



# JSNA Data Refresh 2013/14 Children and Young people

Harrow

This profile has been created to provide a snap shot of child health in Harrow. This is designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities.

## Key Messages

### Changes in population

Almost a quarter of people in Harrow are aged 18 or less. By 2025, children and young people (CYP) population will increase by 2% - a further 1076 young people. 27% of Harrow CYP is from white ethnic group. The largest ethnic minority group is Asian (37%).

### Child Poverty

The level of children living in poverty in Harrow (21.3%) is above England average (20.6%) and lower than London (26.7%)

### Life expectancy

The life expectancy of boys living in Harrow is 81.7, while for girls is 85.4. In addition, boys who live in Pinner (83.2) will have a longer life compared to the other wards. While, girls are expected to live longer in Pinner (92.6) compared to other wards.

### Giving children a healthy start

Most of the indicators for a healthy start are better in Harrow than the national rates: fewer mothers smoke, more breast feed

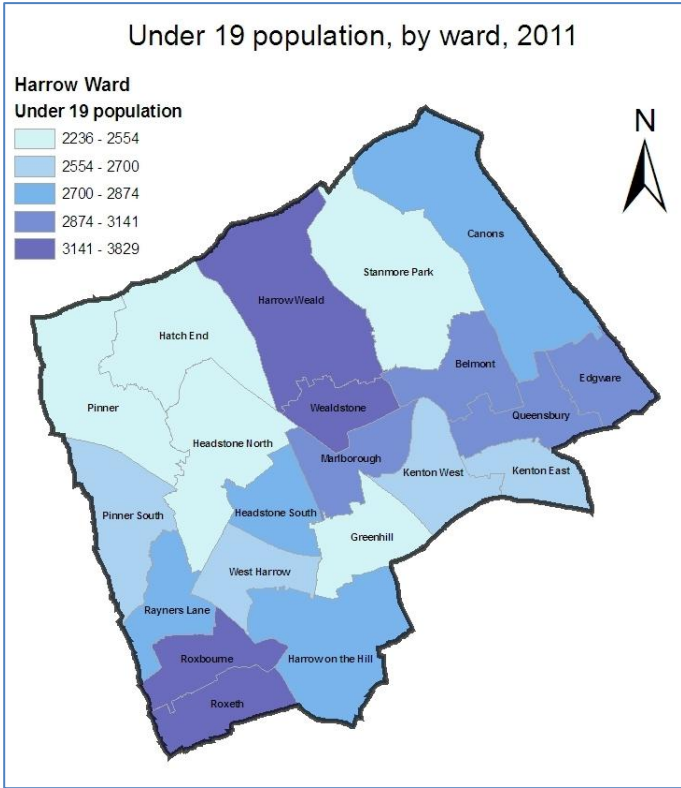
and more children are immunised.

### Health Outcomes

Outcomes for children in Harrow are better than those of London and England as a whole.

