the gap between the highest rates (Norwich) and the lowest rates (North Norfolk) is narrowing.
- Chlamydia is the most common bacterial sexually transmitted infection in England. The rates of Chlamydia screening among young people (15-24 years) is below target in all districts.

- Overall the rate of children with **excess weight** is reducing in Norfolk. However, there are still some areas of the county with very high rates (50% of children age ten/eleven in North Lynn ward measured over the last four years were overweight).
- Using data from the National Child Measurement Programme it is possible to estimate the number of children affected by excess weight in Norfolk to be 30,000 children aged 5-15 years.

- The rate of **alcohol**-specific hospital admissions for Norfolk is below national average; however, the rates differ widely across the seven districts. Over the last three-year period there were fewer than six alcohol-specific hospital admissions by young people in South Norfolk or North Norfolk, but there were 43 Great Yarmouth.

- One in ten three-year-olds (10%) and over a quarter of five-year-olds (27%) in Norfolk suffer from **tooth decay** (having at least one decayed, missing or filled tooth).

Physical Health and Illness.

This section summarises the key physical health issues affecting children and young people to the extent that they require emergency admission to hospital to receive treatment.

Number of Emergency Hospital Admissions (EHA)

Over the last five years there have been on average 14,230 hospital admissions of children and young people (0-19 years) each year in Norfolk and Waveney. There has been an upward trend and in 2013/14 there were 14,773 emergency hospital admissions (EHA) of children and young people (see Figure 1).

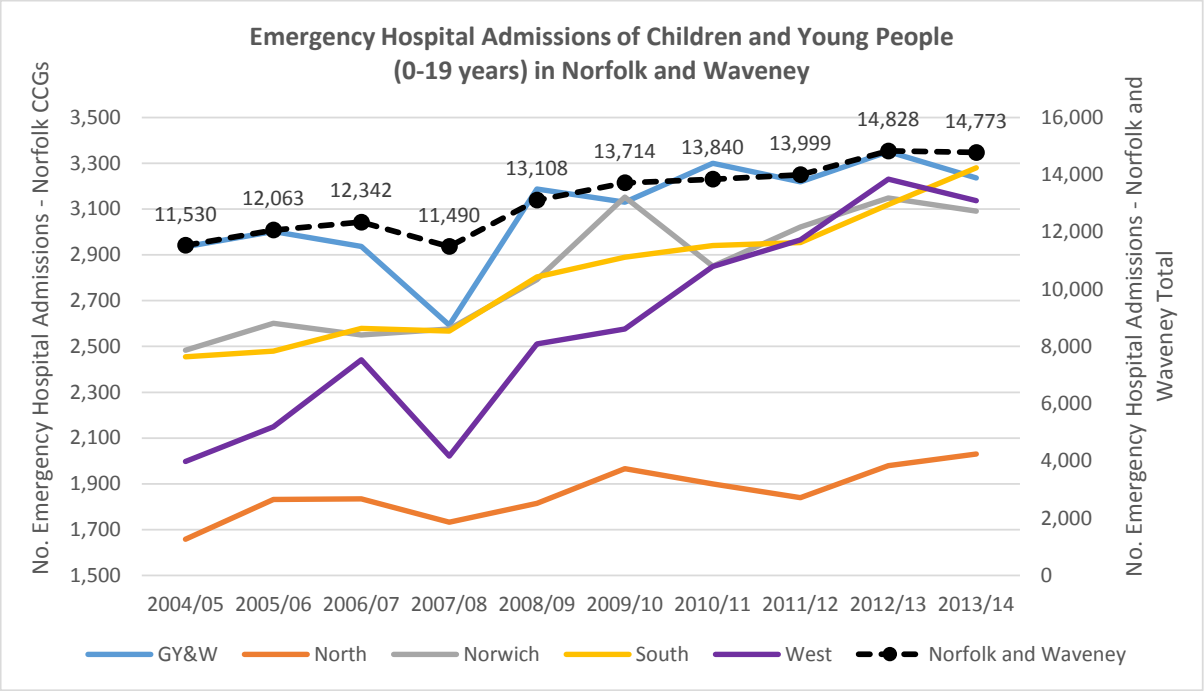


Figure 1: Emergency Hospital Admissions of Children and Young People in 2004-2014, Hospital Episode Statistics [HES] data accessed via Dr Foster

The Standard Admissions Ratio (SAR) for emergency hospital admissions (EHA) of children aged 0-14 in Norfolk reveals that overall Norfolk and Waveney does not have more EHA that would be expected given the age, gender and deprivation breakdown of the county. However, when broken down by age band SAR analysis shows that we have fewer than expected EHA for children aged 0-4, but more than expected for the 5-14 age group. Three CCGs have higher than expected rates of 5-14 year olds being admitted to hospital in 2013/14, the greatest being West Norfolk CCG with a notably high SAR of 148 (see Table 1 below).

	Great Yarmouth and Waveney CCG	North Norfolk CCG	Norwich CCG	South Norfolk CCG	West Norfolk CCG	Norfolk and Waveney Total
0-4	84	87	87	95	126	**94**
5-14	101	122	98	108	148	**113**
ALL 0-14	89	99	90	99	133	**100**

Table 1: Standard Admissions Ratio for Emergency Hospital Admissions of Children aged 0-14 in Norfolk in 2013/14, data accessed via Dr Foster

The rate of EHA was highest among the youngest age group (infants under the age of one have 315 emergency hospital admissions per 1,000 of the population, compared to 52 per 1,000 of the population of 15-19 year olds). On average the number and rate of children being admitted to hospital reduces dramatically as children get to school age, and then increases again in the 15-19 age group; Norfolk and Waveney follows this trend (see Figure 2 below).[1]

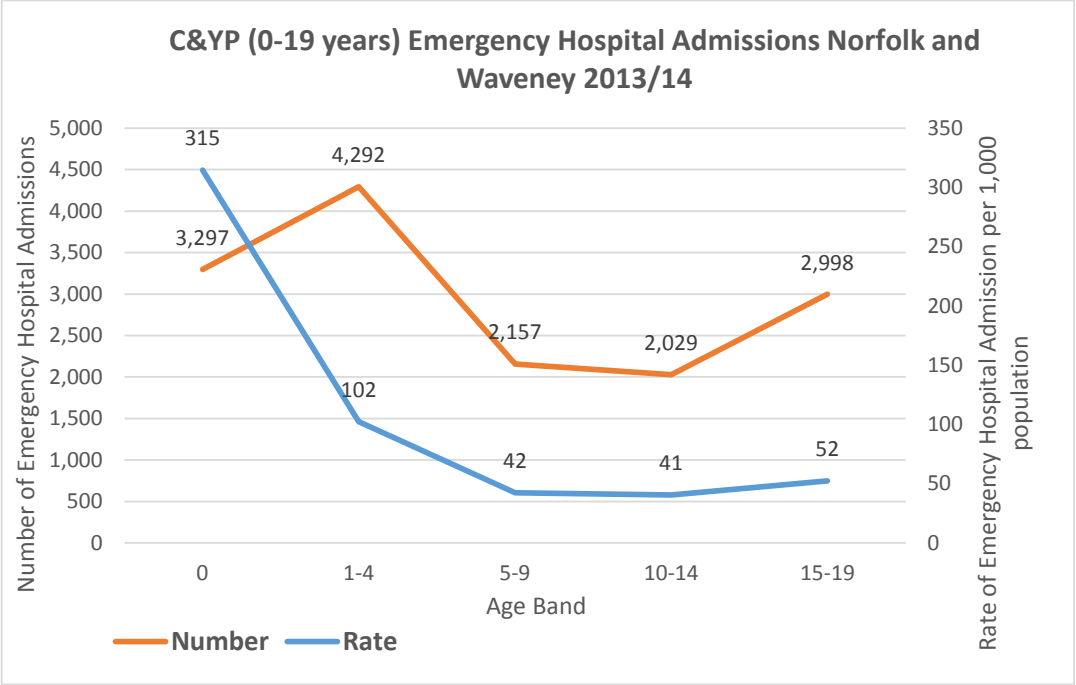


Figure 2: Emergency Hospital Admissions of Children and Young People in 2013/14, Hospital Episode Statistics [HES] data accessed via Dr Foster

[1] Emergency Hospital Admissions Hospital Episode Statistics [HES] data accessed via Dr Foster Intelligence software.

The rate of emergency hospital admissions (EHA) of children and young people is similar for most age groups across the five Clinical Commissioning Groups (CCGs) in Norfolk.[2] The most difference is seen in the EHA of infants (aged under 1 year), which ranges from 403 per 1,000 in West Norfolk to 266 per 1,000 in North Norfolk (see Figure 3).

