Data Pack: Devon Children and Young People’s Sustainability and Transformation Plan
January 2018, version 4
The purpose of this presentation is to set out the key information available around whole system children’s services and how they compare to others. The report covers the Devon STP footprint.

The opportunity to improve the health and prosperity of children and young people is an exciting challenge that is likely to pose an immense amount of work.
Contents

• **Context**
• **Demographics**
• **Adverse Childhood Experiences**
• **Maternity**
• **Early Years**
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• **Key lines of enquiry**
• **Useful references**
Context
STP priorities

• Emotional health & wellbeing
• Children with additional needs (including Special Educational Needs and Disabilities) and/or long term conditions
• Positive parenting approaches and children adversely affected by the behaviour of adults
• Best start in life
Life course framework

- Demographics
- Safeguarding and adverse childhood experiences
- Maternity
- Early Years
- School Age
- Post-16 and transition
Demographics
Key points

- The pink line indicates the population distribution for the CCG, and the black line is for England’s age distribution.
- Both CCGs have a higher proportion of older people than the national average; and a smaller proportion of their populations consist of young people and children.
- However, there is marked variation between geographies within the STP – see next slide.
Percentage of STP population aged 0-15

Key points:
• The highest proportion of 0-15 year olds as a percentage of population in Devon are found in wards in East, Mid and North Devon.
• However, the wards with the highest concentration of 0-15 year olds in the STP are found in Plymouth and Torbay local authority areas.
Key points:

- The highest proportion of 16-24-year olds as a percentage of population in Devon LA are found in wards in Exeter and Plymouth, due to their student populations.
- There is a very low percentage of 16-24 year olds in large parts of West Devon, East Devon and the South Hams.
Key points:

- The chart shows 2014 ONS population projections for the STP Devon geography. More detail is available as an appendix.
- The population of CYP under 18 in Devon, Plymouth and Torbay is projected to grow by almost 17,000, i.e. by 7.6% over the next 10 years.
- The population growth will mostly be in the 11 - 17 age band, with 14.8% growth (an extra 12,329 CYP in this age group). Growth in the 0-10 age band is predicted to be 3.2% over 10 years (an extra 4,387 children).
Children under 16 from minority ethnic groups (2011 Census)

Key points

- Minority ethnic children are all children classified as belonging to an ethnic group other than White British.
- It is important to understand the ethnic diversity of the population as there are a number of inequalities linked to ethnicity; for example, infants from certain groups are more likely to be born with low birth weight; there are also variations in dental health, excess weight and vaccination rates (PHOF Health Equity Report).
- This slide displays the proportion of children aged under 16 in each geographical area compared to the England average, based on the 2011 Census.
- Whilst the STP as a whole has a much lower proportion of minority ethnic children than England as a whole, there is variation, with Exeter followed by Plymouth having the highest percentage and Torridge district the lowest.
School pupils from minority ethnic groups: trends over time

Key points

- School census data displays the increasing proportion of pupils from minority ethnic backgrounds in schools over the past five years in all areas of the STP.
- This growth mirrors national trends.
Demographics – Index of Multiple Deprivation

<table>
<thead>
<tr>
<th>Area</th>
<th>IMD 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Devon</td>
<td>12.7</td>
</tr>
<tr>
<td>Exeter</td>
<td>18.2</td>
</tr>
<tr>
<td>Mid Devon</td>
<td>17.1</td>
</tr>
<tr>
<td>North Devon</td>
<td>20.7</td>
</tr>
<tr>
<td>South Hams</td>
<td>14.1</td>
</tr>
<tr>
<td>Teignbridge</td>
<td>16.5</td>
</tr>
<tr>
<td>Torridge</td>
<td>23.2</td>
</tr>
<tr>
<td>West Devon</td>
<td>17.8</td>
</tr>
<tr>
<td>Plymouth</td>
<td>26.6</td>
</tr>
<tr>
<td>Torbay</td>
<td>28.8</td>
</tr>
<tr>
<td>England</td>
<td>21.8</td>
</tr>
</tbody>
</table>

Deprivation shows a strong correlation to a number of indicators including:
- Childhood obesity
- Under 18 conceptions
- GCSE achievement
- Alcohol admissions
- A&E attendances
- Emergency admissions
- Breastfeeding initiation
- Smoking at time of delivery
- Infant mortality
- Low birth weight
- Hospital admissions for asthma
- Child protection rate
- Looked after children
- Access to youth justice system
- Eat 5 fruit & veg per day
- School absentees
- Pupils with special educational needs
- Dental decay
- Children providing unpaid care

**Key points**
- Torbay has the highest level of deprivation in the area closely followed by Plymouth; both have IMD scores significantly above the England average. Torridge is the only other area with a deprivation level above the national average. However, major differences exist at sub-local authority level (see next slide).
- Factors associated with deprivation include earnings below national average, food poverty, mental health and wellbeing, fuel poverty (source Public Health JSNA Devon/ Plymouth/ Torbay).
Life expectancy at birth

- At ward level life expectancy varies from 74.2 years in Ilfracombe Central to 89.2 in Orchard Hill (near Bideford), a 15 year gap
- The healthy life expectancy gap (at Middle Layer Super Output Area) is even greater; ranging from 52.5 years in Devonport to 72.7 years in Exe Estuary. This is a gap of 20.2 years.
- This pattern is closely related to deprivation
- The years spent in ill health on a population level are increasing, with females and people in deprived areas at greatest risk
Children in low income families (under 16s)