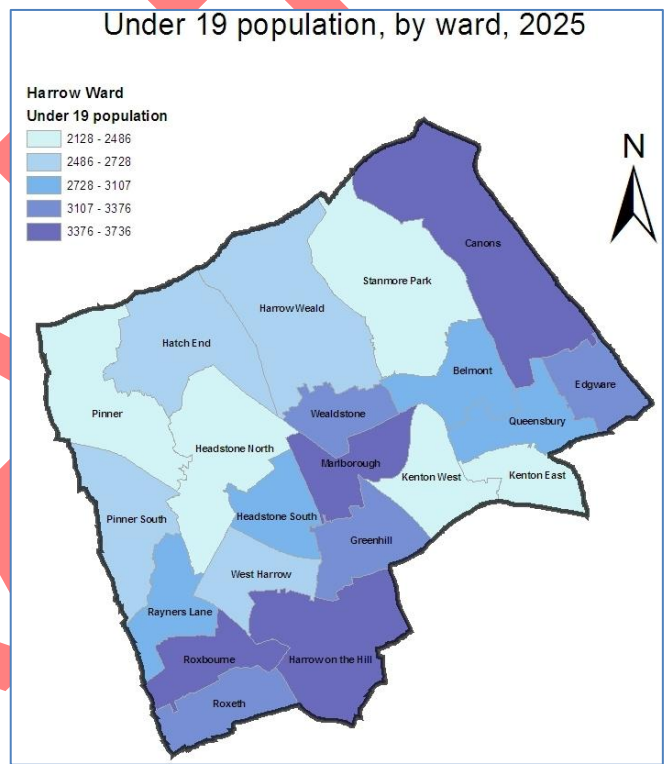
### Non - Health outcome

Young people in Harrow have higher educational attainment and fewer are not in education, employment or training (NEET) than the London and England averages.

