



### Hertfordshire

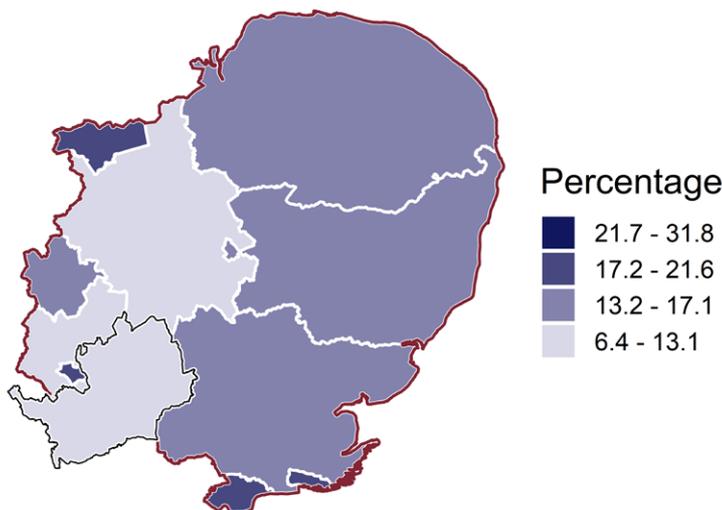
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

#### The child population in this area

	Local	Region	England
Live births (2018)	13,967	68,881	625,651
Children aged 0 to 4 years (2018)	74,800 6.3%	372,200 6.0%	3,346,700 6.0%
Children aged 0 to 19 years (2018)	295,000 24.9%	1,466,600 23.6%	13,241,300 23.7%
Children aged 0 to 19 years in 2028 (projected)	320,000 25.0%	1,567,700 23.6%	13,889,400 23.5%
School children from minority ethnic groups (2019)	58,859 31.1%	235,808 26.5%	2,625,194 33.0%
School pupils with social, emotional and mental health needs (2018)	4,782 2.5%	20,526 2.3%	193,657 2.4%
Children living in poverty aged under 16 years (2016)	11.5%	14.1%	17.0%
Life expectancy at birth (2016-2018)	Boys 81.0 Girls 84.2	80.3 83.7	79.6 83.2

#### Children living in poverty

Map of the East of England with Hertfordshire outlined, showing the relative levels of children living in poverty.



Map contains Ordnance Survey data.

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#### Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Hertfordshire is better than England.

The infant mortality rate is better than England but an average of 45 infants die before age 1 each year. Recently there have been 20 child deaths (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is better than England, with 222 girls becoming pregnant in a year.
- 6.3% of women smoke while pregnant which is better than England.
- 72.2% of newborns received breast milk as their first feed. Data on breastfeeding at 6 to 8 weeks after birth is not available for this area.
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 90.4% of children have had one dose.
- Dental health is better than England. 15.4% of 5 year olds have one or more decayed, missing or filled teeth.
- Levels of child obesity are better than England. 7.4% of children in Reception and 15.7% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 88.6 per 100,000 is similar to England. The rate of self-harm at 314.4 per 100,000 is better than England.

By age two, 93.8% of children have had Dtap/IPV/Hib immunisation, approaching minimum recommended coverage (95%). 91.3% of children in care are up to date with their immunisations, which is better than England.

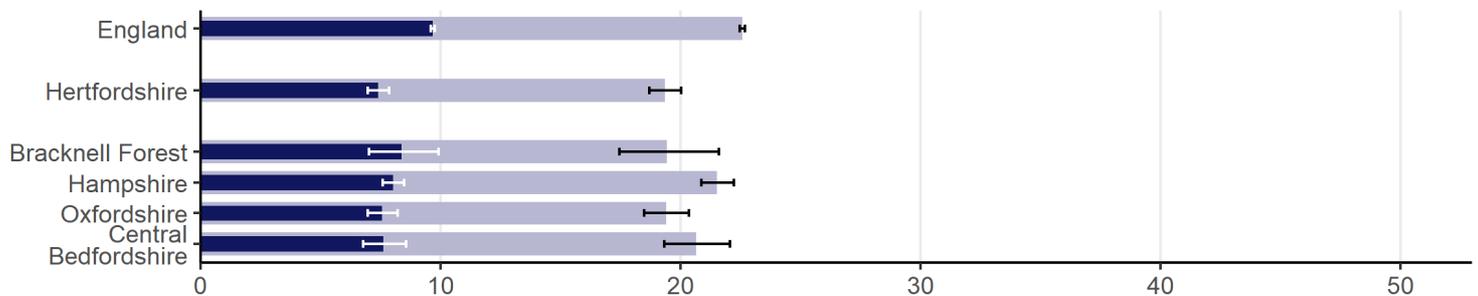
The level of child poverty is better than England with 11.5% of children living in poverty. The rate of family homelessness is worse than England.

