Children and young people health and wellbeing profiles 2010

East Lothian CHP



These profiles comprise 38 indicators of health, wellbeing, and wider determinants, presented alongside a population summary, for each Community Health Partnership (CHP) in Scotland. The age range covered is from conception to age 24 years. The profiles have been compiled by NHS Health Scotland's Public Health Observatory Division, part of the Scottish Public Health Observatory collaboration (ScotPHO). They complement ScotPHO's 2010 Community Profiles, published by ISD Scotland.

Each profile contains a map of the area, a population summary, a spine chart showing findings for all 38 health and wellbeing indicators, and a commentary on key findings.

Additional data, figures and information are available through the ScotPHO website: www.scotpho.org/profiles. This includes a Scotland overview report, a technical report, and an interactive tool that presents the following (subject to disclosure rules and data availability):

- Data for CHPs, health boards, and, where possible, intermediate zones
- Spine charts and rank charts
- Time series data and charts

These Children and young people profiles complement ScotPHO's Community Profiles by providing a specific focus on this important population group. Some indicators are included in both sets of profiles. Together the profiles provide a set of resources designed to help prioritise action, inform planning of services, and address inequalities at local level throughout Scotland.

Population summary

	Indicator	Number	Measure	Scot. Av.
1	Population aged <1	1,117	1.2	1.1
2	Population aged 1-4	4,773	4.9	4.4
3	Population aged 5-15	12,927	13.4	12.0
4	Population aged 16-24	10,605	11.0	12.0
5	Primary school pupils	7,414	7.7	7.1
6	Secondary school pupils	6,020	6.3	5.8
7	Minority ethnic groups	257	1.9	4.6
8	Live births	1,062	11.0	11.4
9	Children living in rural areas	8,529	29.5	17.3

Notes, by indicator number: 1–4 Data from General Register Office for Scotland (GROS) 2009 small area population estimates, measure presented as % of total population; 5–7 Data from school census (Scottish Government) 2008, measure presented as % of total population (5 & 6) and % of total number of pupils (7); 8 Data from GROS 2009, measure presented as crude rate per 1,000 population; 9 Data from Scottish Government 6-fold urban/rural classification 2008, measure presented as % of population aged 0–24.



Community Health Partnership boundaries – Scottish Government 2007
This product includes mapping data licensed from Ordnance Survey ® Crown Copyright 2010.
All rights reserved. Licenso Number 389221.







East Lothian CHP

Children and young people health and wellbeing profiles 2010



Mortality

Mortality rates for children and young people in East Lothian CHP are not significantly different from the Scottish average.

Behaviours

East Lothian CHP has a significantly lower rate of alcohol-related hospital admissions than Scotland as a whole whereas the rate of drug-related admissions is similar. Using a small sample of 15 year olds, estimates of the prevalence of smoking, alcohol use and drug use do not differ from the Scottish average. Likewise, the estimated proportion of children walking or cycling to school does not differ significantly.

Physical health

At 72%, the proportion of children in primary 1 with no obvious dental decay experience is higher than the Scottish average of 62%. This is a good indicator of dental health and a useful proxy for general health and nurture. East Lothian CHP is also better than Scotland as a whole in terms of the rate of hospital admissions for emergencies, unintentional injuries in the home and asthma. The local level of child obesity does not differ significantly from the average for Scotland.

Mental health

Due to a lack of robust local indicators these profiles are very limited in their coverage of mental health and there are no indicators of positive mental health and wellbeing. Neither the suicide rate in East Lothian nor the 'difficulties' score at 13 and 15 years differ from the Scottish average.

Social care

Both social care indicators reflect recorded utilisation of services rather than health or wellbeing and should therefore be interpreted with caution and with the benefit of local knowledge. In comparison with Scotland as a whole, East Lothian has proportionally fewer looked after children and more child protection referrals and both of these differences are statistically significant.

Education

In East Lothian CHP, educational attainment appears to be considerably greater than the national average both for S4 pupils in general and for looked after children in S4. It is not possible to assess whether these patterns may be due to chance and for looked after children data may be based on small numbers. Both primary and secondary school attendance rates are significantly higher than the Scottish rates.

Employment and prosperity

Reliance on out of work benefits or child tax credit is considered a useful measure of child poverty. This applies to 41% of children in East Lothian CHP, which is significantly lower than the Scottish average of 47%. Likewise, fewer children and young people live in 'income deprived' areas. Neither the proportion of young people not in employment, education or training nor the proportion of school leavers in positive and sustained destinations differs from Scotland overall.