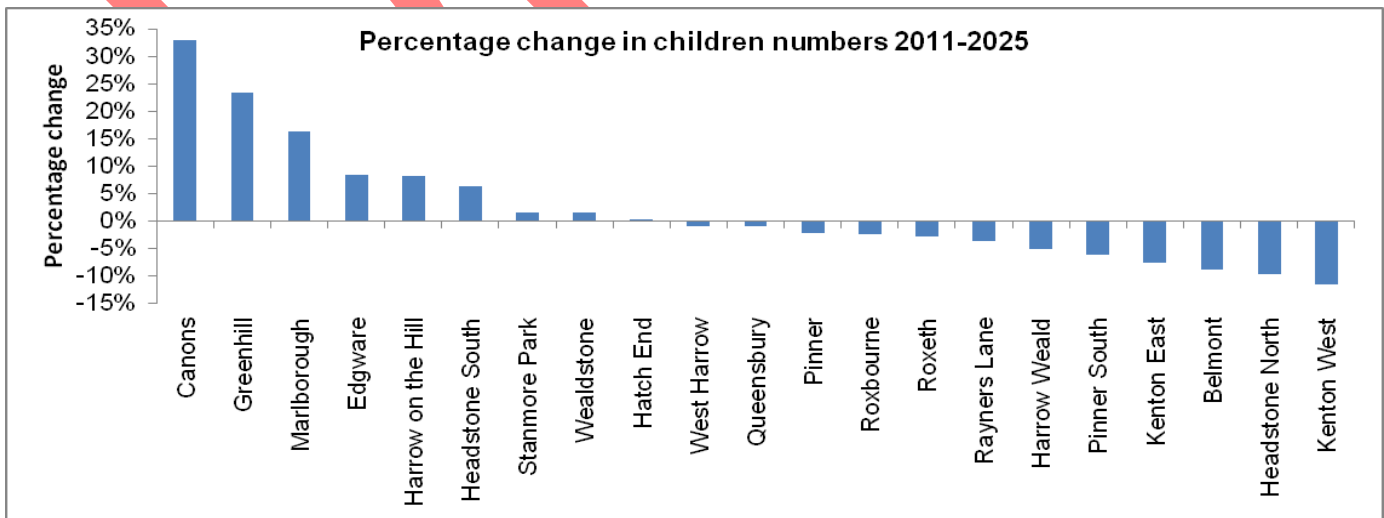


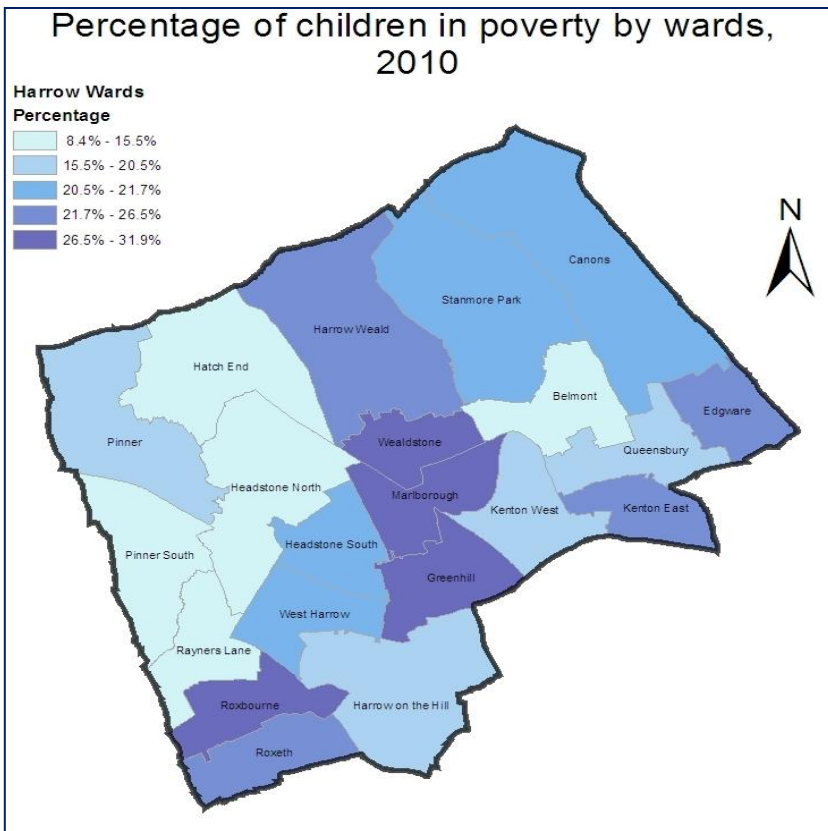
Of the 242,400 people in Harrow, 60,031 are children and young people aged less than 19 years. So, almost 1 in 4 of the Harrow population are under 19.

The distribution of the under 19 population is not even across the borough. The map shows there is a high number of the children and young people who come from Roxbourne and Roxeth, while Pinner and Hatch End have the low population for children and young people.



Across Harrow, there is projected to be an increase in the under 19 population. However, the increase in the under 19 population is not even across the borough, for example, the number of children and young people in Belmont and Kenton West wards will decrease by more than 10% by 2025, while it is predicted that the population in both Canons and Greenhill wards will increase by 33% and 23% respectively.





Source: Department of Education, 2013

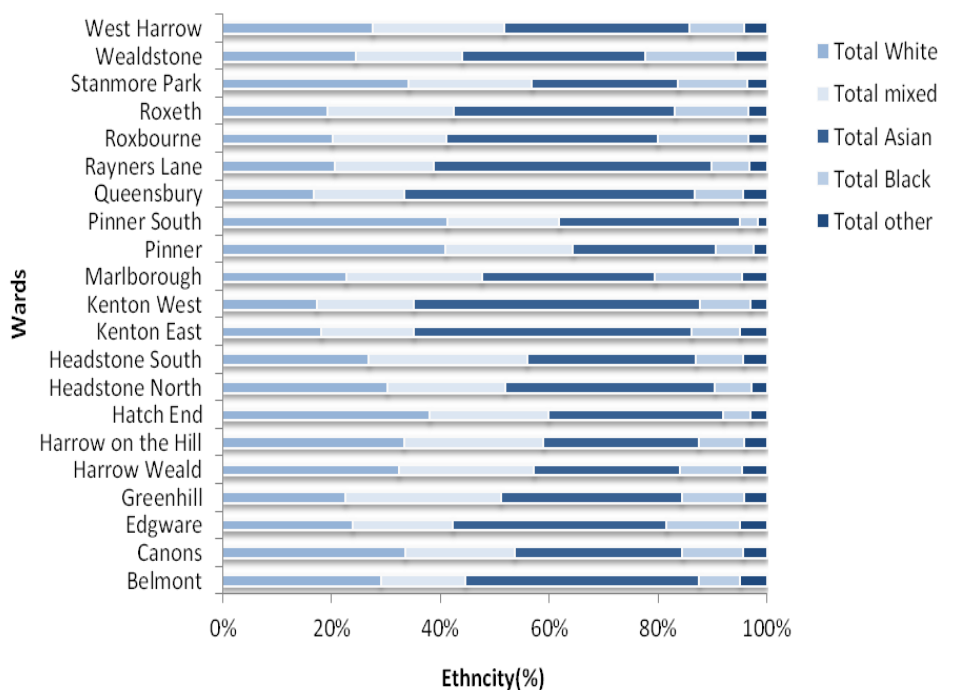
The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

Children in poverty is defined as the percentage of children aged under 16 in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income).

