

Healthy London Partnership Children & Young People's Dashboard

North East London STP area April 2016



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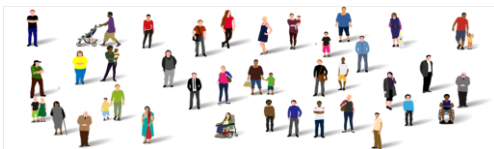


Introduction

This data pack has been commissioned by Healthy London Partnership (HLP) Children and Young People's (CYP) programme to support SPGs in preparation for the drafting of their Sustainability and Transformation Plans in relation to CYP. It is intended that the data pack will be extended and adapted following feedback from users. A second version will be made available by September 2016. It is intended that data will be refreshed annually together with included items.

This first version has a number of general data items describing the population of CYP in each CCG and STP and some of the population health behaviours. In addition, it contains specific data around HLP CYP key programme areas. Each data section is preceded by an explanatory paragraph which gives context to the data items and programme deliverables.

Where appropriate, CCG level data are displayed alongside those from i) the value for the whole STP; ii) comparator CCGs as per the commissioning for value packs (CFV); and averages for iii) London and iv) England. We have RAG rated each CCGs performance compared to England average where available confidence intervals allow.



METHODOLOGY

All of the measures are sourced from **published data** with the exception of the “*Surgery*” and “*General Health*” sections where all but two of the indicators have been derived from raw HES data supplied by the HSCIC.

No statistical calculations have been applied other than averages and rates per head of population. Confidence intervals have been used from publically available data. None of the indicators are directly or indirectly standardised. (ie rates are crude rates only).

All definitions are given in the **technical appendix**. Definitions for all indicators come from reputable publically available sources and are referenced in this separate document.

Some of the source data is at CCG level, some at **Local Authority** level. A separate list of CFV peers was used for LA data.

Summary page

The **RAG rating** used is based on whether a CCG is significantly different from the England average. Eg If a high value is seen as “bad” then a CCG is shown as red if the lower CI is above the England average. This is a similar method to the PHE published Outcomes Framework tool.

The indicator relating to the percentage of looked after children assessed has been assessed as "Green" at 100% and "Red" at below 95%

Commissioning for value peers are different for all CCGs. The STP-wide value is an aggregation of each CCGs 10 peer CCGs. It is possible (and likely) that a CCG could be part of more than one peer group.

The **asthma audit data** are available for London only, so England and CFV peers are not available.

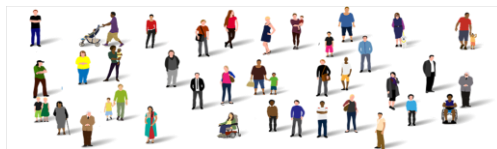
Statistical notes

All averages are **means**, not medians.

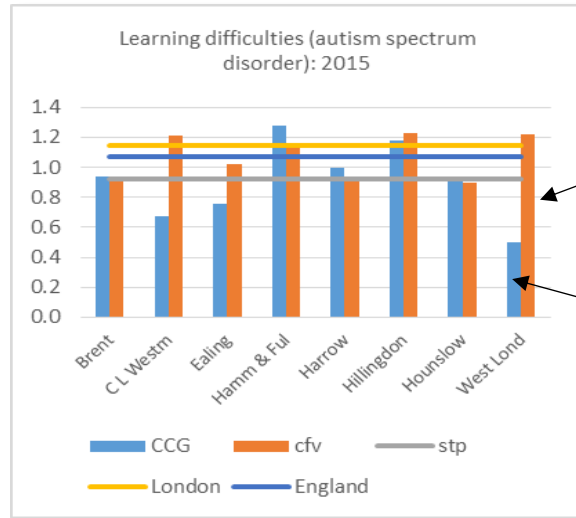
Aggregations for STP, London and England have been done by summing the numerators and denominators for all the member organisations.

Some indicators have **small numbers suppressed** where appropriate. This might cause inaccuracies when aggregating up the data.

Extreme caution should be exercised when drawing conclusions from differences in crude rates. This of special relevance to the "Surgical" and General Health" sections. Further versions of this pack may address this by applying more statistical tests to the data



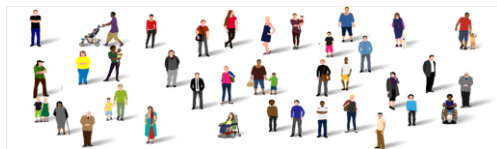
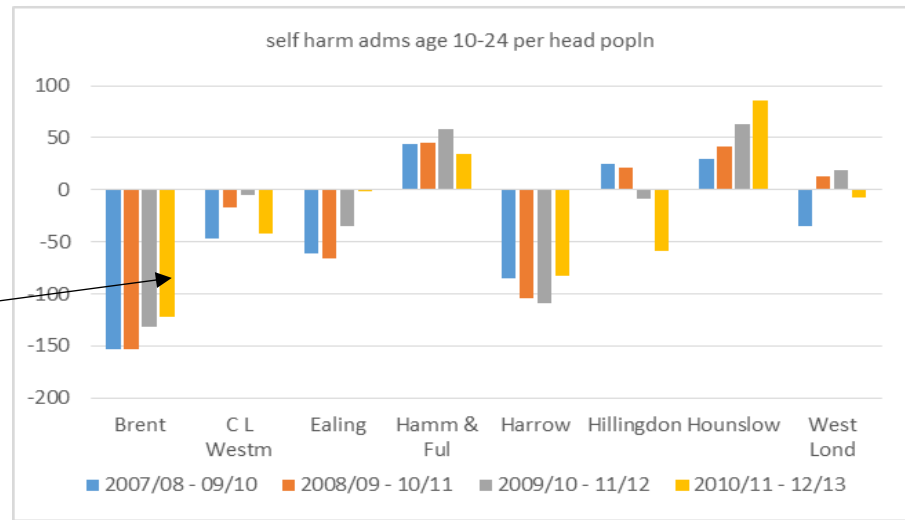
INTERPRETING CHARTS



the value for the cfv peer ten closest CCGs or LAs (depending on the indicator). This peer is different for each CCG.

The CCG value. In this case West London. They have a lower value than the cfv peer, STP, London and England averages.

This chart shows the difference between the CCG and its peers for the last four periods. The latest period shows a value of 121. This is the variance between the CCG value (130) and its cfv peer (251).

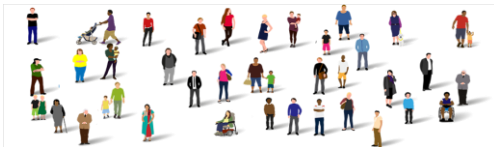


Support for Place-based Planning

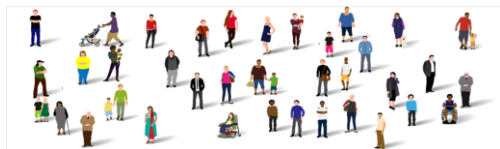
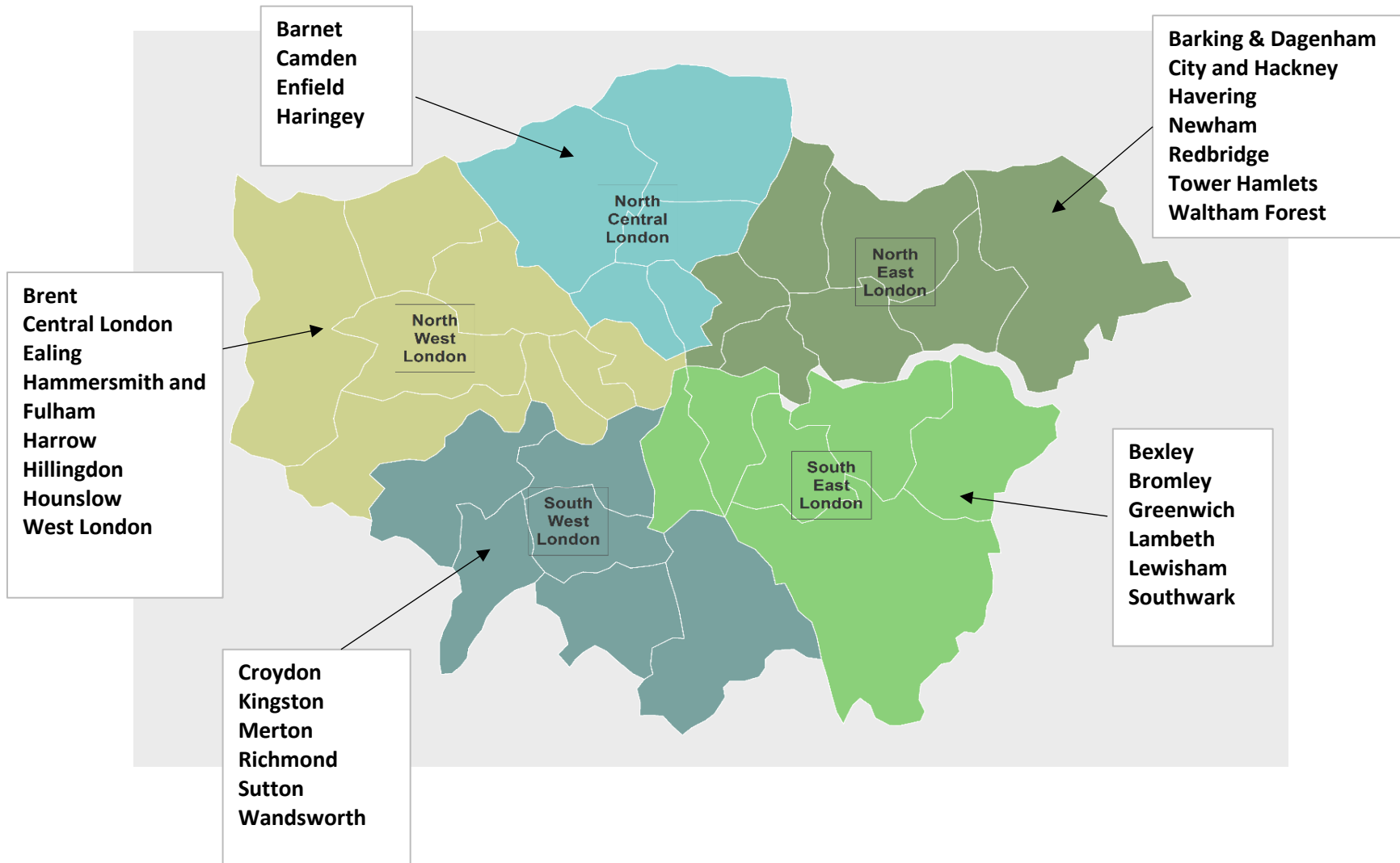
“Place based planning” is well described within “Delivering the five year forward view: NHS planning guidance 2016/17 to 2010/21”. This model delivers place-based ‘systems of care’ in which NHS organisations collaborate with other local NHS organisations and services to address the challenges and improve the health of the populations they serve. Organisations work together to govern the common resources available for improving health and care in their area. Major changes to the role of commissioners are needed to support the development of systems of care.

