



Barnet

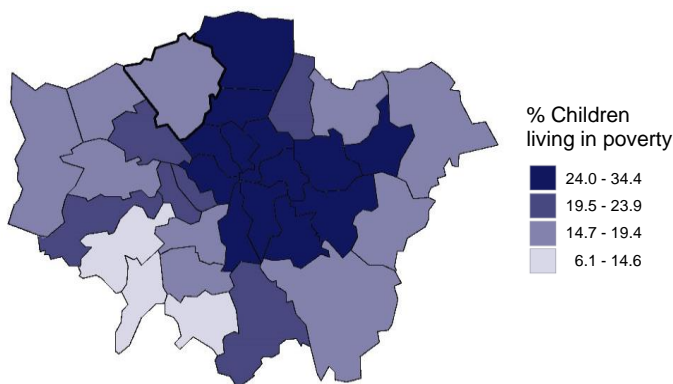
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	London	England
Live births in 2014			
	5,244	127,399	661,496
Children (age 0 to 4 years), 2014			
	27,500 (7.3%)	628,600 (7.4%)	3,431,000 (6.3%)
Children (age 0 to 19 years), 2014			
	96,000 (25.6%)	2,103,800 (24.6%)	12,907,300 (23.8%)
Children (age 0 to 19 years) in 2025 (projected)			
	110,900 (25.4%)	2,392,900 (24.7%)	13,865,500 (23.7%)
School children from minority ethnic groups, 2015			
	31,578 (68.9%)	731,710 (71.3%)	1,931,855 (28.9%)
Children living in poverty (age under 16 years), 2013			
	15.8%	21.8%	18.6%
Life expectancy at birth, 2012-2014			
Boys	82.1	80.3	79.5
Girls	85.1	84.2	83.2

Children living in poverty

Map of London, with Barnet outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

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Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 25.6% of the population of Barnet. 68.9% of school children are from a minority ethnic group.

The health and wellbeing of children in Barnet is generally better than the England average. The infant mortality rate is better than and the child mortality rate is similar to the England average.

The level of child poverty is better than the England average with 15.8% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Barnet have average levels of obesity: 8.7% of children aged 4-5 years and 18.0% of children aged 10-11 years are classified as obese.

Local areas should aim to have at least 90% of children immunised in order to give protection both to the individual child and the overall population. The MMR immunisation rate is lower than 90%. The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is lower than 90%.

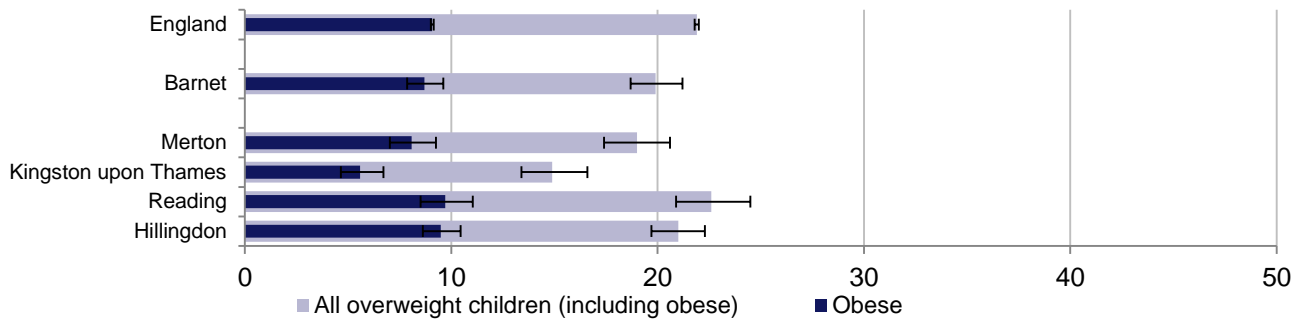
In 2014/15, children were admitted for mental health conditions at a higher rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was lower than the England average.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

