

# York Joint Strategic Needs Assessment

## Starting and Growing Well in York - Inequalities Report

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## 1. Childhood Obesity

Obesity in childhood is important; the government<sup>1</sup> recognises that obesity in childhood is strongly associated with obesity in adulthood. Obesity in adulthood is associated with an increased risk of diseases such as diabetes, heart disease, and depression, as well as premature death. The demand for additional health and social care services due to obesity related illness is significant.

In York, there is less childhood obesity than the national average, however the rates are still much higher than in previous years and are contributing to ill health and early death among residents in York. CYC modelled estimates suggest that of the nearly 14,000 children in primary school (reception to year 6), 1,700 are obese. The estimates are higher for children in secondary school and beyond.

There is a wide variation in childhood obesity in York:

- In both reception and year 6, there are over twice as many children with obesity in the most deprived wards in comparison to the least.
- The rate of obesity is significantly higher among boys in comparison to girls.
- Children from ethnic minority groups, in particular black groups are significantly more likely to experience obesity in childhood.
- Rates of obesity rise with age, so older children are more affected by obesity.

### *Obesity by Ward by Deprivation*

In York, there are higher rates of childhood obesity in the wards with higher levels of deprivation. This is similar to the national picture and the York data for obesity in adulthood. This indicates that the health inequalities between York residents that affect health and wellbeing in adulthood begin in childhood.

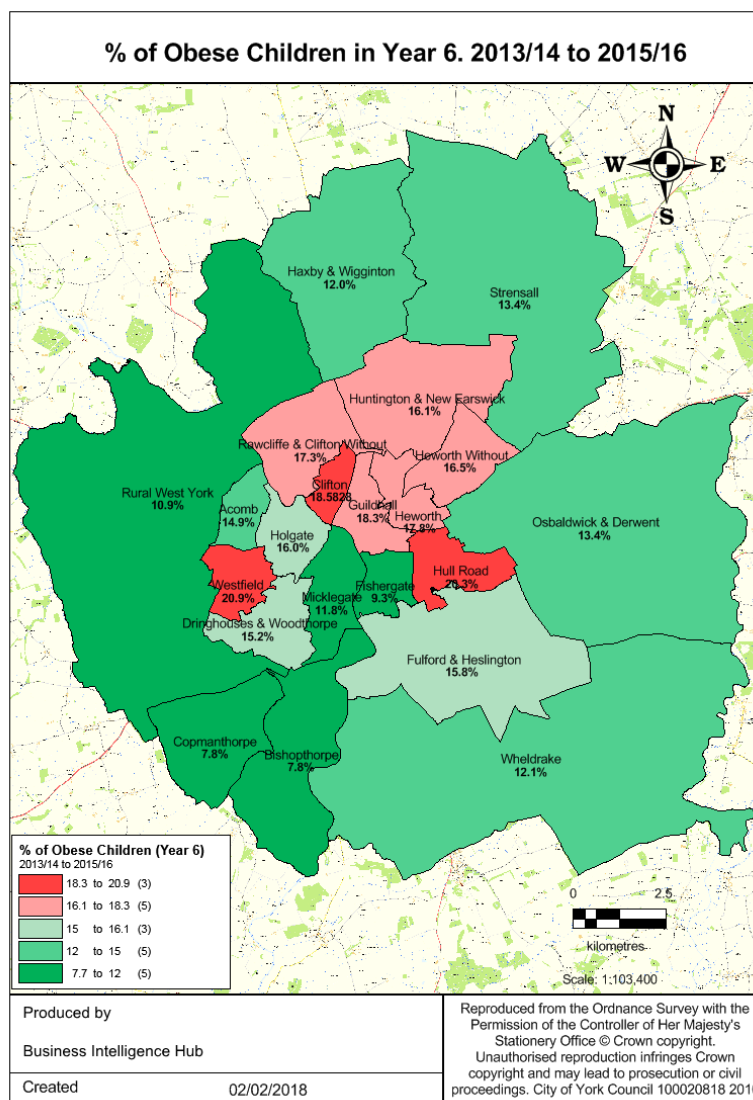
**Table 1: Childhood Obesity Rates and Deprivation in York by Ward 2013/14 to 2015/16**

