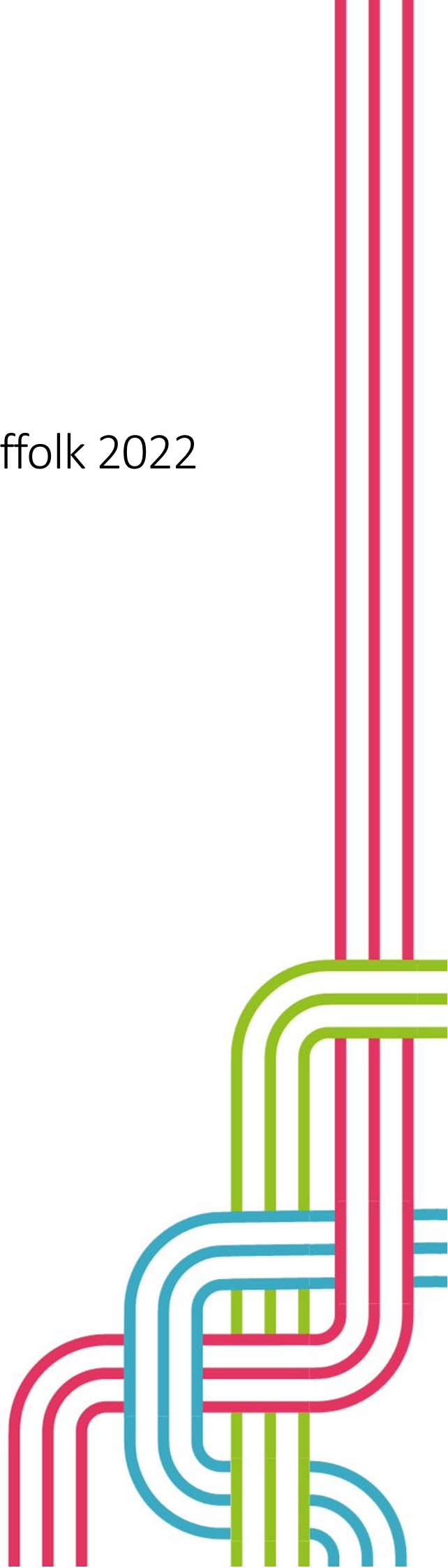


# The State of Children in Suffolk 2022

## Physical health



## Physical health

### Key points

1. Suffolk has a statistically significantly lower proportion of babies who have a first feed of breast milk than England, and a statistically significantly higher rate of hospital admissions for babies aged under 14 days (this is often linked to problems with feeding). However, breastfeeding prevalence at 6-8 weeks is statistically significantly higher (better) than England.
2. Childhood immunisation data indicates Suffolk achieves the lower threshold of 90% coverage for all key immunisations for children aged five and under. Population vaccination coverage is significantly higher (better) than England for all childhood vaccines and immunisations. However, more needs to be done to meet the World Health Organisation target of 95% coverage which provides protection to wider society and can lead to disease elimination.
3. Asthma is the most common long term condition among children and young people, with around 12,400 children aged 0-15 in Suffolk estimated to have the condition in 2020. Emergency hospital admissions for asthma in children aged 0-9 are statistically significantly higher (worse) than England.
4. Emergency hospital admissions for diabetes in children and young people (under 19) for Suffolk are significantly higher (worse) than England.
5. Despite performing better than England, more than one in five (21.6%) Reception Year children and nearly one in three (31.7%) Year 6 students in Suffolk are above the recommended healthy weight (overweight or obese).
6. Childhood obesity rates are around twice as high in the most deprived areas of Suffolk compared to the least deprived areas (Reception Year, children aged 4-5 and Year 6, children aged 10-11).
7. NHS dental services and hospital admissions have been affected by the pandemic, so the prevalence of tooth decay is probably underestimated in children in Suffolk. Unmet or unidentified demand would show as increased (worsening) prevalence of tooth decay (dental caries) in the data in future years.
8. Whilst A&E attendances for children and young people under one and 0-4 are statistically significantly lower (better) compared to England, emergency hospital admissions for babies under one year and children aged 0-4 years are significantly higher, as are rates of admission for unintentional and deliberate injuries in 0-4 and 0-14 year olds.

