



North West
Children and Young People's Health Indicators
2009
Summary Report

Rebecca Harrison, Lynn Deacon, Jennifer Mason and Karen Tocque

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Authors

Rebecca Harrison
Lynn Deacon
Jennifer Mason
Karen Tocque

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Introduction

Today's children grow into tomorrow's adults. Therefore, the wellbeing of children and adolescents is paramount to achieving a healthy adult population. The UK has, however, been reported as the worst country in terms of levels of child deprivation, relationships with parents and lifestyle risks such as alcohol, drugs and unsafe sex¹, when compared with 20 other rich countries of the world.² Not only is the health of children and young people in the UK poor, but it is deteriorating and inequalities persist.

There is a continued and increasing focus upon all areas of child health and wellbeing in terms of both treatment and prevention in addition to access to services. This has been initiated through and reflected by Government policy (including, *Every Child Matters*³, the *National Service Framework for Children, Young People and Maternity Services*⁴, and *Choosing Health: Making healthier choices easier*⁵), all of which are aligned in the common goal of improving outcomes for children and young people, and further developing early detection and intervention strategies to promote better child health and emotional health and wellbeing. There is a great deal of activity focussing on improving the outcomes for children and young people, such as through the Children's Fund agenda within local authority based partnerships, Child and Adolescent Mental Health Services (CAMHS), and Sure Start Children's Centres, to name but a few.

North West Children and Young People's Health Indicators report and online tool (www.nwph.net/cayphi)

In 2008, the North West Public Health Observatory (NWPHO) published the North West Children and Young People's Health Indicators (CAYPHI) report.⁶ The report was produced on behalf of the North West Children, Young People and Maternal Health Boardⁱ, and provided a picture of the health of approximately one and a half million children and young peopleⁱⁱ across all local authorities in North West England. The indicators showed the differences and similarities between the North West sub-region, region and England averages. Measures were presented at local authority district level where possible (or old PCT or top-tier local authority level), to allow use of the indicators in the development of local strategies. Data were obtained from a variety of sources including Office for National Statistics, Department of Health, Department for Children, Schools and Families, The Dental Observatory and the National Child Measurement Programme.

The report was published alongside an interactive online tool, which provides each North West local authority with an at-a-glance picture of the health of their young population. Through a profile of 50 indicators (including illness, welfare, mortality, safety, wellbeing and education), it enables local authorities to view their current position compared with the rest of the region. The level of inequality is also illustrated, showing where areas for improvement can be locally targeted. The profiles display each local authority's indicator values, as well as the North West and England averages and interquartile range of North West local authority values for comparison purposes (Figure 1). Indicators that are significantly better or worse (at a 95% confidence limit) than the North West average are also highlighted. Bar charts for each indicator linked from the profile illustrate the local authority's position in the region. Full definitions of the measures and sources are also provided.

The report and online tool were both cited in the *2007 Annual Report of the Chief Medical Officer*.⁷

This *Summary report* marks the last update of the *North West Children and Young People's Health Indicators* online tool as the funding for the project from the North West Regional Public