Ward	% of reception year children recorded as being obese	% of Year 6 children recorded as being obese	IMD Deprivation Score: (higher numbers indicate greater deprivation)
Westfield	8.7%	20.9%	25.6
Clifton	8.1%	18.6%	24.3
Guildhall	9.9%	18.3%	16.7
Heworth	7.8%	17.8%	16.7
Micklegate	8.7%	11.8%	14.9
Hull Road	11.3%	20.3%	14.6
Holgate	8.9%	16.0%	13.7
Acomb	11.6%	15.0%	12.6
Huntington and New Earswick	7.7%	16.1%	12.3

<sup>1</sup> <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action#fn:3>

Dringhouses and Woodthorpe	7.6%	15.2%	9.5
Fishergate	9.1%	9.3%	9.3
Strensall	4.2%	13.4%	7.1
Rawcliffe and Clifton Without	6.4%	17.3%	7
Osbaldwick and Derwent	8.1%	13.4%	6.6
Rural West York	6.6%	11.0%	6.5
Fulford and Heslington	7.8%	15.8%	5.9
Bishopthorpe	4.4%	7.8%	5.5
Heworth Without	6.7%	16.5%	5.2
Haxby and Wigginton	5.3%	12.0%	4.8
Wheldrake	6.4%	12.1%	4.3
Copmanthorpe	4.4%	7.8%	2.5
<b>York Average</b>	<b>7.8%</b>	<b>15.2%</b>	<b>12.2</b>

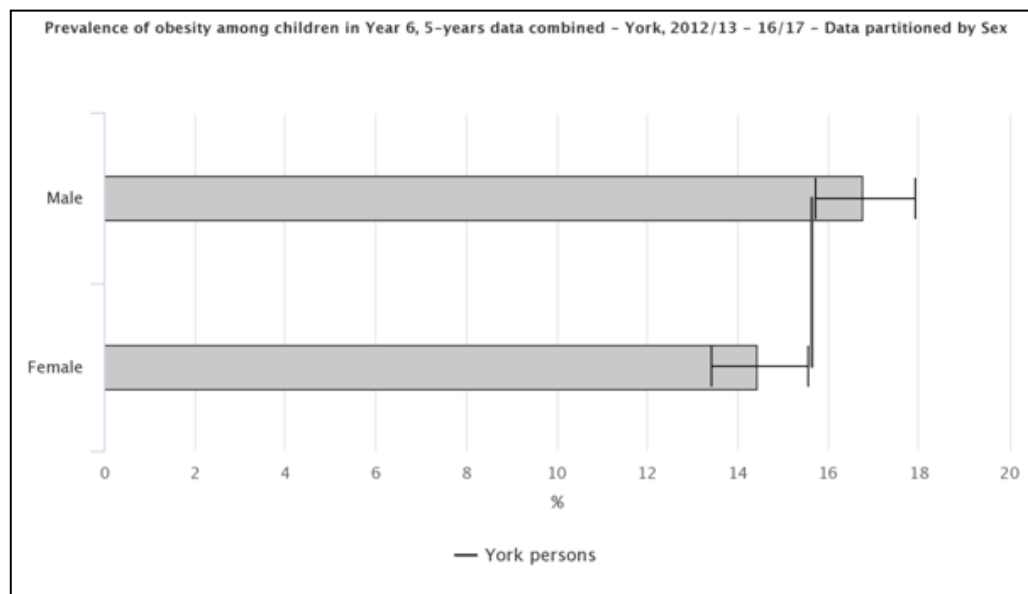
Figure 1: % Obese Children in Year 6 by Ward



### ***Obesity by Gender***

Obesity in York in Year 6 children is significantly higher amongst boys than girls.