### Why is physical health important in Suffolk?

Giving every child the best start in life is crucial in establishing a good foundation for future development. This begins before a child is born: smoking or being very overweight in pregnancy can have negative effects on a child's health. Breastfeeding babies (where possible) has short and long term benefits (for example, reducing cardiovascular disease in adulthood).<sup>1</sup> Children who suffer neglect and extreme lack of stimulation in infancy have decreased brain function and can inhibit their capacity to learn and thrive. Interventions in early infancy can improve educational attainment, economic status, and health (including mental health).<sup>2</sup>

## Impact of COVID-19 on data

The impacts of the COVID-19 pandemic in the UK have been felt and experienced by young and old alike, and will affect people's lives both in the short, medium, and long term. One of the many consequences of the pandemic has been its impact on data collection. Across many areas, such as the economy, education, health and wellbeing, the pandemic has affected what data has been collected and what has been published. Even when published, not all data has been comparable with pre-COVID-19 data. Limitations on data include but are not limited to:

- gaps in the epilepsy audit data submitted for 2020<sup>3</sup>
- reductions in hospital admissions in 2020/21 and 2021/22 may suggest unmet need rather than reduced demand
- breast-feeding at 6-8 weeks is reported from observation at health visits. No data is available for Suffolk in 2019/20. Suffolk was one of only 65 local authorities to submit valid data for 2020/21<sup>4</sup>
- National Child Measurement Programme (NCMP) data collection was reduced<sup>5</sup>
- three months of data are missing from the national dental epidemiology programme survey of three year olds with decayed missing or filled teeth<sup>6</sup>
- births registrations for 2020 may be slightly underestimated due to disruptions to the registration process<sup>7</sup>

## What is the local picture?

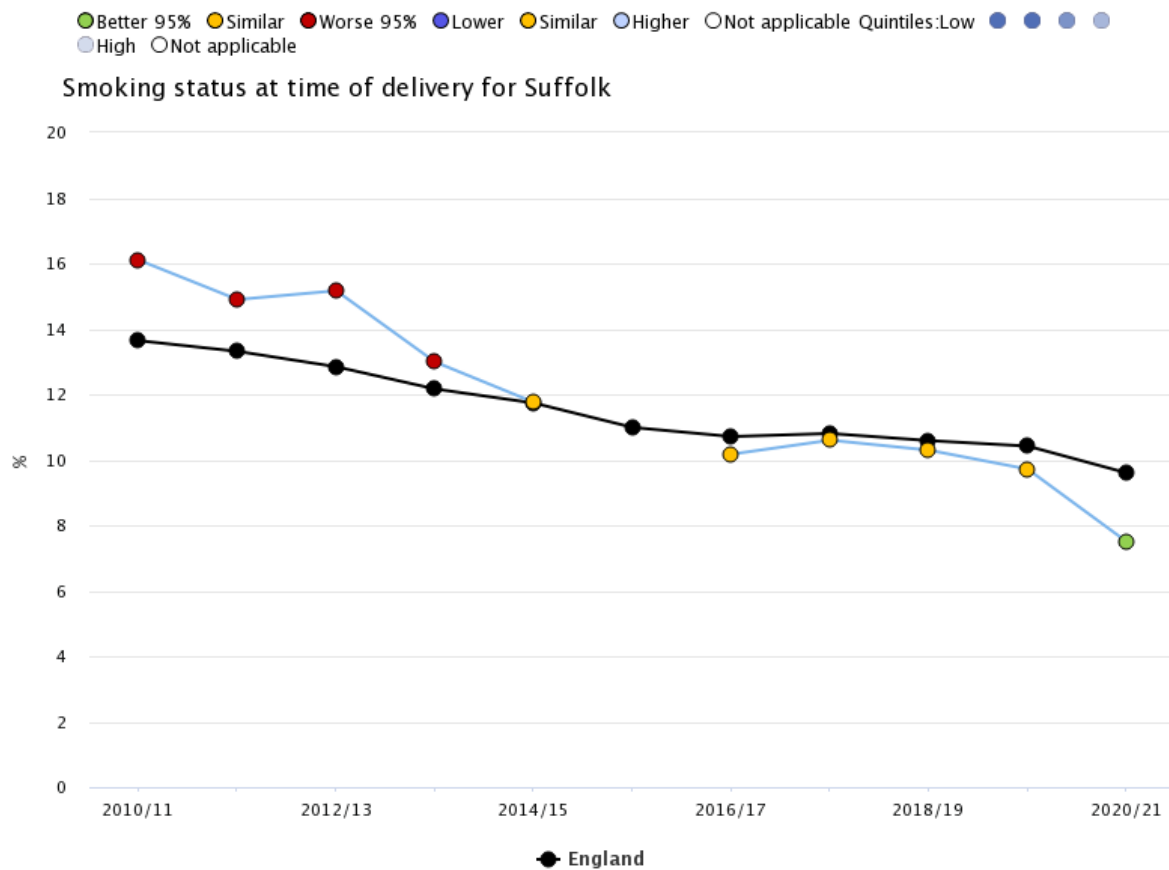
Where available, data is also given at a lower level than Suffolk – either by districts and boroughs or by Clinical Commissioning Group (CCG).

