

Children and Young People



Summary

Children and Young people (CYP) make up approximately 30% of our ICB population and by taking the right steps to address their health and care needs now, we are taking action to ensure they grow into healthy adults.

The Children and Young People insights pack provides an overview of our CYP population across Hertfordshire and West Essex and the services they are accessing.

The pack looks at the '5' focus clinical areas as identified by NHS England as areas requiring accelerated improvement: Asthma, Diabetes, Epilepsy, Oral Health and Mental health. Additionally, the pack also includes Obesity and School readiness as these have been identified as clinical priorities for our ICS.





Key messages

- As an ICB, Children and Young people represent 28.6% of our population, which is higher than the national average.
- Although Hertfordshire and West Essex is less deprived as an ICB compared to the national average, there are pockets of deprivation within our geography with 2.5% of our young people living within the most deprived 20% of the population.
- 1 in 4 Children and young people will attend A&E in a year.
- Asthma remains the most common Long-Term Condition (LTC) amongst our <18 CYP population, with A+E attendance rates for asthma increasing. SWH had the highest rates for asthma admissions across the ICB.
- Obesity continues to rise and disproportionately affects certain ethnic minority groups and areas of deprivation. There
 is an increase in those recorded as obese from reception to Year 6. Black, Asian, Mixed and any other ethnic group
 have significantly higher proportions of pupils in excess weight BMI categories than both white and Chinese year 6
 children.
- School readiness has been identified within the ICS clinical priorities due to its impact on outcomes achieved through an individual's life. The data highlights that St Albans have the biggest gap between those children who are known to be eligible for free school meals in comparison to those not known to be eligible.
- Harlow, illustrates the narrowest gap between those children who are known to be eligible for free school meals in comparison to those not known to be eligible.
- Oral Health has been identified as one of the clinical focuses within the Core 20 PLUS 5 strategy. The data shows that Broxbourne and Harlow have a higher proportion of 5-year-olds with visually obvious dental decay in comparison to the other districts within Hertfordshire and West Essex.

Key recommendations

More work to overcome health inequalities:

- Those in more deprived areas and from Black and other Ethnic minority groups are more affected by the '5' focus clinical areas and obesity.
- More work needs to be done to address obesity in our young children.
- Deprivation and ethnicity should be looked at for all areas of focus.

Improving data quality:

- Likely due to differences in recording systems, there is variation in how data is grouped for different ages.
- Data for oral health needs to reflect both Hertfordshire and West Essex populations.
- Direct comparison for West Essex and Hertfordshire can be difficult as data may be collected and presented differently.



South West Hertfordshire HCPS

Need

The IDACI (Income Deprivation Affecting Children) data shows Hertsmere, Dacorum, Watford and Three Rivers (South Oxhey) are the most income deprived areas within the ICS affecting children

Modifiable Risk Factors

Watford has the lowest proportion of children and young people who participate in physical activity (less than 30 minutes a day). This suggests there are significant disparities in physical activity levels and access to resources in these areas.

St Albans has the biggest gap between those children who are known to be eligible for free school meals in comparison to those not known to be eligible when achieving a Good Level of development.

Demand

The data shows Admissions for Asthma are consistently higher than the ICB for children in SWH. Higher rates of children and young people are admitted to hospital for abnormalities of breathing including wheeze compared to the overall ICB.

Higher proportion of Children and young people aged 0-18 attended A&E in comparison to East and North Hertfordshire and West Essex.

Hospital admissions for mental health conditions are higher in South West Hertfordshire in comparison to the ICB rates.

Areas of opportunity

Physical activity levels in Watford .

Close the gap for achieving a good level of development between those receiving free school meals and those not.





East and North Hertfordshire HCP

Need

Broxbourne (Waltham Cross), Stevenage, Welwyn Hatfield and North Hertfordshire (Letchworth Garden city) are the most income deprived areas within the ICS affecting children when looking at the IDACI (Income Deprivation Affecting Children).

Modifiable Risk Factors

Welwyn Hatfield had the highest prevalence of 5-year-olds with one or more teeth coded as decay at the pulp at 9.9%, this was higher than both the regional and national prevalence.

Pupils in Broxbourne feel they lack the fitness to walk/ cycle more often, whereas students in Stevenage are more concerned about getting lost, or bicycle costs compared with their peers.

Broxbourne has one MSOA with 46% of students having excess weight and most other MSOAs having 20 to 40% of pupils with excess weight. The highest proportion of excess weight is seen in Waltham Cross.

Demand

Rates of admissions of babies under 14 days remain higher in East and North Hertfordshire in comparison to South West Hertfordshire and West Essex. Rates of emergency admission in children under 5 years remains higher in East and North Hertfordshire compared to the ENHT has national average, driven by higher rates of admission. However Higher proportions of Asthma reviews are carried out within East and North Hertfordshire place.

Areas of opportunity

High levels of dental decay in 5-year-olds.

Physical activity levels in Broxbourne.

Healthy weight in Broxbourne to promote healthier lifestyles and reduce obesity, particularly Waltham Cross.





West Essex HCP

Need

The IDACI shows that Harlow and Loughton, Buckhurst hill and Chigwell are the most income deprived areas within the HCP affecting children. Harlow (Dads Wood) area is the 6th highest score in the ICS and Oakwood Hill, Loughton has the 8th highest score (Income Deprivation Affecting Children)

Modifiable Risk Factors

The highest rates of childhood obesity are found within Waltham Abbey and Harlow in West Essex.

The data shows Harlow has the highest average number of missing (extracted due to decay) teeth and the highest prevalence of 5-year-olds with dental decay affecting incisor teeth, higher than both the regional and national prevalence. Epping Forest District has the highest prevalence of 5-year-olds with enamel decay at 15.5%, this is higher than the national prevalence.

Waltham Abbey, Loughton and Harlow have the highest Vulnerability levels for air pollution.

Harlow, illustrates the narrowest gap in the ICS for Good Level of Development between those children who are known to be eligible for free school meals (FSM) in comparison to those not known to be eligible. This suggests that the gap for narrowing a Good Level of Development between those on FSM and those non FSM is being achieved.

Demand

Rates of emergency department attendance in children aged under 1 remain higher in West Essex in comparison to ENH and SWH.

West Essex show higher asthma rates for children compared with the other areas.

Areas of Opportunity

Childhood Obesity in Waltham Abbey and Harlow.

Dental Health in Harlow and Epping Forest.

Emergency admissions for children under 1 for children in West Essex.



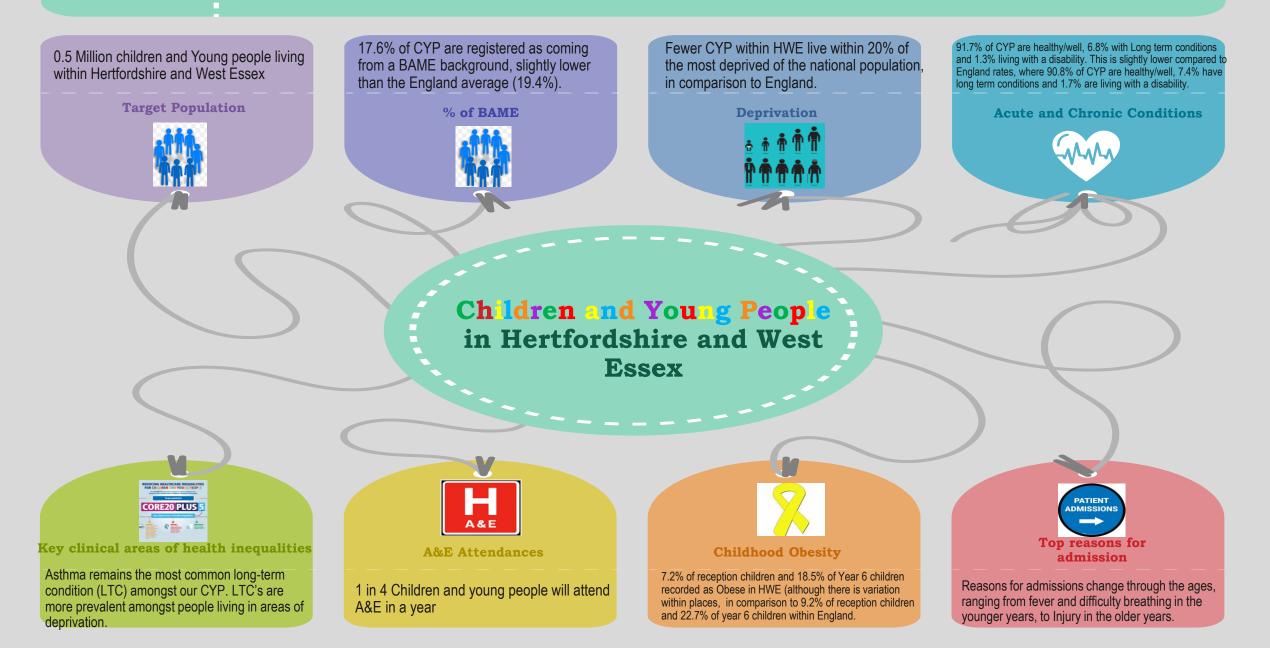




Demographics

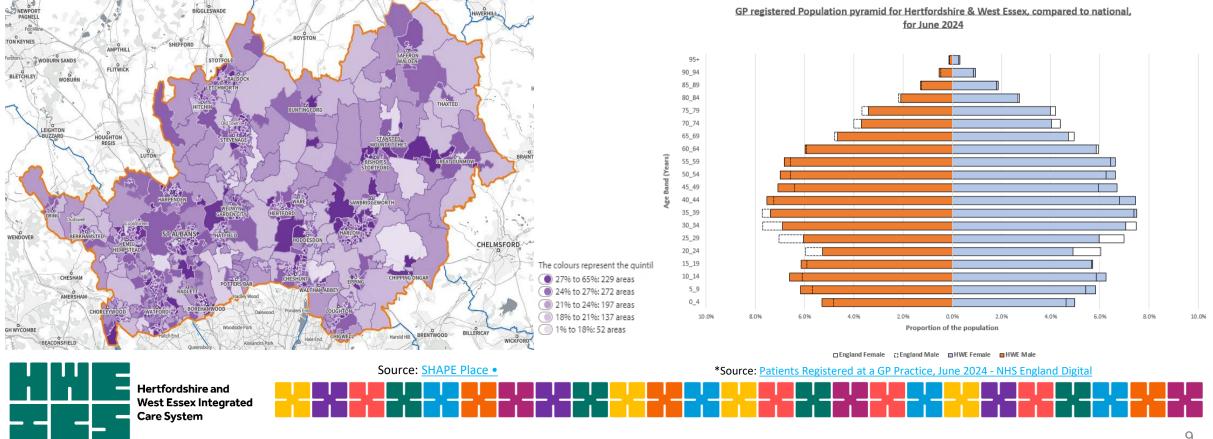


Children and Young People 0-24 years



Demographic Profile and Segmentation

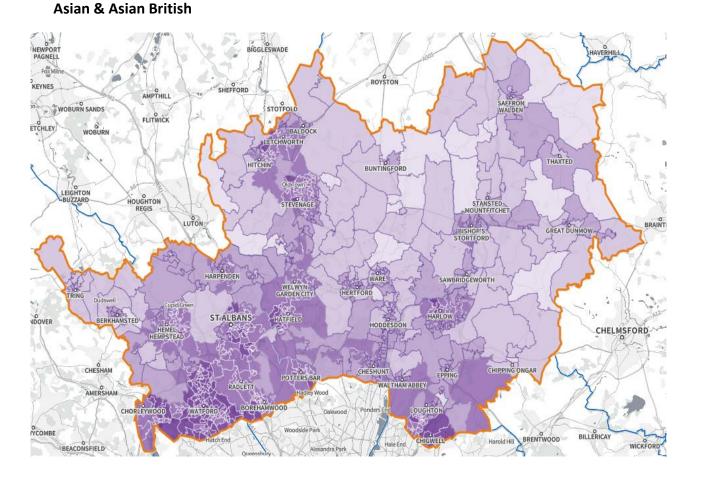
- Compared to the national average, HWE ICB has a higher proportion of the population aged under 20 years.
- There is a significantly higher proportion of Children between the ages of 0-14 years of age within HWE in comparison to the national average. ٠
- The registered population in HWE ICS has significantly increased by 1.33% in the last 12 months, compared to a 1.35% increase nationally. ٠
- The map on the left, taken from the Atlas shape tool shows where children aged 0-19 are located, darker areas represent places where a higher % of the population is aged <20% years. ٠
- The population of the HWE ICB is expected to increase by 6% overall between 2018 and 2043, however there is expected to be limited growth (or reductions) in children and working age adults. .