**Figure 2: Obesity in Year 6 children in York by Gender**

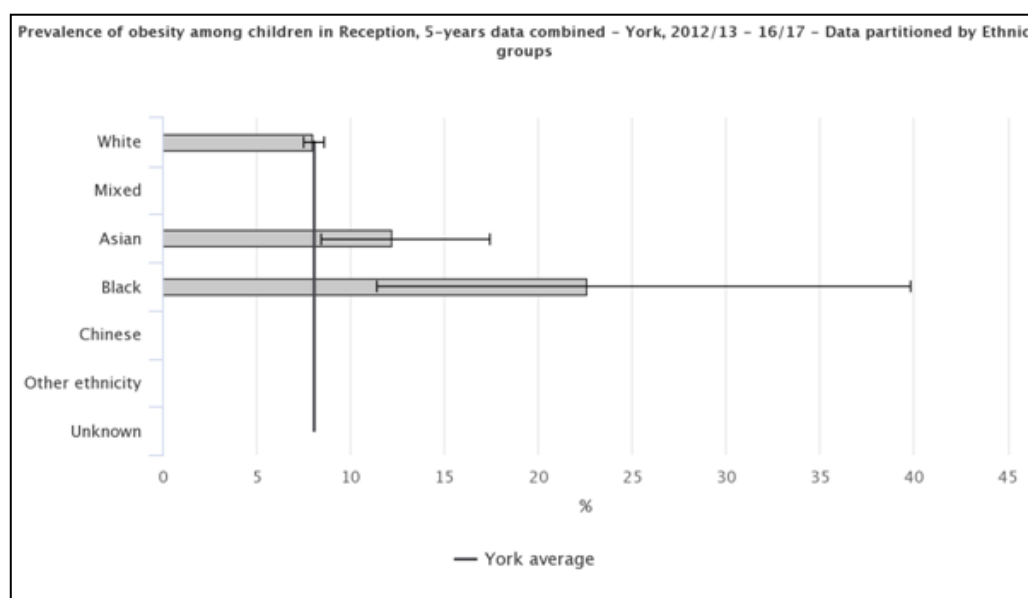


### ***Obesity by Ethnicity***

Obesity in York in year 6 children is significantly higher amongst black children than white children. The difference between rates of childhood obesity in white children and Asian children is not large enough to be statistically significant.

In York, 95% of residents are 'White British', and another 2% are from other white ethnic groups. Because of this population demographic, the majority of obese children are white.

**Figure 3: Obesity in Reception age children in York by Ethnicity**




### ***York's response to childhood obesity***

The national child measurement program is delivered in York to identify children in reception and year six with excess weight. The Healthy Child Service follow up those children identified as underweight, overweight or obese and offer support, guidance and signposting.

The Infant Feeding Strategy Group is focused on the earliest points of child nutrition. The group are identifying the actions that York needs to take to support women to breastfeed where appropriate and to equip parents with knowledge about good nutrition for their infants.

A healthy weight steering group had been established (Spring 2018), this will look at topics including childhood obesity; the steering group has been tasked with developing a public health strategy. As part of this group, work will be undertaken to understand what kind of offer we can provide to children and young people and their families around obesity.



The daily mile is an initiative to get primary school age children doing physical activity for 15 minutes/1 mile a day in addition to PE, play, and active travel. In York, 5 primary schools currently take part, and another is making preparations.

Bikeability is funded by the Department for Transport and aims to improve children's cycling skills to cycle safely and confidently on the road. In York, there is good coverage across both primary schools (years 5 and 6) and secondary schools (year 7). In addition, the Sustrans Bike-it project promotes active travel in York schools.

Healthy Start is a statutory national scheme intended to improve the health of pregnant women and families on benefits or low incomes, and to contribute to reducing health inequalities. Health start vitamins are offered to pregnant and breastfeeding women as well as growing children. In York the public health team aware that there are some issues relating to distribution and access to the vitamins. The team is committed to finding an effective local distribution method through work with multi-agency partners that operates in accordance with DoH and NICE guidance.

Play is an important part of childhood and can boost physical activity. The York Play Strategy sets out the ambition for all children to have access to high quality play, and for play to be recognised as an essential part of childhood. The 'better play' grants fund improving play opportunities for children who might otherwise have limited access, such as children with special educational needs and disabilities,

Primary Care Home West is developing an approach to give out 'healthy lunchbox guidance' to children and families in primary schools in the west part of the city.