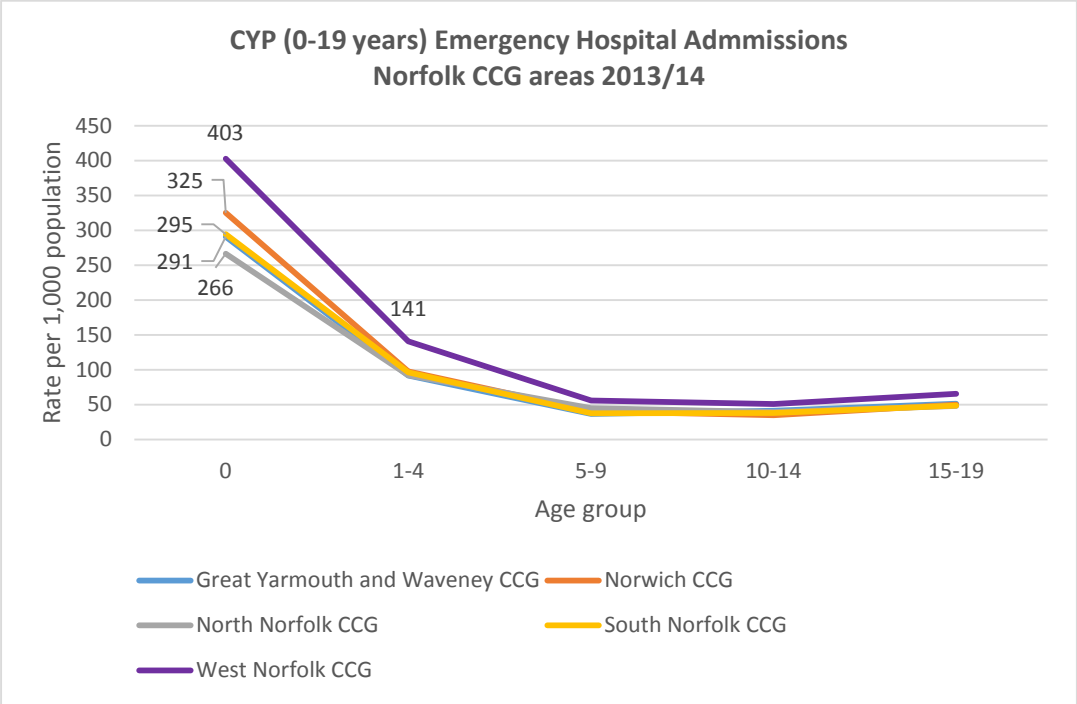


Figure 3: Emergency Hospital Admissions of Children and Young People in 2013/14 by registered Clinical commissioning Group (CCG), Hospital Episode Statistics [HES] data accessed via Dr Foster

A disproportionate percentage of the emergency hospital admissions in Norfolk are in West Norfolk CCG. Overall 17% of children and young people in Norfolk live in the West Norfolk CCG area, but in 2013/14 they accounted for 21% of all emergency hospital admissions.

[2] See appendix 1 for a map of clinical commissioning groups in Norfolk.

Causes of Emergency Hospital Admissions (EHA)

The principal reasons for hospital admission change as children get older. In the youngest age group (0-4 years) problems of the respiratory system are the most common cause for EHA, then as children get older 'injuries and poisonings' become the leading causes (see Table 2 below).

0-4 years			5-9 years			10-14 years			15-19 years		
Respiratory	2,331	31%	Injuries and Poisonings	472	22%	Injuries and Poisonings	532	26%	Injuries and Poisonings	703	23%
Infectious and Parasitic	1,553	20%	Respiratory	309	14%	Symptoms and Signs	364	18%	Symptoms and Signs	555	19%
Injuries and Poisonings	829	11%	Symptoms and Signs	231	11%	Respiratory	173	9%	Digestive	328	11%
Perinatal Period	573	8%	Infectious and Parasitic	209	10%	Digestive	154	8%	Genito-Urinary	269	9%
Symptoms and Signs	337	4%	Genito-Urinary	137	6%	Genito-Urinary	144	7%	Pregnancy Conditions	250	8%
Total	**7,589**			**2,157**			**2,029**			**2,998**	

Table 2: Top Five diagnosis chapters for Emergency Hospital Admissions in Children and Young People (0-19), All Norfolk CCG, 2013/14. Hospital Episode Statistics [HES] data accessed via Dr Foster).

Emergency hospital admissions for lower **respiratory** tract infections can be significantly reduced with proper management in the community, and as such they feature as an indicator on the NHS Outcomes Framework. Great Yarmouth and Waveney is the only Norfolk CCG where EHA for lower respiratory tract infections is significantly above the national average (see Figure 4 below).[3]

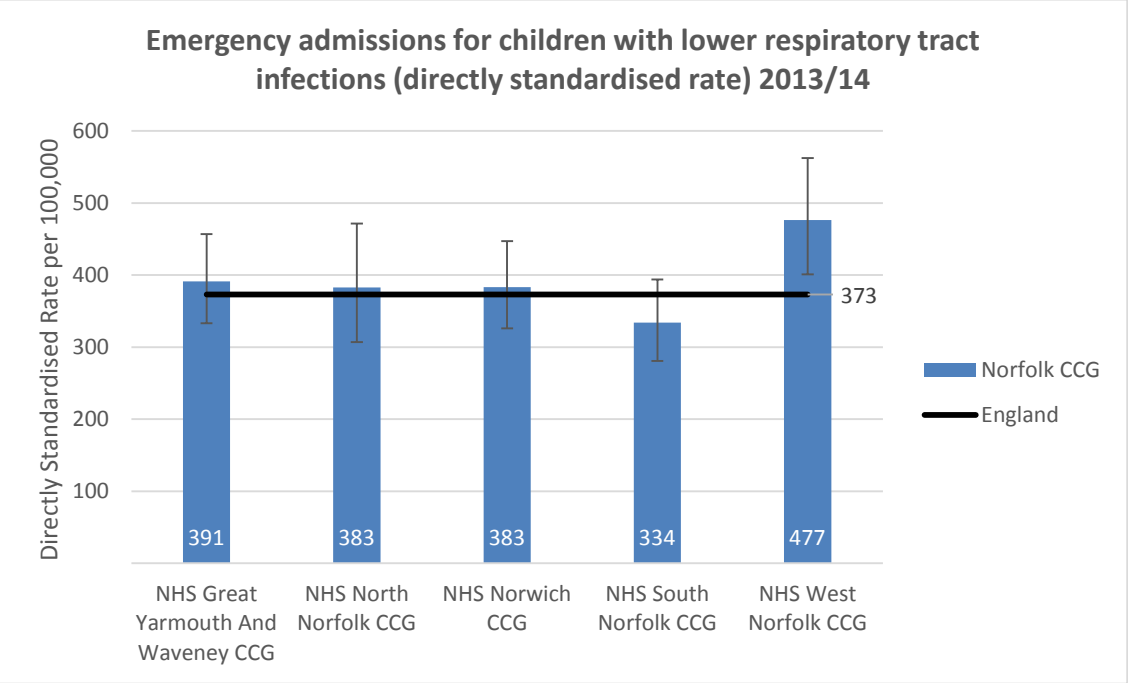


Figure 4: Emergency Hospital Admissions of Children and Young People in 2013/14 by registered Clinical commissioning Group (CCG), Hospital Episode Statistics [HES] data accessed via the Public Health England Children and Young People's Health Benchmarking tool[4]

In 2013/14 there were 2,991 respiratory EHA for children and young people (0-19 years) in Norfolk and Waveney. One third (30%) of these were for bronchitis, 28% were 'other respiratory infections' and 16% were tonsillitis. Respiratory EHA have a strong seasonal fluctuation as they mostly occur in the winter months.

Asthma was responsible for 11% of respiratory EHA in Norfolk and Waveney, many of which could be avoided if properly managed in the community. There were 338 emergency hospital admission due to asthma in Norfolk and Waveney in 2013/14, ranging from 36 in North Norfolk where they account for 9% of respiratory EHA, to 104 in Great Yarmouth and Waveney where they account for 15%.

Hospital admissions caused by injuries are preventable and offer insight into the performance of services tasked with protecting children, and therefore feature as an indicator on the Public health Outcome Framework. The rate of hospital admissions for accidental and deliberate injuries in children aged 0-14 in Norfolk increased last year and is now statistically significantly above the national average (122 per 10,000 children in Norfolk compared to 112 per 10,000 nationally). Norfolk is the only county in the Eastern region that is statistically higher than the national average for this measure.

[3] For an explanation of statistical significance please see Public Health Observatories Technical Briefing 3: Commonly used public health statistics and their confidence intervals (2008) www.apho.org.uk/resource/item.aspx?RID=48457

[4] PHE Children and Young People Benchmarking Tool http://fingertips.phe.org.uk/profile/cyphof/

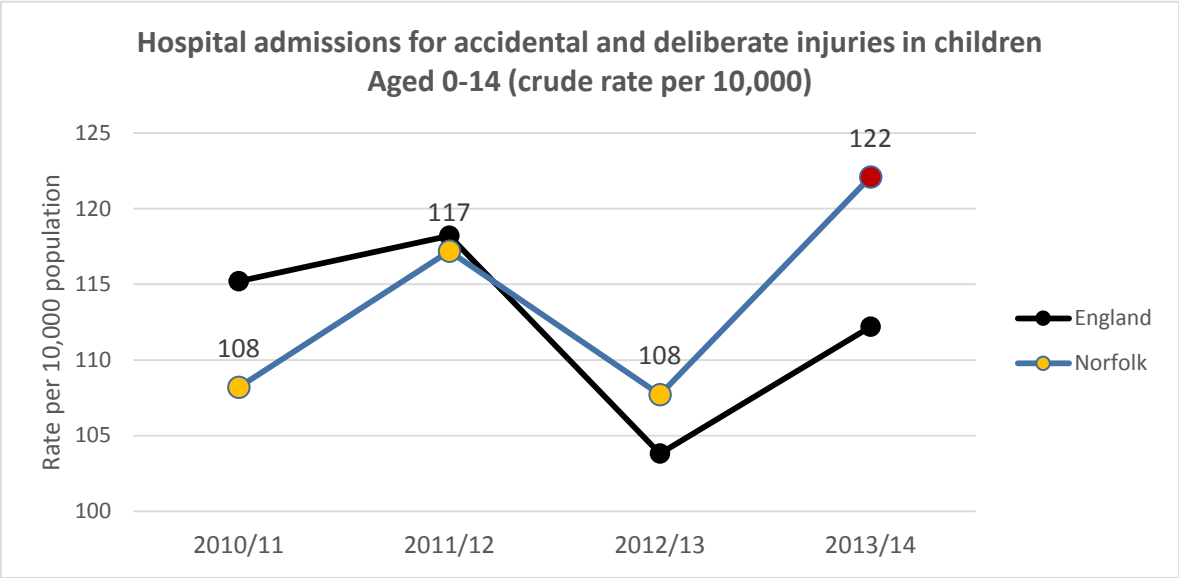


Figure 5: Emergency Hospital Admissions of Children and Young People in 2013/14, Hospital Episode Statistics [HES] data accessed via the Public Health England Children and Young People's Health Benchmarking tool[5] – Note the data point is coloured red when statistically significantly higher than the national average, yellow for no difference and green for significantly low.