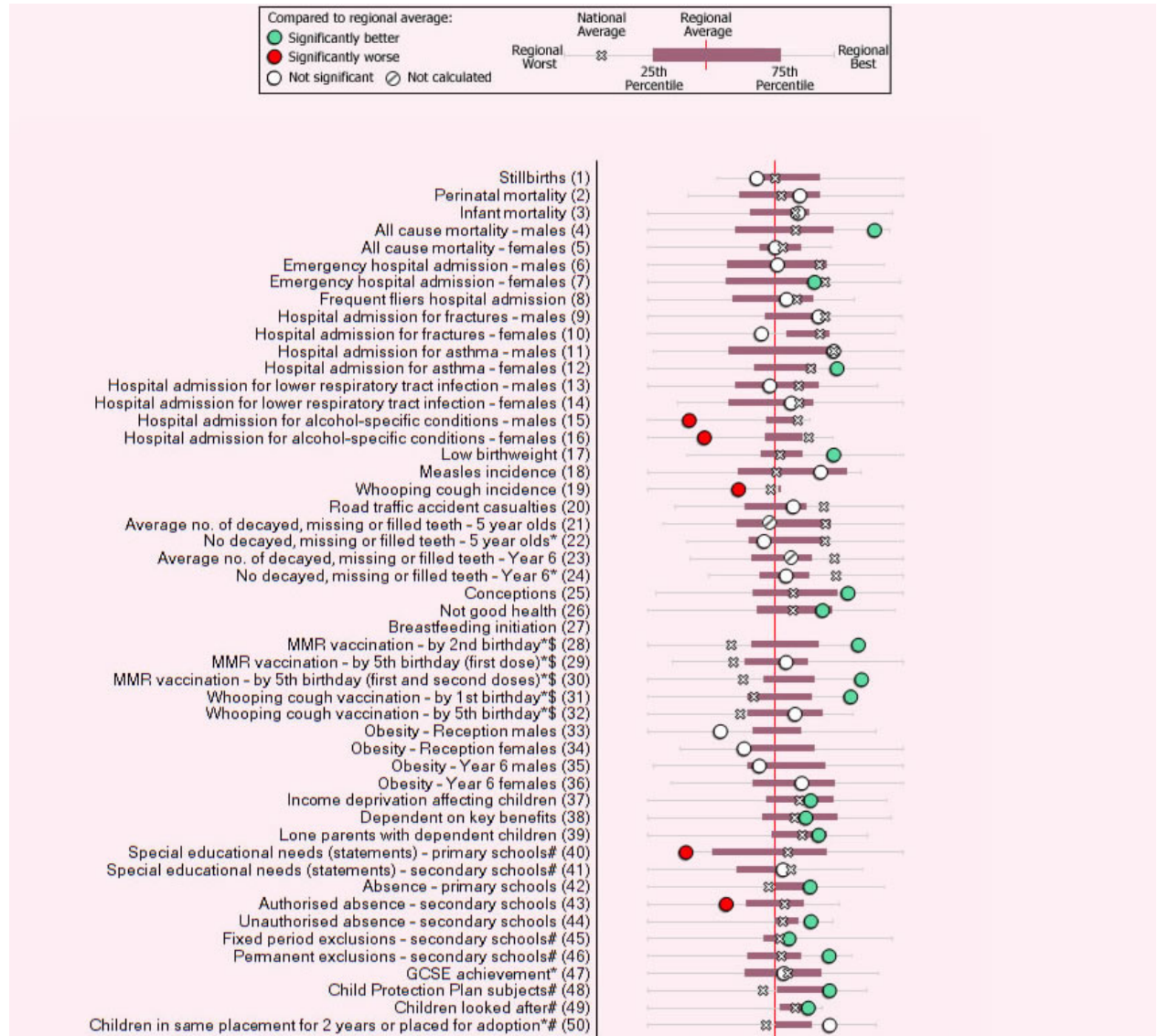
ⁱ The project was initially funded by the North West Care Services Improvement Partnership (CSIP NW). A further 12 months' funding was provided by the North West Regional Public Health Group.

ⁱⁱ Children and adolescents up to the age of 18 years unless otherwise specified.

Health Group has now come to an end. It builds upon the summary found in the *North West Children and Young People's Health Indicators* report.

A total of 37 out of the 50 indicators have been updated since the report and online tool were first published. It was not possible to update the remaining indicators because of data availability, or in some cases due to geographical boundary issues.

Figure 1: Local profile example from the North West Children and Young People's Health Indicators online tool.



Local authority summary

To summarise each local authority's position, indicators have been grouped into five domains.