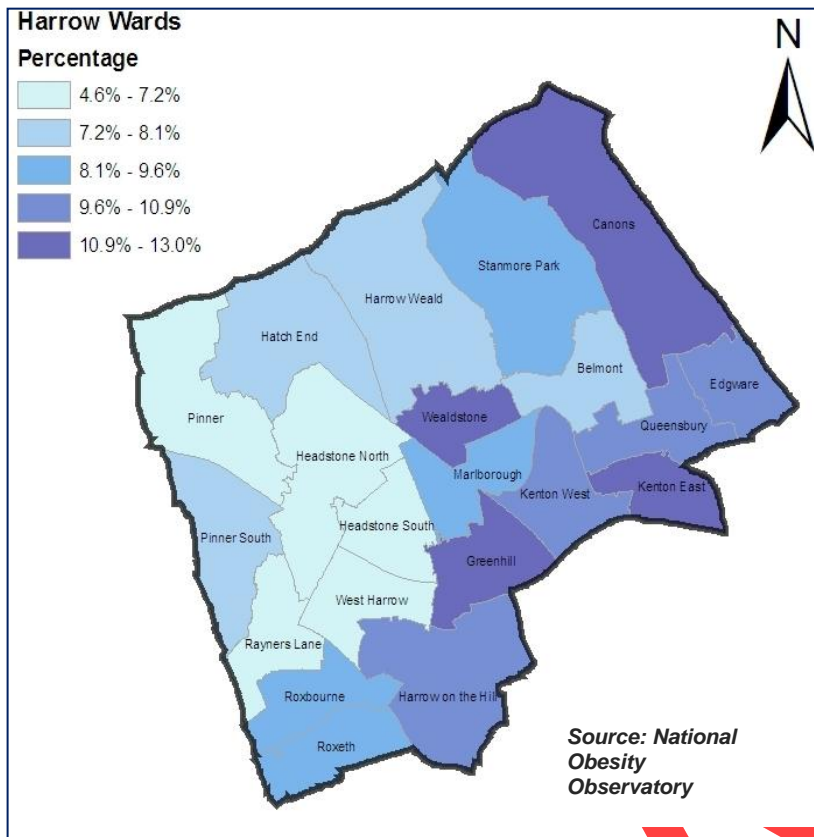
Harrow has a higher level of poverty (21.3%) than the England average (20.6%) but it is lower than the London average (28%). Children in Poverty are not evenly distributed across the borough. The children in poverty rate in Wealdstone ward (31.9%) is highest and is lowest in Pinner South Ward (8.4%).

Harrow is a very ethnically diverse borough. The ethnicity of children and young people varies by ward. Queensbury ward has the highest proportion (54%) of children and young people of Asian ethnicity. Pinner South has the highest proportion (41%) of children of white ethnicity. Roxbourne has the highest proportion (18%) of children of Black ethnicity.