Of the Norfolk districts it is only Norwich that is statistically significantly higher than average for hospital admissions of children aged 0-14 caused by injuries; however, no district is significantly below the national average and so all contribute to the high rate for Norfolk (see Figure 6 below).

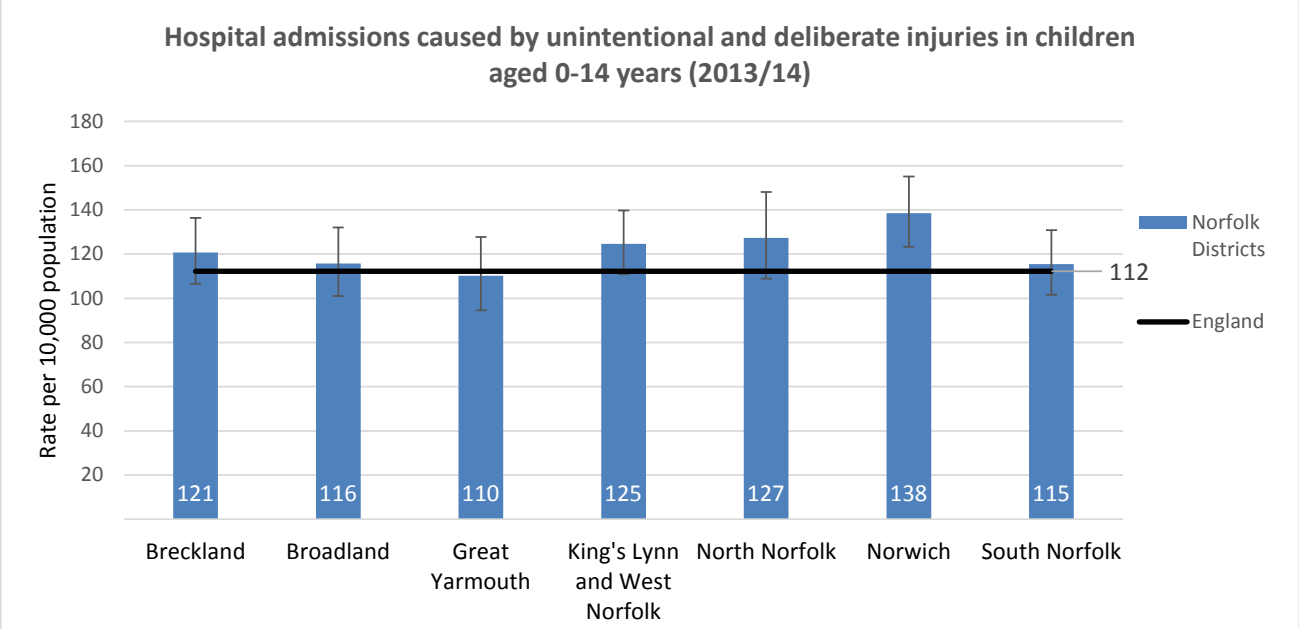


Figure 6: Emergency Hospital Admissions of Children and Young People in 2013/14, Hospital Episode Statistics [HES] data accessed via the Public Health England Children and Young People's Health Benchmarking tool[6]

In 2013/14 there were 2,534 **injuries and poisoning** EHA for children and young people (0-19 years) in Norfolk and Waveney. Nearly three quarters of these (73%) were injuries such as fractures, burns and sprains. It is not possible from this data to ascertain whether these injuries were caused by accident or by violence.

[5] PHE Children and Young People Benchmarking Tool http://fingertips.phe.org.uk/profile/cyphof/
[6] As above

Poisoning makes up the remaining 27% of injury and poisoning EHA, over half of which (58%) were caused by medications such as paracetamol, inflammatory drugs and insulin. A further 21% of poisonings were caused by 'psychotropic agents', including antidepressants, antipsychotics, sedatives and illegal drugs (there were 25 EHA caused by ingestion of illegal drugs by C&YP in 2013/14 in Norfolk and Waveney). Of the remaining EHA for poisoning, 13% of poisonings were allergic reactions and finally 8% were caused by nonmedical substances (such as cleaning products) (see Figure 7 below). Again, it is not possible from this data to ascertain whether substances were ingested with the intention of causing harm or whether these were accidental overdoses.

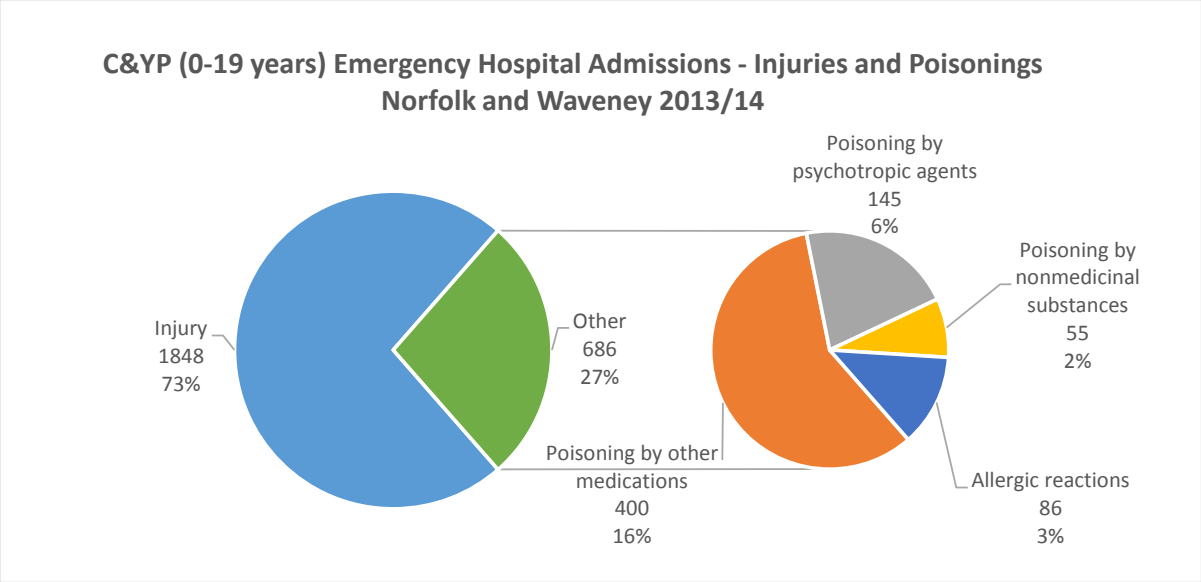


Figure 7: Emergency Hospital Admissions of Children and Young People in 2013/14 coded as Injuries and Poisonings, Hospital Episode Statistics [HES] data accessed via Dr Foster

Another common diagnosis chapter in younger children is **infectious and parasitic conditions**, which includes viruses like gastroenteritis. Young children are particularly vulnerable to these infections because they often forget to wash their hands and they have not yet built up a resistance to the rotavirus. It is estimated that almost every child will have at least one rotavirus infection before the age of five and many children will have several episodes a year.[7]

Other common reasons for children and young people to be admitted to hospital are digestive problems like constipation; conditions of the nervous system (mainly epilepsy); non-specific systems such as abdominal pain, fever and nausea (recorded under 'symptoms and signs'); genito-urinary conditions (largely urinary-tract infections) and finally at the top end of the 0-19 age group - conditions relating to pregnancy (see Table 2 above).

The Marmot Review (2010) found evidence that childhood poverty leads to premature mortality and poor health outcomes for adults.[8] Reducing the numbers of children who experience poverty should improve health outcomes and increase healthy life expectancy. The link between poor health and deprivation can be seen locally; children living in the more deprived areas of Norfolk and Waveney are more likely to have an emergency

[7] NHS Choices http://www.nhs.uk/Conditions/Rotavirus-gastroenteritis/Pages/Introduction.aspx#close (Accessed July 2014).
[8] The Marmot Review (2010) Fair Society Healthy Lives. HM Government

hospital admission than children living in less deprived parts of the county (see Figure 8 below).

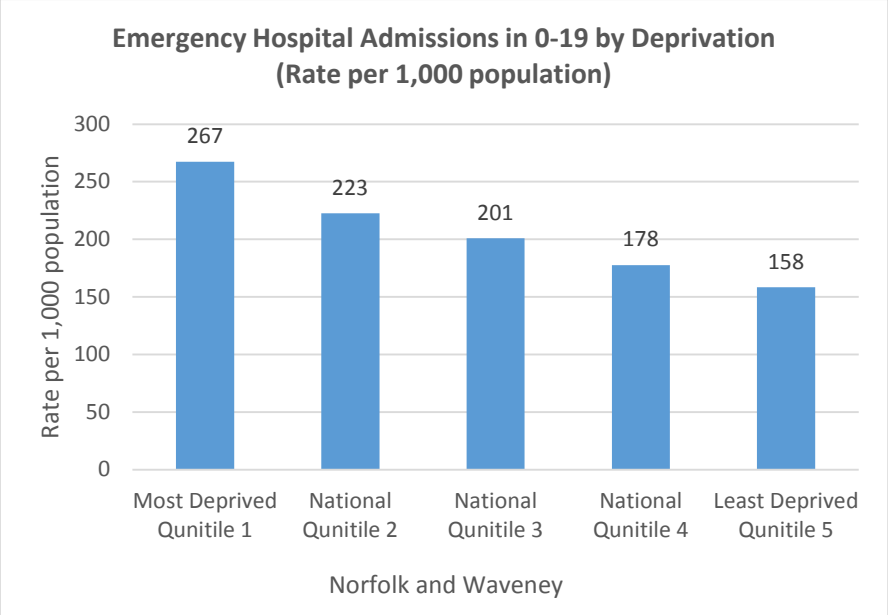


Figure 8 (Emergency Hospital Admissions of Children and Young People in 2011/12, 2012/13 and 2013/14 grouped by Indices of Multiple Deprivation [IMD] 2010 National quintiles based on Lower Super Output Areas [LSOA] of residence, Hospital Episode Statistics [HES] data accessed via Dr Foster)

The highest rate of child emergency hospital admissions in Norfolk is in the most deprived areas of West Norfolk CCG - there are 358 hospital admissions per 1,000 children and young people, which is nearly three times as many as the least deprived areas of Norwich where there are just 132 per 1,000 (see Figure 9 below).