Place based care is based on system leadership and a shared vision developed with and based on the needs of local populations. A key aim of the CYP programme is to develop such **population based health networks** linking commissioners, providers and service users from across health and social care. A key element of this will be a **consistent CYP data set** which can be used for planning purposes at SPG and CCG level. This is the first iteration of such a data set. The intention is to receive and respond to feedback on the data set and develop it further for publication by September 2016.

In a “system of care” approach, commissioners will focus on defining and measuring outcomes, putting in place budgets covering the whole of a population’s care, and using long-term contracts with providers linked to the delivery of these outcomes. Delegates on the **CYP commissioning development and leadership programme** will be supported to commence thinking on how planning on this basis can be enabled within each STP area.

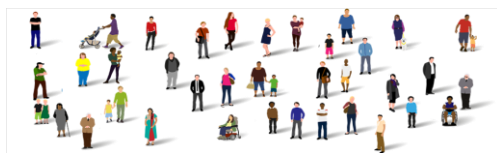


CCG AND STP AREA



SUMMARY

Indicator		year	Barking & D	City & H	Havering	Newham	Redbridge	Tower H	Waltham F	STP	London	CFV	England
DEMOGRAPHY	Population detailed age breakdown (% under age 1y)	2014	1.9%	1.6%	1.3%	1.9%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%	1.2%
	Population detailed age breakdown (% age 1-4y)	2014	8.1%	6.1%	5.0%	6.8%	6.2%	6.1%	6.5%	6.3%	5.9%	5.9%	5.1%
	Population detailed age breakdown (% age 5-9y)	2014	9.1%	6.3%	6.0%	7.0%	7.2%	6.2%	6.9%	6.9%	6.4%	6.7%	6.0%
	Population detailed age breakdown (% age 10-14y)	2014	6.7%	5.4%	5.6%	6.0%	6.5%	5.3%	5.7%	5.8%	5.4%	5.7%	5.5%
	Population detailed age breakdown (% age 15-18y)	2014	5.4%	4.1%	5.0%	5.0%	5.2%	4.0%	4.5%	4.7%	4.4%	4.7%	4.7%
	Population detailed age breakdown (% age 19-24y)	2014	7.7%	7.5%	7.3%	9.8%	7.2%	10.8%	7.7%	8.4%	7.8%	8.4%	7.9%
	% White British (under 18 yrs)	2011	45.7%	41.5%	80.8%	18.3%	27.7%	18.7%	37.2%	36.6%	46.6%	48.2%	78.5%
	% Mixed multiple (under 18 yrs)	2011	8.8%	10.2%	5.1%	8.9%	9.5%	7.4%	11.8%	8.9%	10.5%	10.0%	5.2%
	% Asian British (under 18 yrs)	2011	16.7%	12.2%	5.6%	44.7%	47.5%	62.5%	24.6%	32.1%	19.8%	20.4%	10.0%
	% Black African/Caribbean (under 18 yrs)	2011	26.9%	29.0%	7.8%	24.5%	11.9%	9.5%	21.7%	19.0%	19.1%	17.8%	5.0%
	% Other (under 18 yrs)	2011	2.0%	7.1%	0.7%	3.6%	3.3%	1.9%	4.7%	3.4%	4.0%	3.6%	1.3%
	Deprivation (% of children living in poverty)	2013	28.4%	27.7%	18.4%	24.6%	17.7%	34.4%	23.3%	24.9%	21.8%	22.7%	18.6%
	Autism spectrum disorder (% of school pupils)	2013	0.7%	0.8%	0.6%	0.8%	0.5%	0.8%	1.0%	0.7%	0.9%	0.9%	0.9%
	Learning disabilities prevalence (rate per '000, school age)	2014-15	41.4	33.1	28.2	26.3	35.4	5.7	46.2	30.7	24.9	30.6	32.4
	estimated asthma popln (based on national prevalence rates)	2014	5911	6094	5326	8254	7435	6283	6430				
estimated diabetes popln (based on national prevalence rates)	2014	99	102	89	138	124	105	107					
estimated LTC popln (based on national prevalence rates)	2014	8866	9141	7989	12381	11153	9424	9644					
MORTALITY	neo-natal mortality (<28 days) crude rate per 1,000 live births	2014	2.0	3.0	1.0	1.2	1.3	3.0	2.4	2.0	2.1	2.5	2.8
	Infant mortality rate (<1 yr)	2012-2014	4.4	5.7	3.2	3.6	2.6	4.3	3.8	3.9	3.6	4.0	4.0
	Transport injury mortality (0-15 years) per 100,000 population	2012 - 14	12.2	15.4	16.7	12.3	8.6	10.3	12.7	15.0	14.9	17.5	20.7
ASTHMA	Asthma admissions per 100,000 (<18y)	2014/15	230.5	149.2	138.3	260.6	248.8	193.0	255.5	225.5	206.9	225.8	207.1
	Asthma admissions per 100,000 (age 3-18y)	2014/15	283.6	173.9	134.6	322.9	259.7	236.7	344.8	256.3	262.5	306.5	243.2
	% children with asthma that have asthma plans	2015	42%	47%	42%	47%	38%	53%	48%	46%	47%		
	% CYP with asthma (5-18) who made a request for an emergency inhaler prescription	2015	20%	24%	27%	21%	27%	21%	25%	23%	25%		
	% CYP with asthma assessed for inhaler technique	2015	64%	64%	72%	68%	66%	75%	71%	68%	67%		
	% CYP with asthma having flu vaccination	2015	33%	29%	40%	36%	27%	42%	32%	34%	33%		
	Smoking prevalence (%) amongst children (age 15)	2014/15	5.6%	5.8%	5.8%	4.3%	3.4%	4.3%	4.7%	4.8%	6.3%	6.1%	8.1%
	Flu vaccinations age 2-4 all groups	Sep 15 to Jan 16	26%	19%	25%	27%	20%	31%	22%	24%	26%	28%	34%
	Flu vaccinations age 2-4 in at risk groups	Sep 15 to Jan 16	48%	40%	46%	41%	36%	45%	35%	41%	41%	43%	49%
Estimated asthma population (15-18 years) based on national prevalence rates	2014	3945	4012	3770	5436	5149	4109	4248					
MENTAL HEALTH	Tier 4 admissions per 100,000 population	2012	76.1	75.0	75.1	72.7	74.0	71.6	77.8	74.5	76.3	76.2	78.3
	self harm hospital admissions age 10-24 per 100,000 population	2010/11 - 12/13	264.1	153.9	205.7	201.3	235.7	174.8	338.5	231.0	204.8	250.5	347.0
	Warwick Edinburgh Mental Wellbeing scores	2014/15	47.9	48.9	48.3	48.0	47.6	47.4	47.7	48.0	47.8	47.8	47.6
	% school pupils with social,emotional, MH needs	2014	2.1%	2.6%	0.7%	2.1%	2.0%	2.6%	3.0%	2.2%	2.1%	2.2%	2.0%
	Emotional wellbeing of looked after children: % assessed	2014	73.0%	58.0%	100.0%	99.0%	100.0%	50.0%	91.0%	86.1%	79.2%	72.8%	70.1%
	Emotional wellbeing of looked after children: % considered "of concern"	2012/13	31.0%	44.0%	38.0%	16.0%	29.0%	31.0%	38.0%	35.7%	35.2%	35.3%	36.3%
SURGERY	% of children (<5 yrs) with tooth decay	2012	35.0%	31.4%	19.8%	39.0%	27.0%	45.9%	26.5%	32.5%	28.2%	30.8%	30.4%
	Rate of hospital admission for dental caries	2012/13 - 14/15	247.6	577.7	163.4	717.1	342.5	791.8	564.8	508.0	551.3	492.3	321.7
	Admission for torsion of testis procedure per 100,000 pop (0-18)	2014/15	5.1	4.9	1.9	6.1	1.3	12.7	1.6	4.8	5.1	6.0	6.4
	Admission for appendectomy per 100,000 population (0-18)	2014/15	96.4	65.6	103.3	56.9	95.5	73.2	80.9	80.5	77.8	77.3	94.8
	Tonsillectomy operations per 100,000 population aged 0-18	2014/15	218.3	88.6	225.3	146.6	172.2	132.1	192.9	166.0	134.4	143.1	164.2
GENERAL HEALTH	All admissions (under 18) per 1000 population	2014/15	109.0	114.0	109.9	99.7	110.3	116.4	122.0	111.2	122.4	132.6	132.1
	Emergency admissions (under 18) per 1000 population	2014/15	45.0	49.2	41.3	48.6	49.2	57.2	63.9	50.8	54.2	65.0	69.1
	All Emergency infant admissions (<1 yr) per 1000 population	2014/15	163.5	160.4	184.1	137.7	174.4	214.0	205.6	175.0	216.6	280.6	330.9
	% of A&E attenders (under 18) admitted via A&E	2014/15	8.9%	11.3%	11.6%	11.0%	14.9%	11.5%	20.5%	12.4%	12.7%	13.8%	12.5%
	% of A&E attenders (infants <1yr) admitted via A&E	2014/15	12.9%	15.5%	16.4%	12.0%	18.7%	13.7%	22.7%	15.5%	18.7%	21.6%	22.7%
	Emergency Infant (<1 yr) average length of stay	2014/15	2.6	1.4	2.2	2.3	2.4	2.1	1.6	2.1	1.6	1.5	1.4
	A&E attendances (infants <1yr) per 1000 population	2014/15	1095.5	894.0	965.1	991.5	798.9	1001.1	790.6	931.8	990.1	929.8	718.6
	A&E attendances (age 1-4) per 1000 population	2014/15	680.4	565.9	572.4	635.0	464.2	559.6	419.7	556.8	602.2	585.4	496.7
	A&E attendances (age 5-17) per 1000 population	2014/15	417.3	351.2	277.2	347.1	261.0	344.6	243.0	318.9	344.3	337.7	316.2
	A&E attendances (age 1-18) per 1000 population	2014/15	496.0	416.7	348.7	428.8	312.3	409.9	293.6	385.8	417.1	405.9	364.2
A&E attendances (age 19-25) per 1000 population	2014/15	651.5	544.4	443.1	526.4	388.1	458.9	381.9	480.9	524.8	487.4	430.8	



Demography

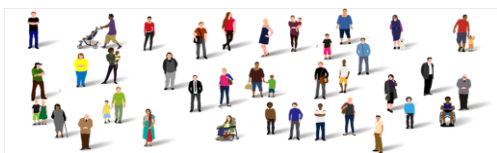
This section gives a visual representation of the population density of CYP within each STP area. This is shown as both a count of these CYP and as a % of the whole population. Data are then provided in tabular form giving the numbers of CYP in each CCG for under 18 years and under 25 years. A comparator table puts this in the context of the STP, commissioning for value and national averages.