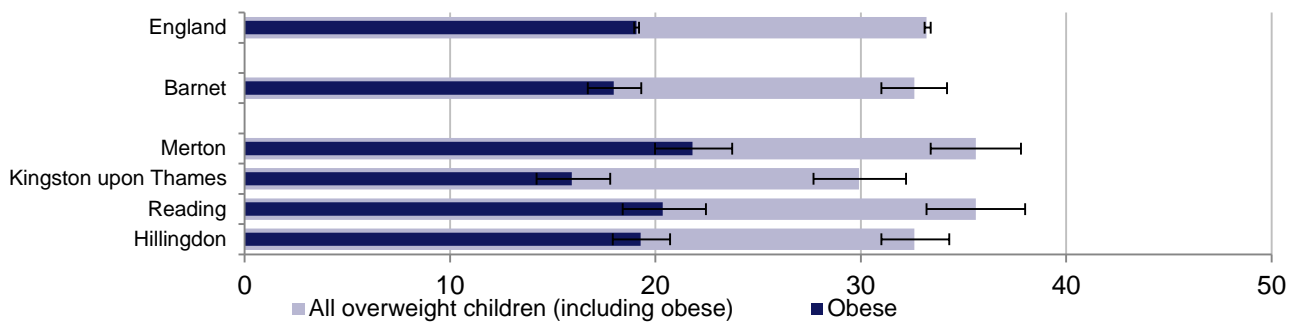
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a better percentage in Reception and a similar percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2014/15 (percentage)



Children aged 10-11 years classified as obese or overweight, 2014/15 (percentage)



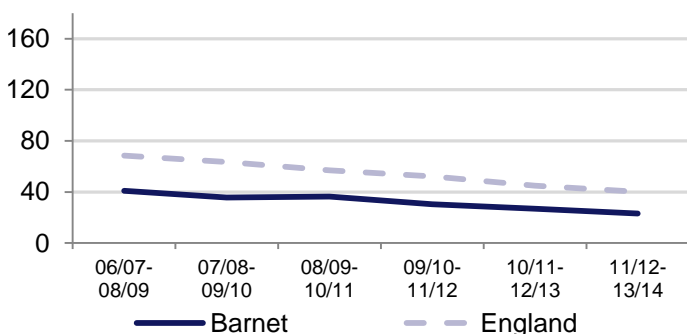
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval. Data source: Public Health Outcomes Framework

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is lower than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

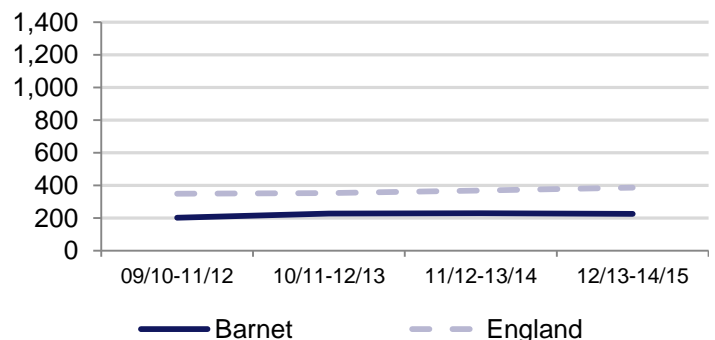


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2009/10-2011/12 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2012/13-2014/15 period. The admission rate in the 2012/13-2014/15 period is lower than the England average*. Nationally, levels of self-harm are higher among young women than young men.

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

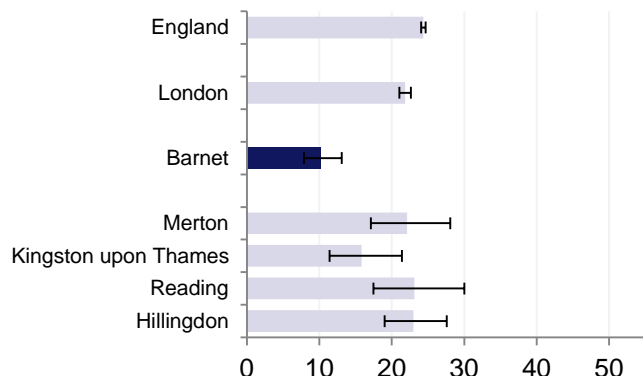


*Information about admissions in the single year 2014/15 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

These charts compare Barnet with its statistical neighbours, the England and regional average and, where available, the European average.