## Best start in life (first 1001 days) Pregnancy and birth

The percentage of women who started taking folic acid supplements prior to pregnancy (as reported at the time of their maternity booking appointment within the period) is important for the development of a healthy foetus and to reduce the risk of neural tube defects including spina bifida. It can also be used as a proxy indicator of preconception care. In 2018/19 (the latest year available at the time of this report), a significantly lower percentage of pregnant women had started supplements (25.3%) in Suffolk than England as a whole (31.9%).<sup>4</sup>

Smoking status at time of delivery is statistically significantly better (lower) than the England average and has been improving over the past ten years (Figure 1). In East and West Suffolk, the percentage of mothers known to be smokers at the time of delivery is significantly similar to England, while Babergh, Mid Suffolk and Ipswich are significantly better (lower) than England.

Figure 1: Smoking status at time of delivery, Suffolk compared to England, 2010/11-2020/21

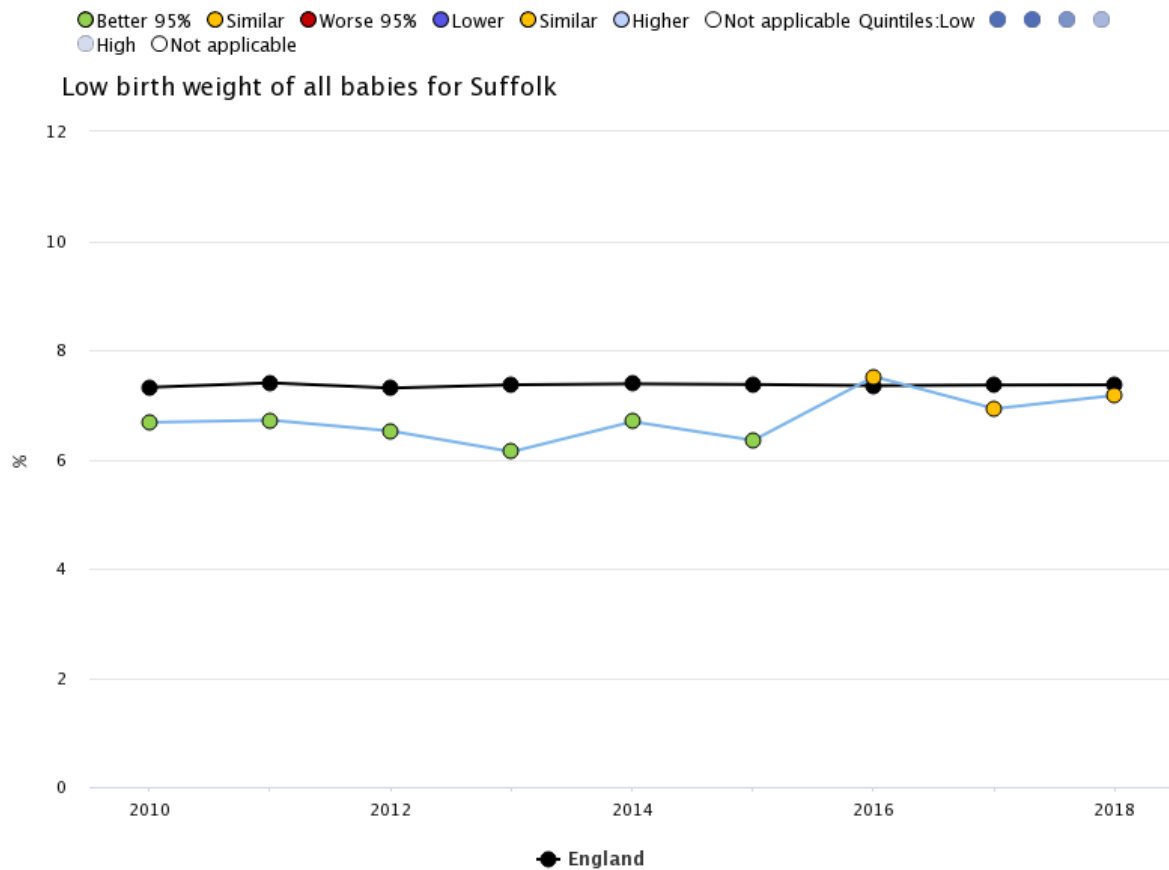


Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Low birth weight is an enduring aspect of childhood ill health, a major factor in infant mortality and has serious consequences for health in later life. There are social inequalities in low birth weight in England and Wales and these inequalities are likely to affect childhood and adult health inequalities in the future.<sup>8</sup> The proportion of babies born in Suffolk weighing less than 2,500g (7.2%) has not changed significantly for the latest year (2018) for which data is available, and is statistically significantly similar to the England proportion (7.4%) (Figure 2). In recent years (2016 onwards), the proportion of low birth weight babies in Suffolk has been in line with England, a decline on previous years (2010-2015) when the proportion of low birth weight babies was significantly lower (better) than England. This may be linked to increases in the rate of premature births in Suffolk: the Suffolk rate was lower (better) than England until 2014-16, but was significantly higher (worse) than England for 2016-18. Premature births are associated with smoking during pregnancy and exposure to tobacco smoke. Low birth weights may indicate declining health, increasing inequalities and also longer term impacts for the Suffolk population.

The percentage of low birth weight babies born at term (at least 37 weeks) is an indicator that is available at county and lower tier local authority level. The Suffolk figure for 2020 (2.19%) was statistically significantly better (lower) than England, as are the figures for West Suffolk, and Mid Suffolk; the proportions for Ipswich, East Suffolk and Babergh were statistically similar to England.