An age profile of each CCG and STP is shown in a radar plot illustrating the percentage of population in each child age band.

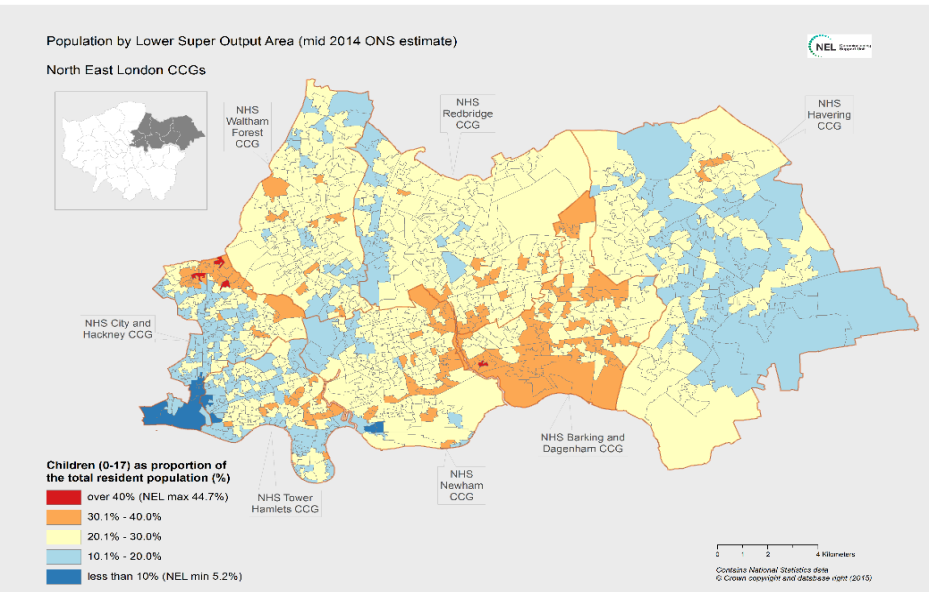
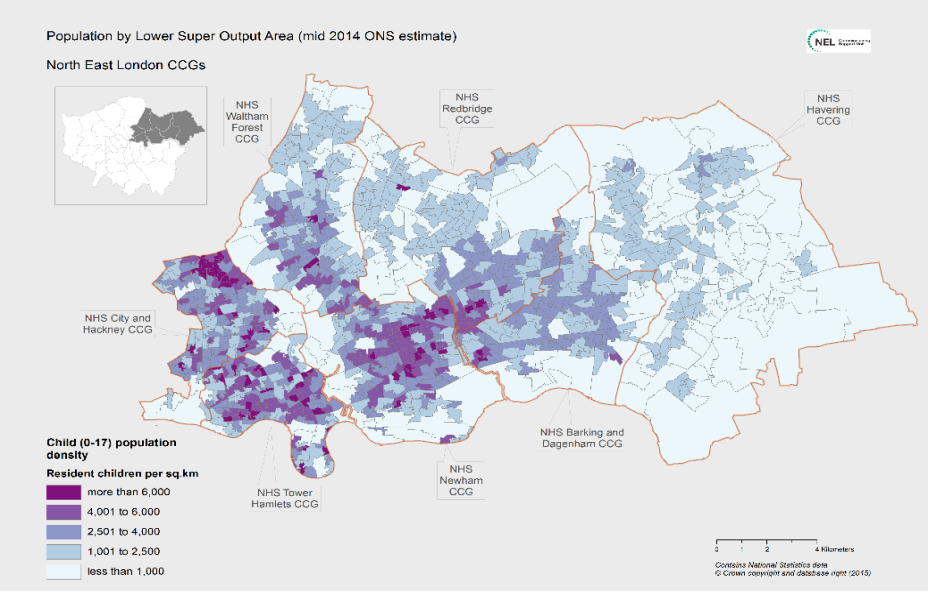
The top 5 ethnic groups amongst CYP in each CCG are described in this section, together with graphical representation of the percentages of these groups in each CCG.

Levels of deprivation and autistic spectrum disorder are described in this section against the comparators previously described.

The numbers of CYP with asthma and diabetes in each CCG has been calculated based on population and national agreed rates of prevalence of both diseases.



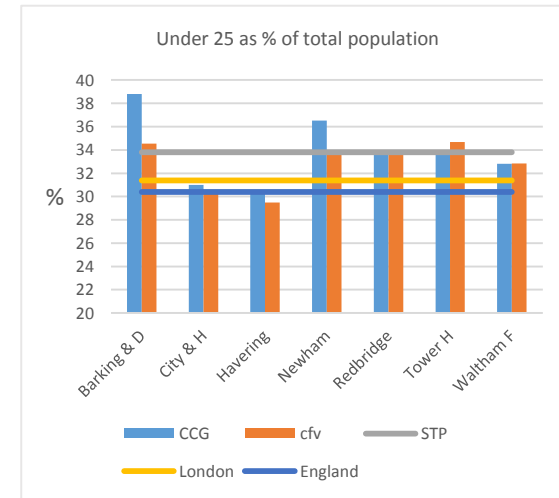
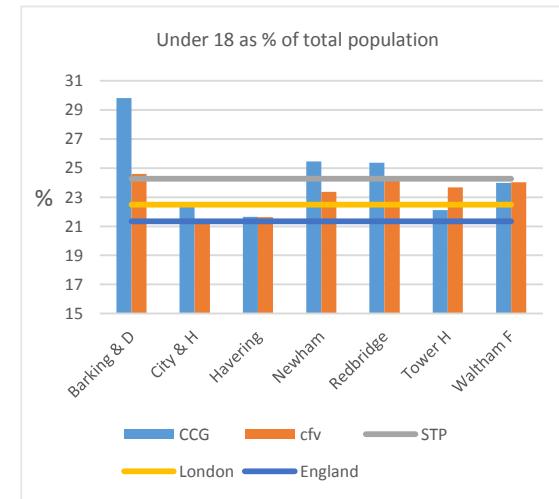
DEMOGRAPHY - MAPS



DEMOGRAPHY - AGE PROFILE (0-18 and 0-25)

	All ages	under 18	Under 25	Under 18 %	Under 25 %
Barking & D	198,294	59,106	76,942	29.8%	38.8%
City & H	271,222	60,938	84,079	22.5%	31.0%
Havering	245,974	53,258	74,337	21.7%	30.2%
Newham	324,322	82,537	118,402	25.4%	36.5%
Redbridge	293,055	74,353	99,212	25.4%	33.9%
Tower H	284,015	62,826	96,425	22.1%	34.0%
Waltham F	268,020	64,296	87,959	24.0%	32.8%

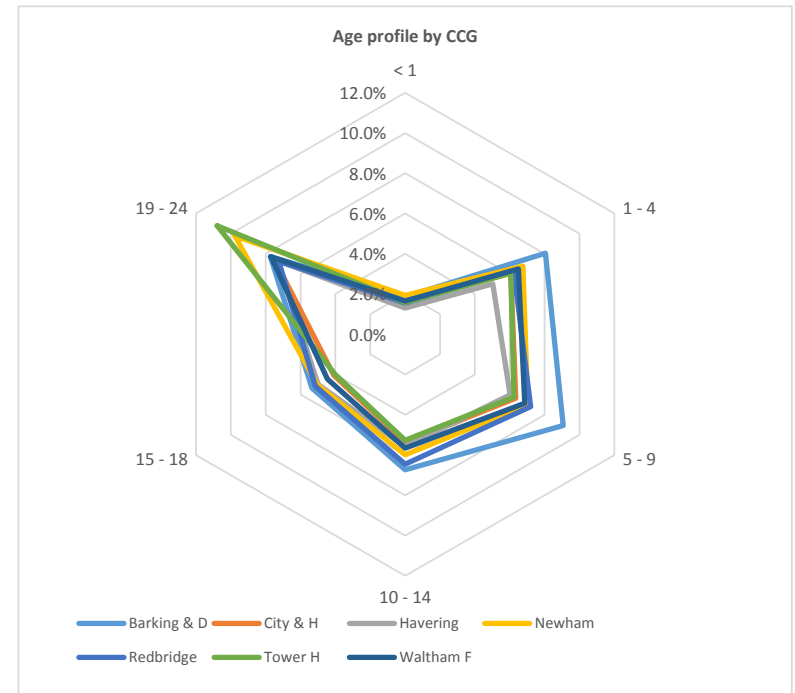
	under 18	under 25
STP	24.3%	33.8%
CFV	23.3%	32.8%
London	22.5%	31.4%
England	21.3%	30.4%