- **Mortality:** 5 indicators including stillbirths, perinatal mortality, infant mortality and deaths from all causes.
- **Hospital admission:** 11 indicators including emergency admissions, 'frequent fliers', fractures, asthma and alcohol-specific conditions.
- **Health status:** 10 indicators including low birthweight, measles, whooping cough, road traffic accident casualties, dental health, teenage conceptions and 'not good' health.
- **Prevention:** 5 indicators including immunisation against measles, mumps and rubella and whooping cough.
- **Risk factors and determinants:** 18 indicators including obesity, families on benefits, lone parents, special educational needs, school absence and exclusions, educational achievement, child protection plans and looked after children.

Full details of the indicators included in each of these domains are shown in the appendix.

For each indicator, a rank of 1 was given to the best local authority in the North West, with a rank of 43 going to the worst local authority. For example, a rank of 1 was given to the local authority with the highest level of five or more A*-C GCSEs, or the lowest level of teenage conceptions. The average indicator rank for each domain was then calculated for each local authority.

Table 1 shows the average rank for each local authority across the five domains as well as an overall ranking for all the indicatorsⁱⁱⁱ (CAYPHI overall average rank). The table is colour coded to show which local authorities sit in the best (light pink) and worst (dark pink) quartile for each domain and for the CAYPHI overall rank. In the original CAYPHI report, a relationship between a number of the CAYPHI indicators and deprivation was found, so local authorities are ordered from the least deprived (top of the table) to most deprived (bottom) based on the Index of Multiple Deprivation (IMD) 2007 average score. Trafford has the best CAYPHI overall average rank (10.8), while Manchester (33.6) has the worst.

It should be noted that very few local authorities are consistently in the top and bottom quartile for each domain. Only Trafford is in the best quartile across all five domains and the CAYPHI overall average rank and only Halton is in the worst quartile across all five domains and the CAYPHI overall average rank. This illustrates the spread of rankings across the local authorities. For example, every local authority in the North West, with the exception of Sefton and Ellesmere Port and Neston, ranks in either the best or worst quartile for at least one domain. There are also instances of local authorities ranking in the best quartile for one domain and the worst for another. The most obvious example of this is Warrington, which ranks within the best quartile for the CAYPHI overall average rank despite being in the worst quartile for the prevention domain. Further examples are highlighted within the following summaries.

ⁱⁱⁱ Excluding breastfeeding initiation, for which it was not possible to apportion a local authority rank to because the data is at primary care trust (PCT) level.

Table 1: Summary of children and young people's health indicators in North West local authorities. ^{iv}