The colours represent the quintiles 12.35% to 96.27%: 145 areas 5.02% to 12.34%: 337 areas 2.09% to 5.01%: 270 areas 0.94% to 2.08%: 111 areas 0% to 0.93%: 24 areas

The data on the right was taken from the shape tool, an interactive data mapping, analysis and insight tool which captures demographic and service data. Darker areas represent places where a higher % of the population is aged <20 years.

- The map on the right illustrates the proportion of the population aged 0-19 years of Asian/Asian British ethnicity.
- Higher pockets of Asian/Asian British Children and young people within SWH are represented in Watford, Borehamwood and Chorleywood.
- Within East and North Hertfordshire, higher pockets of Asian and Asian British Children and young people are represented within the Hatfield and Stevenage areas.
- Loughton, Buckhurst Hill and Chigwell has a higher representation of Asian and Asian British Children and Young people within West Essex.

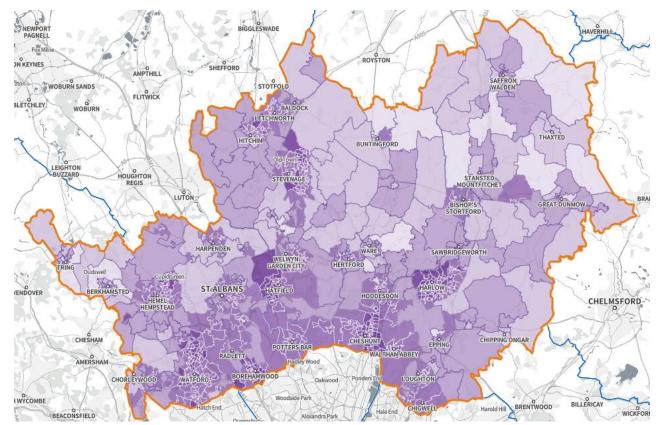






- The map on the right illustrates the proportion of the population aged 0-19 years of Black/Black British ethnicity.
- Within South West Hertfordshire, higher pockets of our Black/Black British Children and young people are represented within Borehamwood and Cupid Green within Hemel Hempstead.
- Stevenage and Welwyn Garden City/ Hatfield have higher pockets of our 0-19 black and Black British population within East and North Hertfordshire.
- Harlow has the highest proportion of Black and Black British 0–19year-olds within West Essex.

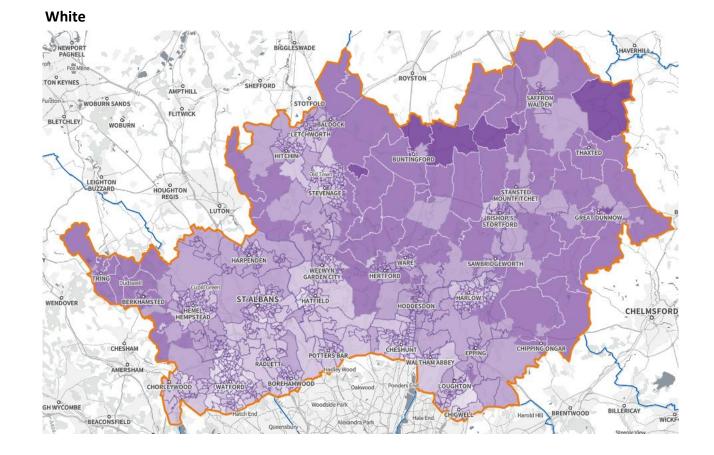
Black and Black British



The colours represent the quintiles: 5.5% to 62.08%: 187 areas
1.77% to 5.49%: 390 areas
0.69% to 1.76%: 203 areas
0.25% to 0.68%: 83 areas
0% to 0.24%: 24 areas



- The map on the right illustrates the proportion of the population aged 0-19 years of white ethnicity.
- Within West Essex, higher pockets of our White Children and young people are represented within Saffron Walden, Uttlesford.
- Buntingford and Stevenage have higher pockets of our 0-19 white population within East and North Hertfordshire.
- Tring has the highest proportion of White British 0–19-year-olds within South West Hertfordshire.

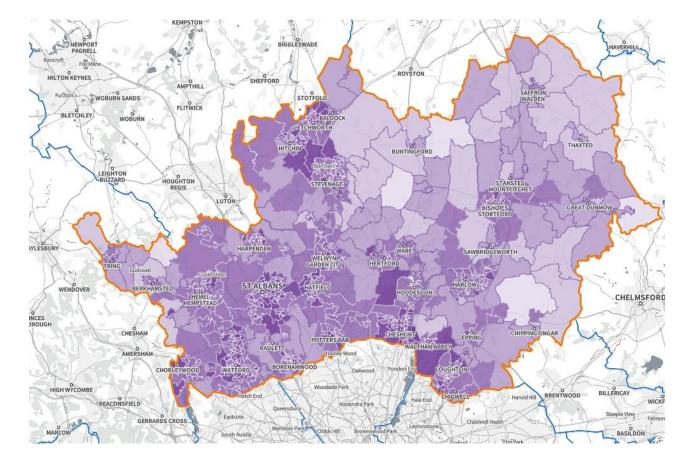






- The map on the right illustrates the proportion of the population aged 0-19 years of mixed and multiple ethnicity.
- Within West Essex, higher pockets of our mixed/multiple ethnicity Children and young people are represented within Harlow and Chigwell.
- Hitchen and Letchworth Garden City have higher pockets of our 0-19 mixed/multiple ethnicity population within East and North Hertfordshire.
- Hemel Hempstead, St Albans and The Shires (Watford) has the highest proportion of mixed/multiple ethnicity 0–19-year-olds within South West Hertfordshire.

Mixed/ Multiple Ethnicity



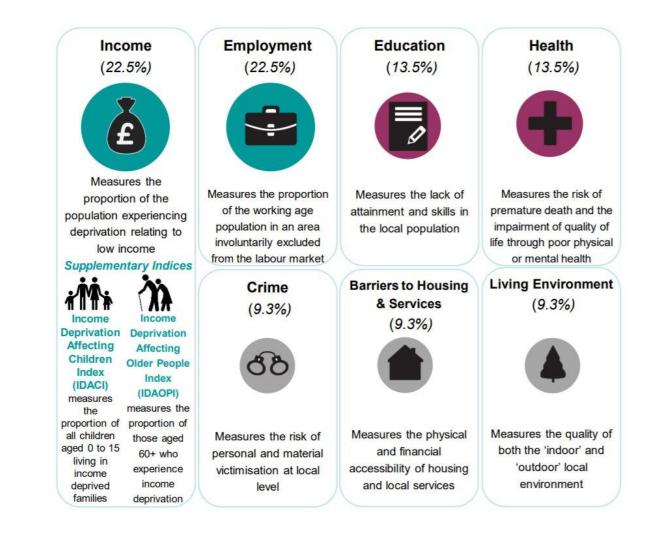


The English Indices of deprivation (Source UK data service)

This slide outlines what factors are considered when assessing deprivation.

There are 7 domains of deprivation within England which combine to create the Index of Multiple deprivation. The table on the right explains how the indices of deprivation are calculated.

Income and Employment (22.5%) make up the highest proportion of deprivation within England, followed by barriers to Education and Health (13.5%) and lastly Crime, barriers to housing and services and living environment (9.3%).

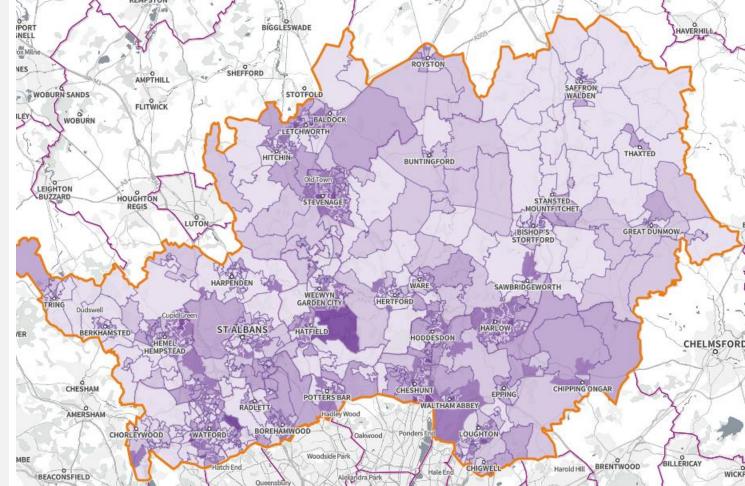




ICS View of income Deprivation Affecting Children (IDACI)

- Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families.
- The map on the right, provides an ICS view of income deprivation affecting Children (IDACI). The darker the colour, the higher the level of deprivation.
- The data shows that the most income deprived areas within the ICS affecting children are:
- 1. Hertsmere (Borehamwood)- IDACI score 0.41
- 2. Broxbourne (Waltham Cross) IDACI Score 0.36
- 3. Dacorum (Cupid Green) IDACI Score 0.36
- 4. Watford (Croxley View)- IDACI Score 0.34
- 5. Dacorum (Groves Hill) IDACI Score 0.35
- 6. Harlow (Dads Wood) IDACI score 0.35
- 7. Stevenage (Bedwell)- IDACI Score 0.33
- 8. Loughton, Buckhurst & Chigwell (Oakwood Hill) IDACI Score 0.31
- 9. Welwyn Hatfield (Essendon) IDACI Score 0.31
- 10. Harlow (Westfield)- IDACI score 0.30
- 11. Three Rivers (South Oxhey)- IDACI Score 0.30
- 12. North Hertfordshire (Letchworth Southeast)- IDACI score 0.30
- 13. Three Rivers (South Oxhey)- IDACI Score 0.30
- 14. Harlow (Fairway)- IDACI score 0.29
- 15. Harlow (Stewards) IDACI Score 0.29
- 16. Stevenage (Bedwell) IDACI score 0.29
- 17. Broxbourne (Churchgate)- IDACI Score 0.28
- 18. Broxbourne (Turnford)- IDACI Score- 0.28
- 19. Dacorum (Cupid Green)- IDACI Score 0.28
- 20. Dacorum (Highfield) IDACI score 0.28







Air Pollution Vulnerability NO2

UKHSA has developed a PILOT indicator to represent population level vulnerability to air pollution at LSOA level.