DEMOGRAPHY - OTHER AGE PROFILES

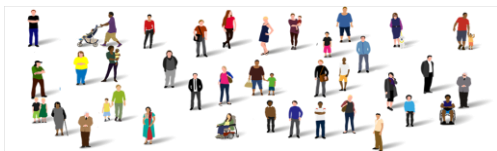
CCG	AGE GROUP					
	<1	1 - 4	5 - 9	15 - 18	10 - 14	19 - 24
Barking & D	1.9%	8.1%	9.1%	5.4%	6.7%	7.7%
City & H	1.6%	6.1%	6.3%	4.1%	5.4%	7.5%
Havering	1.3%	5.0%	6.0%	5.0%	5.6%	7.3%
Newham	1.9%	6.8%	7.0%	5.0%	6.0%	9.8%
Redbridge	1.6%	6.2%	7.2%	5.2%	6.5%	7.2%
Tower H	1.6%	6.1%	6.2%	4.0%	5.3%	10.8%
Waltham F	1.6%	6.5%	6.9%	4.5%	5.7%	7.7%

	<1	1 - 4	5 - 9	15 - 18	10 - 14	19 - 24
STP	1.6%	6.3%	6.9%	4.7%	5.8%	8.4%
London	1.5%	5.9%	6.4%	4.4%	5.4%	7.8%
England	1.2%	5.1%	6.0%	4.7%	5.5%	7.9%



Number of live births 2012/14 average

Row Labels	average per year
Barking & D	3499.0
City & H	4105.0
Havering	2779.0
Newham	5652.0
Redbridge	4237.0
Tower H	4267.0
Waltham F	4348.0



ETHNICITY - TABLES

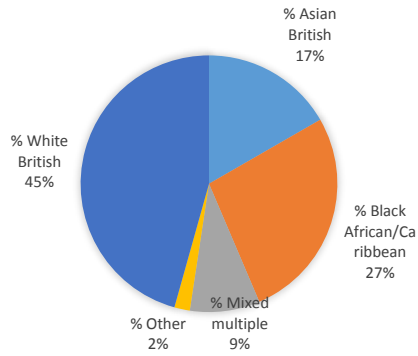
Group	Asian British	Black African/Caribbean	Mixed multiple	Other	White British
Barking & D	16.7%	26.9%	8.8%	2.0%	45.7%
City & H	12.2%	29.0%	10.2%	7.1%	41.5%
Havering	5.6%	7.8%	5.1%	0.7%	80.8%
Newham	44.7%	24.5%	8.9%	3.6%	18.3%
Redbridge	47.5%	11.9%	9.5%	3.3%	27.7%
Tower H	62.5%	9.5%	7.4%	1.9%	18.7%
Waltham F	24.6%	21.7%	11.8%	4.7%	37.2%

STP	32.1%	19.0%	8.9%	3.4%	36.6%
London	19.8%	19.1%	10.5%	4.0%	46.6%
England	10.0%	5.0%	5.2%	1.3%	78.5%

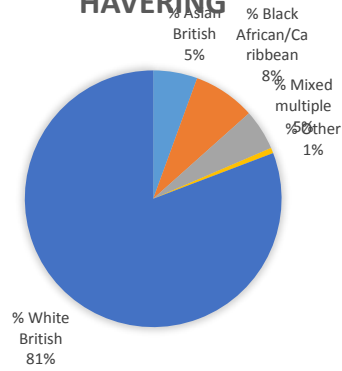


ETHNICITY - CHARTS

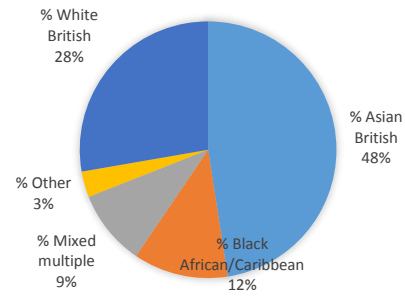
BARKING & D



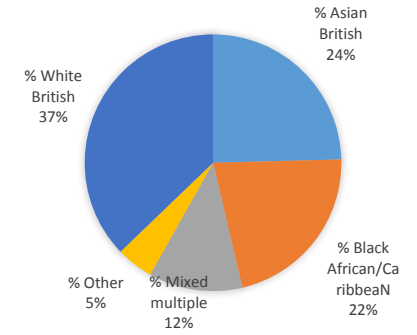
HAVERING



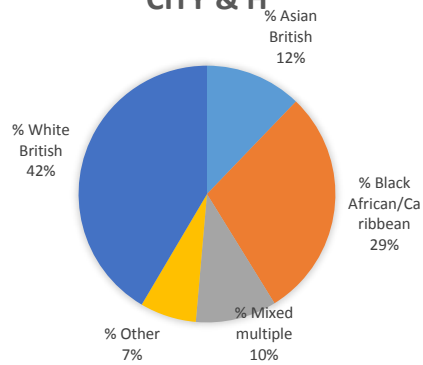
REDBRIDGE



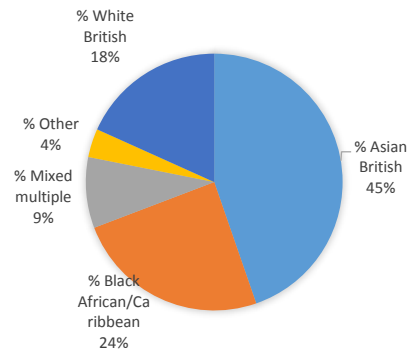
WALTHAM F



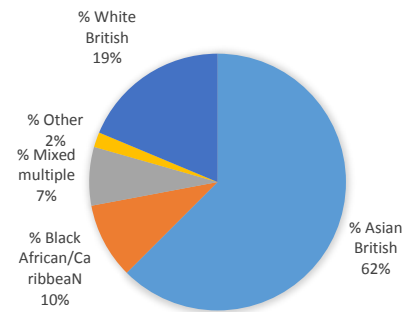
CITY & H



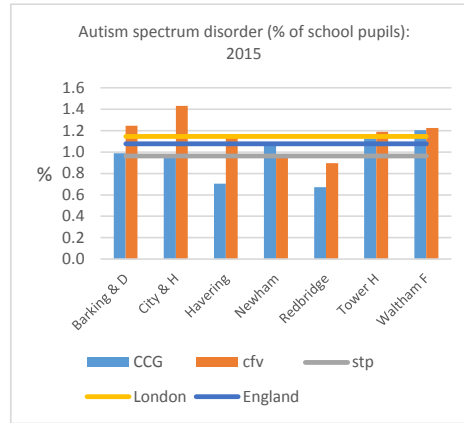
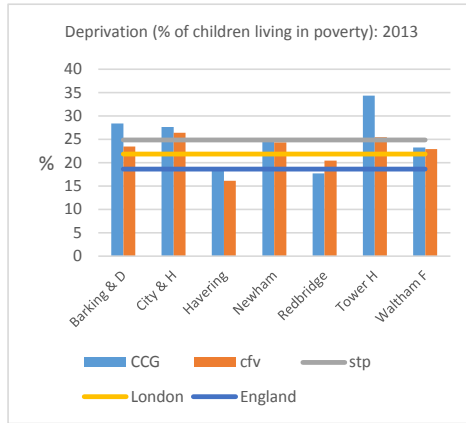
NEWHAM



TOWER H



DEMOGRAPHY - OTHER



National prevalence rates used:

Asthma: 10%
 Diabetes: 1 in 600
 LTC: 15%

See technical appendix for details

Long term conditions: Estimated cases based on national prevalence rates

CCG	estimated asthma popln (based on national prevalence rates)	estimated diabetes popln (based on national prevalence rates)	estimated LTC popln (based on national prevalence rates)
Barking & D	5,911	99	8,866
City & H	6,094	102	9,141
Havering	5,326	89	7,989
Newham	8,254	138	12,381
Redbridge	7,435	124	11,153
Tower H	6,283	105	9,424
Waltham F	6,430	107	9,644



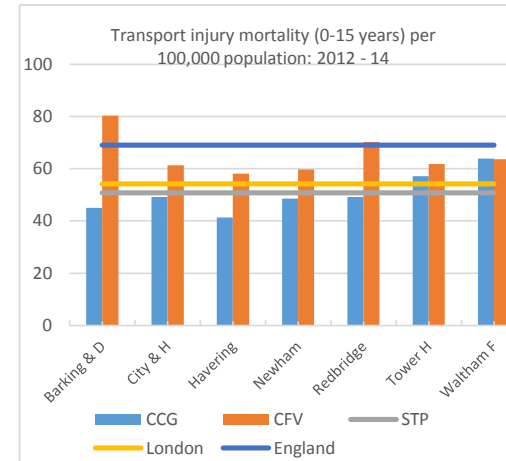
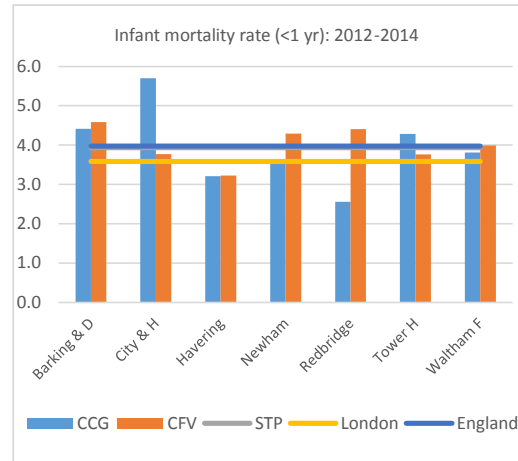
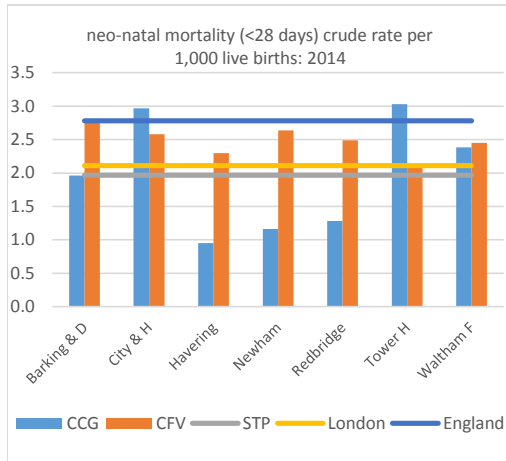
Mortality

This section shows the total number of deaths amongst 0-19 year olds, together with neonatal (<28 days of life), total infant (0 to 365 days) and later child mortality and also shows transport mortality as the greatest killer of our children. Neonatal and infant mortality are shown as rates per 1000 livebirths.