Key points:
- This figure shows the percentage of children living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income.
- This is higher than the national average in Plymouth and Torbay, and lower in Devon.
- However, there is great variation within the STP area.
- In terms of absolute numbers, figures suggest that more than 17,000 children in Devon LA, and more than 7,000 in Plymouth and Torbay respectively are living in low income families.
- [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)
## Social Mobility Index

### Key Points:
- The Index sets out differences between children growing up and their chances of doing well in adult life.
- It focuses on educational attainment of those from poorer backgrounds and outcomes achieved by adults in the area.
- The least socially mobile areas are Plymouth, North Devon, Torridge and Mid Devon.
- Life chances in Devon largely deteriorate with age with outcomes getting progressively worse.
- Source: [https://www.gov.uk/government/publications/social-mobility-index](https://www.gov.uk/government/publications/social-mobility-index)

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Rank (out of 324, 1 is most socially mobile)</th>
<th>National Position (Best…………………..Worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Early Years</td>
<td>School</td>
</tr>
<tr>
<td>East Devon</td>
<td>72</td>
<td>23</td>
</tr>
<tr>
<td>South Hams</td>
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<td>104</td>
</tr>
<tr>
<td>Exeter</td>
<td>24</td>
<td>97</td>
</tr>
<tr>
<td>Teignbridge</td>
<td>40</td>
<td>128</td>
</tr>
<tr>
<td>West Devon</td>
<td>49</td>
<td>92</td>
</tr>
<tr>
<td>Torbay</td>
<td>2</td>
<td>230</td>
</tr>
<tr>
<td>Mid Devon</td>
<td>70</td>
<td>262</td>
</tr>
<tr>
<td>Plymouth</td>
<td>143</td>
<td>187</td>
</tr>
<tr>
<td>North Devon</td>
<td>97</td>
<td>201</td>
</tr>
<tr>
<td>Torridge</td>
<td>104</td>
<td>240</td>
</tr>
</tbody>
</table>
• The proportion of the population aged under 18 in the STP area is below the national average, although there are areas with higher concentrations of children (e.g. Cranbrook)
• The population of CYP under 18 in Devon, Plymouth and Torbay is projected to grow by almost 17,000, i.e. by 7.6% over the next 10 years.
• Whilst the STP as a whole has a much lower proportion of minority ethnic children than England as a whole, there is variation, with Exeter and Plymouth having the highest percentage and Torridge district the lowest.
• Child poverty is higher than the national average in Plymouth and Torbay, and lower in Devon.
• However, there is great variation within the STP area; wards within Exeter, Newton Abbot, Barnstaple, Bideford and Ilfracombe also rank in the highest fifth nationally in terms of deprivation.
• The least socially mobile areas are Plymouth, North Devon, Torridge and Mid Devon.
• Life chances in Devon largely deteriorate with age with outcomes getting progressively worse.
Adverse childhood experiences
Adverse childhood experiences

• DEFINITION: Adverse Childhood Experiences (ACEs) include harms that affect children directly (e.g., abuse and neglect) and indirectly through their living environments (e.g., parental conflict, substance abuse, or mental illness) (Hughes et al., 2017)

• Exposure to ACEs is a major risk factor for many risk behaviours and health conditions. ACEs also often cluster together. Clustering is associated with even poorer outcomes, such as a higher risk of cardiovascular and respiratory disease.

• Those living in areas of deprivation are at greater risk of experiencing multiple ACEs; and child poverty itself is a risk factor for worse outcomes.

• Furthermore, those who have experienced ACEs themselves are more likely to raise their own children in environments where ACEs are more common.

• National surveys suggest that almost half of adults have experienced at least one ACE, and that nearly 1 in 10 have experienced 4 or more. This emphasises the scale of the challenge in addressing ACEs and their potential outcomes – however; the extent and impact of ACEs can vary and local understanding is important
Maternity
Low birth weight of term babies

Key points:

• Low birth weight is associated with higher infant mortality, lower life expectancy, and a higher risk of disabilities, including cerebral palsy.
• Risk factors are likely to cluster around younger mothers in more deprived communities.
• This slide displays the percentage of term births which were low birth weight; in all three local authority areas these are in line with the national average.
• https://fingertips.phe.org.uk/profile-group/child-health
Key points:

- This map presents births with low birth weights as a proportion of all live and still births.
- The rates of low birth weight within the STP area vary by geography and in some wards are well above the national average.
Admissions of infants under 14 days: 2015/16

Key points:
• Admissions soon after birth can relate to problems with postnatal care, and also to dehydration and jaundice, which are linked to feeding difficulties
• In 2015/16, the rate of admissions per 1,000 deliveries was highest in the Devon local authority area with a rate above the national average; and in line with the national rate in Torbay and Plymouth. This does not include babies admitted straight after birth to intensive care
Key points
• There have been data quality problems with this indicator as noted by PHE Fingertips
• However, all three LAs in the STP currently benchmark as worse than the national average on this indicator.
Key points:
- Initiation rates of breastfeeding in Devon are above the national average.
- In Plymouth, rates are lower but have been increasing over time.
- However, data are missing for Torbay in 2013/14 and 2014/15 due to data quality issues.
• Between 10% and 20% of women develop a mental illness during pregnancy or during the first year after birth; however a high proportion is thought to go undetected and untreated.