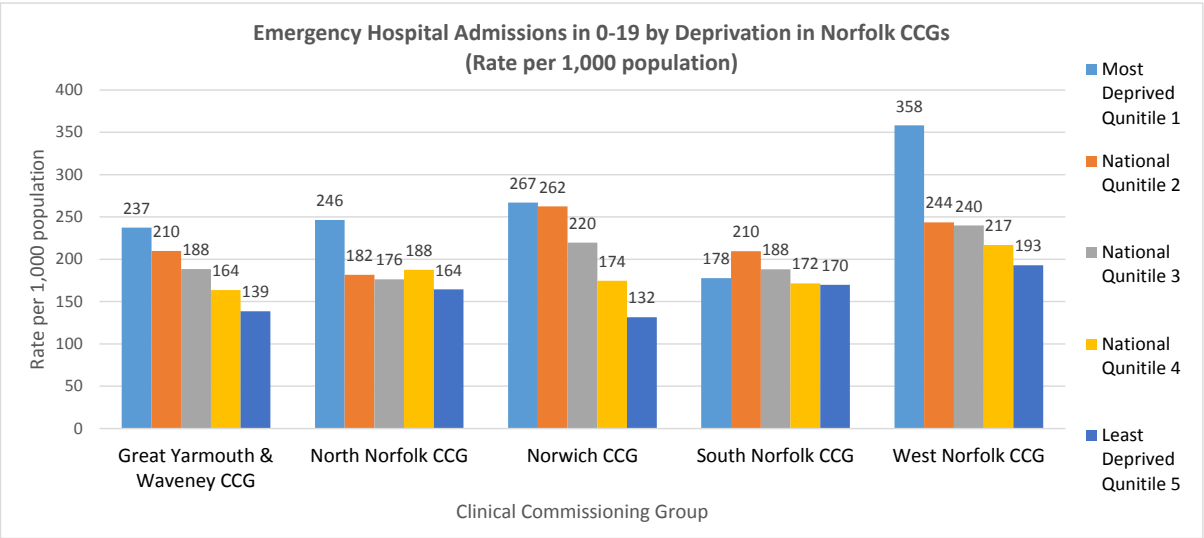


Figure 9 (Emergency Hospital Admissions of Children and Young People in 2011/12, 2012/13 and 2013/14 grouped by Indices of Multiple Deprivation [IMD] 2010 National quintiles based on Lower Super Output Areas [LSOA] of residence, Hospital Episode Statistics [HES] data accessed via Dr Foster)

Figure 9 above shows that the relationship between deprivation and the rate of emergency hospital admission in children differs dramatically across the county. Norwich, Great Yarmouth and West Norfolk have more areas that are classed as deprived than the other CCGs (they have more people living in poverty) and they show a clear linear relationship between deprivation and EHA.

In contrast there is a fairly weak relationship between child EHA and deprivation in four of the five deprivation quintiles of North Norfolk – it is only in the most deprived group that the rate is different. Finally in South Norfolk the relationship between deprivation and rate of EHA is much less clear, even though they have more people living in deprivation than North Norfolk (there are 884 people aged 0-19 living in areas classed as the most deprived in South Norfolk, only 138 in North Norfolk) . While this lack of relationship may be caused by natural variation (or chance) it could also suggest that there is something about South Norfolk that is mitigating against the impacts of deprivation, and that there may be something to be learned from this area.

Mental Health

Children affected by Mental Health Conditions

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop resilience and grow into well-rounded, healthy adults. Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.[9]

Mental health problems are estimated to affect 9.4% of children and young people in the county of Norfolk, this equates to 10,160 people aged 5-16. In general the estimated prevalence of mental health problems is highest among boys aged 11-16 (12.4% of boys in this age group are estimated to have mental health problems compared to 9.7% of girls) (see Figure 10 below).

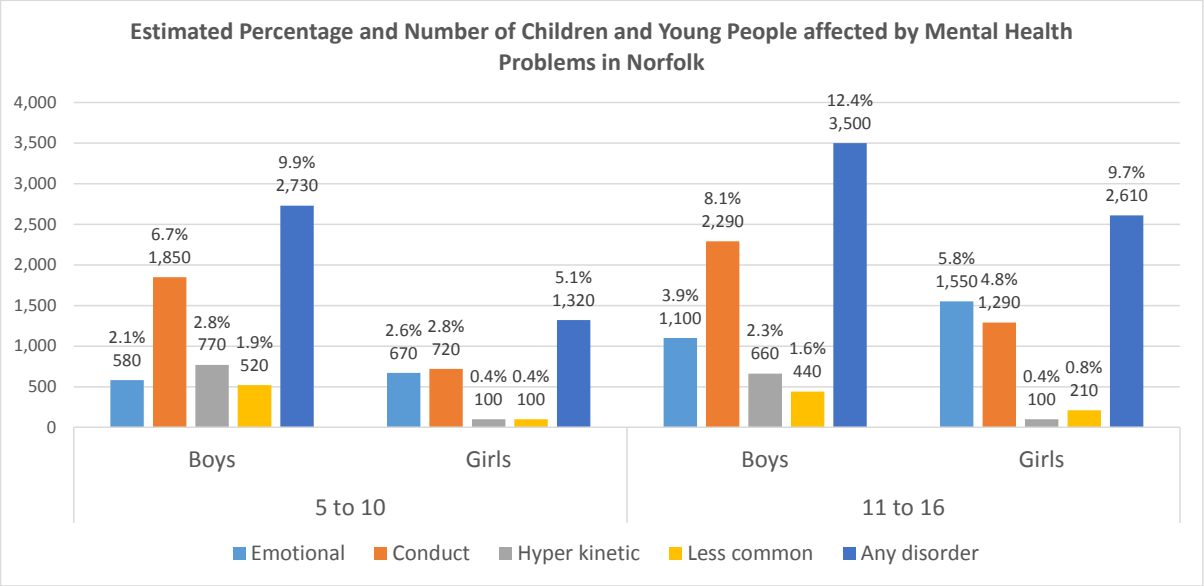


Figure 10: Estimates of the prevalence of common mental health problems using national survey results applied to ONS 2013/14 population estimates, controlling for age, sex and socio-economic grouping [10]

Overall the prevalence of **conduct disorders** (e.g. aggressive, destructive and antisocial behaviour) is estimated to be 5.7% in children and young people aged 5-16 in Norfolk, which would equate to 6,150 people. Conduct disorders are more common in boys than girls, and in older age groups. Prevalence is highest in boys aged 11-16 – estimated to be 8.1% of the population in Norfolk (or 2,290 boys aged 11-16).

Overall the prevalence of **emotional disorders** (e.g. anxiety, depression) is estimated to be 3.6% in children and young people aged 5-16 in Norfolk, which would equate to 3,900 people. Emotional disorders are more common in girls than boys, and in older age groups. The highest prevalence is among girls aged 11-16 – estimated to be 5.8% of the population in Norfolk (or 1,550 girls aged 11-16).

[9] NICE (2008) *PH12 Social and emotional wellbeing in primary education*. National institute for Health and Care Excellence.

[10] Estimates use the prevalence from the most recent national survey (Green et. al. 'Mental health of children and young people in Great Britain, 2004) applied to the local population, controlling for age, sex and socio-economic grouping (NS-SEC).

Overall the prevalence of **hyperkinetic disorders** (e.g. severe hyperactive, inattentive behaviour) is estimated to be 1.5% in children and young people aged 5-16 in Norfolk, which would equate to 1,640 people. Hyperkinetic disorders are more common in boys than girls, but there is little difference among the age groups. The highest prevalence is among boys aged 5-10 – estimated to be 2.8% of the population in Norfolk (or 770 boys aged 5-10).

The final group of **'less common' disorders** includes autism, tics, eating disorders and mutism.

Children affected by their parent's mental health conditions

Large numbers of children grow up with a parent who has a mental health problem. Many of these parents will have a mild or short-lived problem, but some parents have a severe and enduring mental illness. Research has shown that some children of parents with a severe and enduring mental illness experience greater levels of emotional, psychological and behavioural problems than children and young people in the rest of the population. This may be because the genes that some of them inherit make them more vulnerable to mental ill health, but it could also be because of their situation and the environment in which they are growing up e.g. they are more likely to live in deprived areas. Children may become carers for their parents and lose out socially and educationally.[11]

Estimates suggest that between 50% and 66% of parents with a severe and enduring mental illness live with one or more children under 18.[12] GPs hold a register of their patients with severe mental health problems, in 2013/14 in the GP Practices in Norfolk 6,370 adults are registered as having schizophrenia, bipolar affective disorder and other psychoses; therefore around 3,700 adults in Norfolk with severe mental health problems are estimated to be living with at least one child under the age of 18 (please note they may not be the child's parent).[13] Due to under-diagnosis of mental health problems this is likely to be an underestimate.

[11] Royal College of Psychiatrists Mental Health and Growing up Factsheet – Parental mental illness: the impact on children and adolescents

[12] Gopfert, M., Webster, J., & Seeman, M. (1996). Parental psychiatric disorder: distressed parents and their families. Cambridge: Cambridge University Press

[13] GP Quality Outcome Framework [QOF] (2013/14) Prevalence of severe mental health problems. Available via Health and Social Care Information Centre.