## Childhood obesity

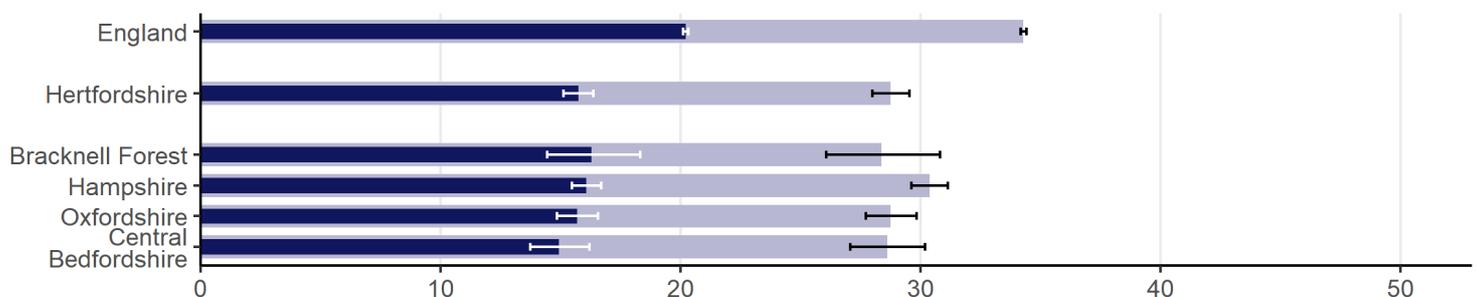
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Hertfordshire with its statistical neighbours, and the England average. Compared with the England average, this area has a better percentage of children in Reception (19.4%) and a better percentage in Year 6 (28.8%) who have excess weight.

■ Obese ■ All children with excess weight, some of whom are obese

### Children aged 4-5 years who have excess weight, 2018/19 (percentage)



### Children aged 10-11 years who have excess weight, 2018/19 (percentage)

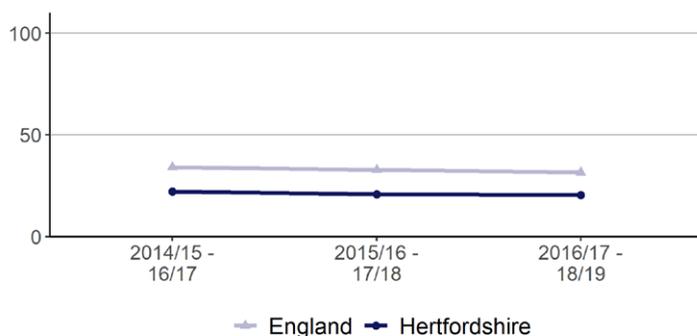


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

## Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. This is not the case in Hertfordshire, where there is no significant trend. The admission rate in the latest period is better than the England average.

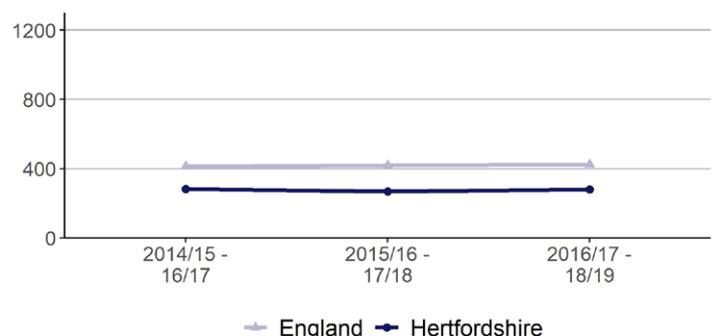
### Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



## Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is not significantly changing, and this is also the case in Hertfordshire. The admission rate in the latest pooled period is lower than the England average\*. Nationally, levels of self-harm are higher among young women than young men.

### Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)

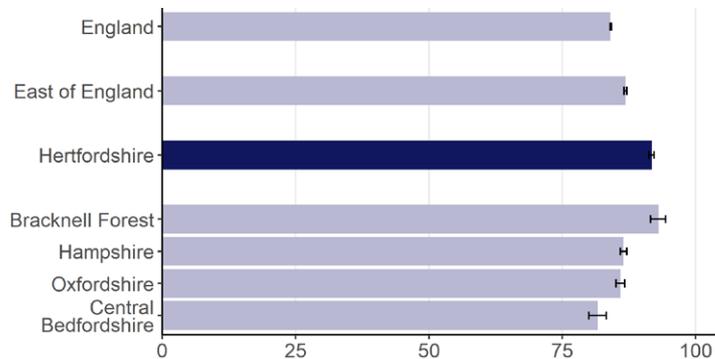


\*Information about admissions in the single year 2018/19 can be found on page 4

These charts compare Hertfordshire with its statistical neighbours, and the England and regional averages.