• Perinatal mental illness can have an impact on the cognitive and even physical development of the child, with serious long-term consequences.

• Estimated figures are available based on national prevalence estimates – but these do not take account of socio-economic or demographic differences or anything else which is likely to cause variation across areas.

SUMMARY: Maternity

- Risk factors for low birth weight and preterm birth are likely to cluster around younger mothers in more deprived communities.
- In all three local authority areas low birth weight rates for term babies are in line with the national average – however again there is high variation with rates in some wards well above the national average.
- All three local authority areas currently benchmark as worse than the national average on the proportion of mothers smoking at the time of delivery.
- Historically, breastfeeding rates in Devon have been above average, with below average rates in Plymouth and Torbay.
- Maternal and paternal mental health can be significant influences on development; however much readily available data is only based on estimates of prevalence of perinatal conditions.
Early Years
A&E attendances age 0-4 per 1,000 population
(Dr Foster Hospital Episode Statistics 2016/17)

<table>
<thead>
<tr>
<th>Age 0-4</th>
<th>A&amp;E attendances</th>
<th>A&amp;E attendances (type 1 emergency department)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Locality</td>
<td>560.6</td>
<td>596.1</td>
</tr>
<tr>
<td>Western Locality</td>
<td>418.3</td>
<td>458.5</td>
</tr>
<tr>
<td>Northern Locality</td>
<td>423.2</td>
<td>434.3</td>
</tr>
<tr>
<td>NEW Devon CCG</td>
<td>477.1</td>
<td>510.3</td>
</tr>
<tr>
<td>South Devon &amp; Torbay CCG</td>
<td>568.9</td>
<td>543.0</td>
</tr>
<tr>
<td>Plymouth</td>
<td>449.7</td>
<td>489.4</td>
</tr>
<tr>
<td>England</td>
<td>545.6</td>
<td>599.6</td>
</tr>
</tbody>
</table>

Key points

• Both CCGs have lower A&E attendances compared to the national average for ages 0-4
• Eastern Locality has the highest attendances with the Northern & Western Localities the lowest
• NEW Devon CCG is reporting an increasing trend but Torbay CCG a reducing one
• Dr Foster (Hospital Episodes Statistics) 2016/17
Emergency admissions by local authority (under 1 year)

Key points:
• In 2014/15, the rate of emergency admissions was lower than average in Torbay, but higher in Plymouth and in Devon local authority areas.
• There is the suggestion of an increasing trend in Devon and Torbay, and a decreasing trend over time in Plymouth.
• www.fingertips.phe.org.uk
Emergency admissions by local authority (1-4 years)

Key points:
- All local authority areas of the STP appear to show an increasing trend of emergency admissions in this age group from 2013/14, particularly Devon and Torbay.
- Again, rates in Devon and Plymouth for 2014/15 are higher than the national average, and rates in Torbay are lower.
- www.fingertips.phe.org.uk
Hospital admissions caused by injuries aged 0-4 by local authority

Key points:
• In Devon and Torbay, the rate of admissions for injuries in children aged 0-4 is similar to England’s average, while Plymouth has a higher rate of admissions compared to England’s average
• www.fingertips.phe.org.uk
Emergency admissions for respiratory tract infections by local authority: infants under one

Key points:
- The rate of emergency admissions for respiratory tract infections in infants is significantly higher than the national average across the STP in all three local authority areas.
- Some admissions are likely to be preventable through support for parents and enhanced primary care, although a proportion will have underlying conditions.
- www.fingertips.phe.org.uk
Emergency admissions for respiratory tract infections in children by local authority: children aged 2, 3 and 4 years

Key points:
• The rate of emergency admissions for respiratory tract infections in 2-4 year olds is significantly higher than the national average in Devon. The rate of admissions is higher than the England average in Plymouth and Torbay although this difference is not statistically significant, due to small numbers of admissions.
• www.fingertips.phe.org.uk
Immunisation: Dtap / IPV / Hib vaccination coverage (primary course, age one): percentage coverage

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>94.7%</td>
<td>94.3%</td>
<td>94.2%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>96.8%</td>
<td>97.1%</td>
<td>96.7%</td>
<td>95.5%</td>
</tr>
<tr>
<td>Torbay</td>
<td>97.3%</td>
<td>98.0%</td>
<td>95.7%</td>
<td>95.5%</td>
</tr>
<tr>
<td>Devon</td>
<td>95.9%</td>
<td>96.0%</td>
<td>95.7%</td>
<td>92.0%</td>
</tr>
</tbody>
</table>

**Green:** Above target of 95%
**Amber:** 90-95% coverage
**Red:** Coverage below 90%

**Key points:**
- By 12 months of age, babies should have received several vaccinations, including 3 doses of the 5-in-1 vaccination.
- In order to provide ‘herd immunity’, the target is for vaccine coverage to be at over 95%.
- Both Torbay and Plymouth currently have rates above this goal.
- In Devon, there has been a drop in coverage between 2014/15 and 2015/16; although rates are still in line with the national average.
# Immunisation: MMR vaccination for two doses (5 years): percentage coverage

*Key points:*
- By 5 years, children should have received 2 doses of the MMR vaccine which protects against measles, mumps and rubella.
- MMR coverage for two doses has improved over the past five years across the STP, and is better than the England average.
- However, coverage still falls short of the 95% goal.
- Some groups are at higher risk of being unvaccinated, including those with disabilities, in lone parent families and from certain ethnic backgrounds.