Age under 19 ethnic population by wards 2011, Harrow



**Prevalence of obesity in reception by wards  
2009/2010 – 2011/2012**

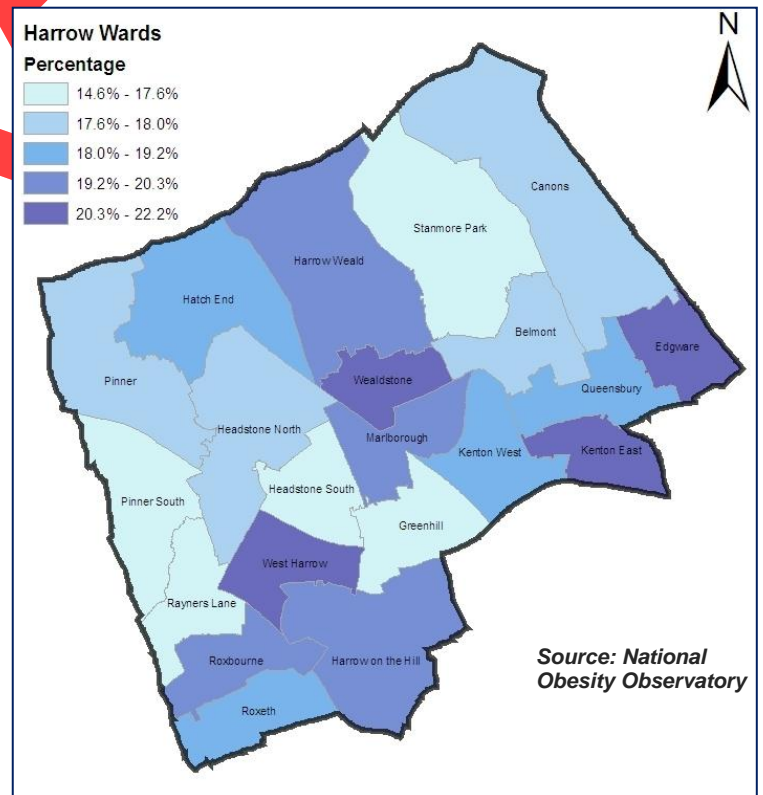


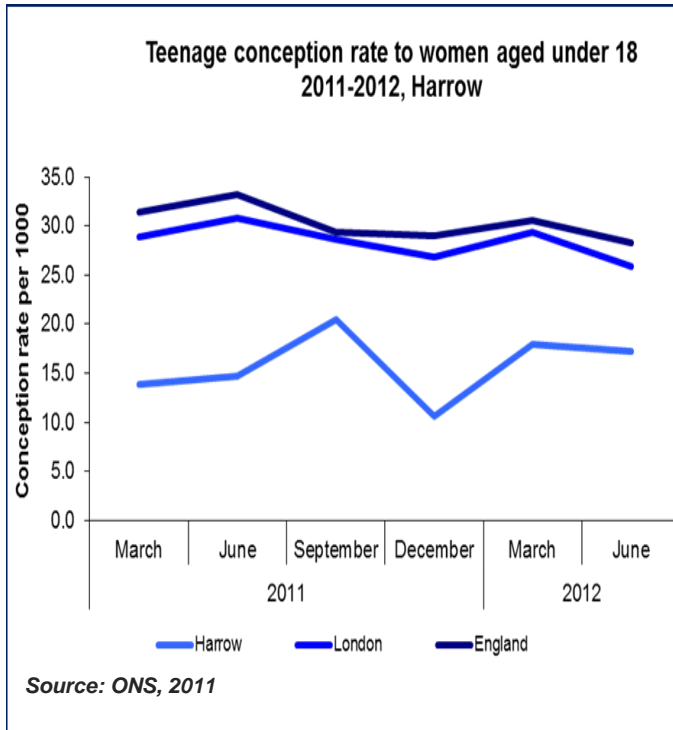
There is concern about the rise of childhood obesity and of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

**Prevalence of obesity in Year 6 by wards  
2009/2010 – 2011/2012**

The rate of obesity in n reception children (aged 4-5) in Harrow is 9.3%. This is low compared to London (11.0%) but slightly higher than England (9.5%). The rate is highest in Kerton East (13.1%), and lowest in Headstone North (4.6%).

By year 6 (aged 10-11) the obesity level has increased both locally and nationally. 20.3% of year 6 pupils in Harrow were classed as obese which is lower than the London average (22.5%) but slightly higher than the England average (19.2%). Rates were highest in West Harrow (22.2%) and lowest in Stanmore (14.6%).





Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

Teenage pregnancy rates have been consistently lower in Harrow than those of London and England.