Crime

In terms of both assault hospital admission rates and residence in 'crime deprived' areas figures for East Lothian CHP are better than the Scottish average. The rate of referrals to the Scottish Children's Reporter Administration for violence-related offences is also lower than the Scottish average although this indicator may reflect local practice.

Pregnancy and infancy

Breastfeeding rates and the proportion of mothers smoking during pregnancy are both significantly better (higher and lower respectively) than the Scottish average. Immunisation rates are also higher than they are for Scotland as a whole. The teenage pregnancy rate (under 18 years) is very similar to the Scottish rate and the rate of low weight live births does not differ.

East Lothian CHP

Children and young people health and wellbeing profiles 2010

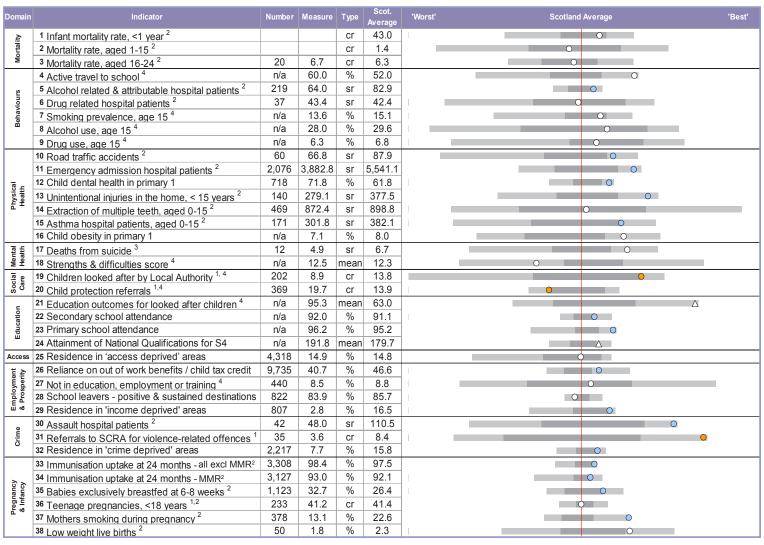


This chart compares the local value for each indicator with the Scottish average and range for all CHPs

Note that values that are not significantly different from the Scottish average, or that are significantly better, may still indicate an important public health problem. For figures based on small numbers, data may be suppressed. For further information see the technical report.

- Statistically significantly 'worse' than Scottish average 'Worse' Area Scotland Average 'Better' Area O Statistically not significantly different from Scottish average Statistically significantly 'better' than Scottish average 5th Percentile 25th Percentile 75th Percentile 95th Percentile
- O Statistically significant difference compared with Scottish average

riangle No significance can	be calculated
-----------------------------	---------------



Notes on indicators, by indicator number [year of data shown]: 1-3 Crude rate per 10,000 population [2007-09]; 4 % children walking or cycling to school [2007/08]; 5 Aged 15-24 [2007-09]; 6 Aged 0-24 [2007-09]; 7 % smoking at least one cigarette a week [2006]; 8 % who usually drink alcohol at least once a week [2006]; 9 % who usually take illicit drugs at least once a month [2006]; 10 Patients aged 0-24 discharged from hospital after a road traffic accident emergency admission [2007-09]; 11 Aged 0-15 [2007-09]; 12 % with no obvious decay experience from basic inspection [2008/09]; 13 Emergency hospital admissions for unintentional injury in the home [2007-09]; 14 Hospital admissions (inpatients & day cases) for extraction of multiple teeth [2007-09]; 15 [2007-09]; 16 % children with BMI in the top 5% of the UK reference range [2008/09]; 17 Aged 0-24 [2000-09]; 18 Total difficulties score, aged 13 & 15 [2006]; 19 Children looked after by local authority, aged 0-18, crude rate per 1,000 population [2009]; 20 Child protection referrals, aged 0-15, crude rate per 1,000 population [2009]; 21 Average tariff score, S4 pupils [2008/09]; 22 Attendance rate, publicly funded secondary schools [2008/09]; 23 Attendance rate, publicly funded primary schools [2008/09]; 24 Average tariff score [2008/09]; 25 % aged 0-24 living in datazones which are in the 15% most access deprived in Scotland [2008]; 26 % of children aged 0-19 in households dependent on out of work benefits or child tax credit more than the family element [2008]; 27 % of young people aged 16-19 not in education, employment or training [2008]; 28 % school leavers in positive and sustained destinations [2008/09]; 29 % aged 0-24 living in datazones which are in the 15% most income deprived in Scotland [2008]; 30 Aged 0-24 [2007-09]; 31 Referrals to SCRA (Scottish Children's Reporter Administration) for violence-related offences, aged 8-15, crude rate per 1,000 population [2009/10]; 32 % aged 0-24 living in datazones which are in the 15% most crime deprived in Scotland [2008]; 33 [2006-08]; 34 [2006-08]; 35 [2006-08]; 36 Crude rate per 1,000 population [2006-08]; 37 Women smoking at antenatal booking appointment [2006-08]; 38 % of all full-term singleton births weighing <2,500 g [2006-08]