<table>
<thead>
<tr>
<th>Area</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>87.7%</td>
<td>88.3%</td>
<td>88.6%</td>
<td>88.2%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>86.0%</td>
<td>88.1%</td>
<td>89.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Torbay</td>
<td>86.4%</td>
<td>88.9%</td>
<td>89.9%</td>
<td>92.1%</td>
</tr>
<tr>
<td>Devon</td>
<td>87.8%</td>
<td>89.9%</td>
<td>90.6%</td>
<td>91.5%</td>
</tr>
</tbody>
</table>

*Green:* Above target of 95%  
*Amber:* 90-95% coverage  
*Red:* Coverage below 90%
Admissions for dental decay in 0-4 year olds

Key points:
- Dental decay is largely preventable, and is more common in deprived communities.
- In 0-4 year olds, rates of admissions to hospital for dental decay are above the national average for all STP areas.
Children achieving a good level of development at the end of reception

Key points
• This indicator displays the proportion of children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children.
• The STP has seen an increase in children achieving a good level of development but this has not increased as fast as the national average. Plymouth still benchmarks below the national average on this indicator, and benchmarks lower than statistical neighbours.
• Levels of achievement are lower in children in receipt of free school meals: corresponding percentages for 2015/16 are 56.5% in Torbay, 50.5% in Plymouth and 53% in Devon.
In Devon and Torbay, the rate of admissions for injuries in children aged 0-4 is similar to England’s average, while Plymouth has a higher rate of admissions.

The rate of emergency admissions for respiratory tract infections in infants and in 2-4 year olds is higher than the national average across the STP in all three local authority areas.

All STP areas also have higher rates of admissions for dental decay.

Vaccination rates are generally in line with targets or rated as amber, but are similar to the national average as a whole.

The STP has seen an increase in children achieving a good level of development at the end of the Early Years Foundation Stage. However, this has not increased as fast as the national average, and there are inequalities between children eligible for free school meals and those who are not – in line with national figures.
School Age
Proportion of five year old children with dental decay

Percentage of 5 year olds with one or more decayed, missing or filled teeth: 2015/16

Key points:
- The most common cause of hospital admissions nationally for 5-9 year olds is tooth extraction.
- As a whole, Devon and Plymouth have lower rates of decay in 5-year-olds than the national average; Torbay is similar to the national average.
Key points:

- School exclusion is more common amongst boys, children with learning disabilities and children with poor physical health, as well as those with poor parental mental health and living in socio-economically deprived circumstances.
- Recent research suggests that poor mental health can lead to exclusion from school, but separately that new onset mental disorder may be a consequence of exclusion from school (Ford et al. 2017).
- In 2015/16, the most common reason for exclusion across all three LAs was persistent disruptive behaviour.
Key points:

- Children and young people who are often absent from school are more likely than others to leave with few or no qualifications and are more likely to be out of work, suffer mental health difficulties and become homeless. Persistent absence is also associated with crime.
- There are complex reasons for absence which may include physical and mental health problems, caring responsibilities, as well as factors such as disengagement and school behaviour.
Surveys of the health and wellbeing of Devon schoolchildren have taken place across the STP; the most recent being:

- Plymouth Schools Health and Wellbeing Survey 2016
- Devon Children and Young People Survey 2017 (with the national Schools Health Education Unit)
- Children Count Wellbeing Survey, covering Torbay and South Devon (with Dartington Social Research Unit)

These surveys highlight various risk and protective factors alongside measures of wellbeing.
Bullying

- Bullying is associated with immediate impacts on mental health and emotional wellbeing, including increasing the risk of self harm and suicide.
- There is evidence that exposure to bullying in childhood is linked to a higher risk of depression and a poorer quality of life in adulthood, as well as to lower earnings and academic underachievement.
- However, research suggests that resilience may ameliorate the impact of bullying to some extent (Singh et al., 2017). Recent cost-effectiveness analysis by Public Health England also found a case for investment in interventions to counter the impacts of bullying (PHE, 2017)
Key points:
• Across all three local authorities, a higher percentage of children are overweight than the national average.
• There is strong relationship between deprivation and overweight / obesity prevalence.
• Children with disabilities and certain other conditions are at greater risk of overweight or obesity; although we have no local level data on this.
• [Link](https://fingertips.phe.org.uk)
Prevalence of obese children
(reception)

Key points:
• There is variation across the STP when looking at the percentage of obese children. Obesity levels are lower than the national average in Devon, but significantly higher in Plymouth.
• https://fingertips.phe.org.uk
Key points

- In all three local authorities in the STP the percentage of children overweight is similar to the national average.
- https://fingertips.phe.org.uk
Prevalence of obese children (year 6)

Key points:
- Obesity rates in the STP area are lower than the England average, and have remained relatively stable over the past few years, with a decreasing trend in Plymouth.
- However, these rates still indicate that more than one in ten Year 6 children are obese in the STP, with a higher likelihood of being obese in adulthood.
- https://fingertips.phe.org.uk
HPV vaccination coverage for girls aged 13-14: 2015/16