Local authority	IMD2007 average score	CAYPHI overall average rank	Average rank of domains				Risk factors and determinants
			Mortality	Hospital admission	Health status	Prevention	
Congleton	9.86	11.4	12.4	13.9	6.8	20.4	9.3
Ribble Valley	10.07	13.1	11.8	10.3	10.6	26.2	12.7
Macclesfield	10.67	12.3	7.0	17.5	9.9	20.4	9.7
South Lakeland	11.67	13.1	16.4	4.4	9.6	21.4	16.7
Fylde	12.86	12.7	21.0	6.8	13.6	15.4	12.7
South Ribble	14.10	17.7	16.0	21.2	25.4	11.8	14.3
Eden	14.64	12.7	9.2	10.0	11.9	7.2	17.1
Vale Royal	16.18	13.7	14.8	16.2	11.7	20.4	11.1
Chorley	16.56	16.3	16.8	20.6	17.2	11.8	14.3
Chester	16.86	17.1	30.2	22.2	9.4	20.4	13.2
Trafford	17.33	10.8	8.0	6.5	13.4	10.2	13.0
Crewe and Nantwich	17.45	17.0	25.4	18.8	9.8	20.4	16.2
Wyre	17.70	16.3	17.8	10.0	20.6	26.4	14.9
Warrington	17.89	15.0	15.0	15.4	10.1	35.4	11.4
Stockport	18.06	18.7	21.2	23.8	17.7	8.0	18.4
Ellesmere Port and Neston	19.92	21.2	30.0	23.9	16.4	19.8	19.9
West Lancashire	20.40	23.7	18.2	33.4	22.8	17.6	21.6
Bury	21.42	20.1	16.0	17.0	25.6	10.4	23.1
Allerdale	21.63	17.2	17.8	17.1	14.9	7.2	21.1
Lancaster	21.94	19.3	32.6	13.0	18.9	21.4	19.0
Carlisle	22.70	17.8	14.4	19.8	21.0	7.2	18.8
Rosendale	24.23	19.2	4.8	18.2	19.1	34.8	19.5
Sefton	25.13	20.7	19.8	26.6	14.2	27.4	19.1
Copeland	25.73	18.5	5.8	22.5	15.9	7.2	24.2
Wigan	26.91	19.9	18.4	17.4	23.3	9.8	22.9
Wirral	27.90	23.0	18.0	26.4	20.4	27.8	22.3
Tameside	28.78	25.6	19.6	27.5	23.1	22.4	28.3
Bolton	29.67	26.1	37.6	34.9	25.1	7.2	23.4
Preston	29.78	27.0	34.2	28.7	32.3	26.2	21.2
St Helens	29.82	28.3	38.8	27.5	25.9	34.4	25.2
Pendle	30.24	27.1	34.4	27.5	31.4	34.8	20.7
Oldham	30.82	27.6	32.0	27.8	31.3	13.2	28.5
Hyndburn	30.91	24.2	35.2	22.3	30.6	26.2	18.5
Halton	32.61	29.6	30.8	29.0	31.2	34.6	27.4
Barrow-in-Furness	32.69	21.8	11.0	26.6	15.9	21.4	24.6
Rochdale	33.89	25.7	26.4	26.6	24.4	13.8	28.9
Burnley	34.61	26.9	26.0	32.4	28.4	34.8	20.9
Blackburn with Darwen	35.83	25.2	35.0	26.5	35.7	13.6	19.8
Salford	36.51	27.7	22.8	25.5	27.8	29.6	29.7
Blackpool	37.66	29.7	29.6	29.3	33.6	24.8	29.4
Knowsley	43.20	31.3	15.6	34.5	31.2	40.8	31.2
Manchester	44.50	33.6	37.8	27.3	30.8	39.8	36.1
Liverpool	46.97	32.1	28.8	39.4	26.6	36.0	30.6

Min	9.9	10.8	4.8	4.4	6.8	7.2	9.3
Max	47.0	33.6	38.8	39.4	35.7	40.8	36.1
Value is in best quartile	<17.4	<16.7	<15.3	<17.0	<13.9	<12.5	<15.5
Value is in worst quartile	>30.9	>26.5	>30.1	>27.5	>27.2	>27.6	>24.4

Source: NWPPO (average ranks) and Communities and Local Government (Index of Multiple Deprivation 2007).

Mortality

This domain is comprised of five indicators relating to stillbirths, perinatal mortality, infant mortality and mortality from all causes for males and females.

Within this domain, the rate of infant mortality and the rate of mortality from all causes in males (0-14 years) in the North West are significantly worse than the England average. There are no significant differences between the North West and England for the other indicators in this

^{iv} Overall position is determined from the average rank across all 50 indicators (with the exception of indicator 27) with the position shown for each of the five domains.

domain. Overall, the rankings in this domain range from 4.8 (best) in Rossendale to 38.8 (worst) in St Helens.

- Barrow-in-Furness ranks 6th best within this domain, despite being the 9th most deprived local authority in the North West. In addition, Knowsley has the 12th best mortality rank, but is the 3rd most deprived local authority in the region. Conversely, Chester has the 11th worst mortality rank, but is the 10th least deprived local authority in the North West.
- Rossendale's average rank for mortality is considerably better than its average rankings for the other four domains, while Chester's average rank for mortality is worse than for other domains.
- Knowsley also has a relatively good rank for mortality (11th best) compared with its CAYPHI overall average rank and rankings for other domains, all of which are in the worst quartile.