Mortality, whilst relatively rare in CYP, remains the headline indicator of a health system's performance. Previous analyses of mortality in London have shown that London has higher numbers of children who die from preventable causes and higher numbers who die from acute medical and surgical causes than elsewhere in England. The RCPCH report *Why Children Die* (2014) outlines that poverty and health service fragmentation are the likely ultimate causes of mortality in CYP. Improving standards and reducing variation in the care of acutely unwell CYP is a key HLP priority in order to achieve this aim. This will be achieved by delivery of the London Acute Paediatric Standards, the Level 1 Paediatric Critical Care Standards and the initiation of peer review for acute paediatric services across London from 2016.



MORTALITY RATES



Crude Number of deaths 2014 (19 and under)

CCG	number
Barking & D	22
City & H	29
Havering	9
Newham	35
Redbridge	22
Tower H	31
Waltham F	24

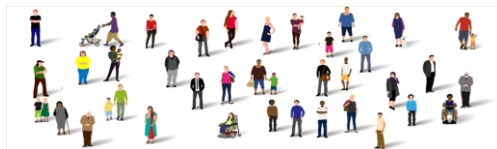


Closing the Care and Quality Gap

Standards for inpatient care for CYP are well described through a wide number of documents. HLP has collated these into one overarching document “**London acute care standards for CYP**” (revised 2016). In 2016-17, HLP is supporting a peer review process in collaboration with CCG commissioners. This will be a supportive process which will give CCGs an understanding of the baseline level of delivery of the standards in their local provider. Included in the standards are the priority 7 day services standards:

- Time to consultant review
- Access to diagnostics
- Access to consultant-directed interventions
- On-going review

Action plans from the reviews will be signed off by boards at provider and CCG level. Once reviews are complete, an overarching report which describes the baseline across London will be published March 2017.



Closing the Care and Quality Gap

Level 1 and 2 paediatric critical care (high dependency care in DGH setting) In 2014 the Royal College of Paediatrics and Child Health published a report into HDU provision in DGHs “Time to Move On”. This proposed an upskilling of all inpatient settings for CYP to include a level of paediatric critical care (PCC level 1) to be delivered in DGH settings. In addition some units would deliver level 2 critical care, mainly for long term ventilation.

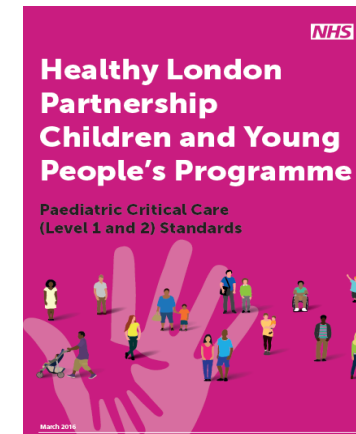
Delivery of level 1 and 2 PCC would greatly improve the ability of DGHs to manage children with higher level of clinical need. This will increase the quality of care for CYP in London and improve outcomes (such as reducing mortality)

The HLP CYP programme developed and published **Level 1 and 2 paediatric critical care standards** in April 2016. These standards are applicable to all DGHs with inpatient paediatrics.

In order to quantify the need for this services, an audit has been undertaken across London of the need for number of patents who would benefit from this service. This data is currently being analysed.

Work is also in progress with CCGs and specialised commissioning to develop a co-commissioning framework

Discussions are taking place with HEE regarding the possible development of educational provision to support this service improvement.



London Asthma Standards



Asthma is the most common long term condition affecting CYP. With consistency in management the variation in outcomes for CYP in London could be reduced. The London asthma standards reflect 14 ambitions for asthma care in settings across the system:

- Primary care
- Secondary and tertiary care
- Community pharmacies
- Schools
- Self care

The metrics in the data pack reflect some of the main areas of attention required for asthma care

- Numbers of CYP with asthma (estimated as not available directly)
- Unplanned asthma admissions per 100,000 population 0 – 18 years and for 3 – 18yrs (this excludes children with viral wheeze)
- Includes data by borough from London pharmacy asthma audit for CYP showing proportions with asthma plans or having needed emergency inhaler prescriptions in the past year
- The importance flu vaccination in this vulnerable group



On-line Asthma Toolkit

Support across the system to improve asthma care

missioners

Hospital Care

Parents and Carers

Pharmacists

Primary and Community Care

Tools

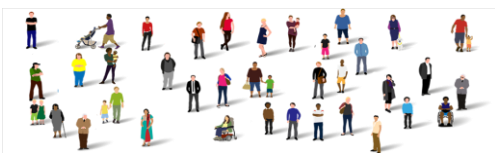
Better care across the system for children and young people with asthma.

This asthma toolkit aims to support healthcare professionals, schools, parents, carers, children and young people in London and we encourage you to explore the whole site. To find out more about why asthma care in London needs to improve read our [case for change report](#).

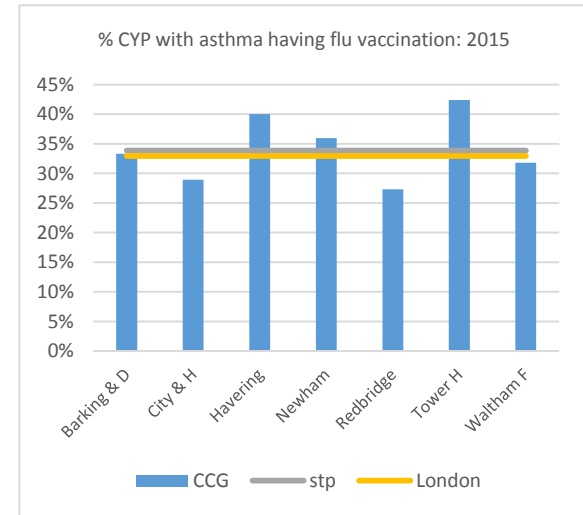
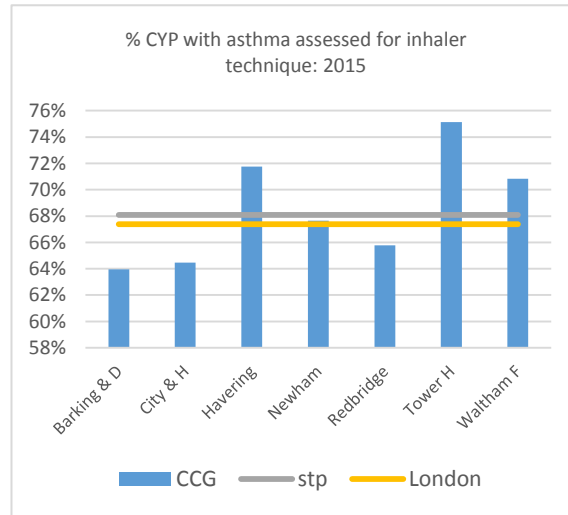
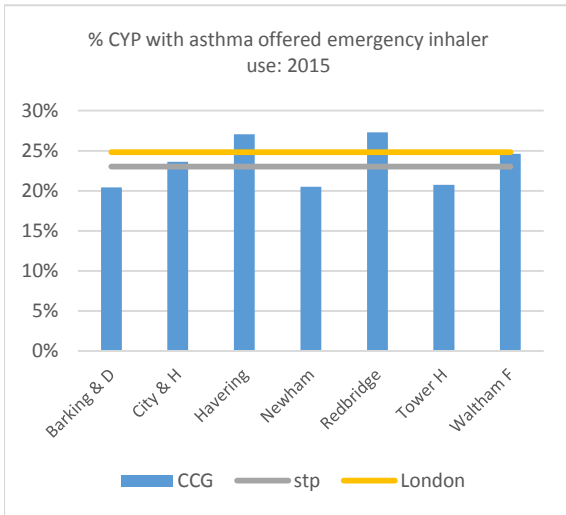
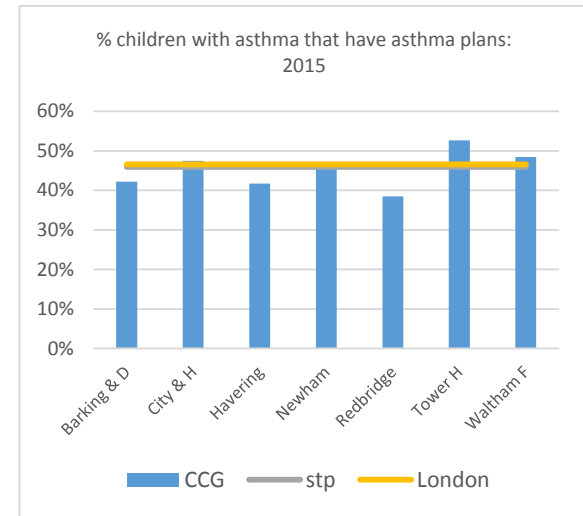
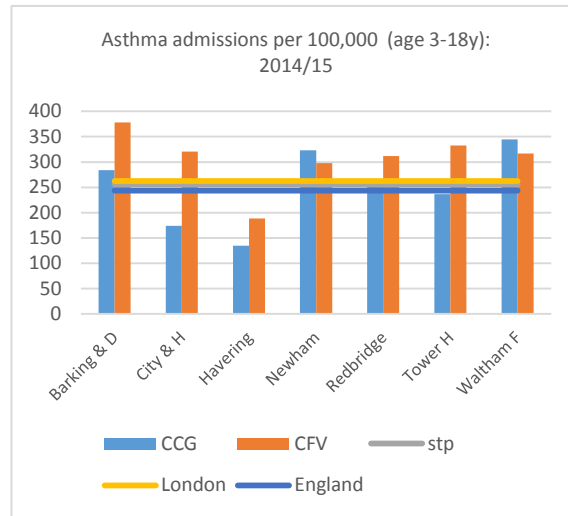
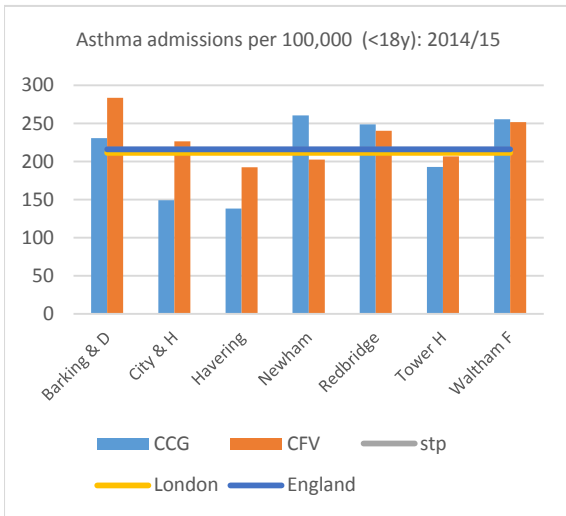
Explore the toolkit...