Key points:
- The vaccine protects against one of the main causes of cervical cancer
- Two doses of human papillomavirus (HPV) vaccine are required to gain full coverage.
- Coverage in all three local authorities is similar to the national average.
Hospital admissions caused by injuries in children (0-14 years)

Key points:
- There is variation across the STP for the rate of children being admitted due to injuries (both unintentional and deliberate).
- The rate is higher than the national average in Plymouth and Torbay.
- https://fingertips.phe.org.uk
### Key points
- **Torbay CCG** has a higher rate of A&E attendances compared to the national average but **New Devon** is similar to the national average for ages 5-14.
- **Western Locality / Plymouth** has the highest attendances.
- No clear trend over time is evident.

### A&E attendances age 5-14 per 1,000 population by CCG

<table>
<thead>
<tr>
<th>Location</th>
<th>Eastern Locality</th>
<th>Western Locality</th>
<th>Northern Locality</th>
<th>NEW Devon CCG</th>
<th>South Devon &amp; Torbay CCG</th>
<th>Plymouth</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014/15</strong></td>
<td>326.6</td>
<td>289.2</td>
<td>306.5</td>
<td>307.8</td>
<td>365.6</td>
<td>317.3</td>
<td>292.8</td>
</tr>
<tr>
<td><strong>2015/16</strong></td>
<td>342.1</td>
<td>320.2</td>
<td>305.5</td>
<td>326.5</td>
<td>351.9</td>
<td>340.5</td>
<td>312.7</td>
</tr>
<tr>
<td><strong>2016/17</strong></td>
<td>291.2</td>
<td>351.9</td>
<td>292.9</td>
<td>316.0</td>
<td>365.9</td>
<td>357.6</td>
<td>320.5</td>
</tr>
</tbody>
</table>

**A&E attendances (type 1 emergency department)**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Locality</td>
<td>224.6</td>
<td>235.5</td>
<td>232.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Locality</td>
<td>167.7</td>
<td>166.3</td>
<td>170.7</td>
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<td></td>
</tr>
<tr>
<td>Northern Locality</td>
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<td>207.3</td>
<td>206.5</td>
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<td></td>
</tr>
<tr>
<td>NEW Devon CCG</td>
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<td>202.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Devon &amp; Torbay CCG</td>
<td>227.0</td>
<td>214.7</td>
<td>206.5</td>
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<td></td>
<td></td>
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<tr>
<td>Plymouth</td>
<td>178.5</td>
<td>178.2</td>
<td>182.2</td>
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<td></td>
</tr>
<tr>
<td>England</td>
<td>212.2</td>
<td>223.7</td>
<td>227.8</td>
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</tr>
</tbody>
</table>

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**Graphs:**

- **A&E attendances aged 5-14 (per 1,000 population)**
- **Type 1 A&E attendances aged 5-14 (per 1,000 population)**
Under 18s admitted to hospital for alcohol-specific conditions

Key points:

• Nationally and across the STP, admission rates have decreased. However, rates remain higher than the England average for all three local authorities. For 2015/16 rates vary across the STP with the highest in Torbay (67.8), Exeter (67.5) and Torridge (65.4). Rates are higher in more deprived areas and in males.

• Nationally alcohol abuse has significantly declined over the last 10 years (http://www.rcpch.ac.uk/system/files/protected/page/SoCH%202017%20UK%20web%20updated.pdf)
Emotional Difficulties in Looked after children

Key points:
• This chart shows the average Strength and Difficulties Questionnaire (SDQ) total difficulty score in Devon (16.7), Plymouth (15.4) and Torbay (14.9) for children aged 5-16 who have been in care for at least 12 months on 31st March 2016. The scores for all three areas are higher than the England average.
• The DFE considers a score between 14 and 16 to be a borderline cause for concern and a score of over 17 to be a cause for concern.
Pupils with special educational needs or disabilities (SEND):

Key points
• This graph displays the percentage of all school age children who are identified as having special educational needs (https://fingertips.phe.org.uk)
• In the 2017 School Census, 14.4% of pupils nationally had SEN, compared to 17.0% in Devon, 16.0% in Plymouth and 17.1% in Torbay
• Nationally, 2.8% had a statement or EHC plan, compared to 2.9% in Devon, 3.6% in Plymouth and 4.5% in Torbay
• In terms of absolute numbers, Devon LA has seen a small decrease in the number of children with a statement/EHCP from 2014 to 2017, whereas numbers in Torbay have risen slightly, and numbers in Plymouth have remained stable.
## SEND by school type

