

North Ayrshire CHP



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

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

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

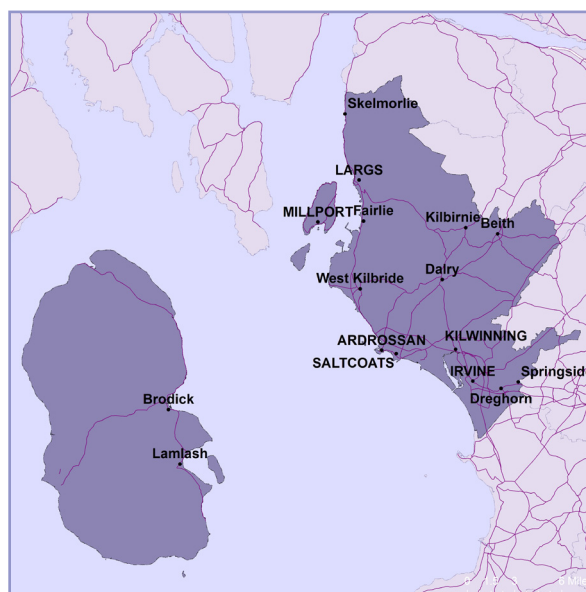
- Data for CHPs, health boards, and, where possible, intermediate zones
- Spine charts and rank charts
- Time series data and charts

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

Population summary

Indicator	Number	Measure	Scot. Av.
1 Population aged <1	1,480	1.1	1.1
2 Population aged 1–4	6,022	4.4	4.4
3 Population aged 5–15	17,065	12.6	12.0
4 Population aged 16–24	15,344	11.3	12.0
5 Primary school pupils	10,304	7.6	7.1
6 Secondary school pupils	8,690	6.4	5.8
7 Minority ethnic groups	267	1.4	4.6
8 Live births	1,506	11.1	11.4
9 Children living in rural areas	3,946	9.8	17.3

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



© Community Health Partnership boundaries – Scottish Government 2007
This product includes mapping data licensed from Ordnance Survey © Crown Copyright 2010.
All rights reserved. Licence Number 399221.

North Ayrshire CHP

Children and young people health and wellbeing profiles 2010



Mortality

Mortality rates for children and young people in North Ayrshire CHP do not differ significantly from the Scottish average.

Behaviours

The percentage of children walking or cycling to school is similar to the Scottish average. Both alcohol and drug-related harm, as measured by hospital admissions, is significantly greater in North Ayrshire than for Scotland as a whole. Using a small sample of 15 year olds, it is estimated that the prevalence of smoking, alcohol use, and drug use is similar to Scotland.

Physical health

The proportion of children in primary 1 with no obvious dental decay experience is similar to the Scottish average; this is a good indicator of dental health and a useful proxy for general health and nurture. Compared with the Scottish average, hospital admission rates are significantly higher for asthma, extraction of multiple teeth and emergency admissions, but not significantly different for road traffic accidents or unintentional injuries. Child obesity levels are also similar to those in Scotland overall.

Mental health

Due to a lack of robust local indicators, these profiles are very limited in their coverage of mental health and there are no indicators of positive mental health and wellbeing. The suicide rate for North Ayrshire is not dissimilar to the Scottish average. The 'difficulties' score in children aged 13 and 15 years is significantly higher (worse).

Social care

Both social care indicators reflect recorded utilisation of services rather than health or wellbeing and should be interpreted with caution and with the benefit of local knowledge. In North Ayrshire, rates for both looked after children and child protection referrals are higher than for Scotland.

Education

Educational attainment in S4 pupils appears lower for North Ayrshire than for the Scottish average, whereas attainment for looked after children appears to be relatively high. It is not possible to assess whether these patterns may be due to chance. School attendance rates are not dissimilar to the average rates for Scotland.

Employment and prosperity

Compared with the Scottish average, North Ayrshire has a larger percentage of children and young people in families dependent on out of work benefits or child tax credit. Similarly, the proportion living in 'income-deprived' areas is high. Such measures of child poverty and income deprivation may be associated with poorer outcomes for other indicators.

Crime

The rate of hospital admissions following assault is amongst the highest for all CHPs almost twice the Scottish average. North Ayrshire also has more referrals to the Scottish Children's Reporter Administration for violence-related offences, but this measure of service utilisation is subject to local interpretation. Residence in 'crime deprived' areas does not differ from the Scottish average.