NEWPORT

PAGNELL Fox Milne

KEYNES

WOBURN SANDS

WOBURN

- This is a ranking of the level of vulnerability from low (1-2) to high (9-10) decile scores. This is based on the population characteristics (% of young people (<16 years) and older adults (65+ years)), Levels of Deprivation (Index of multiple deprivation score), location of vulnerable populations (Any hospitals, schools, care homes and child care facilities) and the concentration of air pollution (NO2 and PM2.5) modelled for 2018.
- The map on the right shows that the highest pockets of vulnerability levels for air pollution can be found within South West Hertfordshire (Dacorum, Watford (Garston, Holywell, Meriden, Woodside and Bricketwood) and Hertsmere (Potters Bar and Radlett).
- Broxbourne (Cheshunt and Waltham Cross) Stevenage and Letchworth Garden City have the highest vulnerability scores within East and North Hertfordshire.
- In west Essex, Waltham Abbey, Loughton and Harlow have the highest Vulnerability levels for air pollution.
- This data, presents a similar message to data taken from Friends of the earth where most localities within Hertfordshire and West Essex show NO2 levels above the WHO recommended guideline of 10.



Source: UKHSA's and OHID Local Knowledge Intelligence Service (LKIS); Air Quality Health Indicator Tool for England 2022

BIGGLESWADE

STOTFOLD

LETCHWORTH

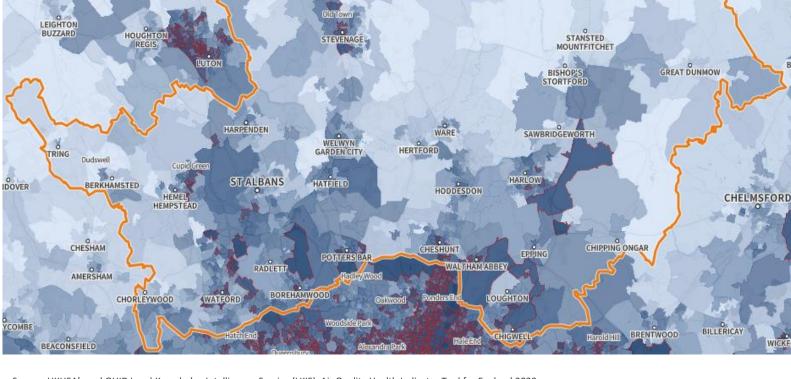
HITCHIN

BALDOCK

SHEFFORD

AMPTHILL

FLITWICK



ROYSTON

BUNTINGFORD

WICKEO

Key: 1 and 2: low vulnerability 9 and 10: high vulnerability

SAFFRON

WALDEN

THAXTED

HAVERHILL



Overview of Child Health Profiles-Hertfordshire and Essex



Hertfordshire overview of Child Health Profiles

- Compared to England, the health and wellbeing of ٠ children in Hertfordshire is better.
- Breastfeeding rates are better than England. 80% of ٠ newborns received breastmilk as their first feed. By 6 to 8 weeks after birth, 60.4% of mothers are still breastfeeding.
- Although 92.1% of 2-year-old children have ٠ received 1 dose of the MMR vaccination, this does not meet the national recommended coverage (95%).
- Levels of child obesity are better than England, 8.5% ٠ of children in reception and 18.8% of children in Year 6 are obese.
- admissions Child inpatient for mental ٠ health conditions and self -harm are better than England.
- Hospital admissions caused by injuries in young ٠ people (0-14 years old) are worse than England.

Source: Child Health Profiles (phe.org.uk) (Fingertips, March 2023)

Overview of Child Health

The chart below shows how children's health and wellbeing 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 shown as a grey bar. The line at the centre of the chart shows the England average.

No significant change

Trend cannot be calculated

★↓ Increasing/decreasing and getting better

Significantly better than the England average ▲↓ Increasing/decreasing and getting worse

O Not significantly different from the England average

Significantly worse than the England average O Significance cannot be tested

25th percentile 75th percentile

Regional average

England average

	Indicator	Recent trend	Local number per year*	Local value	England average	England worst		England best
ature lity	1 Infant mortality rate	+	44	3.3	3.9	7.5	0	1.2
Prem ature mortality	2 Child mortality rate (1 to 17 years)	-	24	9.4	10.3	17.7	O	6.1
		+	12,608	92.1	89.2	65.4	O	97.7
Health protection	4 Dtap/IPV/Hib vaccination (2 years) 90% to 95%	+	12,830	93.7	93.0	70.6	Þ	99.1
	5 Children in care immunisations	•	672	93.0	85.0	30.0	••	100.0
	6 Children achieving a good level of development at the end of Reception	•	8,935	64.7	65.2	53.1	d	74.4
ş	7 GCSE attainment: average Attainment 8 score	-	-	53.0	48.7	39.2	• 0	61.3
ninan	8 GCSE attainment: average Attainment 8 score of children in care	-	-	20.6	23.2	14.2	0	38.3
Wider determinants of ill health	9 16 to 17 year olds not in education, employment or training (NEET)	+	809	3.0	4.7	14.7		1.4
Mder fill he	10 First time entrants to the youth justice system	•	155	127.5	146.9	446.9	þ	56.3
>0	11 Children in relative low income families (under 16s)	+	24,085	9.8	18.5	42.4	••	6.2
	12 Households with children homeless or at risk of homelessness	-	1,530	10.1	14.4	39.3		4.5
	13 Children in care	-	1,024	38	70	218		26
	14 Children killed and seriously injured (KSI) on England's roads	-	28	11.6	15.9	55.0		2.6



Hertfordshire overview of Child Health Profiles continued

	15 Low birth weight of term babies	+	327	2.7	2.8	5.0		1.5
	16 Obese children (4 to 5 years)	+	1,115	8.5	10.1	14.9		5.4
÷	17 Obese children (10 to 11 years)	•	2,530	18.8	23.4	34.0		12.4
emen	18 Children with experience of visually obvious dental decay (5 years)	-	_	-	23.4	50.9	•	8.7
Health improvement	19 Hospital admissions for dental caries (0 to 5 years)	-	88	98.9	220.8	931.3	0	7.5
±.±	20 Under 18s conception rate / 1,000	•	205	10.0	13.0	30.4		2.7
	21 Teenage mothers	+	30	0.2	0.6	2.4		0.0
	22 Admission episodes for alcohol-specific conditions - Under 18s	+	62	22.6	29.3	83.8	•	7.7
	23 Hospital admissions due to substance misuse (15 to 24 years)	-	72	56.4	81.2	229.4		16.9
	24 Smoking status at time of delivery	•	743	6.1	9.1	21.1		3.1
	25 Baby's first feed breastmilk	-	7,270	80.0	71.7	1.3		98.6
	26 Breastfeeding prevalence at 6 to 8 weeks after birth	-	8,083	60.4	49.3	_	1	_
						-	I	-
a tie	27 A&E attendances (0 to 4 years)	-	52,650	754.8	762.8	2,080.6	D	387.2
rreventior fill health	27 A&E attendances (0 to 4 years) 28 Hospital admissions caused by injuries in children (0 to 14 years)	-	52,650 2,285	754.8 101.8	762.8 84.3			
Prevention of ill health		-				2,080.6		387.2
Preventior of ill health	28 Hospital admissions caused by injuries in children (0 to 14 years)	-	2,285	101.8	84.3	2,080.6 162.2		387.2 38.8
Prevention of ill health	28 Hospital admissions caused by injuries in children (0 to 14 years) 29 Hospital admissions caused by injuries in young people (15 to 24 years)	-	2,285	101.8 103.0	84.3 118.6	2,080.6 162.2 252.2		387.2 38.8 53.3

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

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





Essex overview of Child Health Profiles

- Compared to England, the health and wellbeing of children in Essex is better (Data is unavailable at a lower level).
- Breastfeeding rates are better than England. 73.4% of newborns received breastmilk as their first feed.
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 91.8% of children have had one dose.
- Dental Health in Essex, is better than the England average with 20.4% of 5-year-olds having had experience of dental decay.
- 9.6% of children in reception and 21.0% of children in year 6 are obese.
- Child inpatient admissions for mental health conditions and self –harm is better than England.
- Source: Child Health Profiles (phe.org.uk) (Fingertips, March 2023)

Overview of Child Health

The chart below shows how children's health and wellbeing 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 shown as a grey bar. The line at the centre of the chart shows the England average.

No significant change
 Not significantly different from the England average
 Increasing/decreasing and getting better
 Significantly better than the England average
 Significantly worse than the England average
 Significantly worse than the England average
 Significantly better than the England average
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 Significantly worse than the England average
 Significantly better than the England average

	Indicator	Recent trend	Local number per year*	Local value	England average	England worst		England best
ature ility	1 Infant mortality rate	+	44	2.8	3.9	7.5		1.2
Premature mortality	2 Child mortality rate (1 to 17 years)	-	29	9.9	10.3	17.7	Þ	6.1
	3 MMR vaccination for one dose (2 years) ● ≥95% ● <90%	•	15,149	91.8	89.2	65.4	0	97.7
Health protection	4 Dtap/IPV/Hib vaccination (2 years)	•	15,712	95.2	93.0	70.6	O	99.1
- 2	5 Children in care immunisations	+	561	72.0	85.0	30.0	•	100.0
	6 Children achieving a good level of development at the end of Reception	•	11,189	66.8	65.2	53.1		74.4
ş	7 GCSE attainment: average Attainment 8 score	-	-	48.2	48.7	39.2	0	61.3
ninan	8 GCSE attainment: average Attainment 8 score of children in care	-	-	21.6	23.2	14.2	0	38.3
Wider determinants of ill health	9 16 to 17 year olds not in education, employment or training (NEET)	•	1,383	4.2	4.7	14.7	Þ	1.4
Víder of ill he	10 First time entrants to the youth justice system	•	146	104.3	146.9	446.9		56.3
20	11 Children in relative low income families (under 18s)	+	36,356	12.8	18.5	42.4	0	6.2
	12 Households with children homeless or at risk of homelessness	-	2,116	12.2	14.4	39.3	Q	4.5
	13 Children in care	-	1,118	36	70	218		26
	14 Children killed and seriously injured (KSI) on England's roads	-	45	15.9	15.9	55.0	•	2.6



Essex overview of Child Health Profiles continued

	15 Low birth weight of term babies	•	288	1.9	2.8	5.0		1.5
	16 Obese children (4 to 5 years)	•	1,560	9.6	10.1	14.9	0	5.4
÷	17 Obese children (10 to 11 years)	•	3,440	21.0	23.4	34.0		12.4
emen	18 Children with experience of visually obvious dental decay (5 years)	-	-	20.4	23.4	50.9	•	8.7
Health improvement	19 Hospital admissions for dental caries (0 to 5 years)	-	48	46.7	220.8	931.3	0	7.5
	20 Under 18s conception rate / 1,000	•	300	12.3	13.0	30.4	þ	2.7
	21 Teenage mothers	+	60	0.4	0.6	2.4	0	0.0
	22 Admission episodes for alcohol-specific conditions - Under 18s	•	60	19.1	29.3	83.8		7.7
	23 Hospital admissions due to substance misuse (15 to 24 years)	-	110	70.2	81.2	229.4	0	16.9
	24 Smoking status at time of delivery	•	1,058	8.7	9.1	21.1	þ	3.1
	25 Baby's first feed breastmilk	-	6,560	73.4	71.7	1.3	•	98.6
	26 Breastfeeding prevalence at 6 to 8 weeks after birth	•	7,674	-	49.3	-	l I	-
alth	27 A&E attendances (0 to 4 years)	-	61,475	741.6	762.8	2,080.6		387.2
Prevention of ill health	28 Hospital admissions caused by injuries in children (0 to 14 years)	-	1,730	66.0	84.3	162.2		38.8
що	29 Hospital admissions caused by injuries in young people (15 to 24 years)	-	1,635	102.9	118.6	252.2	•	53.3
	30 Hospital admissions for asthma (under 19 years)	-	295	89.5	131.5	438.0		47.0
	31 Hospital admissions for mental health conditions	-	230	73.3	99.8	355.1	O	33.3
	32 Hospital admissions as a result of self-harm (10-24 years)	-	680	279.2	427.3	1,051.7		127.6

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

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





Birth and Early years



Birth and early years and Immunisations – Pre- School

- There are pockets where poorer outcomes are experienced within the ICS
 - Rates of admissions of babies under 14 days remain higher in East and North Hertfordshire
 - Rates of emergency department attendance in children aged under 1 remain higher in West Essex.
 - Rates of emergency admission in children under 5 years remains higher in East and North Hertfordshire compared to the national average, driven by higher rates of admission
- Latest data covering the covid pandemic shows that like England, HWE have seen a reduction in the number of emergency admissions and A&E attendances for children aged 0-4.
- Compared to the national average, uptake for the MMR vaccination and the Dtap/IPV/Hib vaccination are slightly higher. The data show that East and North Hertfordshire have a higher uptake for both vaccinations in comparison to South West Hertfordshire and West Essex.
- Data highlighted within the table is a few years old, and as such any updated data may be different once published on fingertips.