<https://www.myhealth.london.nhs.uk/healthy-london/children-and-young-people/>

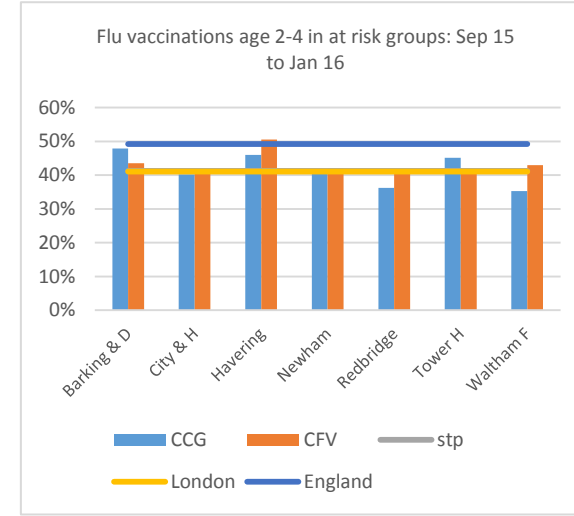
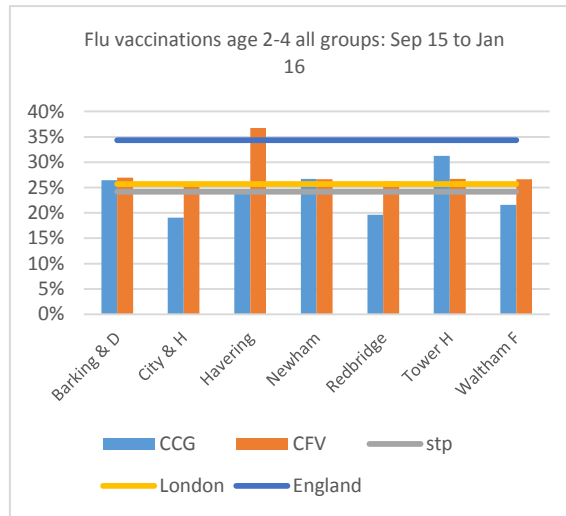
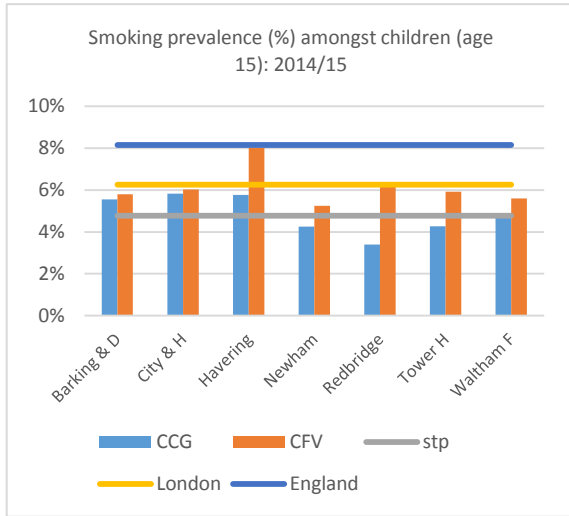
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ASTHMA - CHARTS (1)



ASTHMA - CHARTS (2)



CYP Mental Health and Well Being

The last 2 years have seen an exceptional government, societal and NHS focus on mental health. In 2015 the publication of Future in Mind and subsequent investment in CCG-led Local CAMHS transformation plans (LTPs) ensured that the gap in meeting the needs of CYP was recognised and steps taken to address it. Measuring the gap and our success in closing it is important.

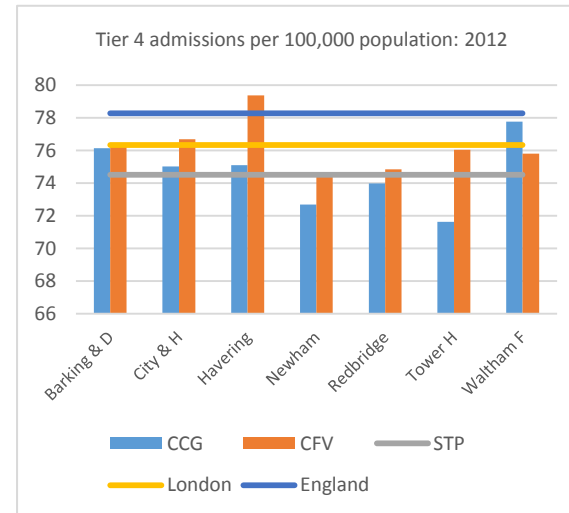
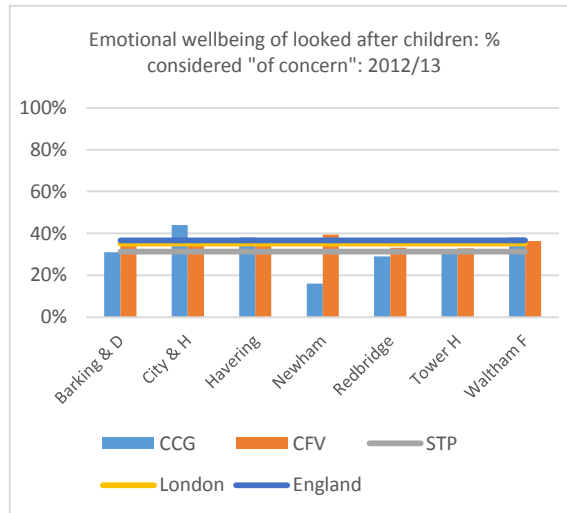
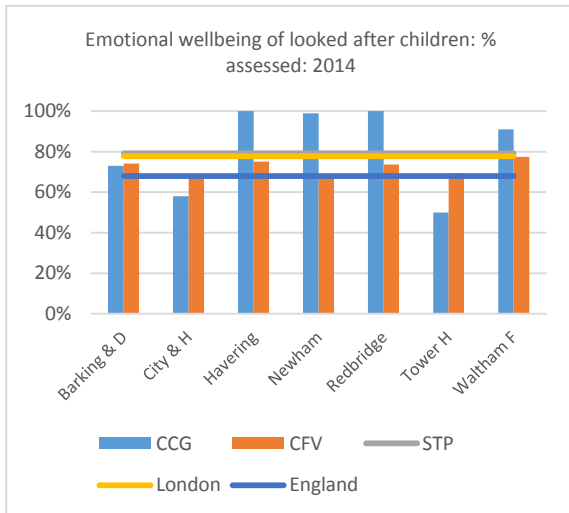
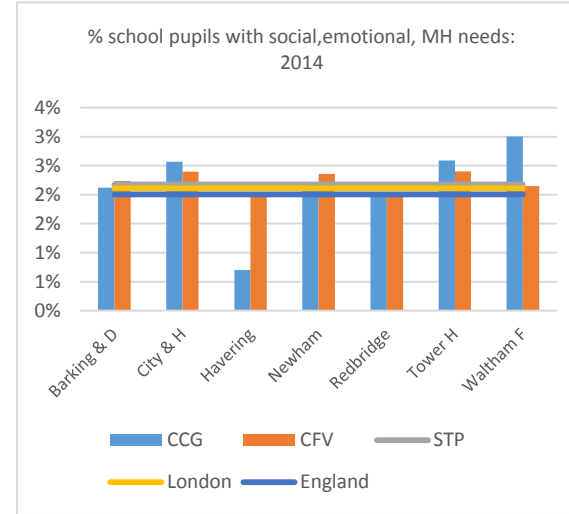
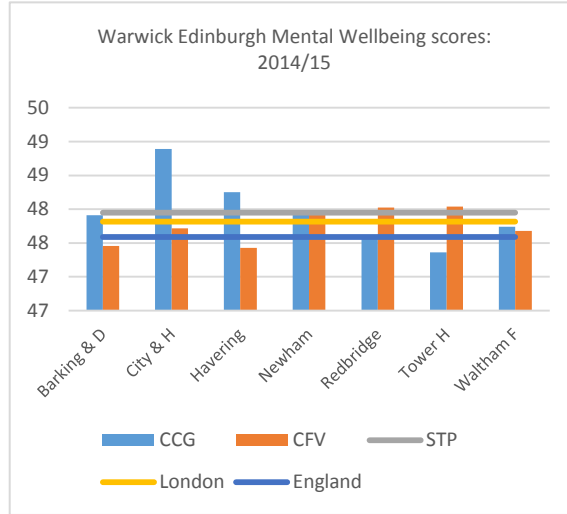
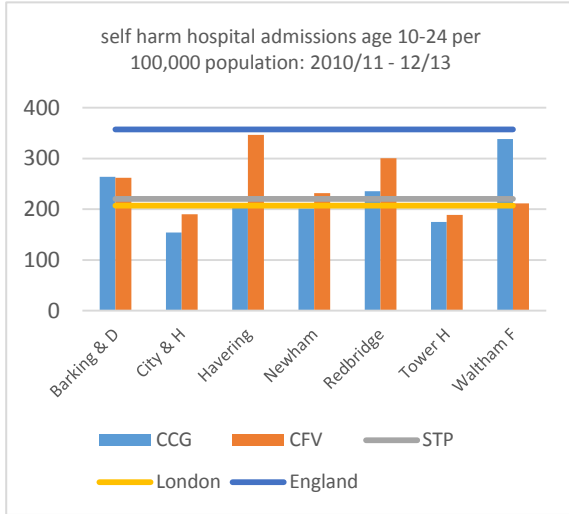
Having had the opportunity to read London's LTPs we have selected a small number of key metrics that start to describe the current state:

- well-being (Warwick-Edinburgh Score),
- commonplace difficulties (self-harm admission rates)
- need for highly specialised care (Tier 4 admissions)
- whether there is sufficient focus on vulnerable children (looked after children)