Pregnancy and infancy

Both breastfeeding rates and the proportion of mothers smoking during pregnancy are significantly worse (lower and higher respectively) in North Ayrshire than for Scotland as a whole. Childhood immunisation rates are either similar to the Scottish average (MMR) or significantly better (all excluding MMR). Low weight live births are similar. The teenage pregnancy rate is higher than the Scottish average, but it is important to note that this indicator is based on pregnancies in mothers under 18 years.

North Ayrshire CHP

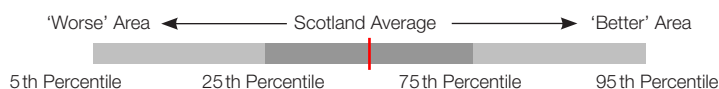
Children and young people health and wellbeing profiles 2010

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



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

- Statistically significantly 'worse' than Scottish average
- Statistically not significantly different from Scottish average
- Statistically significantly 'better' than Scottish average
- Statistically significant difference compared with Scottish average
- △ No significance can be calculated



Domain	Indicator	Number	Measure	Type	Scot. Average	'Worst'	Scotland Average	'Best'
Mortality	1 Infant mortality rate, <1 year ²	27	60.0	cr	43.0			
	2 Mortality rate, aged 1-15 ²	10	1.4	cr	1.4			
	3 Mortality rate, aged 16-24 ²	32	7.0	cr	6.3			
Behaviours	4 Active travel to school ⁴	n/a	55.0	%	52.0			
	5 Alcohol related & attributable hospital patients ²	605	125.6	sr	82.9	●		
	6 Drug related hospital patients ²	130	100.4	sr	42.4	●		
	7 Smoking prevalence, age 15 ⁴	n/a	15.1	%	15.1			
	8 Alcohol use, age 15 ⁴	n/a	34.2	%	29.6			
Physical Health	9 Drug use, age 15 ⁴	n/a	5.8	%	6.8			
	10 Road traffic accidents ²	123	96.9	sr	87.9			
	11 Emergency admission hospital patients ²	5,099	7,424.4	sr	5,541.1	●		
	12 Child dental health in primary 1	744	59.6	%	61.8			
	13 Unintentional injuries in the home, < 15 years ²	266	415.9	sr	377.5			
	14 Extraction of multiple teeth, aged 0-15 ²	819	1,196.8	sr	898.8	●		
Mental Health	15 Asthma hospital patients, aged 0-15 ²	448	608.1	sr	382.1	●		
	16 Child obesity in primary 1	n/a	7.6	%	8.0			
Social Care	17 Deaths from suicide ³	36	8.6	sr	6.7			
	18 Strengths & difficulties score ⁴	n/a	12.9	mean	12.3	●		
Education	19 Children looked after by Local Authority ^{1,4}	501	16.7	cr	13.8			
	20 Child protection referrals ^{1,4}	423	17.1	cr	13.9			
Access	21 Education outcomes for looked after children ⁴	n/a	66.9	mean	63.0			
	22 Secondary school attendance	n/a	90.8	%	91.1			
	23 Primary school attendance	n/a	94.9	%	95.2			
	24 Attainment of National Qualifications for S4	n/a	170.3	mean	179.7			
Employment & Prosperity	25 Residence in 'access deprived' areas	9,468	23.6	%	14.8			
	26 Reliance on out of work benefits / child tax credit	17,805	55.7	%	46.6			
	27 Not in education, employment or training ⁴	860	12.0	%	8.8	●		
	28 School leavers - positive & sustained destinations	1,305	84.5	%	85.7			
Crime	29 Residence in 'income deprived' areas	11,217	28.0	%	16.5			
	30 Assault hospital patients ²	290	217.3	sr	110.5	●		
	31 Referrals to SCRA for violence-related offences ¹	147	11.6	cr	8.4			
Pregnancy & Infancy	32 Residence in 'crime deprived' areas	6,322	15.8	%	15.8			
	33 Immunisation uptake at 24 months - all excl MMR ²	4,327	98.0	%	97.5			
	34 Immunisation uptake at 24 months - MMR ²	4,061	92.0	%	92.1			
	35 Babies exclusively breastfed at 6-8 weeks ²	732	17.2	%	26.4			
	36 Teenage pregnancies, <18 years ^{1,2}	412	52.1	cr	41.4			
	37 Mothers smoking during pregnancy ²	1,279	29.4	%	22.6			
	38 Low weight live births ²	90	2.2	%	2.3			

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

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

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



Notes and further information

Data gaps and limitations of profiles

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

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

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

Data sources

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

Authors

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

Acknowledgements

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

Further information

Rory J Mitchell, NHS Health Scotland Public Health Observatory Division:

nhs.healthscotland-pho@nhs.net

Published by: NHS Health Scotland, Edinburgh; November 2010