Better 95% Similar Worse 95% Not co	mpared					
Indicator Name	Period	England	HWE ICB	East and North Hertfordshire	South West Hertfordshire	West Essex
Obesity in early pregnancy	2018/19	22.1	-	20.9	18.2	-
Smoking in early pregnancy	2018/19	12.8	-	8.9	6.7	10.3
Early access to maternity care	2018/19	57.8	60.1	64.1	63.0	46.5
Low Birth Weight of all babies	2020	6.9	6.2	6.0	6.6	5.7
Very Low birth weight of all babies	2020	1	0.7	0.6	1.0	0.4
Admissions of babies under 14 days	2020/21	75.5	-	90.7	76.0	72.1
A&E attendances (under 1 year)	2019/20	959.2	-	932.3	887.5	1039.4
Emergency Admissions (under 1 year)	2020/21	240.4	-	262.9	161.5	145.6
A&E attendances (0- 4 years)	2019/20	674.4	634.2	659.4	612.5	633.3
Emergency admissions (0-4 years)	2020/21	93.0	77.2	101.4	65.1	59.0
MMR Vaccination for one dose (2 years)	2021/22	89.2	-	93.3	90.6	90.5
Dtap/IPV/Hib vaccination (2 years)	2021/22	93.0	-	94.4	92.9	93.5

Source: OHID, based on NHS England Data





School Readiness



School Readiness- School aged children

		Better 9	5% <mark>Simila</mark>	ar Worse S	<mark>5%</mark> Not c	ompared
		0	HWE ICB		Hertford shire	Essex
School Readiness: percentage of children achieving a good level of development at the end of reception	2022/23	67.7%	68.0%	67.2%	67.7%	68.9%
School Readiness: percentage of children achieving the expected level in phonics screening check in year 1	2022/23	78.6%	79.3%	78.9%	79.4%	79.3%
School Readiness: Percentage of children achieving at least the expected level in commuinication and language skills at the end of reception	2022/23	80.7%	81.1%	79.7%	81.2%	80.8%

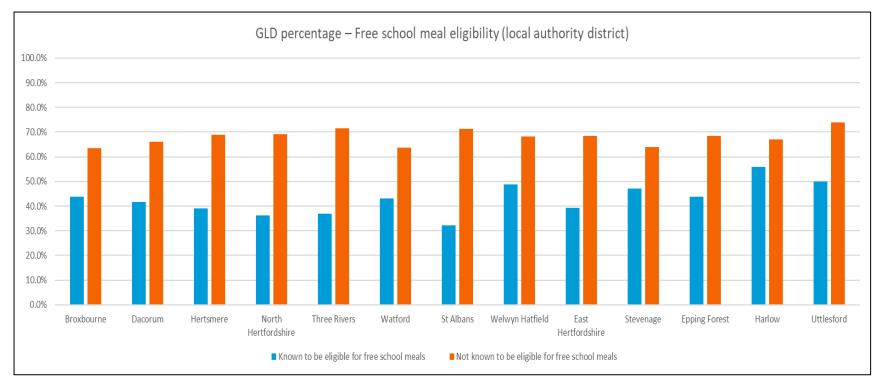
Source: OHID, based on NHS England Data

- School readiness has been identified within the ICS clinical priorities due to its impact on outcomes achieved through an individual's life. Throughout research, 'school readiness' is a term often used to describe how ready children are socially, physically, and intellectually, to start formal schooling.
- Hertfordshire and West Essex has seen an improvement in the proportion of Children achieving a good level of development at the end of reception in comparison to England and the East of England.
- Hertfordshire and West Essex has also seen an improvement in the proportion of children achieving the expected level in the phonics screening check in year 1 in comparison to England and the East of England.
- Hertfordshire and West Essex have a higher proportion of children achieving at least the expected level in communication and language skills at the end of reception in comparison to England and the East of England.
- Essex have seen an improvement in the proportion of children achieving a good level of development at the end of reception in comparison to Hertfordshire.
- Hertfordshire have a higher proportion of reception children achieving the expected level in communication and language skills in comparison to Essex and England.



Percentage of children with GLD by free school meal eligibility and local authority district (2021/22)

- School readiness is measured by the level of development of a child when they reach Foundation Stage (3-5) at school. A measure called the good level of development (GLD) is used.
- The data in this chart represents the percentage of children who have a Good Level of Development (GLD) who are known to be eligible/ not known to be eligible for free school meals.
- The data is represented by local authority district within Hertfordshire and West Essex.
- The data highlights that St Albans have the biggest gap between those children who are known to be eligible for free school meals in comparison to those not known to be eligible.
- Harlow, illustrates the narrowest gap between those children who are known to be eligible for free school meals in comparison to those not known to be eligible.







Oral Health



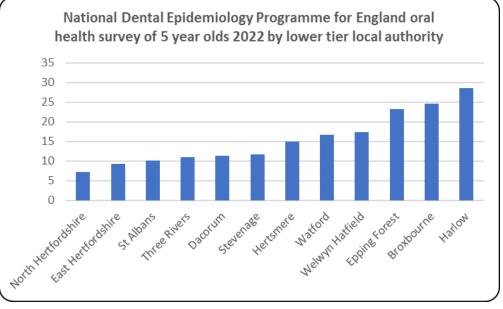
Oral Health

Better 95% Similar Worse 95% Not compared

Indicator Name	Period	England	HWEICB	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenge	Three Rivers	W atford	W elwyn Hatfield
% of 5 year olds with experience of visually obvious dental decay (Persons,	2021/22	23.7	-	24.6	11.4	9.2	23.2	28.6	14.9	7.2	10.2	11.6	11.0	16.6	17.4

Source: OHID, based on NHS England Data, Hospital Episode Statistics (HES)

- The data shows that Broxbourne and Harlow have a higher proportion of 5-year-olds with visually obvious dental decay in comparison to the other districts within Hertfordshire and West Essex.
- Data from the oral Health survey, illustrates a similar picture for the proportion of 5-year-old children who had the highest prevalence for dental decay in Hertfordshire and West Essex ICS.



*Source: National Dental Epidemiology Programme for England oral health survey of 5-year-olds 2022

Hertfordshire and West Essex Integrated Care System

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Key findings from the Hertfordshire and West Essex Dental Review (2022)

- Key findings taken from the Hertfordshire and West Essex Dental review highlights:
- North Hertfordshire had the largest extraction index in Hertfordshire and West Essex ICS at 19.3% in comparison to Epping Forest and Hertsmere whose extraction index was 0%.
- Harlow had the highest average number of missing (extracted due to decay) teeth among those with decay experience at 0.5, this was higher than both the regional and national prevalence.
- Welwyn Hatfield had the highest prevalence of 5-year-olds with one or more teeth coded as decay at the pulp at 9.9%, this was higher than both the regional and national prevalence.
- Welwyn Hatfield had the highest prevalence of 5-year-olds with the presence of oral conditions resulting from untreated caries at 8.1%, this was higher than both the regional and national prevalence.
- Harlow had the highest prevalence of 5-year-olds with dental decay affecting incisor teeth at 10%, this was higher than both the regional and national prevalence.
- Epping Forest had the highest prevalence of 5-year-olds with enamel decay at 15.5%, this was higher than the national prevalence.







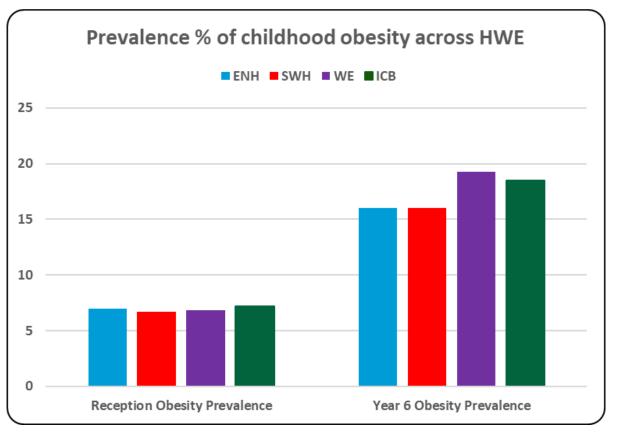


Childhood Obesity



Childhood Obesity across Hertfordshire and West Essex

- The data for Childhood Obesity highlights variation between and within our communities.
- The data suggests there is an opportunity for interventions between reception and Year 6 children.
- In keeping with the national trend, the rates for Childhood Obesity in Hertfordshire and West Essex are higher for year 6 in comparison to reception children.
- Higher rates of childhood obesity have been found within Harlow and Waltham Abbey in West Essex and Waltham Cross in East and North Hertfordshire.
- Further information relating to specific place areas can be found within the <u>Place insights pack.</u>



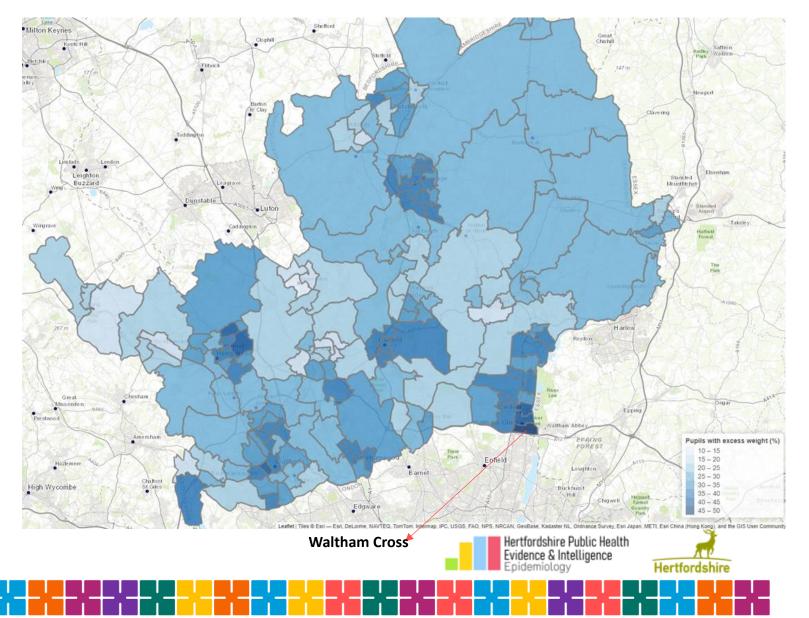
Source: NCMP and HES: 2022/23



Childhood obesity in Hertfordshire

Data on Child weight management from the Public Health Evidence and Intelligence team illustrates:

- Within the districts, some MSOA's have higher proportions of year 6 pupils with excess weight.
 - Stevenage has most of its MSOA's with 30 to 40% of pupils having excess weight
 - Broxbourne has one MSOA with 46% of students having excess weight and most other MSOAs having 20 to 40% of pupils with excess weight. Waltham Cross is highlighted in the map.
 - Watford has large variation in the proportion of pupils with excess weight among its MSOA's
 - Dacorum has two MSOAs with 40+% of pupils having excess weight





Childhood Obesity in Hertfordshire

Key messages from the Children and Young people Obesity Briefing highlights that:

•The proportion of two-year olds who were obese in 2022/23 was lower when compared to the previous collection year's (2021/22) proportion, but the change was not statistically significant

•The proportion of reception and year 6 pupils living with obesity decreased in 2022/23 compared to 2021/22. The increase was statistically significant for pupils in reception.