## Child development at 2-2½ years

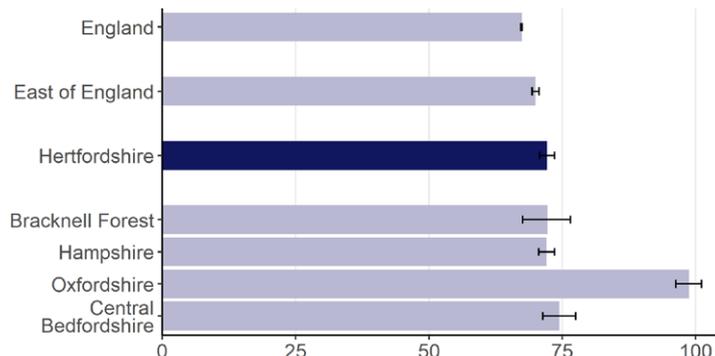
**Children at or above expected level of development in all five areas at 2-2½ years, 2018/19 (percentage of children reviewed)**



91.7% of children aged 2-2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in 2018/19. This is better than the England average. A better proportion of children were at or above the expected level of development for communication skills (95.4%) and a better proportion for personal-social skills (96.8%) when compared with England (90.0% for communication and 92.9% for personal-social skills).

## Breastfeeding

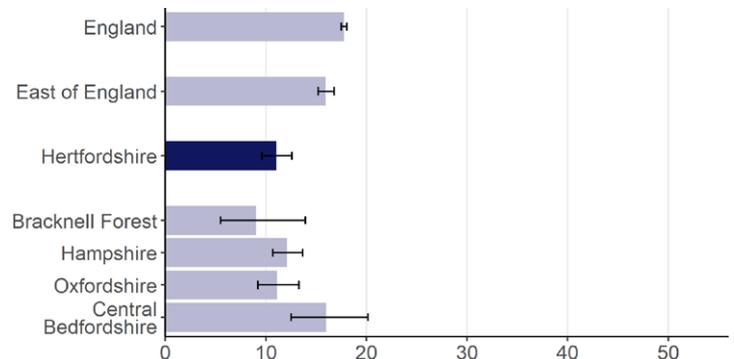
**First feed breast milk, 2018/19 (percentage of newborns)**



72.2% of newborns received breast milk as their first feed. Data on breastfeeding at 6 to 8 weeks after birth is not available for this area.

## Young people's sexual and reproductive health

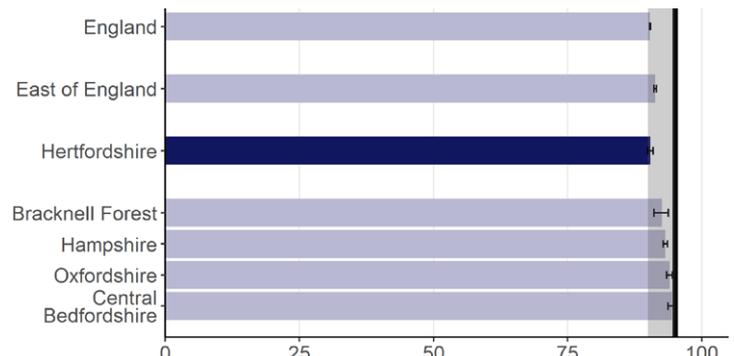
**Teenage conceptions in girls aged under 18 years, 2017 (rate per 1,000 female population aged 15-17 years)**



In 2017, approximately 11 girls aged under 18 conceived, for every 1,000 girls aged 15-17 years living in this area. This is lower than the regional average and lower than the England average. Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicate improved screening activity; it is not a measure of prevalence. In 2018, the detection rate in this area was 1,516 per 100,000 which is worse than the minimum recommended rate of at least 2,300.

## Measles, mumps and rubella (MMR) vaccination

**MMR vaccination coverage by age 2 years, 2018/19 (percentage of eligible children)**



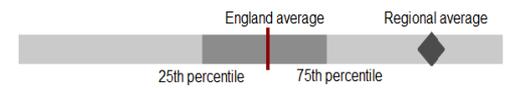
The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Slightly less than 95% (the minimum recommended coverage level) of children have received their first dose of MMR immunisation by the age of two in this area (90.4%). By the age of five, only 89.8% of children have received their second dose of MMR immunisation.