Sexual Health and Teenage Pregnancy

Under 18 Conception

Under 18 conception is an important health issue for young people because most teenage pregnancies are unplanned and around half end in an abortion. While many teenagers do make excellent parents, bringing up a child as a teenager can be extremely difficult and result in poor outcomes for both the teenage parent and the child. Research evidence shows that teenage mothers are less likely to finish their education, are 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 also have an increased risk of living in poverty, poor quality housing and are more likely to have accidents and behavioural problems.[14]

In 2013 there were 325 conceptions by girls aged under 18 in Norfolk (54% of these led to abortion). The rate of teenage conception in Norfolk is slightly below the national average, but not statistically significantly different (so not unusually low or high). The trend is has been towards a decline in the rate of teenage conception in this district, which mirrors the national trend (see Figure 11 below).

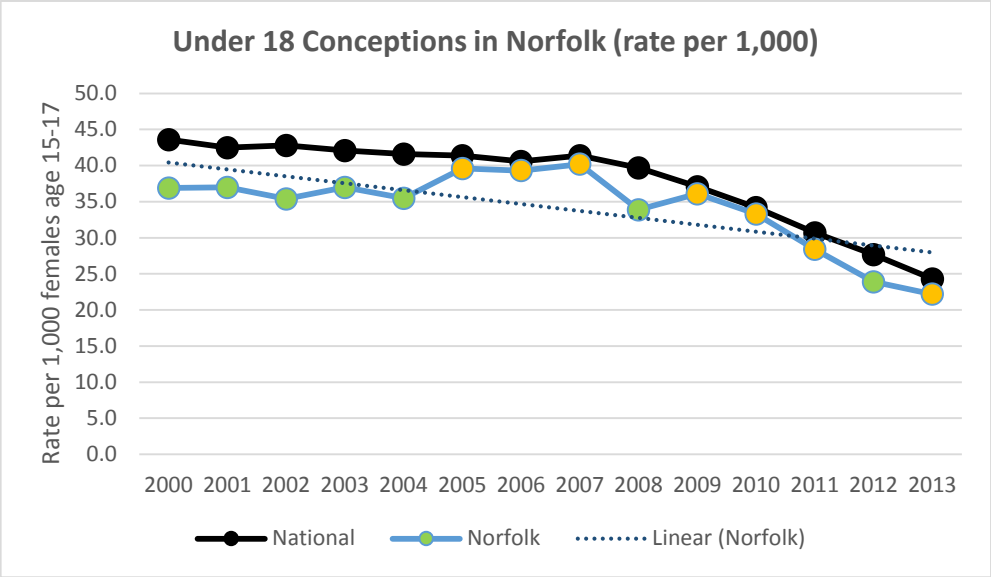


Figure 11: ONS Birth Data 2013 – Note the data point is coloured red when statistically significantly higher than the national average, yellow for no difference and green for significantly low.

The rate of teenage conception varies across the seven LA districts.[15] The highest rate is in Norwich with 31 per 1,000 girls aged 15-17, followed by King's Lynn and West Norfolk with 29 per 1,000 and Great Yarmouth with 26 per 1,000, North Norfolk and Breckland both have 19 per 1,000 (these are not statistically significantly different to the national average) and South Norfolk and Broadland both have 16 per 1,000 – lower than the national average (see Figure 12 below).

[14] For more information on outcomes for teenage parents and their children see: http://www.chimat.org.uk/teenconceptions/outcomes

[15] See Appendix 1 for a map of local authority districts in Norfolk.

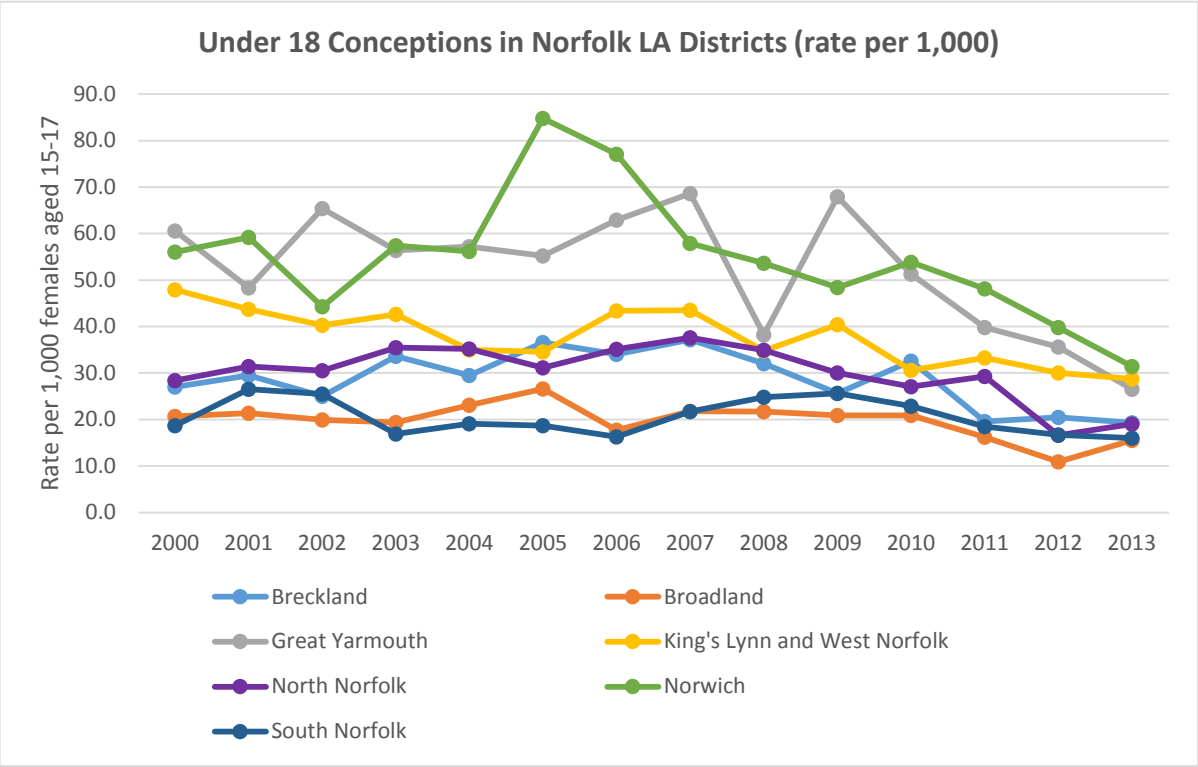


Figure 12: ONS Birth Data 2013, Under 18 Conceptions in Norfolk Local Authority Districts

Over time the variation between the districts has reduced: in 2005 there was a difference of 66 between a rate of 19 per 1,000 in South Norfolk and 85 per 1,000 in Norwich, but last year the difference between the lowest and the highest was just 16 per 1,000 (the smallest variation on record in Norfolk).

Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. Screening for infection means people get treated (even if they are not seeing symptoms) reducing the duration of infection and therefore the chance of developing complications, and reducing the time when someone is at risk of passing on the infection. In Norfolk 1,421 young people aged 15-24 were diagnosed with chlamydia in 2013.[16]

The National Chlamydia Screening Programme recommends that all sexually active under 25 year old men and women be tested for chlamydia annually or on change of sexual partner (whichever is more frequent). An insufficient amount of young people in the county are being screened, Norfolk has a significantly lower than average rate of young people receiving screening for chlamydia than the national average; only 17.6% aged 15-25 were screened in Norfolk compared to 24.9% nationally.[17]

The Department of Health Public Health Outcomes Framework 2013-2016 recommends that local areas aim to achieve a chlamydia diagnosis rate among 15 to 24 year olds of at least 2,300 per 100,000 population. The low screening rate in Norfolk contributes to a low diagnosis rate, only 1,387 per 100,000, which is well below the target. This is true of all of

[16] Public Health England (2013) Rate of chlamydia detection per 100,000 young people aged 15 to 24 http://fingertips.phe.org.uk/profile/sexualhealth/
[17] As above

the districts in Norfolk, there is no area that is meeting targets for chlamydia screening or detection rates.[18]

[18] Public Health England (2013) Rate of chlamydia detection per 100,000 young people aged 15 to 24 http://fingertips.phe.org.uk/profile/sexualhealth/

Healthy Weight and Obesity

Obesity in childhood is a significant public health issue as it is linked to adult obesity, which is a major cause of cardiovascular disease and diabetes. Evidence suggests that future lifestyles are determined by early life experiences and this supports the strong case for early intervention to help people maintain a healthy weight.[19]

Every year all children in Reception Class and Year 6 (age four/five and ten/eleven) have their height and weight measured under the National Child Measurement Programme (NCMP). Their weight category (underweight, healthy weight, overweight or very overweight) is calculated using their age, gender and body mass index (BMI).[20] Data from the NCMP is used to track trends in childhood weight and identify areas in need of services aimed at encouraging healthy weight.

The latest data from 2013/14 shows that in Norfolk:

- 22.3% (nearly a quarter) of children aged four/five are overweight (with 8.6% very overweight).
- 32.2% (over a third) of children aged ten/eleven are overweight (18% very overweight).

Last year Norfolk was not statistically significantly different the national average (so not unusually low or high) in terms of the proportion of Reception Class children who were overweight. The trend is has been a reduction over the last two years from a high of 23.6% in 2011/12 (see Figure 13 below).