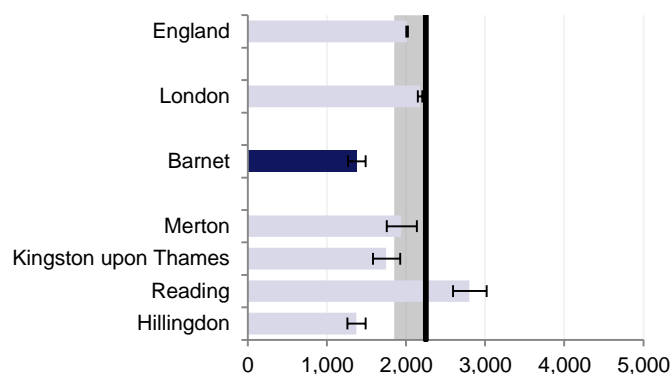
Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 10 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is lower than the regional average. The area has a lower teenage conception rate compared with the England average.

Source: Conceptions in England and Wales, ONS

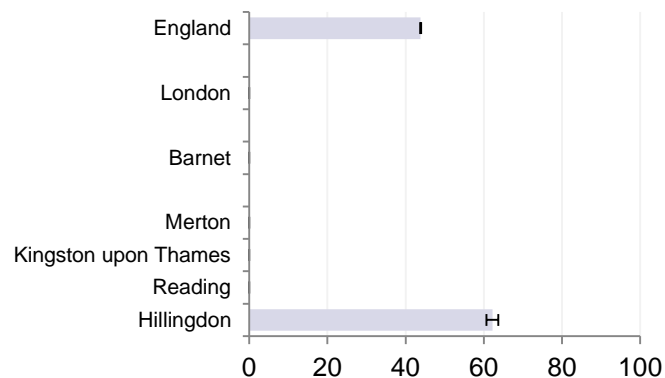
Chlamydia detection, 2014 (rate per 100,000 young people aged 15 - 24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2014, the detection rate in this area was 1,376 which is lower than the minimum recommended rate.

Source: Public Health Outcomes Framework. The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

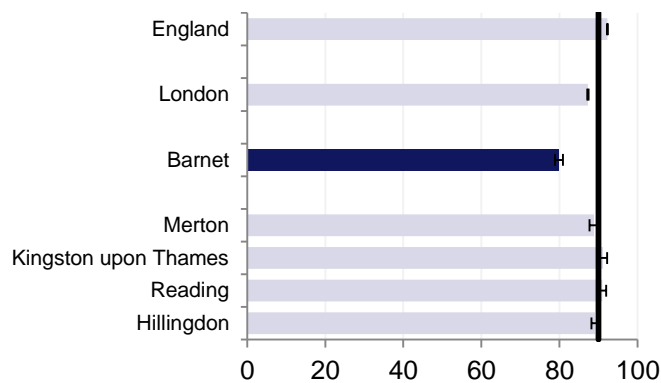
Breastfeeding at 6 to 8 weeks, 2014/15 (percentage of infants due 6 to 8 week checks)



85.1% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%*. There is no data for breastfeeding at six to eight weeks.