<table>
<thead>
<tr>
<th></th>
<th>Total Pupils</th>
<th>Pupils with statements or EHC plans</th>
<th>Pupils with SEN support</th>
<th>Total pupils with SEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td><strong>Primary Schools</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devon</td>
<td>56,265</td>
<td>929 (1.7)</td>
<td>8,700 (15.5)</td>
<td>9,629 (17.1)</td>
</tr>
<tr>
<td>Plymouth</td>
<td>20,951</td>
<td>314 (1.5)</td>
<td>3,061 (14.6)</td>
<td>3,375 (16.1)</td>
</tr>
<tr>
<td>Torbay</td>
<td>10,487</td>
<td>250 (2.4)</td>
<td>1,320 (12.6)</td>
<td>1,570 (15.0)</td>
</tr>
<tr>
<td><strong>Secondary Schools</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devon</td>
<td>39,072</td>
<td>1,036 (2.7)</td>
<td>4,674 (12.0)</td>
<td>5,710 (14.6)</td>
</tr>
<tr>
<td>Plymouth</td>
<td>16,732</td>
<td>469 (2.8)</td>
<td>1,632 (9.8)</td>
<td>2,101 (12.6)</td>
</tr>
<tr>
<td>Torbay</td>
<td>8,466</td>
<td>162 (1.9)</td>
<td>1,186 (14.0)</td>
<td>1,348 (15.9)</td>
</tr>
<tr>
<td><strong>Special Schools</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devon</td>
<td>1,055</td>
<td>1,054 (99.9)</td>
<td>1 (0.1)</td>
<td>1,055 (100.0)</td>
</tr>
<tr>
<td>Plymouth</td>
<td>634</td>
<td>629 (99.2)</td>
<td>5 (0.8)</td>
<td>634 (100.0)</td>
</tr>
<tr>
<td>Torbay</td>
<td>519</td>
<td>474 (91.3)</td>
<td>45 (8.7)</td>
<td>519 (100.0)</td>
</tr>
</tbody>
</table>

### Key points
- Primary schools in the Devon LA area have the highest proportion of pupils with SEND in the STP area.
- Torbay has the highest proportion of pupils with SEND in secondary schools.
- At the last school census, there were more than 2,000 pupils with SEND attending special schools in the STP area.
SEND data – Primary Need as a proportion of all children with SEND

<table>
<thead>
<tr>
<th>Type of primary need</th>
<th>Percentage of all children with SEN with primary need 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devon</td>
<td>Plymouth</td>
</tr>
<tr>
<td>Specific LD</td>
<td>17.7</td>
</tr>
<tr>
<td>Moderate LD</td>
<td>18.4</td>
</tr>
<tr>
<td>Severe LD</td>
<td>2.4</td>
</tr>
<tr>
<td>Profound and Multiple LD</td>
<td>1.5</td>
</tr>
<tr>
<td>Social, emotional and mental health (SEMH)</td>
<td>22.3</td>
</tr>
<tr>
<td>Speech, language and communication (SLCN)</td>
<td>19.6</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>2.7</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>1.0</td>
</tr>
<tr>
<td>Multi-sensory impairment</td>
<td>0.3</td>
</tr>
<tr>
<td>Physical disability</td>
<td>3.7</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>6.0</td>
</tr>
<tr>
<td>Other difficulty or disability</td>
<td>3.7</td>
</tr>
</tbody>
</table>

**Key points**

- The most common primary needs identified in the STP are SEMH and SLCN.
- All areas within the STP have a higher proportion of children with SEND with social, emotional and mental health primary needs than the national average, but a lower proportion of children with moderate LD.
- Plymouth has the highest proportion of pupils of children with SEND identified with ASD as a primary need (11.7%) – this is also higher than the national figure of 8.8%.
- There is some internal variation within the STP e.g. in hearing impairment – again this may be influenced by placement provision.
SEND: Social, emotional and mental health difficulties

Key points:

• This chart displays the number of school children who are identified as having social, emotional and mental health needs expressed as a percentage of all school pupils.
• Across all areas of the STP, this proportion is higher than the England average.
• However, the figure for the South West as a whole (2.78%) is also significantly higher than the England average.
Long-term conditions – asthma, diabetes and epilepsy

- Asthma is the most common long term condition in children, estimated to affect 10% of the population; this would correspond to approximately 25,000 0-19 year olds in the STP area.
- The prevalence of epilepsy varies by age and deprivation; but in under-18s is estimated to affect approximately 3 in 1000 children and young people, equating to 750 in the STP area.
- The current estimate of prevalence of Type 1 diabetes in children and young people under the age of 15 in England is 187.7 per 100,000. Applying this to our STP area, we would expect between 300-400 under-15s to have the condition.

Key points
- Long term conditions affect tens of thousands of children and young people in the STP area.
- At the more severe end of the spectrum, these conditions can affect wellbeing and functioning and can be disabling.
- For young people with LTCs, transition to adulthood is a crucial period. When poorly managed, it can increase the risk of deteriorations in health and loss of contact with services and hence lead to poorer outcomes in the long term.
Long-term conditions – unplanned admissions for asthma, diabetes and epilepsy by CCG

Key points

• Both Devon and Torbay CCGs have a higher rate of emergency admissions for asthma, epilepsy and diabetes
• The Western Locality has the lowest rate of admissions in the STP mostly linked to asthma
• There was a slight reduction in the Standardised Admission Rate (SAR) in 16/17 but it is still higher than average. The reduction was mainly in epilepsy
• Across Devon there are slightly lower number of zero day length of stays for this group
• Dr Foster (standardised admission rates 2016/17)
Long-term conditions – prevalence of psychiatric disorder in the STP

Estimated prevalence of mental health disorders in children and young people: % population aged 5-16