•Prevalence of excess weight in reception and year 6 pupils were found to be highest among those in the Black ethnic group.

•When linking reception and year 6 records for the same cohort that was in reception in 2016/17, 22.2% experienced an increase in BMI category when they reach year 6 in 2022/23.

•The proportion of male pupils who experienced an increase in BMI category between reception and year 6 in 2016/17 and 2022/23 was significantly higher than female pupils.

*Source: Hertfordshire Public Health Briefing Note (Feb 2024)

Children and Young People Obesity Briefing



Hertfordshire Public Health Briefing Note

🗮 February 2024

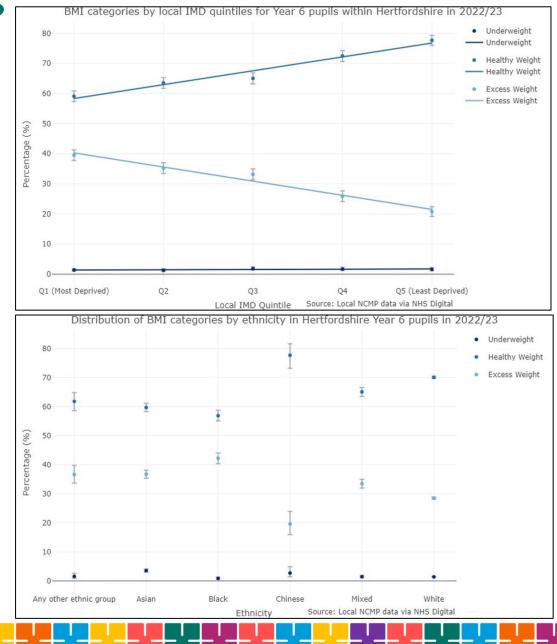




Who is the problem affecting in Hertfordshire?

Data on Child weight management from the Public Health Evidence and Intelligence team illustrates:

- Black, Asian, Mixed and any other ethnic group have significantly higher proportions of pupils in excess weight BMI categories than both white and Chinese year 6 children.
- Those in the most deprived quintiles are significantly more likely to be in the excess weight categories than those from the least deprived quintiles.
- They are significantly less likely to have a healthy weight than those in the least deprived quintiles.
- Of pupils who were overweight at reception in 2016/17, 36.6% managed to reach a healthy weight by year 6 in 2022/23.
- Of pupils who were living with obesity at reception, only 10.7% reached a healthy weight by year 6.
- 21.4% of pupils changed from a healthy weight to overweight or obese.



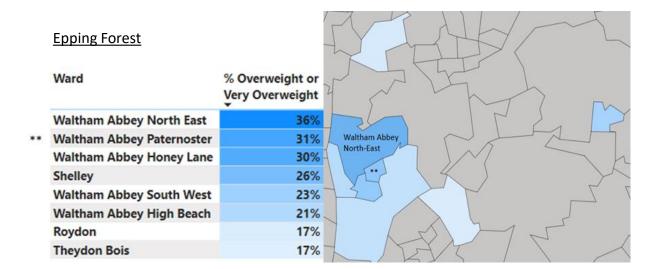






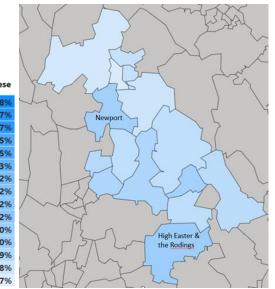


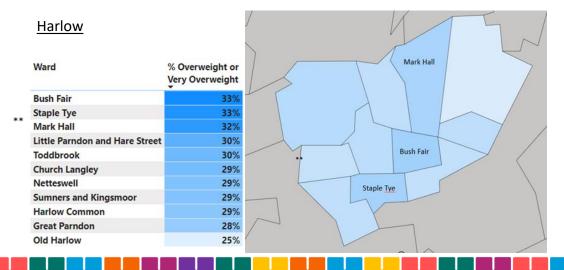
Childhood obesity in West Essex Overweight and obesity (2022/23 reception and Year 6 combined) by ward:



<u>Uttlesford</u>

Ward	% Overweight inc. Obe
High Easter & the Rodings	28
Newport	27
Great Dunmow North	27
Stansted South & Birchanger	25
Takeley	25
Stansted North	23
Felsted & Stebbing	22
Great Dunmow South & Barnston	22
Thaxted & the Eastons	22
Elsenham & Henham	22
Saffron Walden Castle	20
Saffron Walden Shire	20
Debden & Wimbish	19
Littlebury, Chesterford & Wenden Lofts	18
Saffron Walden Audley	17





Source: HWE Whole system Childhood Obesity Proposal





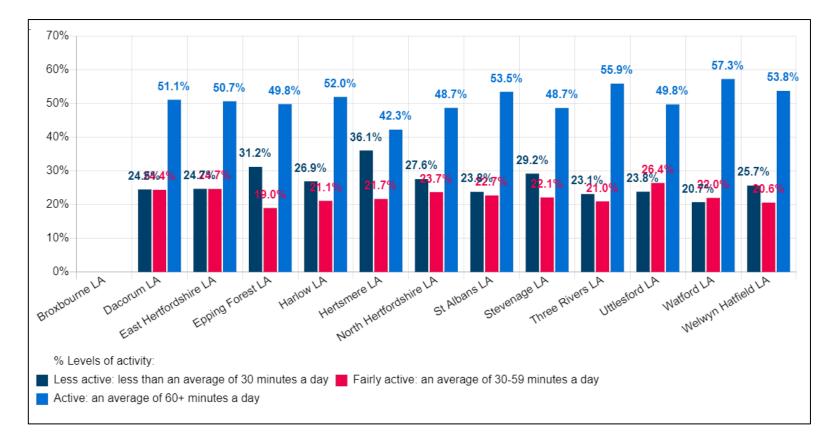
Physical Activity



Physical activity within Hertfordshire and West Essex

Data from the Active lives Children and Young People's survey illustrates:

- More Children and Young People are active on average more than 60 + minutes a day.
- Children and Young People are more active within Watford (57 .3%), followed by Three Rivers (55.9%) and Welwyn Hatfield (53.8%) compared to other districts within Hertfordshire and West Essex.
- The data also shows that Watford has the lowest proportion of children and young people who participate in physical activity (less than 30 minutes a day).



Source: Active Lives Children and Young peoples Survey 2022/23

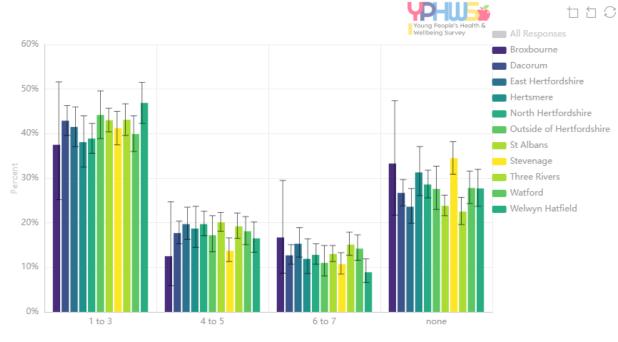




Physical activity- Hertfordshire

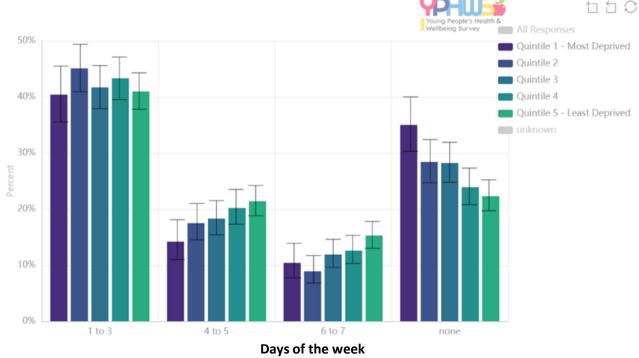
Data taken from the Young People's Health and wellbeing Survey highlights:

- There are more differences among pupil groups for the number of days per week they do 60 minutes or of more physical activity. A higher proportion of students completed physical activity for 60 minutes 1-3 days a week, this was highest within Welwyn Hatfield.
- Pupils from deprived areas, and the three districts with high proportions of overweight and obesity, are more likely to spend no days per week achieving 60 minutes or more of physical activity



Proportion of students completing Physical Activity (60 minutes) in a week by district

Proportion of students completing Physical Activity (60 minutes) in a week by IMD quintile



Days of the week



Hertfordshire and West Essex Integrated Care System

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Physical activity reasons within Hertfordshire

Significantly Lower Significantly Higher Similar

Physical activity reasons listed by young people from years 7 to 13 in Hertfordshire within the Young People's health and Wellbeing survey illustrate:

- Pupils in Broxbourne feel they lack the fitness to walk/ cycle more often, whereas students in Stevenage are more concerned about getting lost, or bicycle costs compare with their peers.
- Asian pupils feel they walk/cycle less due to time pressures, whereas Black pupils are more likely to feel bike costs prevent them from being more active.

	Period	All Responses	Broxbourne	Dacorum	East Hertfordshire	Hertsmere	North Hertfordshire	Outside of Hertfordshire	St Albans	Stevenage	Three Rivers	Watford	Welwyn Hatfleld		Period	All Responses	Any other ethnic group	Asian	Black	Mixed	Prefer not to say	White
Walk/cycle less due to weather	2023	34.1	37.5	30.5	35.1	35.8	34.5	35.6	32.1	35.3	33.5	34.4	41.5	Walk/cycle less due to weather	2023	34.1	38.6	38.2	32.6	33.3	25	33.8
Walk/cycle less because they	2023	28.2	37.5	26.4	27.2	30.8	29.3	27	27.9	28	27.7	26.7	33	Walk/cycle less because they don't want to	2023	28.2	26.3	28.7	29.6	29.3	31.7	28.1
don't want to												40.0	15.4	Walk/cycle less due to time	2023	43.6	40.4	49.2	39.3	44	39	43.6
Walk/cycle less due to time	2023	43.6	41.7	43.6	42.1	43.3	38.4	46	47.7	37.1	44.8	46.2	45.1	Walk/cycle less due to	2023	12.5	17.5	15.4	11.2	13.3	12.5	11.8
Walk/cycle less due to personal safety	2023	12.5	16.7	10.6	12.3	14.9	10.8	15.3	10.8	15.8	11.8	12.5	15.6	personal safety Walk/cycle less due to lack of						5.0	-	
Walk/cycle less due to lack of fitness	2023	4.6	12	4.5	4.4	5.3	4.4	4.3	3.7	6.4	4.4	3.5	6.2	fitness	2023	4.6	5.3	5.1	4.7	5.3	5	4.4
Walk/cycle less due to fear of	2023	7.9	8.3	7.1	9.2	7.5	5.9	8	5.3	12.8	8.5	7.6	12.1	Walk/cycle less due to fear of getting lost	2023	7.9	12.3	8.9	8.2	9.3	17.5	7.4
getting lost		7.9	0.3	7.1	9.2	7.5	5.9	0	5.5	12.0	0.0	7.0	12.1	Walk/cycle less due to distance	2023	19.5	17.5	21.6	20.6	20	17.5	19.2
Walk/cycle less due to distance	2023	19.5	28	18.2	18.9	20.9	18	30.1	21.3	14.6	17.6	19.4	21.1	Walk/cycle less due to bike	2023				EC		4.0	0.0
Walk/cycle less due to bike costs	2023	3.1	8	2.8	2.6	3.7	2.7	1.8	2.2	5.2	2.7	3.5	4	costs	2023	3.1	5.3	3.4	5.6	4	4.9	2.6