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division
Source: Public Health Outcomes Framework

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2014/15 (percentage of children age 2 years)



Less than 90% (the minimum recommended coverage level, shown as a vertical black line on the chart above) of children have received their first dose of immunisation by the age of two in this area (79.9%). By the age of five, only 73.7% of children have received their second dose of MMR immunisation. In London, there were 32 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Sources: Public Health Outcomes Framework; Public Health England

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

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significantly better than England average
- ◆ Regional average



	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	12	2.2	4.0	7.2		1.6
	2 Child mortality rate (1-17 years)	11	13.2	12.0	19.3		5.0
Health protection	3 MMR vaccination for one dose (2 years) ● >=90% ● <90%	4,773	79.9	92.3	73.8		98.1
	4 Dtap / IPV / Hib vaccination (2 years) ● >=90% ● <90%	5,165	86.5	95.7	79.2		99.2
	5 Children in care immunisations	185	94.9	87.8	64.9		100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of reception	3,022	68.1	66.3	50.7		77.5
	7 GCSEs achieved (5 A*-C inc. English and maths)	2,322	68.8	57.3	42.0		71.4
	8 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	9 16-18 year olds not in education, employment or training	250	2.5	4.7	9.0		1.5
	10 First time entrants to the youth justice system	104	299.4	409.1	808.6		132.9
	11 Children in poverty (under 16 years)	11,510	15.8	18.6	34.4		6.1
	12 Family homelessness	503	3.5	1.8	8.9		0.2
	13 Children in care	300	34	60	158		20
14 Children killed or seriously injured in road traffic accidents	9	12.0	17.9	51.5		5.5	
Health improvement	15 Low birthweight of term babies	119	2.5	2.9	5.8		1.6
	16 Obese children (4-5 years)	342	8.7	9.1	13.6		4.2
	17 Obese children (10-11 years)	609	18.0	19.1	27.8		10.5
	18 Children with one or more decayed, missing or filled teeth	-	25.0	27.9	53.2		12.5
	19 Hospital admissions for dental caries (1-4 years)	45	205.4	322.0	1,406.8		11.7
	20 Under 18 conceptions	63	10.2	24.3	43.9		9.2
	21 Teenage mothers	11	0.2	0.9	2.2		0.2
	22 Hospital admissions due to alcohol specific conditions	20	23.1	40.1	100.0		13.7
	23 Hospital admissions due to substance misuse (15-24 years)	23	51.8	88.8	278.2		24.7
Prevention of ill health	24 Smoking status at time of delivery	181	3.7	11.4	27.2		2.1
	25 Breastfeeding initiation	4,258	85.1	74.3	47.2		92.9
	26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	43.8	19.1		81.5
	27 A&E attendances (0-4 years)	21,025	763.5	540.5	1,761.8		263.6
	28 Hospital admissions caused by injuries in children (0-14 years)	523	69.8	109.6	199.7		61.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	398	91.6	131.7	287.1		67.1
	30 Hospital admissions for asthma (under 19 years)	125	135.5	216.1	553.2		73.4
	31 Hospital admissions for mental health conditions	181	205.7	87.4	226.5		28.5
	32 Hospital admissions as a result of self-harm (10-24 years)	148	227.5	398.8	1,388.4		105.2

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

- 1 Mortality rate per 1,000 live births (age under 1 year), 2012-2014
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2012-2014
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2014/15
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2014/15
- 5 % children in care with up-to-date immunisations, 2015
- 6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2014/15
- 7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2014/15
- 8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 9 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2014
- 10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2014

- 11 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2013
- 12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2014/15
- 13 Rate of children looked after at 31 March per 10,000 population aged under 18, 2015
- 14 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2012-2014
- 15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2014
- 16 % school children in Reception year classified as obese, 2014/15
- 17 % school children in Year 6 classified as obese, 2014/15
- 18 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 19 Crude rate per 100,000 (age 1-4 years) for hospital admissions for dental caries, 2012/13-2014/15
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013

- 21 % of delivery episodes where the mother is aged less than 18 years, 2014/15
- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2012/13-2014/15
- 24 % of mothers smoking at time of delivery, 2014/15
- 25 % of mothers initiating breastfeeding, 2014/15
- 26 % of mothers breastfeeding at 6-8 weeks, 2014/15
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2014/15
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2014/15
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2014/15
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2014/15
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2014/15
- 32 Directly standardised rate per 100,000 (age 10-24 years) for emergency hospital admissions for self-harm, 2014/15