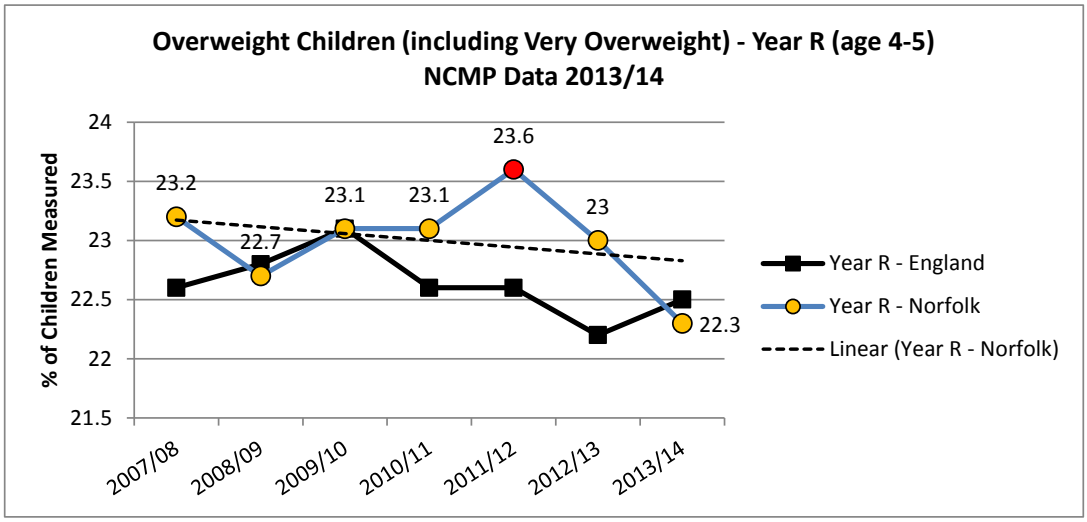


Figure 13: NCMP Data 2013/14, available via Health and Social Care Information Centre – Note the data point is coloured red when statistically significantly higher than the national average, yellow for no difference and green for significantly low.

For children aged ten to eleven, Norfolk has a statistically significantly lower rate of overweight children when compared to the national average. The trend was towards an increase between 2009/10 and 2011/12 but has since decreased and remained stable over the last two years (see Figure 14 below).

[19] Rudolf, M (2010) Tackling Obesity through the Healthy Child Programme: A framework for action. National Obesity Observatory.

[20] For more information see NCMP Guidance at https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance

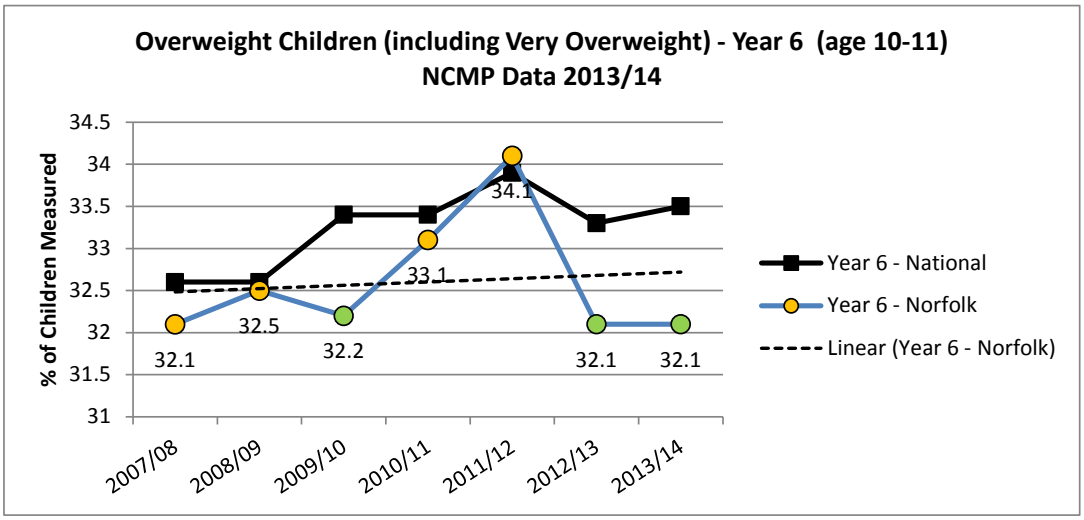


Figure 14: NCMP Data 2013/14, available via Health and Social Care Information Centre – Note the data point is coloured red when statistically significantly higher than the national average, yellow for no difference and green for significantly low.

The rate of children measured as overweight varies slightly across the districts, but last year none are above the national average for either children aged four/five or ten/eleven. When Norfolk is broken down to a smaller area level, there are 15 MSOA[21] where there is a statistically significantly high rate of children aged four/five measured as overweight; and nine MSOA where there is a statistically significantly high rate of children aged ten/eleven who are overweight (four appear on both, marked in bold on the tables below).

[21] 'MSOA' stands for 'Middle Super Output Area'. Output areas were designed by the Office of National Statistics to create standard geographies for analysis at a small area level and are used in place of electoral wards. Wards can have widely varying population numbers, which can make it difficult to compare them (from 100 - 30,000 residents). MSOA have a more standardised population with a minimum of 5,000 residents and an overall mean of 7,200, making comparisons far more meaningful. They are built from groups of Lower Layer Super Output Areas (LSOA).

Year R (age four/five)

MSOA name	Alternative name (election wards)	% Year R with excess weight 2010-14	Year R - Compared to National average
Great Yarmouth 012	Lothingland	37.0	High
King's Lynn and West Norfolk 016	**Emneth with Outwell - Upwell and Delph**	**31.1**	**High**
Norwich 007	Mancroft	30.0	High
Great Yarmouth 004	Yarmouth North	29.6	High
Norwich 013	**Lakenham**	**29.3**	**High**
King's Lynn and West Norfolk 013	Walpole - Walton - Mershe Lande	29.0	High
Great Yarmouth 005	Central and Northgate	28.8	High
Great Yarmouth 007	Southtown and Cobholm - Claydon (pt)	28.7	High
North Norfolk 003	Cromer Town - Suffield Park	28.2	High
King's Lynn and West Norfolk 019	Denton	28.1	High
Great Yarmouth 006	**Nelson**	**28.0**	**High**
King's Lynn and West Norfolk 017	North/East/South Downham - Downham Old Town	27.9	High
Great Yarmouth 003	**Caister North and South**	**27.7**	**High**
Norwich 003	Sewell	26.6	High
Norwich 006	Wensum	26.0	High

Table 3: Reception Class children measured as overweight (including very overweight). Four years of NCMP data were combined in order to make analysis at a small area level more robust (2010/11, 2011/12, 2012/13 and 2013/14). MSOA that appear on both tables are highlighted in bold.

Year 6 (age ten/eleven)

MSOA name	Alternative name (election wards)	% Year 6 with excess weight 2010-14	Year 6 - Difference to National average
King's Lynn and West Norfolk 007	North Lynn	50.2	High
King's Lynn and West Norfolk 002	Brancaster - Burnham - Docking - Rudham	42.4	High
Great Yarmouth 011	Magdalen	42.1	High
North Norfolk 013	Stalham and Sutton - Waxham	41.9	High
King's Lynn and West Norfolk 016	**Emneth with Outwell - Upwell and Delph**	**41.8**	**High**
Breckland 007	Swaffham	40.4	High
Great Yarmouth 003	**Caister North and South**	**39.5**	**High**
Norwich 013	**Lakenham**	**38.9**	**High**
Great Yarmouth 006	**Nelson**	**38.6**	**High**

Table 4: Year 6 children measured as overweight (including very overweight). Four years of NCMP data were combined in order to make analysis at a small area level more robust (2010/11, 2011/12, 2012/13 and 2013/14). MSOA that appear on both tables are highlighted in bold.

The highest rate for Reception age children is in the Lothingland area of Great Yarmouth (Great Yarmouth 012) where 37% of children are overweight (compared to the Norfolk average of 22%) and for Year 6 children it is North Lynn in King's Lynn (King's Lynn and

West Norfolk 007) where half of children are overweight (50% compared to the Norfolk average of 32%).[22]

It is important to target interventions aimed at promoting healthy weight in these areas, especially given the importance of childhood in determining adult behaviours. Using NCMP data it is possible to estimate the number of children affected by excess weight in Norfolk to be 30,000 children aged 5-15 years.[23]

[22] Four years of NCMP data were combined in order to make analysis at a small area level more robust (2010/11, 2011/12, 2012/13 and 2013/14).

[23] The 'estimated number of children with excess weight' uses the percentage of children with excess weight and applies it to the population count to produce an estimate. The percentage of children measured with excess weight in Reception Class has been applied to the number of children aged 5-10 and the percentage of children measured with excess weight in Year 6 has been applied to the number of children aged 11-16. These two have been added together to produce an estimate for all children in the district.

Substance Misuse (Drugs, Alcohol and Smoking)

Alcohol, smoking and drug misuse at any age has health and social consequences. Substance misuse is a particular issue in young people because adolescence is a crucial period in physical, emotional and social development.

In 2012 the Norfolk Drug and Alcohol Partnership carried out a survey in conjunction with the Matthew Project looking at the drug and alcohol needs of young people in Norfolk. Just over 1,000 young people aged between 12 and 18 took part (70% were 15 or 16).[24]

In general levels of substance use were found to be the same as what you would expect by looking at national averages; alcohol is the most commonly used substance, followed by tobacco and then cannabis. This also reflects what we know about young people who are receiving specialist drug and alcohol treatment in Norfolk; 80% are being treated for problems with either alcohol or with cannabis or both.