Significantly Higher Similar

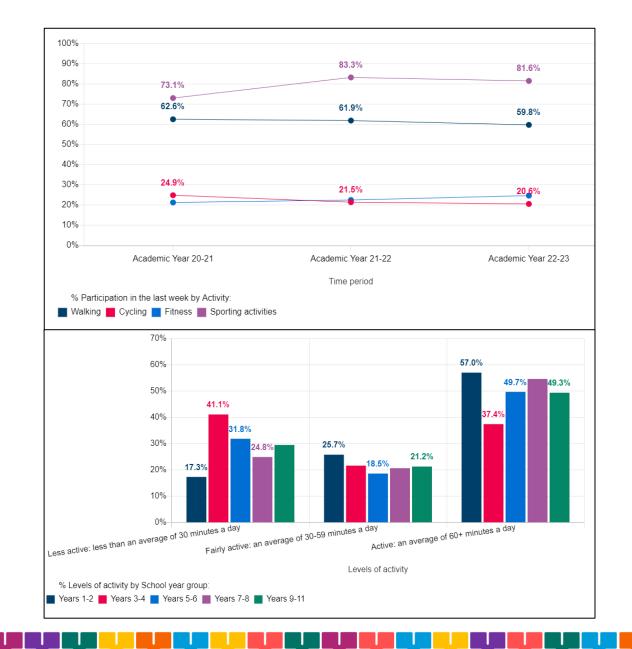


Hertfordshire and West Essex Integrated Care System



Physical Activity within Essex

- Participation in all different types of Physical activity for children and young people within Essex has decreased since 2021/22.
- The data shows that higher numbers of Children and Young People across all school year groups are active for more than 60+ minutes a day.
- Children in Y1-2 and Y7-8 are more likely to be active for 60+ a day than other year groups.
- Data shows that years 3-4 are active on average less than 30 minutes a day.







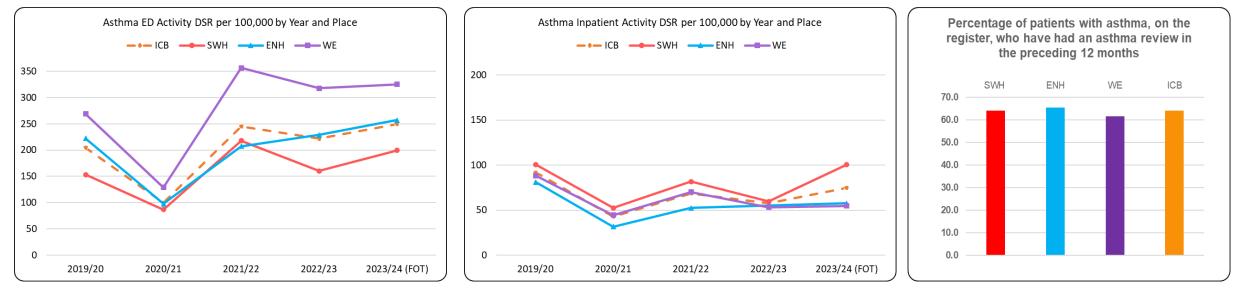
Long term Conditions

Working together for a healthier future



A&E attendances and admissions for Asthma (0-18 years)

- Data for the 12 months up to November 2023 shows ENH Place has a similar rate of A&E attendances for Children and Young People for Asthma (data on the left-hand side).
- Rates of Children and Young People attending A&E for Asthma have increased since 2020/21 post covid with ENH rates returning to similar to ICB rates.
- West Essex A&E rates for Asthma is higher compared to East and North Hertfordshire, South West Hertfordshire and the overall ICB.
- HWE illustrates a lower proportion of admission rates for Asthma in comparison to the England rate.
- The trend data shows admissions for SWH consistently higher than the ICB rate.
- Higher proportions of Asthma reviews are carried out within East and North Hertfordshire place in comparison to SWH, WE and the ICB. However, the QOF is for all ages and children specific reviews cannot be identified within the data.

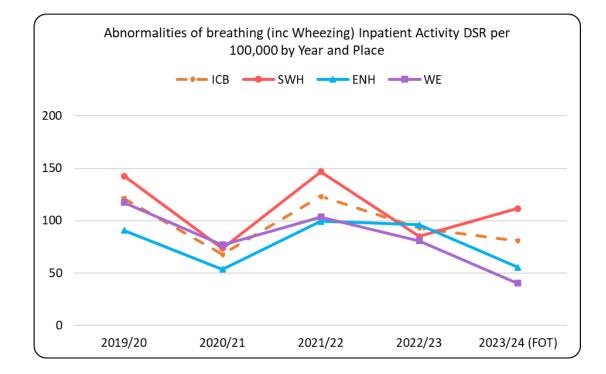






Admissions for Wheeze (0-18 years)

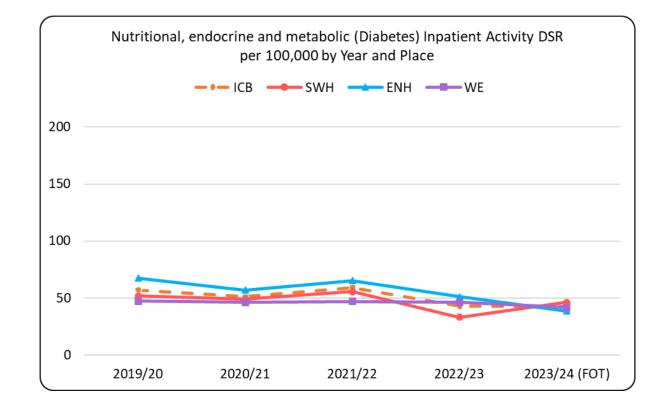
 South West Hertfordshire has higher rates of children and young people admitted to hospital for abnormalities of breathing including wheeze compared to the overall ICB. Recent analysis of UEC data showed wheeze as a significant reason for admission within young children across HWE.





Admissions for Diabetes (0-18 years)

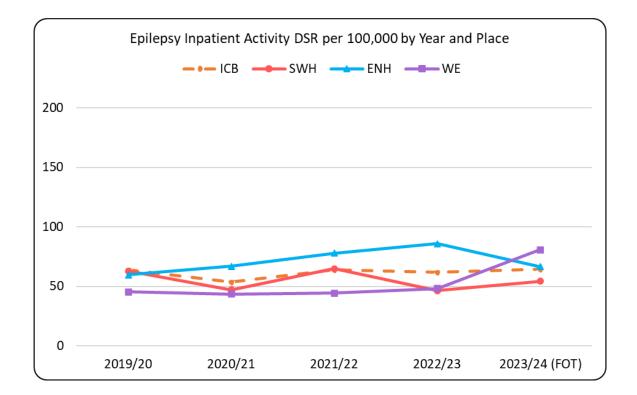
- Diabetes is identified as an area of focus within the Core 20 plus 5 for children. The latest data shows that the East and North Hertfordshire rate of admission is similar to the ICB.
- South West Hertfordshire shows slightly higher rates of admissions for diabetes.
- The numbers of children admitted for diabetes are small and this should be considered when looking at the data.
- HWE illustrates a lower proportion of admission rates for Diabetes in comparison to the England rate.
- The data for diabetes will continue to be monitored at HCP and the ICB footprints.





Admissions for Epilepsy (0-18 years)

- Epilepsy is identified as an area of focus within the Core 20 plus 5 for children. The latest data shows that the East and North Hertfordshire and west Essex rate of admission is slightly higher than the ICB.
- The number of children admitted for epilepsy are small and therefore fluctuations in the trend are more prominent.
- HWE illustrates a lower proportion of admission rates for Epilepsy in comparison to the England rate.
- The data for epilepsy will continue to be monitored at wider HCP and the ICB footprints.







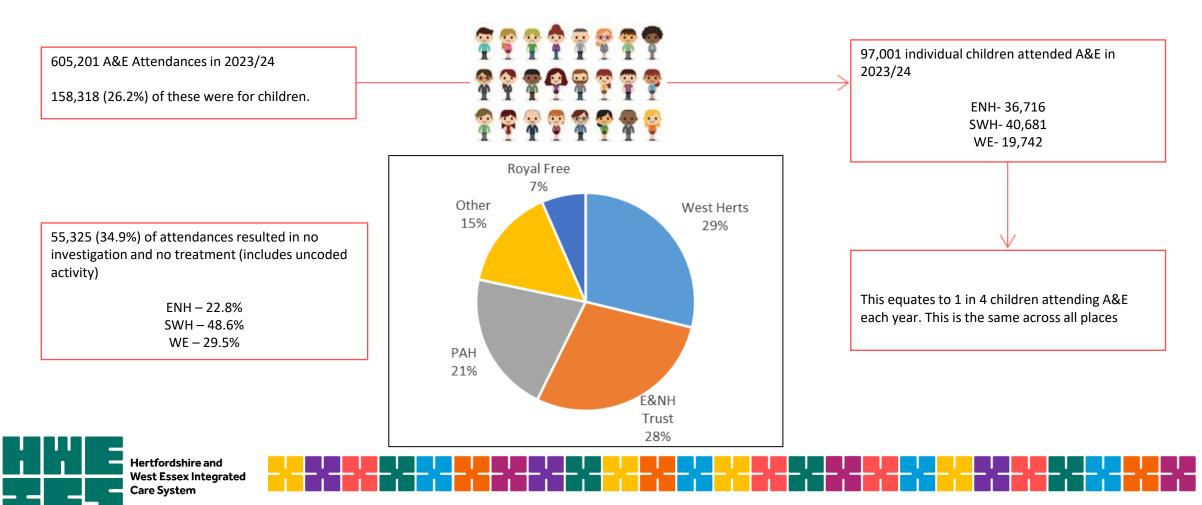
Urgent and Emergency Care

Working together for a healthier future



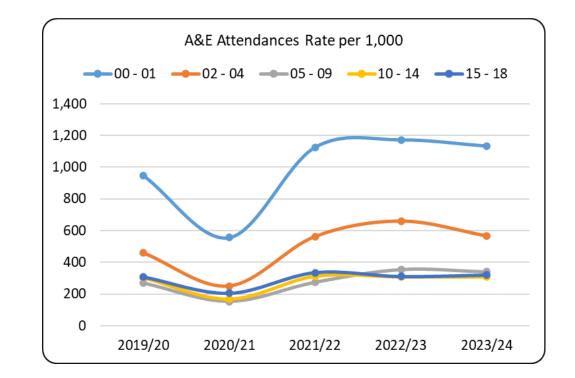
A&E Summary- Who are attending and why? Hertfordshire & West Essex ICB - All

Children and Young people 0-18



A&E attendances across HWE

- The data taken from our secondary care system shows the trend for A&E attendances per 1,000 across a time series from 2019 to 2024 for children and young people aged 0-18 years.
- The 0-4 age group has been split into two groups as children within the 0-1 and 2-4 age groups attend A&E for different reasons as well as varying in frequency of attendance.
- A&E attendances across the ICB have been steadily increasing since 2019 for all Children and Young people aged 0 to 24 years old.
- The data shows that children aged 00-01 have a statistically higher number of A&E attendances in comparison to other ages groups.
- From 2020/21, we see a drop in the number of A&E attendances, which were impacted by Covid. However, the trend data shows that activity is now higher, except for 2023/24 where the number of children and young people attending A&E has slightly dropped across all ages.
- Children within the healthy segment are known to have a higher rate of A&E attendances which drives up total cost.
- Reasons for A&E attendances per age group, are listed within the table.