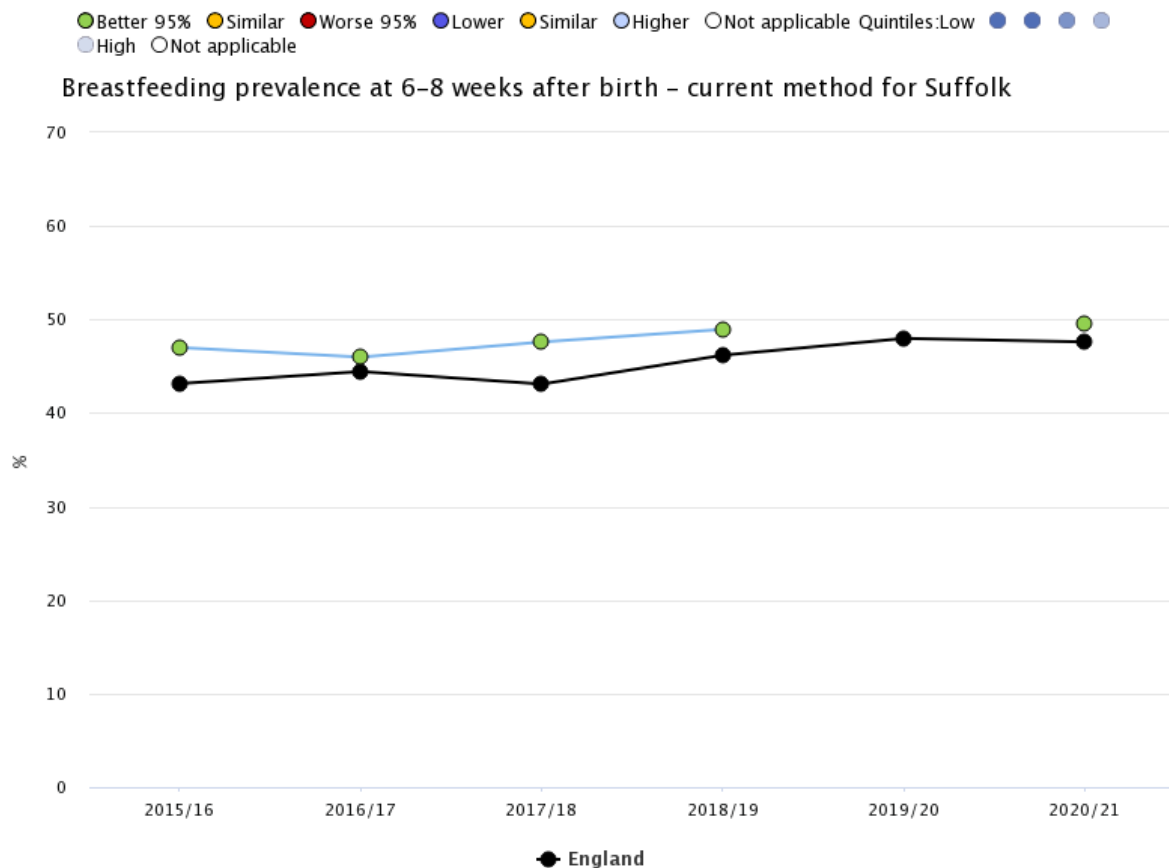
Figure 2: Low birth weight births as a percentage of all births, Suffolk compared to England, 2010-2018



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Suffolk performs statistically significantly worse (lower) than England when measuring the percentage of babies whose first feed is breast milk (2018/19 data, 65.0% compared to 70.0% for England).<sup>4</sup> Breastfeeding prevalence at 6-8 weeks after birth is statistically significantly higher (better) than England (49.6% compared to 47.6%, Figure 3),<sup>4</sup> although England rates are very low compared to other European countries, including Norway (89-91%), Sweden (84%) and Spain (72%).<sup>9</sup>

Figure 3: Breastfeeding prevalence at 6-8 weeks after birth, Suffolk



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

[Note: data is not available for 2019/20](#)

Suffolk had a statistically significantly higher (worse) rate of hospital admissions for babies aged under 14 days old in 2019/20 (129.9 per 1,000, the highest rate in the East of England, compared to 78.1 per 1,000 for England). High levels of admissions can suggest problems with either the timing or quality of health assessments.<sup>10</sup> Dehydration and jaundice are two common reasons for re-admission of babies and are often linked to problems with feeding.

Data on hospital admissions for lower respiratory tract infections in infants aged under one year is used to monitor the effectiveness of preventative work, such as: encouraging breast-feeding, promoting better diet, hygiene and management of infections, better support for young parents in the care of their children, providing support, and facilitating access to health advice and therapy. Suffolk performs statistically significantly worse than England and has done for the seven years for which data is available.<sup>4</sup>

## Immunisations

The [childhood immunisation topic of the JSNA](#) was updated in December 2021, and has the latest data.<sup>11</sup> The key points include:

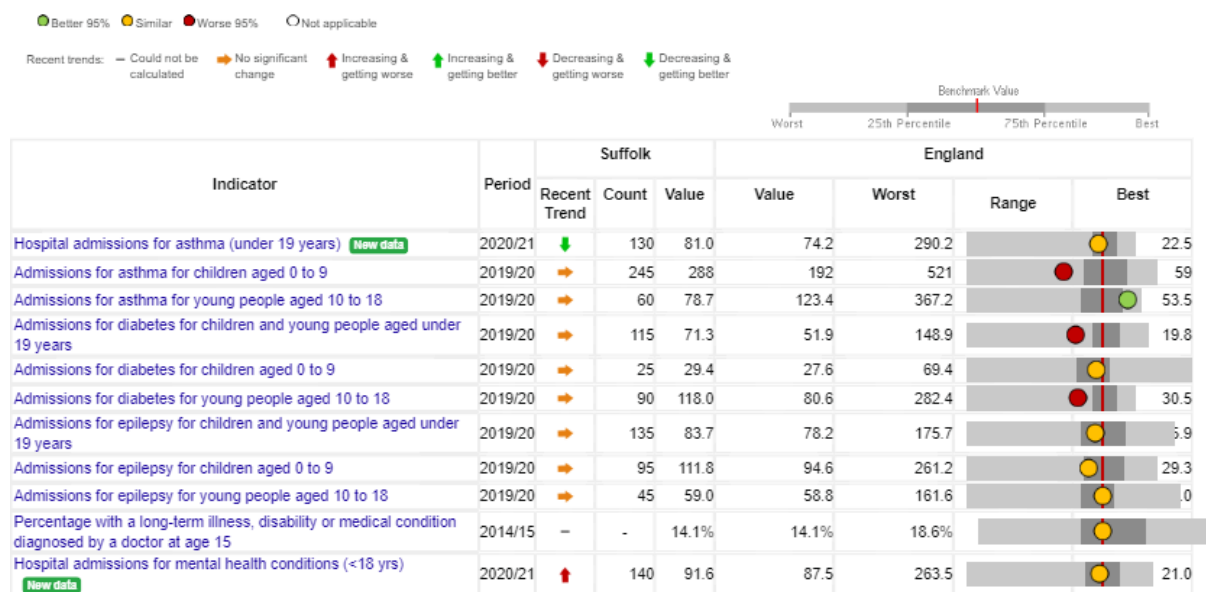
- childhood immunisation data indicates Suffolk achieves the lower threshold of 90% coverage for all key immunisations for children aged five and under. More needs to be done to meet the World Health Organisation target of 95% coverage which provides protection to wider society and can lead to disease elimination.<sup>4,12</sup>

- England figures show falling vaccination coverage for most childhood vaccinations although there is no significant change locally apart from a significant fall in HPV vaccination coverage. School closures to control COVID-19 led to low HPV vaccine coverage in the 2019-20 academic year, and although there was a significant improvement nationally in 2020-21 (local figures not yet available), coverage has not returned to pre-pandemic levels.<sup>13</sup>
- analysis of data for England as a whole suggests looked after children, children with a learning disability, and children from other groups at risk of disadvantage such as Roma and Gypsy Travellers are less likely to be vaccinated<sup>14</sup>

## Long term health conditions

Incidence and prevalence figures for long term conditions such as diabetes, epilepsy and asthma are not published for children and young people at a subnational level, so the sections below give estimates based on national rates.

Figure 4: Suffolk profile of long term conditions and complex health needs compared to England