Hospital admission

This domain is comprised of 11 indicators covering all emergency admissions to hospital, frequent fliers, emergency admissions to hospital for specific conditions (bone fracture, asthma and lower respiratory tract infection), and alcohol-specific admissions to hospital.

Within this domain, the North West value is significantly worse than the England average for all of the indicators. The rankings in this domain range from 4.4 (best) in South Lakeland to 39.4 (worst) in Liverpool.

- West Lancashire is the 17th least deprived North West local authority, but its average rank for this domain is in the worst quartile (4th worst), considerably higher than its ranks within the other four domains.
- Salford and Lancaster have better ranks for this domain than may be expected, given their poorer deprivation rankings, while Bolton has a worse rank than may have been predicted.
- Generally, however, where the domain rank is low, there is a low IMD 2007 average score, and conversely, where the domain rank is high, the IMD 2007 average score is also high.

Health status

This domain is comprised of eight indicators covering low birth weight, incidence of measles and whooping cough, children who are killed or seriously injured in road traffic accidents, children with no decayed, missing or filled teeth, teenage conceptions and children in 'not good' health.

All of the indicators in this domain are significantly worse in the North West than across England, with the exception of the incidences of measles and whooping cough, which are significantly better. The ranks within this domain range from 6.8 (best) in Congleton to 35.7 (worst) in Blackburn with Darwen.

In general, those local authorities in the least deprived quartile are in the best quartile for this domain. Similarly, those in the most deprived quartile tend to be in the worst quartile for this domain. However, there are a couple of exceptions:

- South Ribble, the 6th least deprived local authority in the North West (in the best quartile), but the 15th worst in this domain;
- Barrow-in-Furness, the 9th most deprived local authority in the North West (in the worst quartile), but the 14th best in this domain.
- Chester ranks within the best quartile for health status, despite ranking in the worst quartile for mortality.

Prevention

This domain is comprised of data from five indicators covering immunisation against measles, mumps and rubella and whooping cough.

For all of these indicators, the North West is significantly better than the England average. The ranks in this domain range from 7.2 (best) in Allerdale, Bolton, Carlisle, Copeland and Eden to 40.8 in Knowsley.

- Knowsley's rank in this domain is the highest average rank of any local authority across all of the domains.
- This domain has the least strong relationship with deprivation. Only a few local authorities (4 out of 11) in the best quartile for this domain also rank in the least deprived quartile.
- The ranks for the local authorities in the best quartile for this domain (with the exception of Trafford and Copeland) are their lowest ranks across all domains.
- Bolton's average rank in this domain is considerably lower than its ranks in the other four domains.
- Warrington ranks in the worst quartile for prevention, although it ranks within the best quartile for the other domains.

Risk factors and determinants

This domain is comprised of 18 indicators covering obesity, income deprivation, children living in households dependent on key benefits, lone parents with dependent children, education and looked after children.

There are a number of indicators within this domain where the North West is significantly worse than the England average: obese females in Reception, income deprivation, key benefits, lone parents, special educational needs in secondary schools, authorised and unauthorised absence in secondary schools, fixed exclusions and children subject to a child protection plan. The North West is significantly better than England for one indicator: overall absence in primary schools. There were no significant differences between the North West and England for the other indicators in this domain.

The ranks in this domain range from 9.3 (best) in Congleton to 36.1 (worst) in Manchester.

- Hyndburn is the 11th most deprived North West local authority, but is ranked 16th best in this domain. Similarly, Blackburn with Darwen is the 6th most deprived local authority, but ranks 21st best in this domain.
- Chester ranks within the best quartile for risk factors and determinants, despite ranking in the worst quartile for mortality.