The survey found that just over half had been drunk at least once (52%), a third had tried smoking tobacco (35%) one in five had tried cannabis (19%), and less than 5% had tried a class A drug (see Figure 15 below)

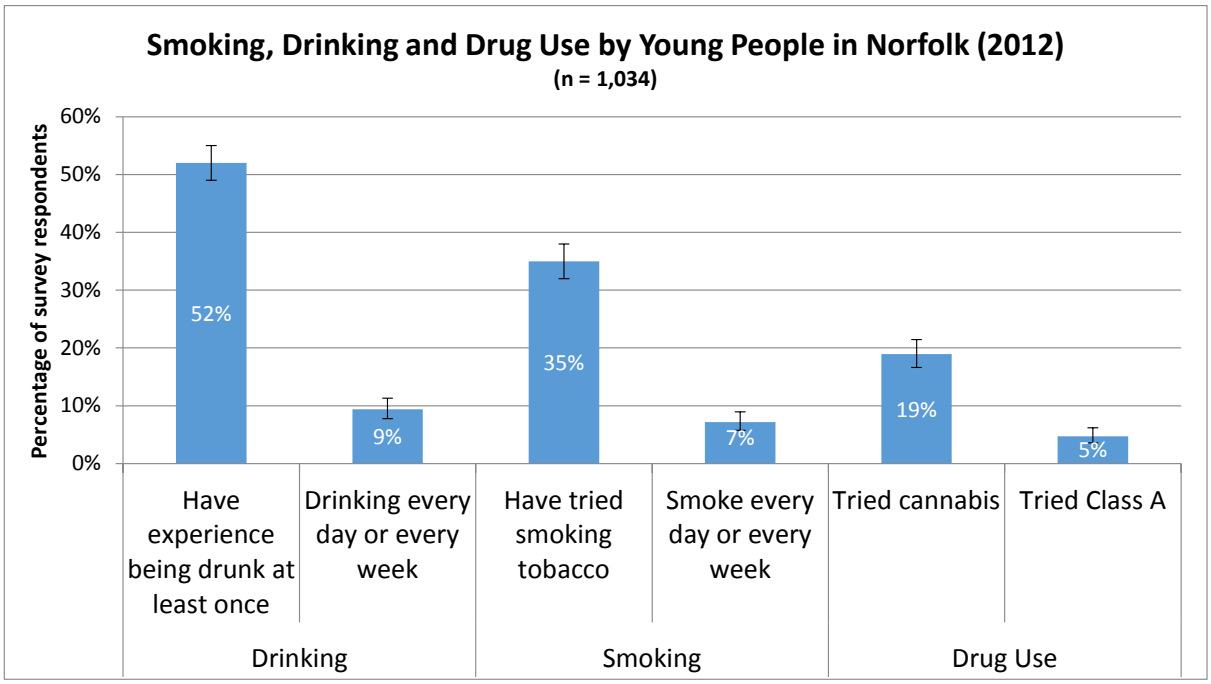


Figure 15: Data from the Norfolk Drug and Alcohol Partnership Young People in Norfolk, Drugs and Alcohol Survey 2012

The survey also found evidence of recognised trends in substance use by young people, for example those whose parents smoke were more likely to be regular smokers. Also those who smoke were also more likely to drink excessively and try other substances. Finally the average age for first getting drunk and trying drugs was 14, which suggests that advice and information should be aimed at this age group and even younger.[25]

Although the numbers are fairly small, misusing alcohol can have serious medical consequences; in the three years 2010/11 to 2012/13 there were 158 people aged under 18

[24] N-DAP (2012) *Young People in Norfolk, Drugs and Alcohol: Survey 2012*.
[25] *As above*

who were admitted to hospital for alcohol-specific conditions in Norfolk. The rate in the county is below national average and the trend has remained largely static over the last three three-year rolling periods (see Figure 16 below).[26]

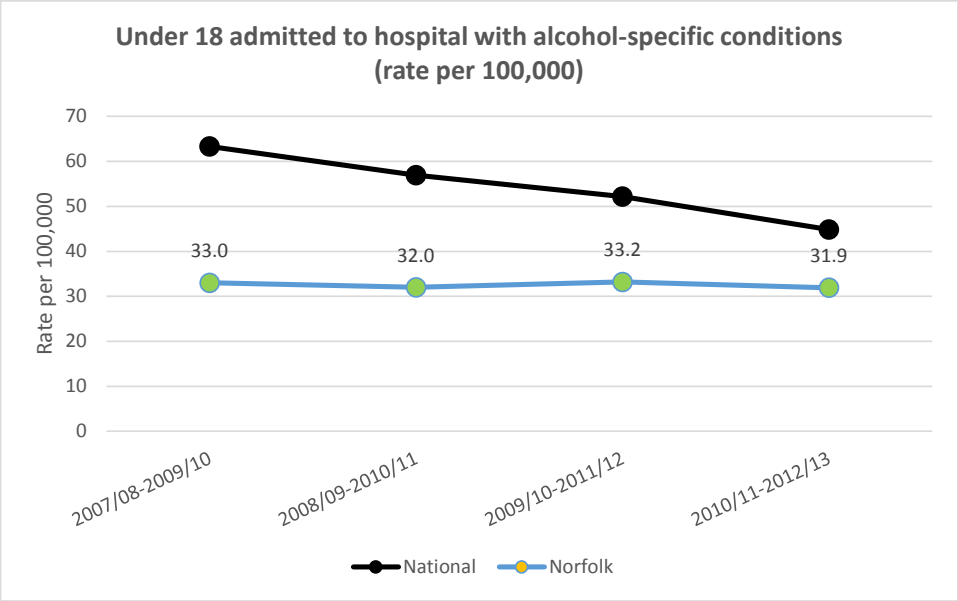


Figure 16: Hospital admissions due to alcohol specific conditions, Local Alcohol Profiles 2014, Public Health England – Note the data point is coloured red when statistically significantly higher than the national average, yellow for no difference and green for significantly low.

The rate of alcohol-specific hospital admissions differs widely across the seven districts of the county. No figures were released for the last three-year period for South Norfolk and North Norfolk because the number was fewer than six in each district. In contrast there were 43 alcohol-specific hospital admissions by young people in Great Yarmouth between 2010/11 and 2012/13. The rate for Great Yarmouth is increasing and is now statistically significantly above the national average for the first time. Another notable trend is that, alcohol-specific hospital admissions in young people are increasing in Broadland (although this remains one of the lower rates in the county) (see Figure 17 below).

[26] NWPHO (2012) *Local Alcohol Profiles England*. North West Public Health Observatory on behalf of Public Health Observatories in England: http://www.lape.org.uk/

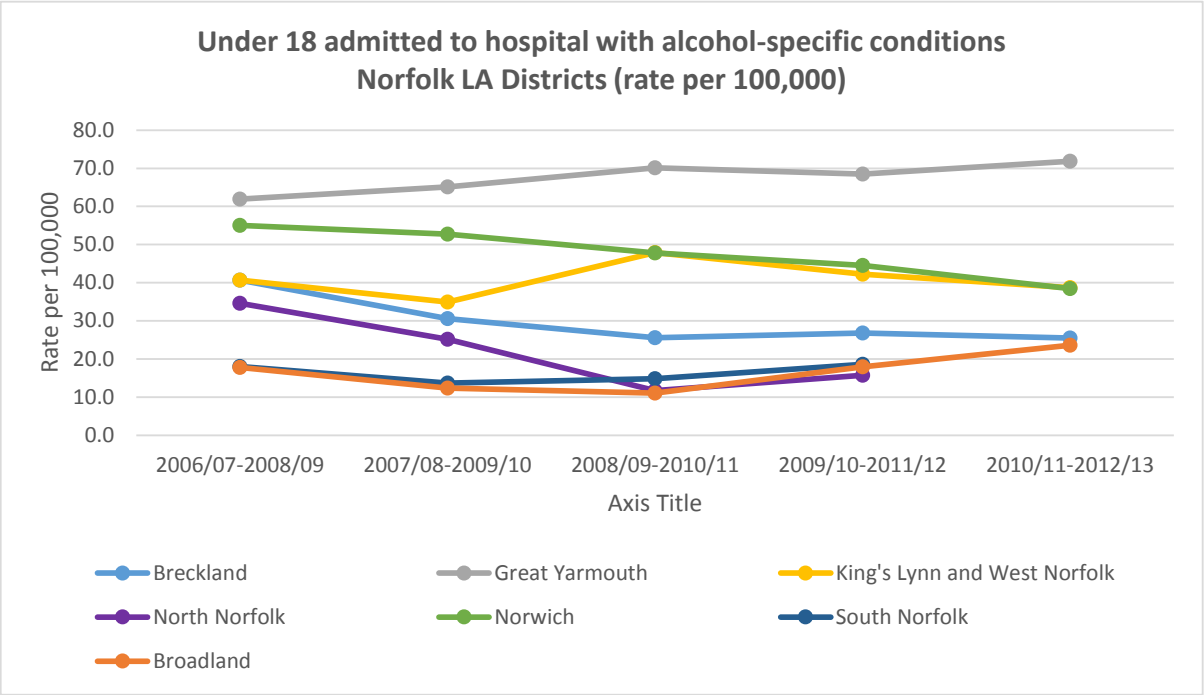


Figure 17: Hospital admissions due to alcohol specific conditions, Local Alcohol Profiles 2014, Public Health England

Children affected by their parent's substance misuse

While it is not always the case, substance misuse can have a negative effect on an individual's ability to parent effectively.[27] Research suggests children may be exposed to many hazards as a result of parental problem substance use; including poverty, physical and emotional abuse, neglect, inadequate accommodation and toxic substances in the home.[28] Children living with parental alcoholism face a range of increased risks in their lives including the likelihood of being in trouble with the police and experiencing difficulties in school. [29] Also they are also more likely to develop alcohol problems themselves.[30]

It is estimated that in the UK 2-3% young people (0-19 years old) are affected by parental drug use and 6% are living with dependant drinkers.[31] [32] This equates to around 17,000 children (0-19 years old) in Norfolk. Furthermore, parental substance misuse does not just impact on the children in the family. Survey data suggests that 46% of grandparents and other kinship carers say that parental substance misuse was one of the reasons they were caring for those children.[33]

Of the 4,787 adults who had structured drug and alcohol treatment in Norfolk in 2012/13, 60% were parents of children under the age of 18 (2870 people in structured treatment),

---

[27] ACMD (2003) *Hidden Harm: Responding to the Needs of Children of Problem Drug Users, report of an inquiry by the Advisory Council on the Misuse of Drugs.* London: Home Office
[28] *As above.*
[29] Sher, K.J. (1997), *Psychological characteristics of children of alcoholics*. Alcohol Health and Research World, Vol. 21. No.3
[30] Fawzy, F.I., Coombs, R.H, & Gerber, B. (1983), *Generational continuity in the use of substances: the impact of parental substance use on adolescent substance use*. Addictive Behaviours, 8, 109-114
[31] ACMD (2003) *Hidden Harm: Responding to the Needs of Children of Problem Drug Users, report of an inquiry by the Advisory Council on the Misuse of Drugs.* London: Home Office
[32] Manning, V. et al (2009) *New estimates of the number of children living with substance misusing parents: results from the UK national household surveys.* BMC Public Health.
[33] Grandparents Plus (2011) *Policy Briefing Paper: Family and Friends Care and Parental Substance Misuse* (2011)

with 21% having a child living with them (969 people) and 39% with a child either living with their partner, friends, family, or in care (1,867 people) (see Figure 18 below).