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

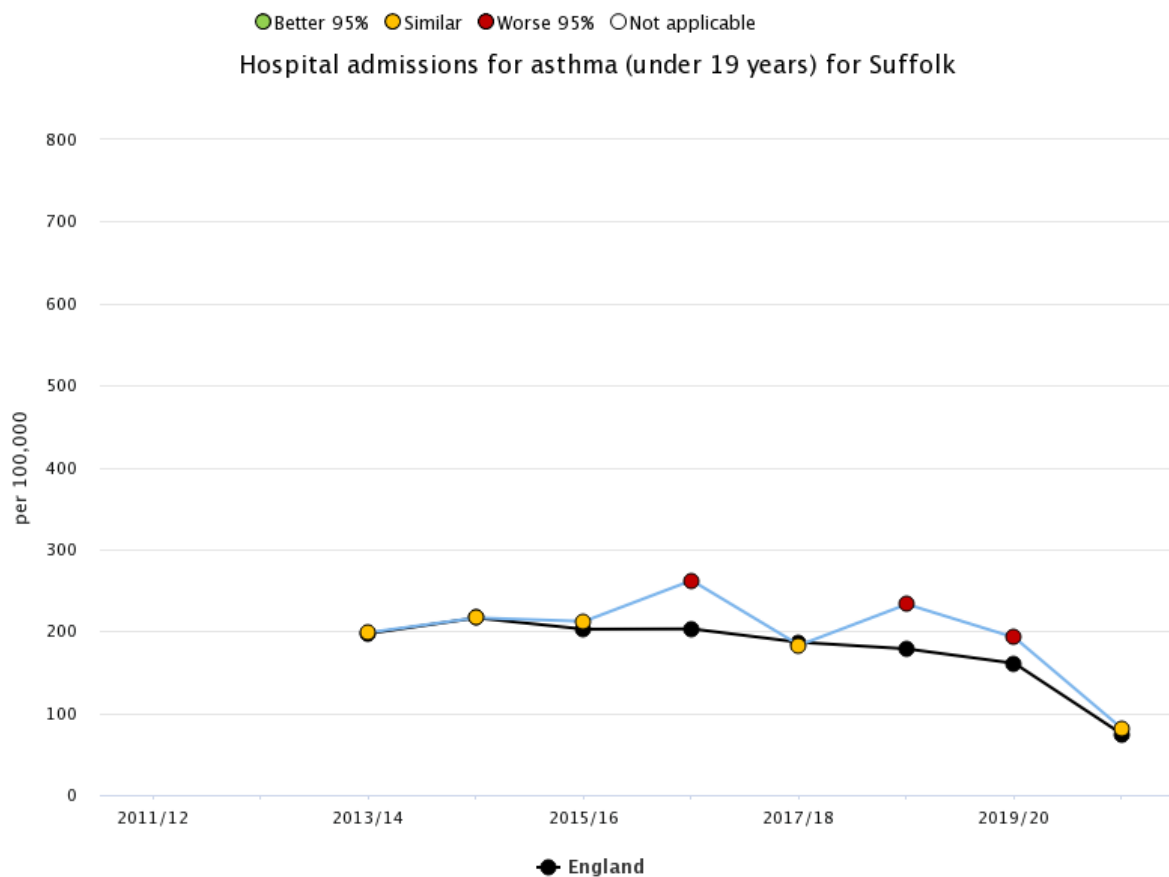
## Asthma

Asthma is the most common long term condition among children and young people. Around one in 11 children and young people live with asthma.<sup>15</sup> Using 2020 population estimates,<sup>16</sup> this suggests around 12,400 children in Suffolk (aged 0-15) have asthma. The incidence of asthma is higher in children than adults, and some may grow out of the condition.<sup>17</sup> Risk factors for asthma include: mother smoking during pregnancy (see above, Figure 1), being born prematurely or with a low birth weight (see above, Figure 2) and exposure to air pollution.<sup>18</sup>

Suffolk emergency hospital admissions for asthma in children (under 19 years) have reduced (2020/21 data), so that the rates are now similar to England (Figure 5). However, this reduction in admissions corresponds with the peak of the Covid pandemic, when people may have been less likely to attend hospitals, even in an emergency, so it is not yet clear whether this is the start of a

lasting trend in lower admissions. There was no significant difference between the three CCGs that cover Suffolk, and each is statistically similar to England.

Figure 5: Hospital admissions for asthma (under 19 years)



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Admissions for younger children (aged 0 to 9) remain significantly worse than England (288 per 100,000 compared to 192 per 100,000, Figure 4), driven by significantly worse (higher) admission rates in West Suffolk (440 per 100,000) and Norfolk and Waveney (230 per 100,000).<sup>4</sup> Admissions for older children (aged 10-18) were statistically better (lower) across Suffolk (78.7 per 100,000) than England (123.4 per 100,000) as a whole, with West Suffolk CCG statistically similar to England, and the other two CCGs significantly lower (better). The UK has some of the highest prevalence, emergency admission and death rates for childhood asthma in Europe.<sup>15</sup>

Across England, children living in more deprived areas are more likely to have an emergency admission to hospital for asthma.<sup>4,12</sup>