Deprivation

Generally speaking, the most deprived local authorities have worse average ranks whereas the most affluent have better ranks. That is, as the IMD 2007 average score increases, so does the CAYPHI overall average rank (Figure 2). There is a very strong relationship present between these two factors in the North West local authorities ($R^2=0.8444$)^v (Figure 2). There are, however, a number of exceptions to this, with some North West local authorities showing a higher or lower CAYPHI overall average rank than may be expected given their level of deprivation. For these exceptions, it is important to look at the overall picture, including considering the details within all five domains.

- Trafford is the 11th least deprived local authority, yet it has the lowest (best) CAYPHI overall average rank, better than may be expected.
- Similarly, Barrow-in-Furness is the 9th most deprived local authority yet has the 19th worst CAYPHI overall average rank, also better than may have been assumed.
- Conversely, West Lancashire is the 17th least deprived local authority, but it has the 17th highest (worst) CAYPHI overall average rank, several places higher than may be expected.
- In addition, South Ribble has the 6th best deprivation rank, but only the 15th best CAYPHI overall average rank.

^v Here a correlation coefficient value of 0.64 to < 1.0 signifies a very strong relationship.

Other examples can also be seen in the domain commentary. These exceptions, where positive, may be used as examples of best practice. Conversely, where negative, they may benefit from targeted action or sharing of best practice.

Figure 2: Children and young people's health overall average rank and Index of Multiple Deprivation (IMD) 2007. North West local authorities.



Source: NWPCHO (children and young people's overall rank) and Communities and Local Government (Index of Multiple Deprivation 2007).

Conclusion

This summary provides an overview of the North West Children and Young People's Health Indicators. In general, it shows that the more deprived local authority areas have the worse rankings in relation to the health and wellbeing of children and young people. However, there are exceptions to this rule with some areas having better or worse scores than would be expected by deprivation alone. It also shows that the domains of mortality, hospital admission and prevention appear to have the greatest and almost similar spread of ranks.

The information provided here, in the initial report and within the online tool aims to support a range of local functions including:

- local joint strategic needs assessment
- priority setting
- local area agreements
- local delivery plans
- commissioning of child health services
- the development and subsequent implementation policies and programmes aimed at improving the health and wellbeing of children and young people; and
- meeting the health and social needs of this key group through the effective targeting of resources.

It is important that this summary is not viewed in isolation. Each local area should assess the detailed profile across all 50 indicators in order to determine their performance against particular measures, and to highlight issues where specific action could lead to improvement in the health of children and young people.

Full supporting data and indicator definitions can be found in the online tool at www.nwph.net/cayphi

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- ⁷ Department of Health (2008). *2007 Annual Report of the Chief Medical Officer. Tackling the health of the teenage nation*. London: Department of Health Publications.

Appendix

Currently, there are approximately 1.5 million^{vi} children and young people aged 0-17 years living in the North West region. This represents 21.8% of the total population of the North West (similar to England average of 21.5%) and 13.6% of the total number of children and young people aged 0-17 years living in England.

Population aged 0-17 years. North West local authorities, 2007.