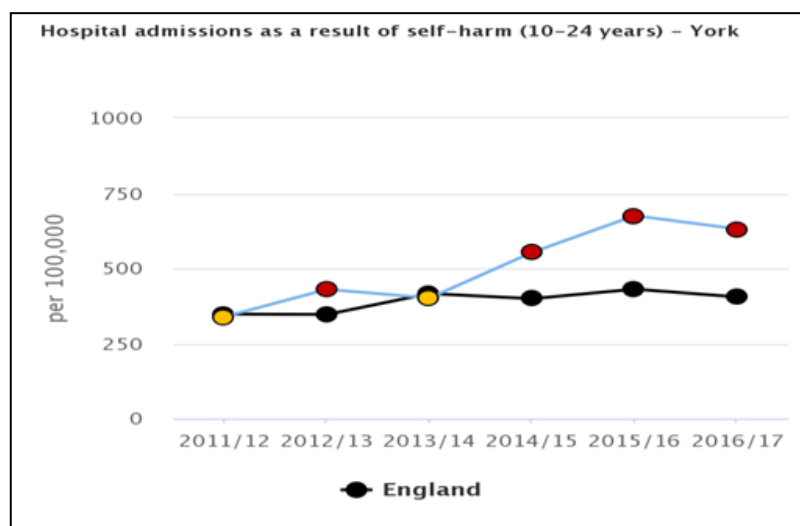
## 2. Self Harm in Young People

Nationally, it is estimated that over 20% of young people have ever self-harmed. PHE<sup>2</sup> identify that across the country risk factors for self-harm include; being female, feeling that there is poor communication in their family, not enjoying school, having a negative perception of peer group, and perceived lack of safety in community.

Not all young people who self-harm will be admitted to hospital. As a result, admission to hospital due to self-harm may be seen as a proxy measure of more serious self-harm among young people.

### *Trends in hospital admissions for self-harm*

In York, the number of admissions for self-harm among young people aged 10–24 is greater than the national average. The admission rates in York are also rising, whereas the national trend is stable<sup>3</sup>.



Additional data provided by York Hospital shows that the majority of the increase in admission rates among York residents is due to an increase number of young people being admitted, and is not due to an increasing trend of young people being admitted

<sup>2</sup> [https://www.gov.uk/.../Health\\_behaviour\\_in\\_school\\_age\\_children\\_self-harm.pdf](https://www.gov.uk/.../Health_behaviour_in_school_age_children_self-harm.pdf)

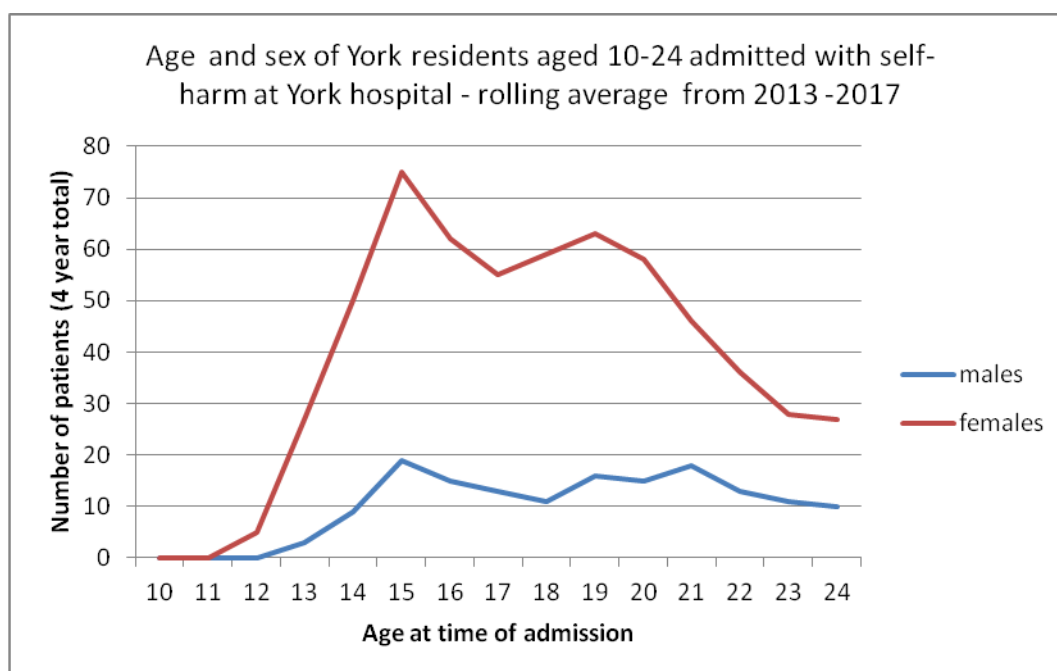
<sup>3</sup> <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/4/gid/1938132992/pat/6/par/E12000003/ati/102/are/E06000014/iid/90813/age/245/sex/4>

multiple times for self-harm in the same year. In 2016/17, there were 294 admissions for self-harm made by 211 individual patients.