**DRAFT**

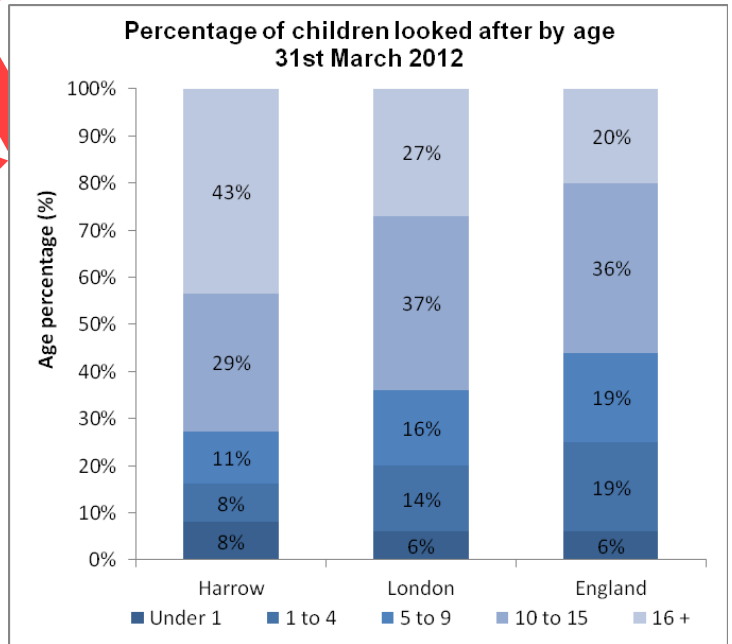
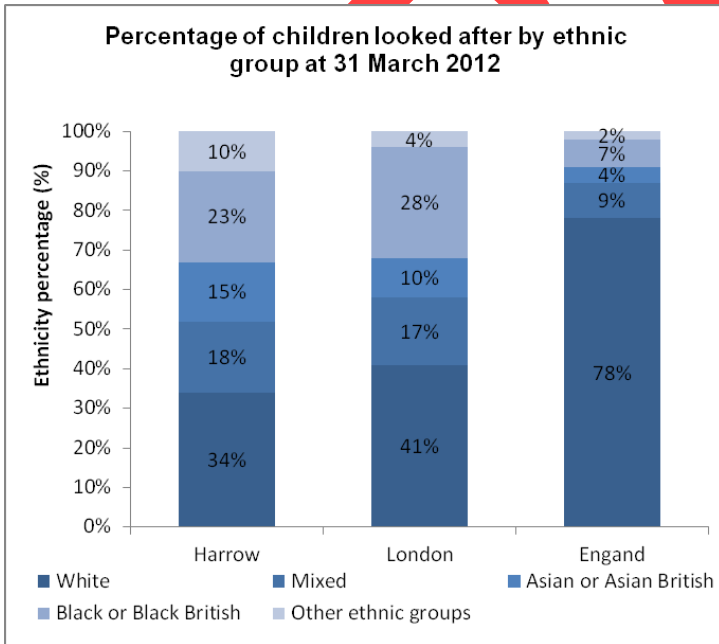
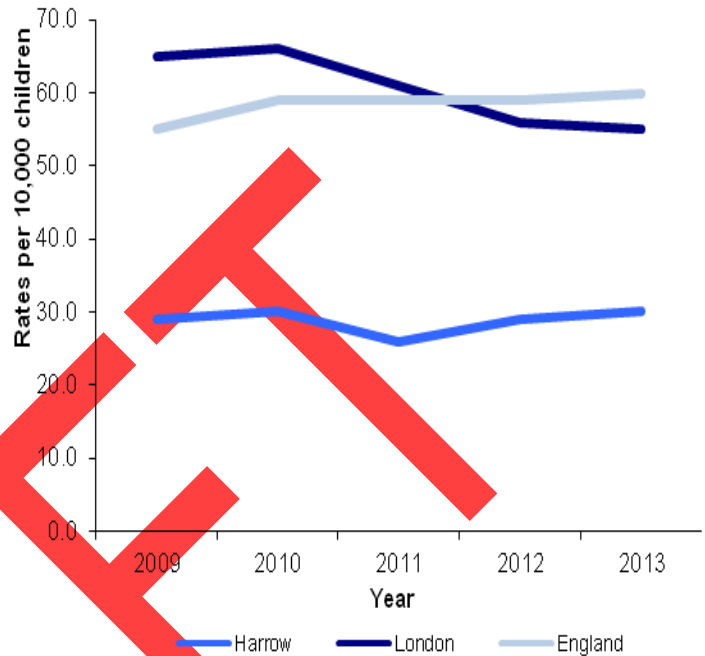
The term 'looked-after children and young people' is used to mean those looked after by the State where the Children Act 1989 applies, including those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.