Local authority	0-17 years		
	Males	Females	Total
Allerdale	9,800	9,400	19,200
Barrow-in-Furness	8,100	7,500	15,500
Blackburn with Darwen	20,000	18,600	38,600
Blackpool	15,200	14,700	29,900
Bolton	32,100	30,100	62,200
Burnley	10,600	9,900	20,600
Bury	21,700	20,700	42,500
Carlisle	10,500	10,200	20,700
Chester	12,100	11,400	23,500
Chorley	11,200	10,800	21,900
Congleton	10,000	9,300	19,300
Copeland	7,600	6,900	14,500
Crewe and Nantwich	13,200	12,600	25,800
Eden	5,200	4,900	10,200
Ellesmere Port and Neston	9,300	8,500	17,900
Fylde	7,100	6,900	14,000
Halton	14,200	13,600	27,700
Hyndburn	10,400	9,700	20,200
Knowsley	18,000	17,500	35,500
Lancaster	14,200	13,500	27,700
Liverpool	45,200	42,700	87,900
Macclesfield	15,900	15,100	31,000
Manchester	48,700	45,800	94,500
Oldham	28,200	26,800	55,000
Pendle	10,800	10,500	21,300
Preston	15,000	14,100	29,100
Ribble Valley	6,600	6,100	12,700
Rochdale	25,600	24,200	49,800
Rossendale	8,000	7,800	15,800
Salford	23,800	22,500	46,300
Sefton	29,600	28,600	58,300
South Lakeland	10,600	9,600	20,200
South Ribble	11,600	11,000	22,600
St Helens	20,000	19,000	39,100
Stockport	31,300	29,500	60,700
Tameside	24,600	23,600	48,200
Trafford	24,600	23,000	47,600
Vale Royal	14,300	13,600	27,800
Warrington	22,200	21,100	43,300
West Lancashire	12,300	11,600	23,900
Wigan	34,100	32,400	66,500
Wirral	35,200	33,100	68,300
Wyre	11,200	10,400	21,600
North West	770,100	728,600	1,498,700
England	5,635,500	5,359,300	10,994,800

Source: Office for National Statistics mid-year population estimates.

^{vi} Source: Office for National Statistics 2007 mid-year, single age population estimates.

The table below details the indicators found within the online tool, in the order in which they appear within the tool.^{vii} For full details of the indicators please see the online tool footnotes at www.nwph.net/cayphi

Indicators

Domain	Indicator	
Mortality	1. Stillbirths, crude rate per 1,000 live and still births, 2004-06.	
	2. Perinatal mortality (stillbirths and deaths at ages under 7 days), crude rate per 1,000 live and still births, 2004-06.	
	3. Infant mortality (deaths under one year of age), crude rate per 1,000 live births, 2004-06.	
	4. Mortality from all causes (males, 0-14 years), directly standardised rate per 100,000 population, 2004-06.	
	5. Mortality from all causes (females, 0-14 years), directly standardised rate per 100,000 population, 2004-06.	
Hospital Admission	6. Emergency admissions to hospital in males aged 0-17 years. Crude rate per 100,000 population, 2007/08.	
	7. Emergency admissions to hospital in females aged 0-17 years. Crude rate per 100,000 population, 2007/08.	
	8. Persons aged 0-17 years, with four or more emergency admissions to hospital in a given HES year (April - March). Crude rate per 100,000 population, 2007/08.	
	9. All emergency and elective admissions to hospital in males aged 0-14 years, with a primary diagnosis of bone fracture. Directly standardised rate per 100,000 population, 2007/08.	
	10. All emergency and elective admissions to hospital in females aged 0-14 years, with a primary diagnosis of bone fracture. Directly standardised rate per 100,000 population, 2007/08.	
	11. All emergency and elective admissions to hospital in males aged 0-17 years, with a primary diagnosis of asthma. Crude rate per 100,000 population, 2007/08.	
	12. All emergency and elective admissions to hospital in females aged 0-17 years, with a primary diagnosis of asthma. Crude rate per 100,000 population, 2007/08.	
	13. Emergency admissions to hospital in males aged 0-14 years, with a primary diagnosis of lower respiratory tract infection. Directly standardised rate per 100,000 population, 2007/08.	
	14. Emergency admissions to hospital in females aged 0-14 years, with a primary diagnosis of lower respiratory tract infection (ICD-10 codes J20-J22). Directly standardised rate per 100,000 population, 2007/08.	
	15. Males aged 0-17 years admitted to hospital at least once in a given HES year (April - March) with an alcohol-specific condition as primary or subsidiary diagnosis. Crude rate per 100,000 population, 2004/05-2006/07.	
	16. Females aged 0-17 years admitted to hospital at least once in a given HES year (April - March), with an alcohol-specific condition as primary or subsidiary diagnosis. Crude rate per 100,000 population, 2004/05-2006/07.	
	Health Status	17. Percentage of live and still births under 2,500g, 2006.
		18. Incidence of measles (0-14 years), directly standardised rate per 100,000 population, 2004-06.
19. Incidence of whooping cough (0-14 years), directly standardised rate per 100,000 population, 2004-06.		
20. Children (0-15 years) killed or seriously injured in road accidents, crude rate per 1,000 population, 2007.		
21. Average number of decayed, missing or filled teeth (5 year olds), 2005/06.		
22. Percentage of 5 year olds with no decayed, missing or filled teeth, 2005/06.		
23. Average number of decayed, missing or filled teeth (Year 6 pupils), 2004/05.		
24. Percentage of Year 6 pupils with no decayed, missing or filled teeth, 2004/05.		
25. Under 18 conceptions, crude rate per 1,000 female population aged 15-17 years, 2006.		
26. Children aged 0-15 years in 'not good' health, directly age standardised percentage, 2001.		