Footnotes: 1 Denotes indicator where categorisation as better or worse than Scottish average is not appropriate and data are subject to local interpretation; 2 Three-year combined number, and three-year annual average measure; 3 Ten-year combined number, and ten-year annual average measure; 4 Data not available

Key to type of measure: n/a = data not available, or cannot be calculated; cr = crude rate (see technical report); sr = age-sex standardised rate per 100,000 population; % = per cent; mean = average

Children and young people health and wellbeing profiles 2010

Notes and further information

Data gaps and limitations of profiles

These profiles present the most comprehensive set of indicators available at the time of analysis. However, their coverage was restricted by limitations in the availability of robust local data. Data were unavailable for many potentially valuable indicators that had received strong support at the consultation stage. As a result, important aspects of health and wellbeing – including diet, physical activity, early development, mental health, and sexual health – are under-represented in the profiles. This reinforces the need to strengthen existing data systems to provide robust local data, and to develop new indicators of children and young people's health and wellbeing where necessary.

Alignment with menu of local indicators for use in Single Outcome Agreements

A number of profiles indicators (nos 4, 16, 24, 26, 28, 35, 38) are identical to those included in version 4 of the menu of local outcome indicators provided by the Improvement Service (available at www.improvementservice. org.uk/local-outcome-indicators). Other profile indicators are similar to indicators included in the menu but are not identical, and differences may be crucial to interpretation (nos 12, 36). For further information please see the technical report.

Data sources

Data sociocs	
Source of data included in profiles	Indicator(s)
General Register Office for Scotland	1, 2, 3, 17, 36
Scottish Household Survey	4
ISD Scotland, Hospital Discharge Dataset (SMR01)	5, 6, 10, 11, 13, 14, 15, 30
Scottish Adolescent Lifestyle & Substance Use Survey (SALSUS)	7, 8, 9, 18
National Dental Inspection Programme	12
Child Health Systems Programme – school-aged children	16
Scottish Government	19, 20, 21, 22, 23, 24, 27, 28
Scottish Index of Multiple Deprivation (SIMD)	25, 29, 32
HM Revenue & Customs (HMRC)	26
Scottish Children's Reporter Administration	31
Scottish Immunisation Recall System	33, 34
Child Health Systems Programme – pre-school children	35
ISD Scotland, Maternity Record Dataset (SMR02)	37, 38

Authors

Rory J Mitchell, Elaine Tod and Gerry McCartney, NHS Health Scotland

Acknowledgements

Andy Gasiorowski of the ISD ScotPHO team for invaluable help with data provision, analysis, and the creation of spine charts; Sandra Auchterlonie of NHS Health Scotland for administrative support and work on profiles design; other ScotPHO colleagues – Louise Flanagan, Jane Parkinson, Judith Moggach and David Gordon (NHS Health Scotland), Diane Stockton, Alison Burlison, Dariusz Blaszczak and Linsey Galbraith (ISD ScotPHO), Bruce Whyte (Glasgow Centre Population Health); members of the Children and young people health and wellbeing profiles project group; everyone who took part in the consultation exercise; Dataworx Ltd for work on automating spine chart production; Prepress Projects Ltd for profiles design and typesetting; everyone who provided data for the profiles.

Further information

Rory J Mitchell, NHS Health Scotland Public Health Observatory Division: nhs.healthscotland-pho@nhs.net

Published by: NHS Health Scotland, Edinburgh; November 2010