### ***Self Harm Admissions by Gender and Age***

For people aged 10-24 living in York, admissions to hospital as a result of self-harm are higher among young women than among young men at every year of age; data provided by York hospital demonstrates that in 2016/17, 82% of admissions were to young women, and 18% to young men.

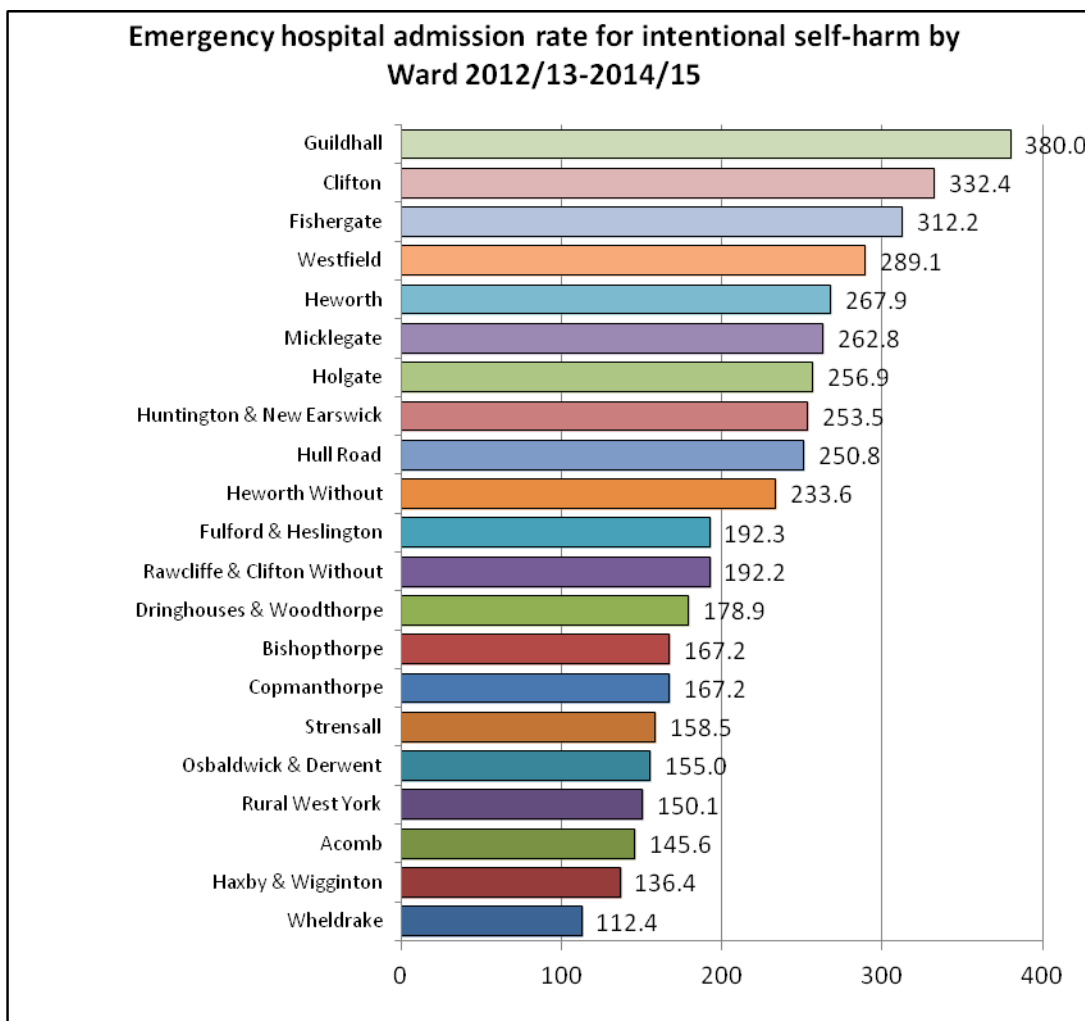
Admissions for self harm are very uncommon in children, but rise rapidly in the teenage years, before stabilising by the mid-20s. Data provided by York hospital for 2016/17 demonstrates that for both young men and young women, the peak age for hospital admission as a result of self-harm is 15 or 16 years old.