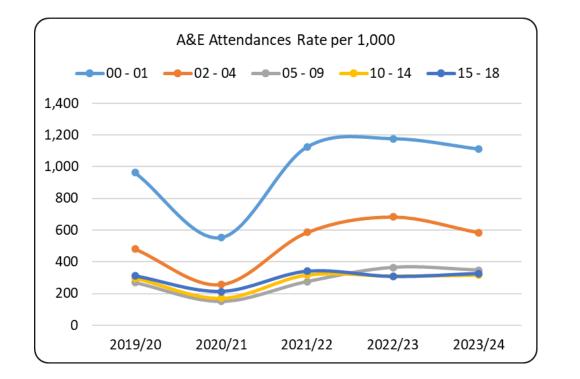
00 - 01	02 - 04	05 - 09	10 - 14	15 - 18
Fever;	Fever; Injury of head;	Injury of upper extremity; Fever;	Injury of upper extremity; Injury of lower	Injury of upper extremity; Injury of lower
Difficulty breathing;	Difficulty breathing;	Abdominal pain;	extremity;	extremity;
Eruption;	Cough;	Injury of lower	Abdominal pain;	Abdominal pain;
Vomiting;	Injury of upper	extremity;	Injury of head;	Chest pain;
Injury of head	extremity	Injury of head	Fever	Injury of head



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A&E attendances- East and North Hertfordshire

- The data taken from our secondary care system shows the trend for A&E attendances per 1,000 for East and North Hertfordshire place, across a time series from 2019 to 2024, for children and young people aged 0-18 years.
- The data shows that 00-01 years old children have a higher number of A&E attendances in comparison to other age groups.
- The trend data shows a drop in the number of A&E attendances from 2020/21, which were impacted by Covid. However, activity has been increasing post covid.
- Activity levels have remained steady for children and young people aged 5-18 years old since 2021/22 post covid, however A&E attendances for 2–4-year-olds have significantly increased. There has however been a drop in activity levels for this age group from the previous year.

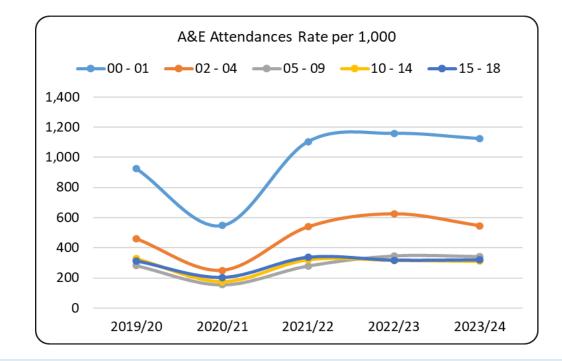


00 - 01	02 - 04	05 - 09	10 - 14	15 - 18
	Fever:	Injury of upper extremity;	Injury of upper extremity;	Injury of lower extremity;
Fever;	Injury of head;	Abdominal pain;	Injury of lower	Injury of upper
Difficulty breathing;	Dyspnoea;	Fever;	extremity;	extremity;
Eruption;	Difficulty breathing;	Injury of lower	Abdominal pain;	Abdominal pain;
Dyspnoea;	Injury of upper	extremity;	Injury of head;	Chest pain;
Injury of head	extremity	Injury of head	Skin problem	Sore throat symptom



A&E attendances- South West Hertfordshire

- The data taken from our secondary care system shows the trend for A&E attendances per 1,000 for South West Hertfordshire place, across a time series from 2019 to 2024, for children and young people aged 0-18 years.
- The data shows that 00-01 years old children have a higher number of A&E attendances in comparison to other age groups.
- The trend data shows a drop in the number of A&E attendances from 2020/21, which were impacted by Covid. However, activity has been increasing post covid.
- Activity levels have remained steady for children and young people aged 5-18 years old since 2021/22 post covid, however A&E attendances for 2–4-year-olds have significantly increased. There has however been a drop in activity levels for this age group from the previous year.

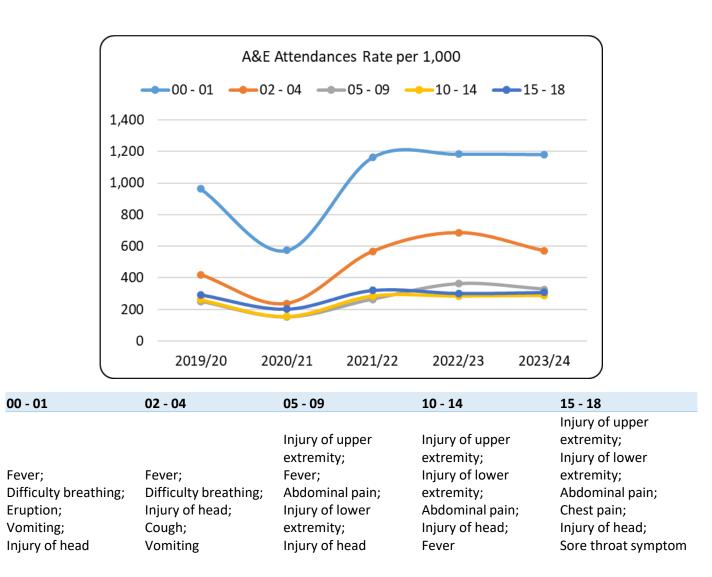


00 - 01	02 - 04	05 - 09	10 - 14	15 - 18
Fever;	Fever;	Injury of upper extremity; Abdominal pain;	Injury of upper extremity; Injury of lower	Injury of upper extremity; Injury of lower
Difficulty breathing;	Injury of head;	Fever;	extremity;	extremity;
Cough;	Difficulty breathing;	Injury of lower	Abdominal pain;	Abdominal pain;
Eruption;	Cough;	extremity;	Injury of head;	Chest pain;
Jaundice	Vomiting	Injury of head	Pain in lower limb	Injury of head



A&E attendances- West Essex

- The data taken from our secondary care system shows the trend for A&E attendances per 1,000 for West Essex place, across a time series from 2019 to 2024, for children and young people aged 0-18 years.
- The data shows that 00-01 years old children have a higher number of A&E attendances in comparison to other age groups, with activity levels higher than both East and North Hertfordshire and South West Hertfordshire.
- The trend data shows a drop in the number of A&E attendances from 2020/21, which were impacted by Covid. However, activity has been increasing post covid.
- Activity levels have remained steady for children and young people aged 5-18 years old since 2021/22 post covid, however A&E attendances for 2–4-year-olds have significantly increased. There has however been a drop in activity levels for this age group from the previous year.







Mental Health

Working together for a healthier future



Children and young people Mental Health and wellbeing

The Mental Health and wellbeing of children and young people JSNA, highlights that Mental health disorders are grouped into four broad categories:

- 1. Emotional (such as anxiety, depression, mania and bipolar disorder)
- 2. Behavioural (characterized by repetitive and persistent patterns of disruptive and antisocial behavior)
- 3. Hyperactivity (Characterized by inattention, impulsivity and hyperactivity)
- 4. Other less common Disorders (such as autism spectrum disorders, eating disorders and other very low prevalence disorders such as self-harm and suicide)
- Eating disorders usually develop during late teens to mid-twenties but can also affect people of all ages. Research states that the average age for anorexia nervosa is 16-17 years and for bulimia nervosa 18-19 years.
- The JSNA defines wellbeing as how we are doing as individuals, it is related to quality of life and defined by how satisfied we are with our lives and our wider mental wellbeing.





Key findings:

Key findings from the JSNA highlights:

Mental Health:

- In 2017/18 the estimated prevalence of mental health disorders in children and young people aged 5-17 years with mental disorders in Hertfordshire and West Essex including 10921 in South West Hertfordshire, 12249 in East and North Hertfordshire and 5847 in West Essex.
- In 2020/21 the rate (per 100,000) of hospital admissions for mental health conditions in under 18s in Hertfordshire and west Essex was 67.1, considerably lower to England (86.6). Hospital admissions for mental health conditions are higher in South West Hertfordshire (72.2) in comparison to East and North Hertfordshire (70.3) and West Essex (50.6).
- Data taken from an NHS digital survey in 2017, estimates that amongst those aged 5-19 years old in England, 8.1% had an emotional disorder 7.2% anxiety, 2.1% depressive disorders and 0.1% bipolar.
- In 2020/21 the directly standardized rate (per 100,000) of hospital admissions because of self-harm in 10–24-year-olds in England was 399.5, this is considerably higher than hospital admissions within Hertfordshire and West Essex with the rate for East and North Hertfordshire at 279.7, South West Hertfordshire at 269.9 and West Essex at 231.1.
- In 2019/20, 22178 CYP (0-18 Years old) in Hertfordshire and 26572 CYP in Essex accessed NHS funded community and outpatient mental health services.
- Suicide Audit (2021-23) highlights 2.2% of suicides by people aged under 18 years old.
- Hertfordshire's young people's health and wellbeing survey (YPHWS) 2023, received 16300 responses from 63 schools within Hertfordshire.
- The data highlighted on this slide is old and once refreshed may differ from previous findings.



Key findings continued:

Wellbeing:

Peer and family relationships alongside the wider school and neighborhood environment, have the strongest links to children and young people's wellbeing.

- Exposure to bullying, parent relationships, feeling unsafe in a neighborhood and economic inequality are risk factors for poor wellbeing whilst positive peer relationships and school engagement promote positive wellbeing.
- Research shows that in children and young people aged 5-17 years:
- **Risk factors** that pay a part in increasing childhood vulnerability and reducing childhood mental wellbeing include, being in social care (looked after children), homelessness, youth offending, low household income, parental breakup, domestic violence and abuse, parental substance abuse, parental mental ill health and school absences and exclusion.
- **Protective factors** that decrease vulnerability and increase wellbeing include, High self-esteem, good education, employment, positive relationships with parents, social community inclusion and physical activity.
- Adverse Childhood experiences are linked to increase risk of developing mental ill health in childhood and adulthood.





Key findings continued:

Data taken from OHID, illustrates overall that the prevalence for Primary school aged children with social, emotional and mental health needs in 2022/23 is estimated at 3.4 for Hertfordshire and 2.8 for Essex, slightly higher in comparison to the England rate of 2.8.

- For Secondary school children, the overall prevalence of those with social, emotional and mental health needs is 3.4 for Hertfordshire and 3.8 for Essex, in comparison to the England rate (3.5).
- Percentage of looked after children whose emotional wellbeing is a cause for concern is estimated at 45.0 within Hertfordshire and 44.0 in Essex, both slightly higher in comparison to the England rate of 40.0.

Data taken from the Young people's health and wellbeing survey (Hertfordshire) highlights overall:

- 17.3% of students were satisfied with their life
- 41.0% of students sometimes felt hopeful about their future
- 71.8% of students advised they had never self-harmed and 12.9% said they would prefer not to say.