^{vii} All indicators were included in the domain average rank calculations and the CAYPHI overall average rank calculations with the exception of *Indicator 27: Mothers initiating breastfeeding as a percentage of maternities*, which was excluded due to data not being available at a local authority level.

Prevention	27 . Mothers initiating breastfeeding as a percentage of maternities, 2007/08 outturn.
	28 . Percentage of children given the MMR vaccination by their second birthday, 2005/06.
	29 . Percentage of children given the MMR vaccination (first dose) by their fifth birthday, 2005/06.
	30 . Percentage of children given the MMR vaccination (first and second doses) by their fifth birthday, 2005/06.
	31 . Percentage of children immunised against whooping cough by their first birthday, 2005/06.
	32 . Percentage of children immunised against whooping cough by their fifth birthday, 2005/06.
Risk factors and determinants	33 . Percentage of obese males in Reception, 2008.
	34 . Percentage of obese females in Reception, 2008.
	35 . Percentage of obese males in Year 6, 2008.
	36 . Percentage of obese females in Year 6, 2008.
	37 . Income Deprivation Affecting Children Index: percentage of children (0-15 years) living in families in receipt of Income Support and Jobseeker's Allowance (income based) or in families in receipt of Working Families Tax Credit/Disabled Persons Tax Credit whose equivalised income is below 60% of median before housing costs, 2001.
	38 . Percentage of children living in families on key benefits, August 2007.
	39 . Lone parents with dependent children (under 18 years) as a percentage of all families with dependent children, 2001.
	40 . Percentage of primary school pupils with statements of special educational needs (SEN), January 2008.
	41 . Percentage of secondary school pupils with statements of special educational needs (SEN), January 2008.
	42 . Percentage of pupil half days missed due to overall absence in maintained primary schools, 2006/07.
	43 . Percentage of pupil half days missed due to authorised absence in maintained secondary schools, 2006/07.
	44 . Percentage of pupil half days missed due to unauthorised absence in maintained secondary schools, 2006/07.
	45 . Fixed period exclusions from maintained secondary schools as a percentage of the school population, 2006/07.
	46 . Permanent exclusions from maintained secondary schools as a percentage of the school population, 2006/07.
	47 . Percentage of pupils at the end of Key Stage 4 achieving five or more GCSEs at grades A*-C or equivalent, 2007/08.
	48 . Children and young people who were the subject of a Child Protection Plan, rate per 10,000 children aged under 18 years, at 31 March 2007.
	49 . Children looked after, rate per 10,000 children aged under 18 years, at 31 March 2008.
	50 . Percentage of children aged under 16 years who have been looked after continuously for at least two and a half years: who had been in the same placement for at least two years, or placed for adoption, at 31 March 2008.

North West Public Health Observatory

Centre for Public Health
Research Directorate
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Castle House
North Street
Liverpool
L3 2AY
UK

Tel: +44 (0)151 231 4454

Fax: +44 (0)151 231 4515

www.nwpho.org.uk

www.cph.org.uk

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