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>England</td>
<td>9.2%</td>
</tr>
<tr>
<td>Devon</td>
<td>8.7%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>9.7%</td>
</tr>
<tr>
<td>Torbay</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Estimated prevalence of emotional disorders: % population aged 5-16

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>England</td>
<td>3.6%</td>
</tr>
<tr>
<td>Devon</td>
<td>3.3%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>3.7%</td>
</tr>
<tr>
<td>Torbay</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Estimated prevalence of conduct disorders: % population aged 5-16

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>England</td>
<td>5.6%</td>
</tr>
<tr>
<td>Devon</td>
<td>5.3%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>5.9%</td>
</tr>
<tr>
<td>Torbay</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Estimated prevalence of hyperkinetic disorders: % population aged 5-16

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>England</td>
<td>1.5%</td>
</tr>
<tr>
<td>Devon</td>
<td>1.4%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>1.6%</td>
</tr>
<tr>
<td>Torbay</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

THE PREVALENCE IS AN ESTIMATE. The survey used to derive the estimates was carried out in 2004 and no adjustment has been made for possible change in prevalence over time. The next national child mental health survey is currently taking place, but results are not yet available.

Key points:

- We would expect almost one in ten children aged 5-16 to have a mental health disorder; however evidence from national surveys suggests the majority are not in contact with specialist services (Ford et al. 2007)
- https://fingertips.phe.org.uk
Life limiting and life-threatening conditions

- Life-limiting conditions (LLCs) describe diseases with no reasonable hope of cure that will ultimately be fatal. Life-threatening conditions are those for which curative treatment may be feasible but can fail, such as cancer. These categories may include some cancers, neurological conditions and congenital anomalies as well as other rare diseases.

- National data suggest that the number of children and young people with LLC (including life-threatening conditions) in England has been rising, with an estimated prevalence of 32 per 10,000 amongst 0-19 year olds. This may be due to increased survival times.

- As a very rough approximation, by applying this rate to the STP population, we would expect in the region of 800 0-19 year olds to be living with life-limiting or life-threatening conditions.

- LLCs are therefore very rare, but require specialised palliative care services.
GCSE Attainment

Key points:
• Educational attainment is a key predictor of outcomes in later life.
• Overall, GCSE attainment is better than the national average in Devon, and is in line with the average in Torbay. Plymouth has a lower proportion of children gaining 5 A*-Cs than the England average.
• However, analysis by deprivation shows a large gap in attainment between the most and least deprived groups.
Key points:
- This measure is taken from the 2011 census
- The proportion of children providing unpaid care for family members or other people is significantly higher than the England average across all areas of the STP.
- Caring can be a positive experience but young carers are at higher risk of poorer health, education and employment outcomes.
The STP area also has a higher than average proportion of overweight children in the reception year of school than the national average; Plymouth also has higher levels of obese children in reception.

More than one in ten children in Year 6 across the STP are obese – and are at greater risk of becoming obese adults.

Schools in Devon, Plymouth and Torbay have a higher proportion of children in schools identified with SEND than average, but this proportion has been decreasing over time.

The most common primary needs identified in the STP are SEMH and SLCN. Across all areas of the STP, the proportion of children with SEMH primary need is greater than the national average.

Overall, we see a higher rate of emergency/non elective admissions than average for certain long term conditions across the STP, with some variation.
Post-16 and Transition
16-24 year olds limited by disability or a longstanding health problem

Key points
- This figure shows the proportion of 16-24 year olds who reported being limited in their daily activities by a long term condition or disability (a total of 14,152 across the STP).
- The proportion of those reporting limitations was highest in Torbay.
- Devon, Plymouth and Torbay had a higher proportion of young people ‘limited a little’ than England as a whole.
Key points:

- Rates of deaths and severe injuries are lower than the national average in Plymouth; and similar to average in Devon and Torbay.
- Rates are higher in rural areas, with varied pattern by deprivation (in urban areas deprived areas have lower rates, in rural areas deprived areas have higher rates).
- There are higher rates in males and in younger age groups with a peak in late teens / early twenties.
Hospital admissions caused by injuries in young people (15-24 years)

Key points
• Across the STP there is variation in the rate and trend of admissions for injuries in 15-24 year olds.
• This rate is higher than the national average in Torbay and has been rising.
Key points:

- Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill health.
- Detection rates indicate activity to control chlamydia; Plymouth achieves a higher rate than the target, whereas rates in Devon are below this goal.
Under-18 conceptions have been in decline over all 3 STP areas as well as nationally.

In 2015, rates in all three LAs were similar to the national average; however under-18 conceptions are strongly linked with deprivation, and there will be inequalities within each LA on this indicator.

https://fingertips.phe.org.uk
16 to 18 year olds not in education, employment and training (NEET), 2015

Key points
- The proportion of 16-18 year olds categorised as NEET has been falling over time nationally and in all three local authority areas.
- Rates are similar to the national average in Devon and Torbay, and higher in Plymouth.
Percentage of Key Stage 5 cohort in education, employment or training at 17 by SEN status, 2014/15