The top 5 worries for young people were:

- Future Work (53.3%)
- School work (50.5%)
- Their appearance (42.6%)
- Mental Health (33.0%)
- Issues with friends (31.1%)





Mental Health

- Emergency hospital admissions for self-harm are lower across the ICB in comparison to England.
- East and North Hertfordshire have slightly higher admissions for self- harm in comparison to South West Hertfordshire and West Essex.
- Similarly, hospital admissions for mental health conditions are lower across the ICB in comparison to the national average.
- Rates in East and North Hertfordshire for admissions for mental health conditions are similar to the national average.

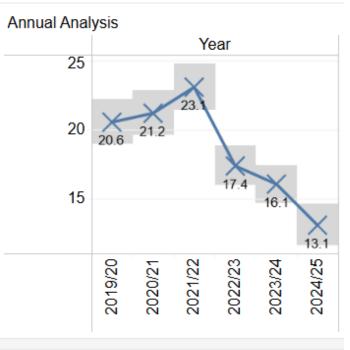
Better 95% Similar Worse 95% Not compared

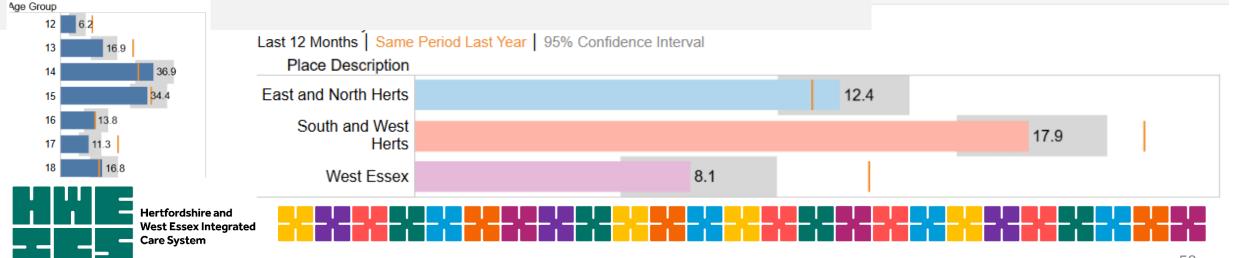
Indicator Name	Period	England	HWE ICB	East and North Hertfordshire	South West Hertfordshire	West Essex
Hospital admissions as a result of self- harm (10-24 years)	2020/21	399.5	-	279.9	269.9	231.1
Hospital admissions for mental health conditions (0-17 years)	2020/21	86.6	67.1	70.3	72.2	50.6



Rate of emergency admission for self-harm. Directly standardised rate per 100,000, aged 10-24 years.

- The rate of emergency admission for self-harm in children and young people aged 10-24 years has been decreasing year on year since a peak in 2021/22. Whilst comparable data is not available nationally for all years, a similar decrease was seen nationally between 2021/22 and 2022/23.
- The highest rate of admission is in SWH, followed by ENH and WE. Whilst SWH and WE have seen statistically significant reductions compared to the previous year, there has been no significant change in the rate for ENH compared to the previous year.
- The rate of emergency admission in females is significantly higher compared to males (23.2 per 100,000 vs. 4.9 per 100,000). Both genders have seen a decrease from the previous year.
- The highest rates of emergency admission for self-harm are in children aged 14-15 years (see chart in bottom left). Of note, the rate of
 admission for children aged 13 is significantly lower than the previous year (16.9 compared to 28.6 the previous year). This suggests
 that the group of children currently aged 14 may be vulnerable. In this age group, an even more exaggerated gender variation is seen,
 with the rate in females 13 times higher than the rate in males.
- Variation by level of deprivation shows no significant trend, with statistically similar rates across all deprivation quintiles.







Neurodiversity-Autism

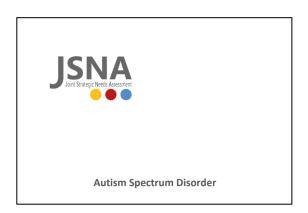
Note: ADHD data is not currently available but will be included in future analyses when available.

Working together for a healthier future

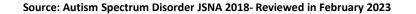


Neurodiversity- Autism (Hertfordshire)

- Key Messages taken from the JSNA for Autism Spectrum Disorder (ASD) highlighted:
- In 2020, the crude rate of children with autism known to schools in Hertfordshire was 16.7 per 1,000. This crude rate was statistically significantly lower than England (18.0 per 1,000).
- The greatest changes in the proportion of children and young people with SEN support or EHCPs with ASD as a primary need were seen in Broxbourne, Dacorum, and North Hertfordshire between 2017/18 2021/22.
- In 2022, 44.2% of children with ASD receiving either SEN Support or an EHCP in Hertfordshire were in the 11 15 years age group, closely followed by the 5 10 years age group at 43.3%.
- Four districts, Broxbourne (55.6%), North Hertfordshire (54.1%), Watford (53.1%) and Welwyn Hatfield (60.6%) all had statistically significantly higher proportions of children with ASD who were 5-10 years old compared to the Hertfordshire average.







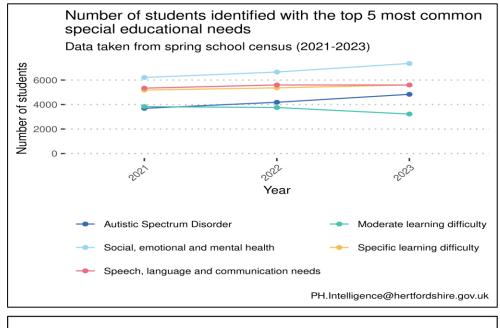
SEN needs

Data taken from the school census for both Hertfordshire and West Essex highlights that the top 5 most identified SEN primary needs are :

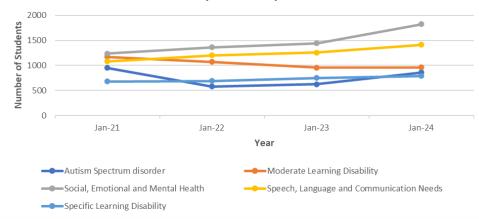
- Social, emotional and mental health
- Speech, language and communication needs
- Specific learning difficulty
- Autistic Spectrum Disorder
- Moderate learning difficulty

For both Hertfordshire and West Essex, social emotional and mental health needs showed the greatest increase between 2021 and 2024, however we can see that the number of SEN needs differ between the two areas.

*Source: Special educational needs in students identified with autistic spectrum disorder (ASD) in Hertfordshire, PHEI Intelligence, Performance & BI education team (Essex County Council)



Number of students identified with the top 5 most common special education needs Data taken from the January School Census (West Essex) (2021-2024)



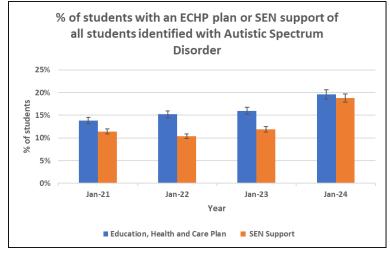


Autistic spectrum disorder by SEN provision type

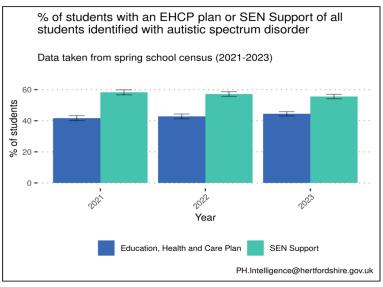
- Within Hertfordshire, the proportion of students under an EHCP Plan showed small increases between 2021 and 2023, from 41.7% to 44.4%; while the proportion of students with SEN support decreased in relation, from 58.3% to 55.6%. However, the changes were not statistically significant (Right Hand side graph).
- Data within West Essex, shows that there are a small proportion of students who need SEN provisions in comparison to Hertfordshire. More students with Autism spectrum disorder need an Education, Health and Care plan, compared to SEN Support. The proportion of students on an EHCP showed a gradual increase between 2021 and 2024, from 13.8% to 19.6%. We can see a similar for the proportion of students in need of SEN support, with an increase of 11.4% to 18.8%. (Left Hand side graph).

*Source: Special educational needs in students identified with autistic spectrum disorder (ASD) in Hertfordshire, PHEI Intelligence, PHEI Intelligence, Performance & BI education team (Essex County Council)

West Essex



Hertfordshire

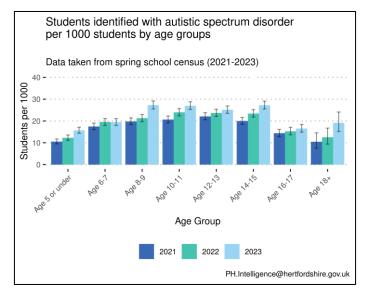


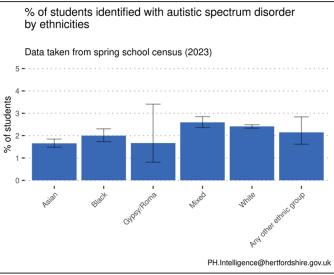
Hertfordshire and West Essex Integrated Care System

Autistic spectrum disorder by age and ethnicity in Hertfordshire

- In terms of the rate of students who are identified with ASD, all age groups had shown an increase between 2021 and 2023. The age groups with the highest rate in 2023 was found in those aged 8-9 and 14-15 with a rate of 27.3 per 1000 students, followed by those aged 10-11 with a rate of 27.0 per 1000 students.
- The mixed ethnic group had the highest % of students identified with ASD, with 2.5% of all students in the 2023 spring school census. This is followed by the White ethnic group with 2.4%. The ethnic groups with the lowest percentage of students with ASD were the Asian and Gypsy/Roma ethnic group, with 1.7% of students.

Source: Special educational needs in students identified with autistic spectrum disorder (ASD) in Hertfordshire, PHEI Intelligence



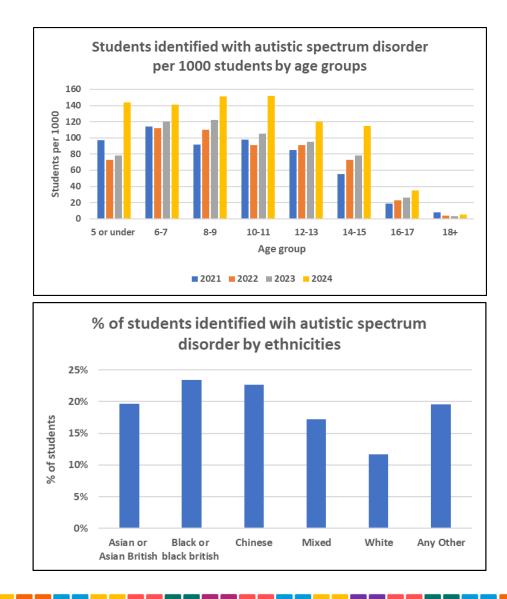


Hertfordshire and West Essex Integrated Care System



Autistic spectrum disorder by age and ethnicity in West Essex

- In terms of the rate of students who are identified with ASD, all age groups had shown an increase between 2021 and 2024. The age groups with the highest rate in 2024 was found in those aged 8-9 and 10-11 with a rate of 150 per 1000 students.
- The Black or Black British had the highest % of students identified with ASD. This is closely followed by the Chinese ethnic group. The ethnic group with the lowest percentage of students with ASD was the White Ethnic group.





Autistic spectrum disorder by IMD (Children)

- Across the three years, the highest percentage of students identified with ASD is found in the most deprived quintile.
- In 2023, the figure in the most deprived quintile is 2.8%, which is significantly higher than the percentage in the least deprived quintile at 1.9%. The differences between Q1 and Q5 were statistically difference across all three years.

*Source: Special educational needs in students identified with autistic spectrum disorder (ASD) in Hertfordshire, PHEI Intelligence