The rate of children looked after under the age of 18 in Harrow has been consistently lower than both London and England average for the past 5 years.

There is greater ethnic diversity in looked after children in Harrow with children of mixed and black ethnicity over represented. The age profile of Harrow's looked after children are also different to that of London and England. There is a higher proportion in the 16+ age group.

The health of looked after children will be examined in more detail in the report on vulnerable children.

Rates per 10,000 for Harrow children who were looked after at 31st March



Source: Department of Education, 2012

## Understanding the Spine Chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

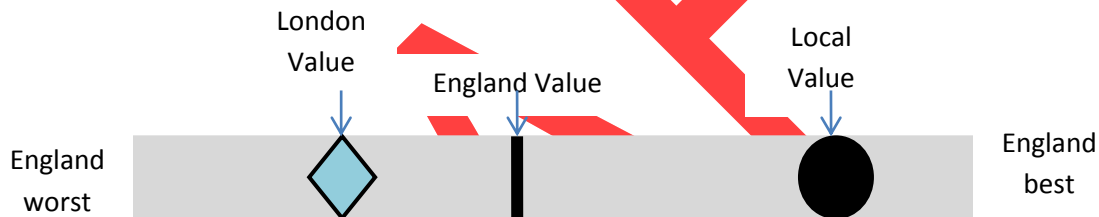
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



### Direction of travel indicator

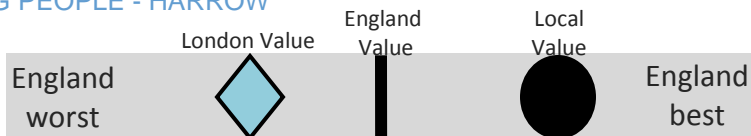
- ↑ Indicator has improved since last year i.e. Improvement in performance or decrease in need
- ↓ Indicator has worsened since last i.e. decrease in performance or increase in need
- ↔ No change since previous year

**Green** indicates that, according to the latest data, the area is either performing better or has lower need than England average