Key points
• Currently there are limited outcome measures in use for successful transition in young people with long term conditions, SEN or other additional needs, however, NEET data is available by SEN status.
• Key Stage 5 is the period of education covering pupils aged 16-18. The chart shows the percentage of the Key Stage 5 SEND cohort in a sustained education, employment or training destination in the first two terms of the year after they completed A level or other level 3 qualifications
• Nationally, young people with SEN have been more likely not to be in education, employment or training. Research suggests that this is also true for young people with disabilities
• Locally, in Plymouth and Devon those with identified SEN have been more likely to be NEET, although the 2014/15 figures show this was not the case for Torbay.
Benefit claimants aged 16 to 24 by deprivation quintile: trends over time in Devon LA

Key points

• In Devon, rates are nearly five times higher in the most deprived areas compared to the least deprived.
• Across the STP, rates in Torbay in 2016 (12.9%) were higher than in Plymouth (7.9%) and in Devon LA (6.3%).
• High rates are also evident in Bideford, Barnstaple, Ilfracombe, Dawlish and Teignmouth.
SUMMARY: Post-16 and transition

- The transition period from childhood to adulthood is a time when young people can be very vulnerable. Transitions between services can cause disruption and lead to poorer care and worse outcomes unless managed carefully, especially for those with LTCs.
- There is also little readily available data that is specific to this age group to assist us in measuring how well we are doing in terms of outcomes.
- Devon, Plymouth and Torbay had a higher proportion of young people ‘limited a little’ by illness or disability than England as a whole.
- Whilst teenage conceptions and rates of young people not in education, employment and training are falling, we still see very significant inequalities in life chances for young people in the STP area.
Outcomes for children vary within the STP area; and within each local authority boundary – this is important to consider when taking a high-level view. Local authority comparators are not presented throughout due to lack of space, but this benchmarking will be included when following key lines of enquiry.

We see that variation in outcomes is so often linked to deprivation throughout the STP. The Social Mobility Index suggests that we do relatively well for younger children, but that outcomes generally deteriorate with age. Young people in more deprived areas of the STP are more than three times as likely to be not in education, training or employment, which will affect their longer term health.

Whilst data are often presented separately on mental and physical health, we need to have a holistic and integrated view of child development and health. There is increasing interest in ‘segmentation models’ which acknowledge, for example, that children with ADHD, ASD, asthma and diabetes all have long term conditions which require a similar approach.
There are crucial opportunities to improve outcomes before a child is even born. Parental healthy weight, mental health and the couple relationship (amongst other factors) are important influences on child health.

Adverse Childhood Experiences (ACEs) such as parental mental illness, and exposure to domestic violence and abuse are highly significant influences on development and associated with poorer longer term health.

Whilst there are indicators of vulnerability and protective factors available, data in this area are less developed than for well-established indicators such as breastfeeding.

Maternity and early years outcomes generally benchmark well across the STP in comparison to national average; but there is room for progress on smoking in pregnancy and breastfeeding, and considerable inequalities exist. Rates of admissions to hospital for dental decay in the early years are also above the national average for all STP areas.
Key Messages II: Mental health and emotional wellbeing

- The STP has a higher proportion of children identified with social, emotional and mental health primary special educational needs than the national average.
- There has been an increase in admissions for self harm amongst 10-24 year olds; the rise is most marked amongst 10-14 year olds and 15-19 year olds. Rates are higher than the national average across the whole STP.
- Looked after children across the STP have higher levels of emotional and behavioural difficulties than average.
- This identified need highlights the importance of prevention and early intervention to improve wellbeing and identify and manage problems early, and address problems such as bullying and relationships. Services such as Early Help for Mental Health are reaching increasing numbers through schools and face to face and online counselling – see Key Lines of Enquiry.
Key Messages III: Children with additional needs, long term conditions and SEN

• Children with certain additional needs are more likely to be obese – and obesity itself increases the risk of developing long term conditions such as diabetes. More than one in ten children in Year 6 across the STP are obese.

• Schools in Devon, Plymouth and Torbay have a higher proportion of children in schools identified with SEND than average, but this proportion has been decreasing over time.

• Emergency hospital admissions for some conditions are higher than the national average in various areas across the STP. We have also seen a rising trend in emergency admissions for some LTCs.

• There are limited readily available data on whether our population of young people with LTCs and SEND are making successful transitions to adulthood; this may be a line of further enquiry.
Potential key lines of enquiry

• **The future child population:**
  – Data suggest an increasing proportion of children in the STP area will be from black and minority ethnic backgrounds in future - are their needs likely to be different in any way?

• **Adverse childhood experiences:**
  – Are we systematically reaching families where children are at risk of experiencing multiple ACEs? What do we know about identification of mental health problems, substance abuse and DSVA in parents and outcomes for children locally; especially in families not in contact with Children’s Services?

• **Early development:**
  – Data from the Ages and Stages Questionnaire will be widely available from winter 2017/18; how can we make best use of this to identify difficulties, intervene early and reduce inequalities?

• **Emotional health and wellbeing:**
  – Evaluation of early help for mental health programmes is taking place across the STP; what can we learn about the reach and outcomes of these programmes and their role in promoting and supporting wellbeing and resilience?
Useful References

- Mark A. Bellis, Helen Lowey, Nicola Leckenby, Karen Hughes, Dominic Harrison; Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population, Journal of Public Health, Volume 36, Issue 1, 1 March 2014, Pages 81–91, https://doi.org/10.1093/pubmed/fdt038
- Public Health Wales. (2016) Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population
- Public Health England Fingertips Tool: https://fingertips.phe.org.uk/