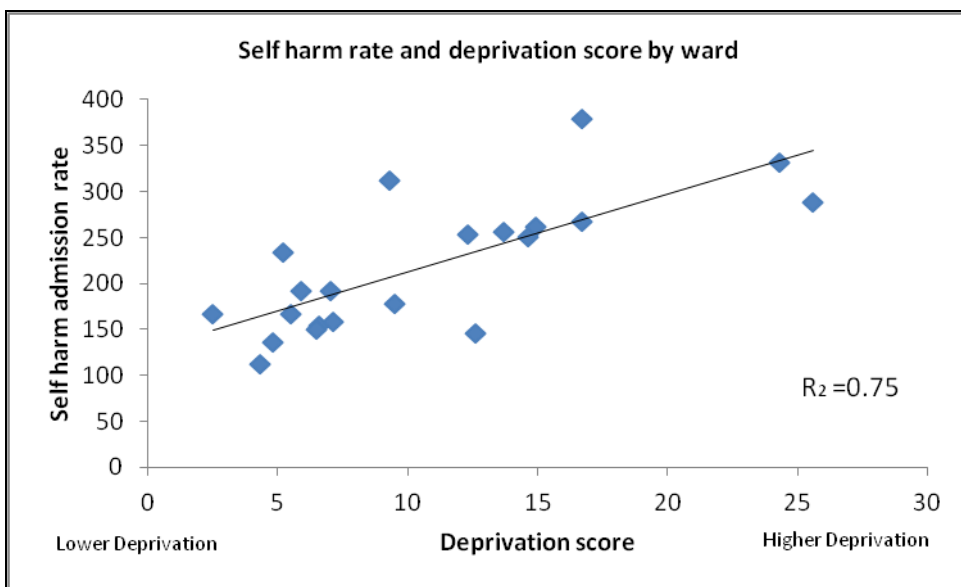
### ***Self Harm Admissions by Ward***

Across York, there is ward level variation in the self-harm admission rates for young people. There are around three times as many admissions for young people in wards with the highest rates, as there are in the wards with the lowest rates.





There is a strong correlation between the ward level self-harm admission data and the level of deprivation in that ward. Nationally, deprivation is one of a series of factors that are correlated with self-harm behaviour.



## ***York's response to childhood self-harm***

The 2018-2023 York mental health strategy, and associated mental health partnership group have identified one of the priorities for York is to 'improve services for mothers, children, and young people'.

The aim of CAMHS Crisis team is to support children and young people who experience a crisis in their mental health. The service runs 365 days a year and supports young people on an intensive basis and away from busy A+E departments, whilst also aiming to avoid unnecessary admissions to hospital. The team supports children, young people and their families through telephone contact, emergency appointments/assessments and 7 day follow ups. Interventions are informed by DBT and brief solution focused therapy and safety planning.

There is an established 'wellbeing worker service' which works closely with schools in York to build their capacity to support children and young people who are showing early indications of poor mental health. This service is primarily intended to support a caseload of children and young people who do not need secondary mental health support from CAMHS.

Vale of York CCG have a 'Future in Mind' program of work which includes funding projects jointly delivered with the local authority intended to improve the emotional health and wellbeing of children and young people.

If a child or young person is admitted to hospital as a result of self-harm, York hospital following the protocols detailed under NICE quality standard QS34.

### 3. Child Poverty

There is a strong association between deprivation and mortality during childhood, with social inequalities affecting many of the leading causes of death among children and young people. Children and young people living in the most deprived households are at greater risk of non-intentional injury compared to those living in the least deprived households, and this includes injury through poor and overcrowded housing infrastructure and poorer parental education in how to protect their children. Children and young people growing up in deprived circumstances are also at greater risk of mental ill health and suicide, tooth decay, teenage conception<sup>16</sup> and being overweight or obese.<sup>4</sup>

The all party parliamentary group inquiry into child poverty and health<sup>5</sup> (2016) reports that increased levels of child poverty have a direct causal impact on worsening children's social, emotional and cognitive outcomes. Additionally they identify that good early development is strongly associated with outcomes in later life, including educational attainment and employment prospects. Most starkly it estimates that eliminating UK child poverty would save the lives of 1,400 children under 15 annually.

Childhood poverty exists where children live in households where the household income is less than 60% of the median for that household type. The York Childhood Poverty strategy estimates that in 2009 there were approximately 4705 children living in poverty, and identifies that this is most concentrated in Westfield, Clifton, Heworth, Hull Road, and Acomb<sup>6</sup>.

An alternative definition sometimes used to measure the number of children living in low income houses, is children living in households which are eligible for benefits or child tax credits, HMRC identify there are around 12,600 children in York who live in eligible households<sup>7</sup>. In York, this is predominantly comprised of child tax credits, often in conjunction with other benefit support. It is likely these are householders where at least one adult is in work.