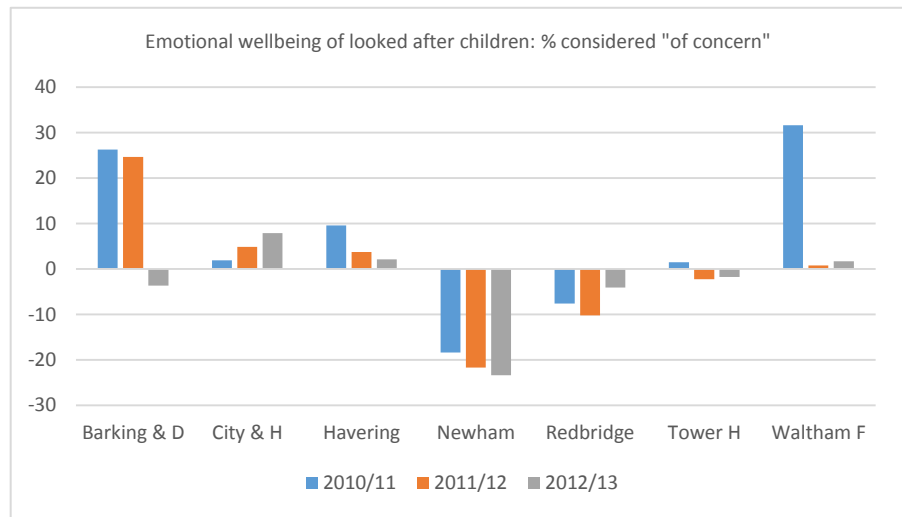
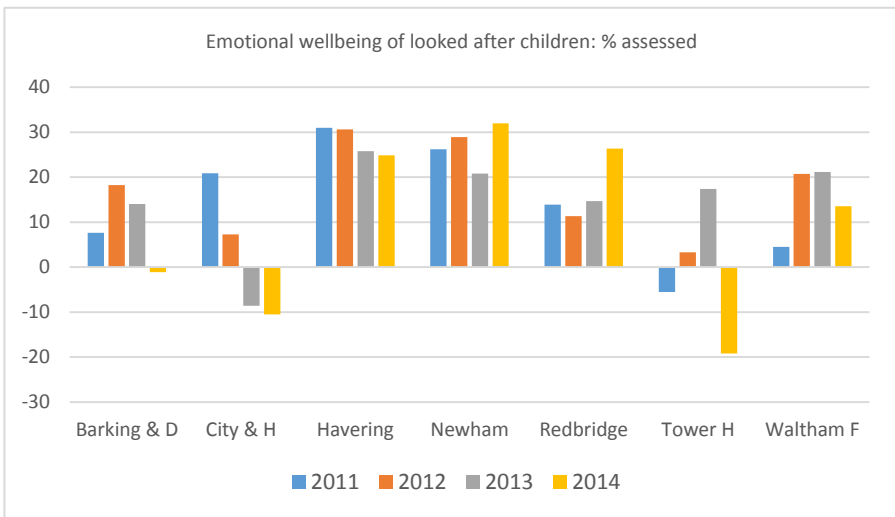
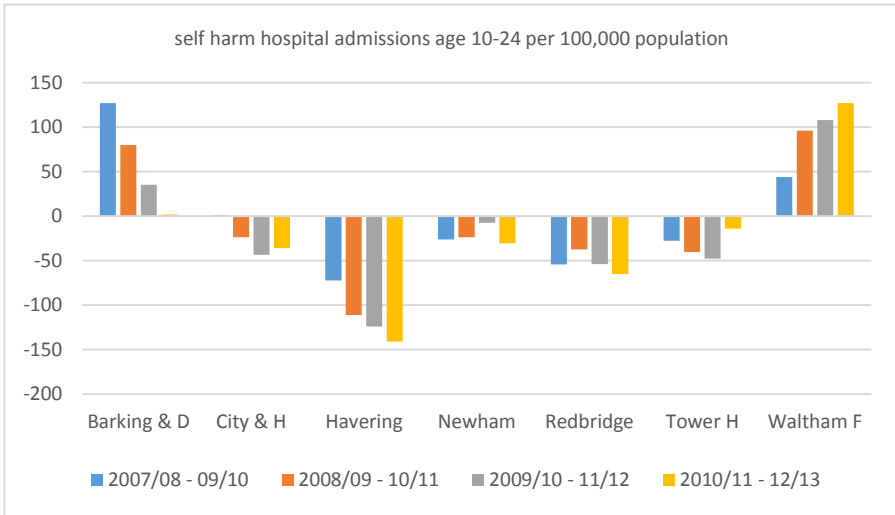
These data can then be used to check whether LTP ambitions are likely to meet the needs of CYP and can in due course demonstrate improved access and outcomes. A number of specific outputs to support delivery of these ambitions will be produced in 2016, including **KPIs, models of care for learning disability and transition to adult mental health services.**



MENTAL HEALTH - CHARTS



MENTAL HEALTH - TREND



Surgery

Issues around the delivery of non-specialist emergency surgery for CYP relate to availability of anaesthetists and general paediatric surgeons. The HLP CYP programme is supporting the establishment of **surgical networks for CYP** to ensure rapid transfer where required, and reduction in variation in practice. These will be supported by a validated **directory of services (MiDoS)** which is available in NHS 111, all EDs and many GP practices, populated with services for CYP



Key metrics that start to describe the current state are included here:

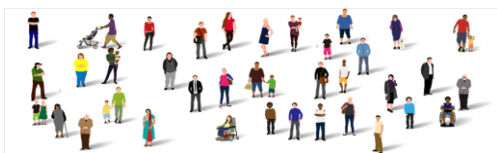
- Torsion of testis – a good example of a time critical surgical procedure
- Appendectomy – a common surgical procedure in children
- Tooth decay – an important proxy for general health in children
- Hospital admissions for dental caries - removal of teeth under anaesthetic is the most common reason for surgery in CYP
- Tonsillectomy – clinical practice varies widely



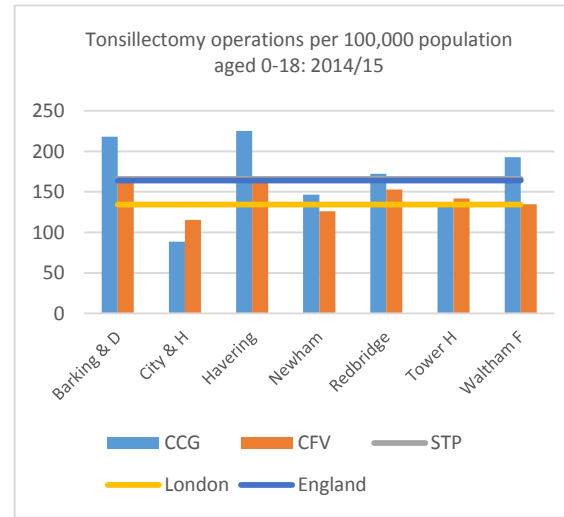
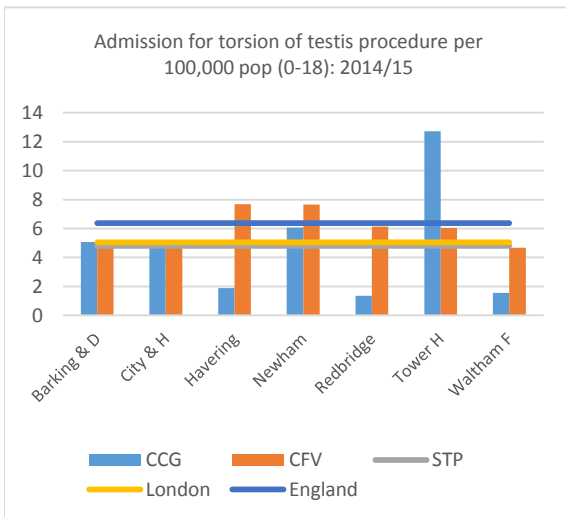
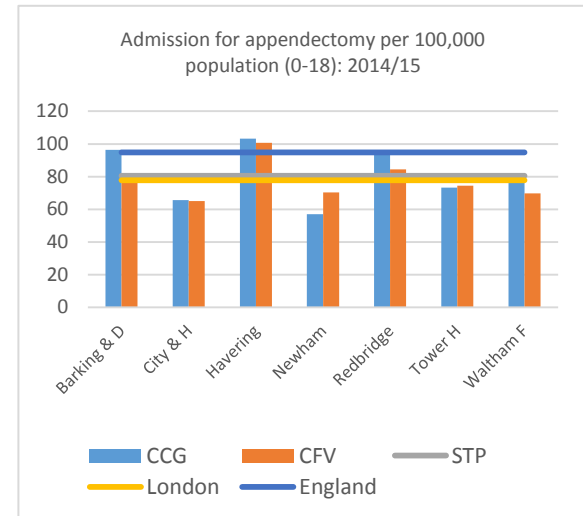
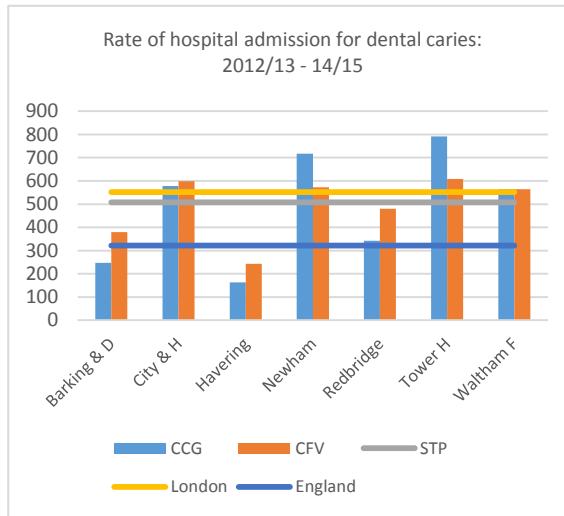
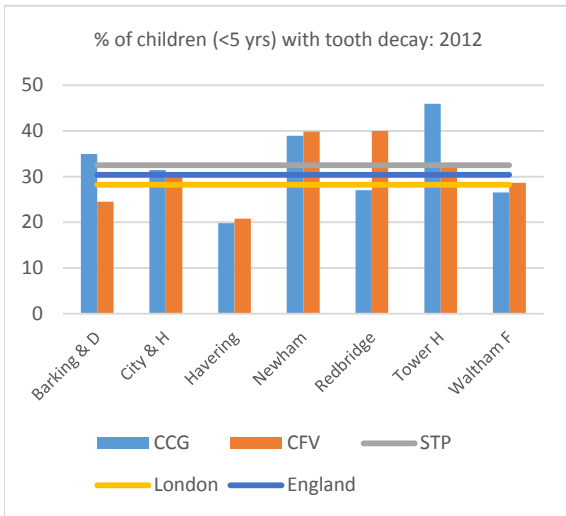
SURGERY TABLES

CCG	Admission for appendectomy per 100,000 population (0-18)	Admission for torsion of testis procedure per 100,000 pop (0-18)	Tonsillectomy operations per 100,000 population aged 0-18
Barking & D	96.4	5.1	218.3
City & H	65.6	4.9	88.6
Havering	103.3	1.9	225.3
Newham	56.9	6.1	146.6
Redbridge	95.5	1.3	172.2
Tower H	73.2	12.7	132.1
Waltham F	80.9	1.6	192.9

STP	80.5	4.8	166.0
CFV	77.3	6.0	143.1
London	77.8	5.1	134.4
England	94.8	6.4	164.2



SURGERY - CHARTS



Closing the Health and Well Being Gap

The last section gives an indication of ED attendance and emergency admissions for CYP. They provide a general understanding of how both CYP and their families use health services. They may indicate where attention needs to be paid, for example in providing viable accessible alternatives to ED. HLP CYP programme has a primary care workstream looking at how **different models of primary care** to improve access, co-ordination and pro-activity of services may be developed.