**Red** indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

**Amber** indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

# Spine Chart



Indicator	Direction of Travel	Local Value	Eng Avg	Eng Worst	England Range			Eng Best
					Worse Higher	OUTCOME NEEDS	Better Lower	
1 Infant mortality	↑	5.2	4.3	8.0				1.1
2 Child mortality rate	↑	11.0	13.7	23.7				7.5
3 MMR Immunisation (by age 2 years)	↑	91.6	91.2	78.7				97.2
4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	↓	95.5	96.1	85.7				97.2
5 Children in care immunisations	↑	81.3	83.1	0.0				100.0
6 Acute sexually transmitted infections (including Chlamydia)	NA	636.0	804.0	3210.0				162.0
7 Children achieving a good level of development at age 5	↑	60.0	63.5	51.5				76.5
8 GCSE achieved (5A*-C inc. Eng and maths)	↔	63.6	59.0	31.9				81.0
9 Not in education, employment or training( age 16-18)	↑	2.5	6.1	11.8				1.6
10 First time entrance to the youth justice system	↑	632.4	876.4	2436.3				342.9
11 Children living in poverty (aged under 16 years)	↑	21.2	21.1	45.9				6.2
12 Family Homelessness	↑	1.2	1.7	7.4				0.1
13 Children in care	↓	29.0	59.0	150.0				19.0
14 Children killed or seriously injured in road traffic accidents	↑	4.4	22.1	47.9				4.4
15 Low birth weight	↓	9.1	7.4	11.0				5.0
16 Obese children(4-5 years old)	↓	10.0	9.3	14.8				4.3
17 Obese Children(10-11 years old)	↓	20.4	18.9	27.5				10.2
18 Participation in at least 3 hours of sport/PE	↔	49.3	55.1	40.9				79.5
19 Children tooth decay	↔	0.5	0.7	1.5				0.2
20 Teenage conception rate( aged under 18 years)	↑	18.3	34.0	58.5				11.7
21 Teenage mothers	↓	0.6	1.3	2.8				0.3
22 Hospital admission due to alcohol specific condition	↔	31.0	61.8	154.9				12.5
23 Hospital admission due to substance misuse(age15-24 years)	↓	36.5	69.4	186.3				25.7
24 Smoking in pregnancy	↑	4.0	13.3	30.0				2.9
25 Breastfeeding initiation	↑	85.4	74.8	41.8				96.0
26 Breastfeeding at 6-8 weeks	↑	73.3	47.2	19.7				82.8
27 A&E attendances (0-4 years)	↑	458.1	483.9	1187.4				136.3
28 Hospital admissions due to injury (age under18)	↑	97.1	122.6	211.1				72.4
29 Hospital admission for asthma (age under19)	NA	246.2	193.9	484.4				73.4
30 Hospital admission for mental health conditions	↓	56.7	91.3	479.7				22.6
31 Hospital admission as a result of self- harm	↓	115.5	115.5	311.9				26.0



## Spine chart data sources

	Year	Data description	Other sources of information or data
1	2009-2011	Mortality Rate per 1000 live births	IC website
2	2009-2011	Directly standardised rate per 100,000	Chimat
3	2011/2012	percentage of children immunised against MMR	Chimat
4	2011/2012	Percentage children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib	Chimat
5	2012	Percentage of children in care with up-to-date immunisations	Department of Education
6	2011	Acute STI diagnoses per 1,000	Chimat
7	2012	Percentage of children achieving a good level of development within Early Years Foundation Stage Profile	Department of Education
8	2011/2012	Percentage of pupils achieving 5 or more GCSEs or equivalent including maths and English	Chimat
9	2011	Percentage not in education, employment or training as a proportion of total age	Department of Education
10	2010/2011	Rate per 100,000	Chimat
11	2010	Percentage of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income	HRMC
12	2011/2012	Statutory homeless households with dependent children or pregnant women per 1,000 households	Chimat
13	2012	Rate of children looked after at 31 March per 10,000	Department of education
14	2009-2011	Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population,	Chimate
15	2011	Percentage of live and stillbirths weighing less than 2,500 grams	IC website
16	2011/2012	Percentage of school children in Reception year classified as obese	NCMP
17	2011/2012	Percentage of school children in Year 6 classified as obese	NCMP
18	2009/2010	Percentage children participating in at least 3 hours per week of high quality PE and sport at school age	Public Health England
19	2008/2009	Weighted mean number of decayed	Chimat
20	2010	Under 18 conception rate per 1,000	Department of education
21	2011/2012	Percentage of delivery episodes where the mother is aged less than 18 years	Chimate
22	2008/2011	Crude rate per 100,000	Lape
23	2009/2012	Directly standardised rate per 100,000	Chimat
24	2011/2012	Percentage of mothers smoking at time of delivery	HSCIC
25	2011/2012	Percentage of mothers initiating breastfeeding	PHOF
26	2011/2012	Percentage of mothers breastfeeding at 6-8 weeks	PHOF
27	2010/2011	Crude rate per 1000	Right care
28	2011/2012	Crude rate per 100,000	Public Health England
29	2011/2012	Crude rate per 100,000	Chimat
30	2011/2012	Crude rate per 100,000	Chimat
31	2011/2012	Crude rate per 100,000	Chimat