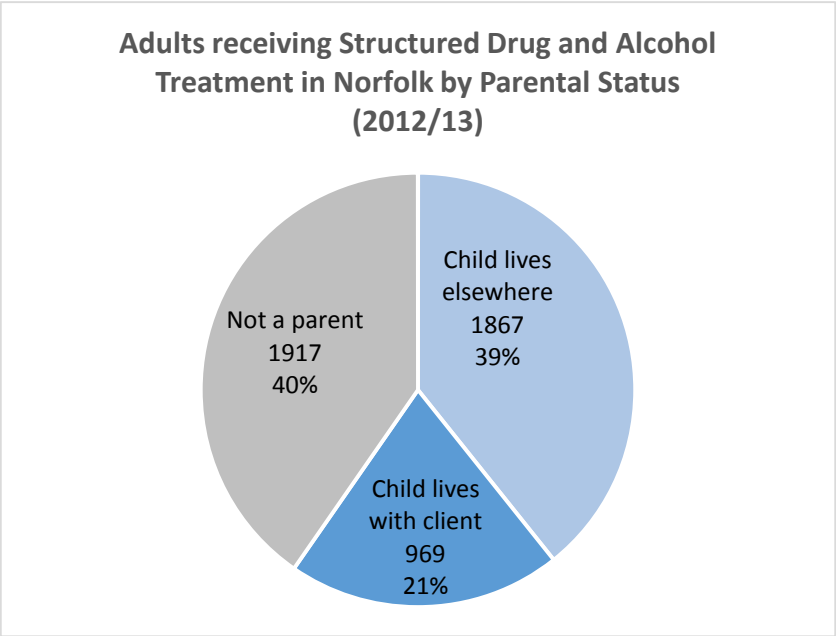


Figure 18: Data from National Drug treatment Monitoring System [NDTMS] in 2012/13

This is not the full extent of children living with parental substance misuse in Norfolk as it does not take into account parents who are not receiving structured treatment from substance misuse services, and these may represent a more vulnerable group of children.

Parental drug and alcohol problems are regularly identified as an factor in Children's Social Care initial assessments in Norfolk; in 2014/15 there were 875 assessments where parental alcohol misuse was identified and 686 with parental drug misuse - this is 12% and 9% respectively of all assessments in Norfolk (please note some of these cases may have had both as a factor).[34] Nationally there is evidence of parental substance misuse in 57% of serious case reviews (of serious or fatal child abuse).[35]

[34] Data from Norfolk Children's Social Care, extracted from CareFirst. Please note these are provisional figures & may be subject to change.

[35] DCSF (2008) *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews* 2003-2005. DCSF Research Report RR023. London, DCSF Publications.

Dental Health

It is well recognised that oral health is an important part of general health and wellbeing; it affects a child's ability to learn, thrive and develop and therefore can contribute to school readiness. Children who have toothache or who need treatment may have to be absent from school. Oral disease is linked to inequality and people living in deprived communities are found to have poorer oral health than people living in richer communities.[36]

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. While children's oral health has improved over the past 20 years, over a quarter (27.2%) of five-year-olds in Norfolk still had tooth decay in 2012 (this is not statistically significantly different to the national average).[37]

In Norfolk the prevalence of tooth decay in three year olds better than the national average with 9.9% of three year olds had some decayed, missing or filled teeth in Norfolk, compared to the national average of 11.7% (again this is not statistically significantly different - see Figure 19 below).[38]

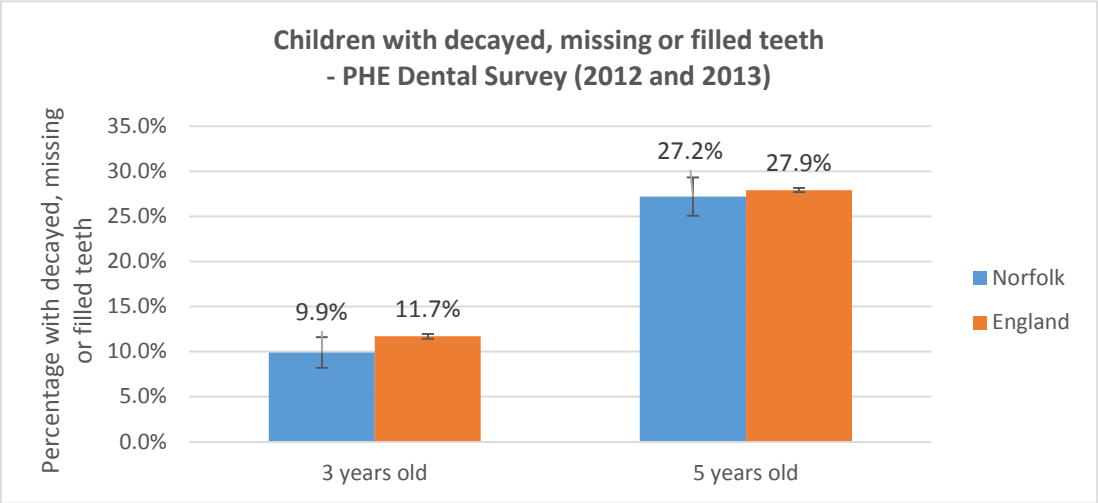
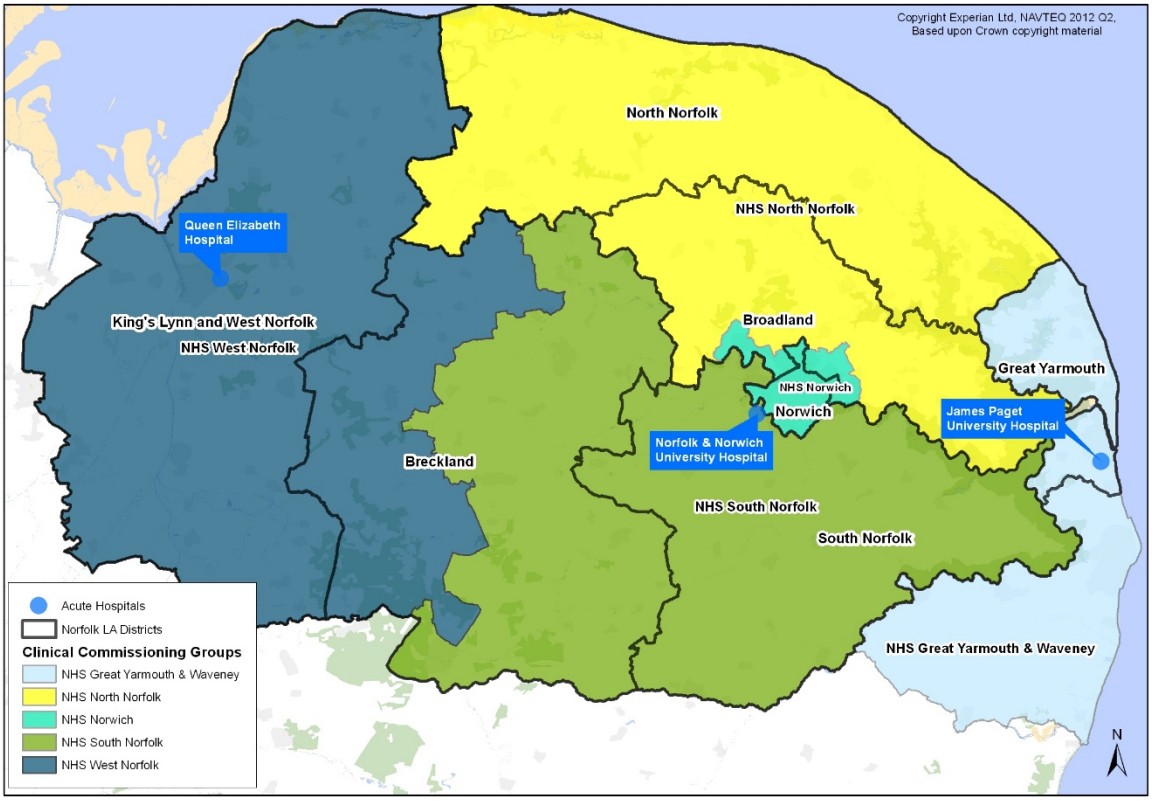


Figure 19: Public Health England Dental Survey of five year olds [2012] and three year olds [2013]

A particularly damaging type of decay is 'Early Childhood Caries' (ECC) which affects the upper front teeth spreading rapidly to other teeth and is related to the consumption of sugary drinks in baby bottles or sipping cups. In the 2013 dental survey of three-year olds 0.7% of children in Norfolk had ECC (the national average is 3.9%). [39]

[36] PHE (2014) Local Authorities improving oral health: commissioning better oral health for children and young people: A toolkit for local authorities. Public Health England.
[37] Dental Public Health Epidemiology Programme for England, Oral Health Survey of five-year-old children 2012, lower tier local authority (LA)
[38] Dental Public Health Epidemiology Programme for England, Oral Health Survey of three-year-old children 2013, lower tier local authority (LA)
[39] *As above*

Appendix A – Norfolk District and Norfolk Clinical Commissioning Groups



For further information on this report please contact Claire Gummerson at: Claire.gummerson@norfolk.gov.uk

Report dated: July 2015

District level versions of this report are available in the 0-19 District Profiles: http://www.norfolkinsight.org.uk/jsna/youngpeople

IN TRAN
communication for all

If you need this document in large print, audio, Braille, alternative format or in a different language please contact Norfolk County Council on 0344 800 8020 and we will do our best to help.
www.norfolk.gov.uk