Acute models of care outside hospital are being developed to reduce acute hospital admissions for CYP. This is in conjunction with development of **Paediatric Assessment Unit Standards**.

Self-care is a critical element in patient activation. The CYP programme is developing a free **CYP-friendly app** using relevant content from NHS Choices to support self-care in CYP. This will contain CYP relevant content, linked to a web version. The web page will have the same content and will also reflect seasonal priorities eg managing stress at exam times or festival health tips during the summer. This may help CYP to make more informed choices about where and when to seek help for medical issues.

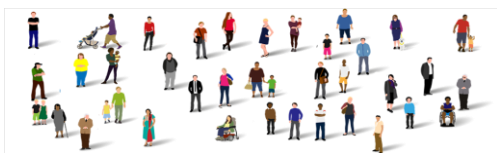


GENERAL HEALTH - TABLES

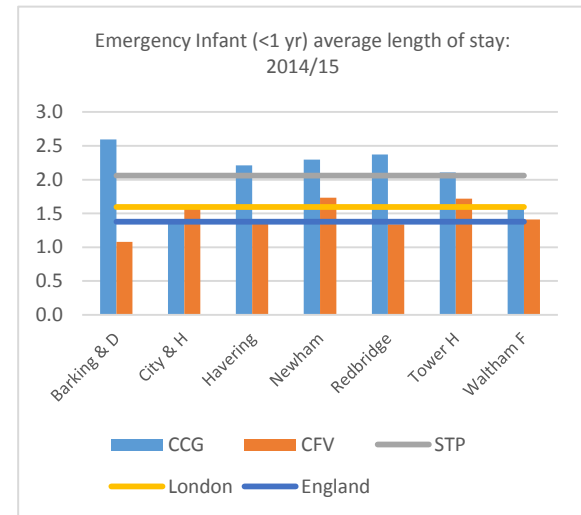
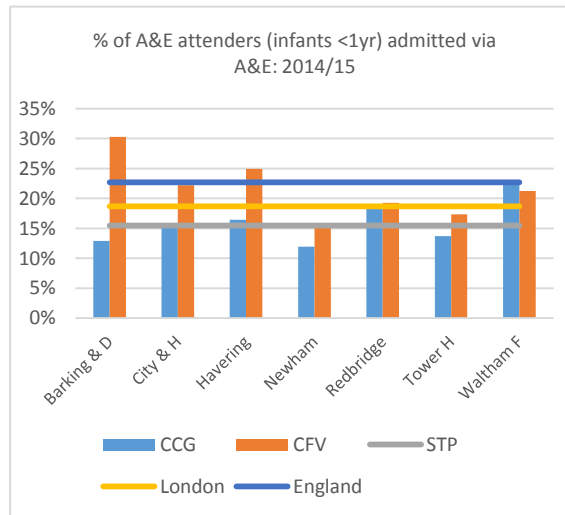
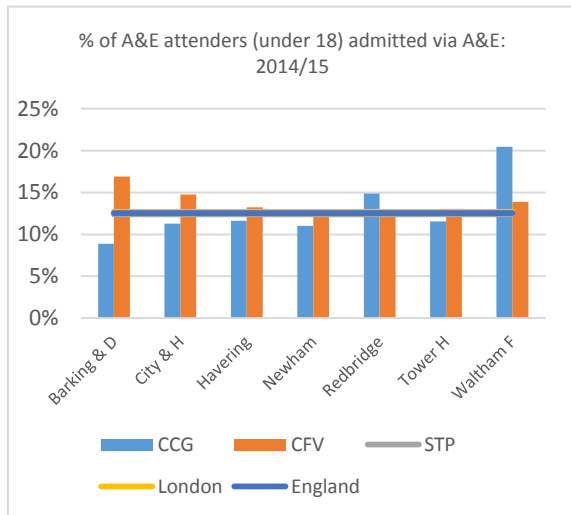
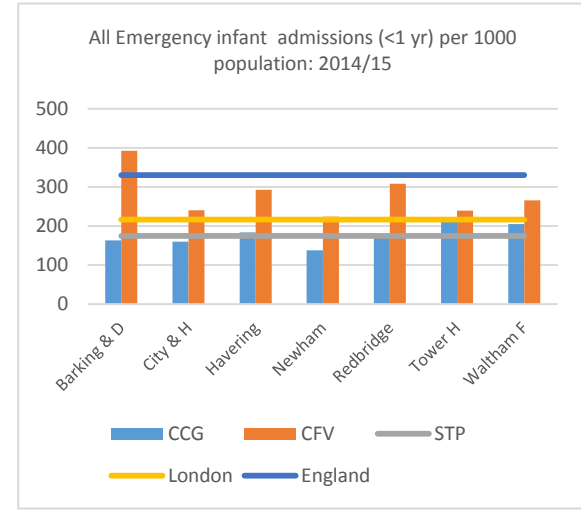
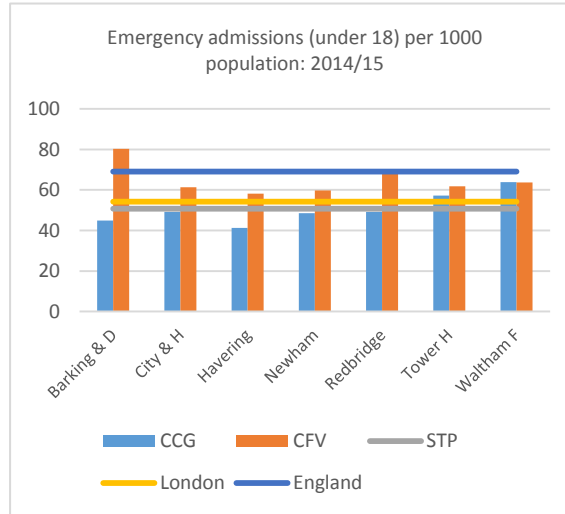
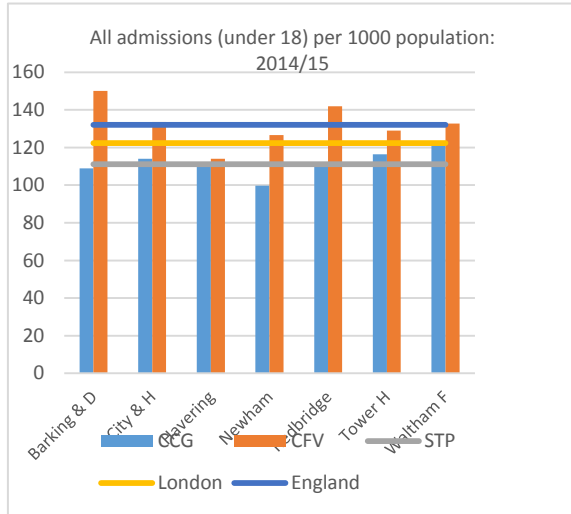
A&E ATTENDANCE AND ADMITTED ACTIVITY MEASURES BY CCG

CCG	% of A&E attenders (infants <1yr) admitted via A&E	A&E attendances (age 1-4) per 1000 population	A&E attendances (age 5-17) per 1000 population	A&E attendances (age 1-18) per 1000 population	A&E attendances (age 19-25) per 1000 population	% of A&E attenders (under 18) admitted via A&E	A&E attendances (infants <1yr) per 1000 population	All admissions (under 18) per 1000 population	All Emergency infant admissions (<1 yr) per 1000 population	Emergency admissions (under 18) per 1000 population	Emergency Infant (<1 yr) average length of stay
Barking & D	12.9	680.4	417.3	496.0	651.5	8.9	1095.5	109.0	163.5	45.0	2.6
City & H	15.5	565.9	351.2	416.7	544.4	11.3	894.0	114.0	160.4	49.2	1.4
Havering	16.4	572.4	277.2	348.7	443.1	11.6	965.1	109.9	184.1	41.3	2.2
Newham	12.0	635.0	347.1	428.8	526.4	11.0	991.5	99.7	137.7	48.6	2.3
Redbridge	18.7	464.2	261.0	312.3	388.1	14.9	798.9	110.3	174.4	49.2	2.4
Tower H	13.7	559.6	344.6	409.9	458.9	11.5	1001.1	116.4	214.0	57.2	2.1
Waltham F	22.7	419.7	243.0	293.6	381.9	20.5	790.6	122.0	205.6	63.9	1.6

STP	15.5	556.8	318.9	385.8	480.9	12.4	931.8	111.2	175.0	50.8	2.1
CFV	21.6	585.4	337.7	405.9	487.4	13.8	929.8	132.6	280.6	65.0	1.5
London	18.7	602.2	344.3	417.1	524.8	12.7	990.1	122.4	216.6	54.2	1.6
England	22.7	496.7	316.2	364.2	430.8	12.5	718.6	132.1	330.9	69.1	1.4



GENERAL HEALTH - ADMISSIONS



GENERAL HEALTH - A&E ATTENDERS