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

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
- ⬆️ Increasing/decreasing and getting better
- ⬆️ Increasing/decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested



Indicator	Recent trend	Local no. per year*	Local value	Eng. ave	Eng. worst	Eng. best
<b>Premature mortality</b>						
1 Infant mortality rate	➡	45	3.1	3.9	8.2	1.0
2 Child mortality rate (1-17 years)	—	20	8.1	11.0	23.4	6.2
<b>Health protection</b>						
3 MMR vaccination for one dose (2 years)	⬇️	13,180	90.4	90.3	74.3	97.1
4 Dtap/IPV/Hib vaccination (2 years)	⬇️	13,671	93.8	94.2	81.6	98.8
5 Children in care immunisations	➡	587	91.3	86.8	44.1	100.0
<b>Wider determinants of ill health</b>						
6 Children achieving a good level of development at the end of Reception	⬆️	10,354	73.0	71.8	63.1	80.6
7 GCSE attainment: average Attainment 8 score	—	—	50.8	46.9	39.0	57.5
8 GCSE attainment: average Attainment 8 score of children in care	—	—	17.7	18.9	7.9	31.8
9 16-17 year olds not in education, employment or training (NEET)	—	840	3.4	5.5	14.9	1.5
10 First time entrants to the youth justice system	⬇️	234	207.3	238.5	554.3	72.3
11 Children in low income families (under 16s)	⬇️	25,280	11.5	17.0	31.8	6.4
12 Family homelessness	➡	932	1.9	1.7	7.7	0.1
13 Children in care	⬇️	930	34	65	197	25
14 Children killed and seriously injured (KSI) on England's roads	—	37	15.2	17.7	52.5	4.0
<b>Health improvement</b>						
15 Low birth weight of term babies	➡	339	2.7	2.9	4.6	1.0
16 Obese children (4-5 years)	➡	1,009	7.4	9.7	14.2	5.4
17 Obese children (10-11 years)	➡	2,039	15.7	20.2	29.6	10.7
18 Children with one or more decayed, missing or filled teeth	—	—	15.4	23.3	47.1	12.9
19 Hospital admissions for dental caries (0-5 years)	—	143	156.2	307.5	1,393.4	10.9
20 Under 18s conception rate / 1,000	⬇️	222	11.0	17.8	43.8	6.1
21 Teenage mothers	⬇️	30	0.2	0.6	2.3	0.0
22 Admission episodes for alcohol-specific conditions - Under 18s	➡	55	20.4	31.6	106.7	7.8
23 Hospital admissions due to substance misuse (15-24 years)	—	85	66.2	83.1	236.6	32.0
<b>Prevention of ill health</b>						
24 Smoking status at time of delivery	⬇️	805	6.3	10.6	25.7	1.6
25 Baby's first feed breastmilk	—	9,990	72.2	67.4	43.6	98.7
26 Breastfeeding prevalence at 6-8 weeks after birth	—	7,374	—	46.2	—	—
27 A&E attendances (0-4 years)	⬆️	47,120	630.3	655.3	1,917.4	126.3
28 Hospital admissions caused by injuries in children (0-14 years)	⬇️	1,915	83.3	96.1	184.9	45.1
29 Hospital admissions caused by injuries in young people (15-24 years)	➡	1,645	129.0	136.9	276.7	56.0
30 Hospital admissions for asthma (under 19 years)	⬇️	270	94.9	178.4	485.9	50.3
31 Hospital admissions for mental health conditions	➡	240	88.6	88.3	193.9	22.9
32 Hospital admissions as a result of self-harm (10-24 years)	➡	625	314.4	444.0	1,072.7	91.1

\*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

### Notes and definitions

1. Mortality rate per 1,000 live births (aged under 1), 2016-2018
2. Directly standardised rate per 100,000 children aged 1-17, 2016-2018
3. % children immunised against measles, mumps and rubella (first dose by age 2), 2018/19
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2018/19
5. % children in care with up-to-date immunisations, 2019
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
7. GCSE attainment: average attainment 8 score, 2018/19
8. GCSE attainment: average attainment 8 score of children looked after, 2018
9. % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2018
10. Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
11. % 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, 2016
12. Statutory homeless households with dependent children or pregnant women per 1,000 households, 2017/18
13. Rate of children looked after at 31 March per 10,000 population aged under 18, 2019
14. Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2016-2018
15. Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2018
16. % school children in Reception year classified as obese, 2018/19
17. % school children in Year 6 classified as obese, 2018/19
18. % children aged 5 with one or more decayed, missing or filled teeth, 2016/17
19. Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2016/17-2018/19
20. Under 18s conception rate per 1,000 females aged 15-17, 2017
21. % of delivery episodes where the mother is aged less than 18, 2018/19
22. Hospital admissions for alcohol-specific conditions – under 18, crude rate per 100,000 population, 2016/17-2018/19
23. Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2016/17-2018/19
24. % of mothers smoking at time of delivery, 2018/19
25. % of newborns who receive breast milk as first feed, 2018/19
26. % of mothers breastfeeding at 6-8 weeks, 2018/19
27. Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
28. Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2018/19
29. Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2018/19
30. Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2018/19
31. Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2018/19
32. Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2018/19