#### ***Out of work benefits by Ward***

As discussed, many children in poverty live in a household where one or both parents are in York. However, out of work benefit data does give an approximate indication of where childhood poverty rates are likely to be highest in York.

<sup>4</sup> Association of the directors of public health, position statement 'The best start in life', 2018

<sup>5</sup>[http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwid5PHE4\\_jZAhWoCsAKHbkLDzwQFggxMAE&url=http%3A%2F%2Fwww.fph.org.uk%2Fuploads%2FAPPG\\_on\\_Health\\_in\\_All\\_Policies\\_inquiry\\_into\\_child\\_poverty\\_and\\_health\\_2.pdf&usg=AOvVaw0tPTLGtrGo\\_2VPgab4MKrU](http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwid5PHE4_jZAhWoCsAKHbkLDzwQFggxMAE&url=http%3A%2F%2Fwww.fph.org.uk%2Fuploads%2FAPPG_on_Health_in_All_Policies_inquiry_into_child_poverty_and_health_2.pdf&usg=AOvVaw0tPTLGtrGo_2VPgab4MKrU)

<sup>6</sup> <http://www.yor-ok.org.uk/workforce2014/Child%20Poverty/poverty-strategy.htm>

<sup>7</sup> <https://www.gov.uk/government/statistics/child-and-working-tax-credits-statistics-provisional-awards-geographical-analyses-december-2013>

**Table 2: Percentage of children who live in households where a parent or guardian claimed an out-of-work benefit**


	14/15	15/16	16/17
<b>Acomb</b>	10.60%	10.30%	10.50%
<b>Bishopthorpe</b>	1.90%	1.20%	0.60%
<b>Clifton</b>	13.90%	12.40%	14.90%
<b>Copmanthorpe</b>	2.80%	2.80%	2.30%
<b>Dringhouses and Woodthorpe</b>	7.70%	6.90%	7.40%
<b>Fishergate</b>	4.70%	4.40%	4.10%
<b>Fulford and Heslington</b>	3.30%	2.40%	0.60%
<b>Guildhall</b>	13.80%	13.80%	9.30%
<b>Haxby and Wigginton</b>	3.60%	3.00%	2.10%
<b>Heworth Without</b>	4.60%	3.10%	1.50%
<b>Heworth</b>	13.30%	12.70%	11.20%
<b>Holgate</b>	9.00%	8.50%	7.50%
<b>Hull Road</b>	12.30%	11.10%	12.20%
<b>Huntington and New Earswick</b>	8.50%	7.50%	8.00%
<b>Micklegate</b>	6.70%	6.90%	7.40%
<b>Osbalwick and Derwent</b>	4.50%	3.00%	6.00%
<b>Rawcliffe and Clifton Without</b>	6.40%	5.90%	4.70%
<b>Rural West York</b>	3.40%	3.30%	3.30%
<b>Strensall</b>	4.00%	3.40%	2.90%
<b>Westfield</b>	18.60%	16.90%	16.60%
<b>Wheldrake</b>	3.50%	3.50%	3.00%

### *York's response to childhood poverty*

The York Childhood Poverty Strategy<sup>8</sup> 2011-2020 estimates that nearly 44,000 children in York live in poverty and has the ambition to take 1000 children out of poverty by the end of the strategy. The strategy has the following priorities; the gap in education outcomes for young people, the skills necessary for adult life including employment skills, access to the right financial support, financially inclusive, to look at fuel poverty, leisure facilities, transport, and youth homeless.

The Local Area Coordination team support individuals and families in York. This may include supporting families in financial difficulty as a result of poverty. Where families are identified as having additional needs, the Healthy Child Service will provide appropriate support to families to ensure that their children have through reducing health inequalities to give them the best start in life.

<sup>8</sup> <http://www.yor-ok.org.uk/workforce2014/Child%20Poverty/poverty-strategy.htm>



Fuel Poverty: Fuel poverty occurs when households with low incomes live in houses that are expensive to heat, and people are not able to sufficiently heat their homes without putting themselves in poverty. In York, households who have low incomes in houses with poor energy ratings are eligible for either 100% or 75% grant funding to improve the insulation on their homes. Additional consideration is given to households with children in houses with moderate energy ratings.