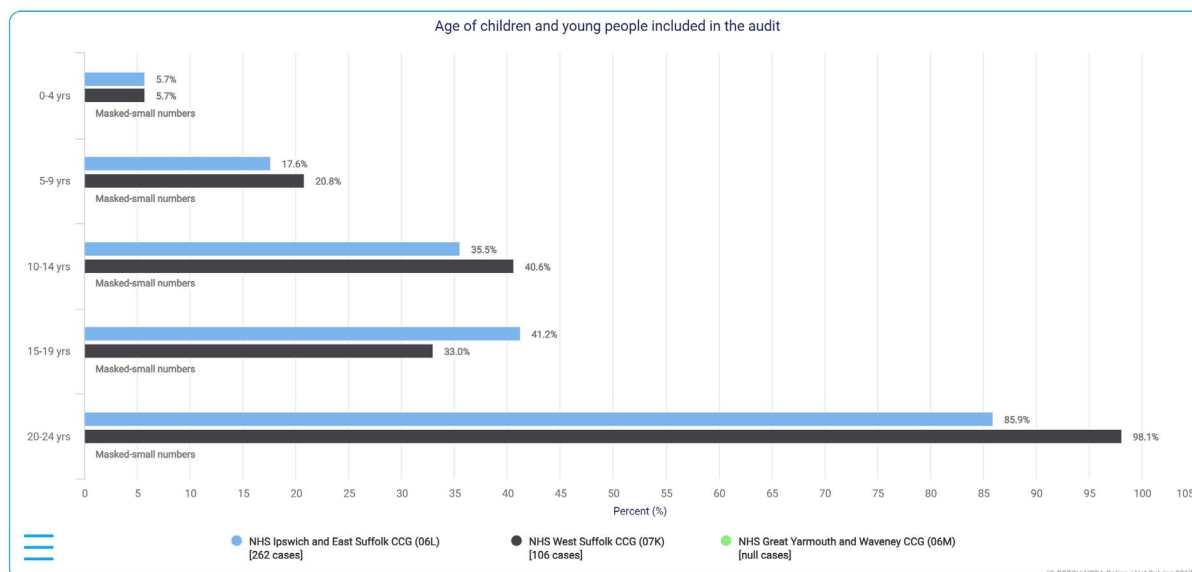
## Diabetes

In 2019/20, the prevalence of Type 1 diabetes in children and young people aged 0 to 15 years old in England and Wales was estimated to be 198.3 per 100,000 of the general population.<sup>19</sup> This would suggest that 270 people aged 0-15 in Suffolk are living with Type 1 diabetes. The latest National Paediatric Diabetes Audit data records 368 children and young people (aged 0-24) with Type 1 diabetes being looked after by the two largest Suffolk CCGs (Ipswich and East Suffolk, West Suffolk)



(Figure 6). Great Yarmouth and Waveney CCG (149 cases in 2018/19) became part of Norfolk and Waveney CCG (588 cases 2019/20) in April 2020.

Figure 6: Children and young people included in the National Paediatric Diabetes Audit, Suffolk CCGs, 2019/20



Source: Royal College of Paediatrics and Child Health: National Paediatric Diabetes Audit results online<sup>20</sup>

There were at least 2,799 children and young people aged 0 to 15 years old newly diagnosed with Type 1 diabetes in England and Wales in 2019/20, with an estimated incidence of 25.6 per 100,000 general population within this age group.<sup>19</sup> This would suggest that 35 people aged 0-15 in Suffolk are diagnosed with Type 1 diabetes each year.

The numbers of children and young people in England with Type 2 diabetes are low but increasing (Table 1).<sup>21</sup> The UK has the highest reported prevalence of childhood Type 2 diabetes in Europe.<sup>22</sup> Higher risk of Type 2 diabetes was found in girls, those of non-white ethnicity, and those living in the most deprived areas.<sup>19</sup> The 2015/2016 UK incidence of Type 2 diabetes in children aged under 17 years was 0.72 per 100 000 per year, suggesting around one person a year would be diagnosed with Type 2 diabetes in Suffolk (2020 population estimate).<sup>22</sup>

Table 1: Young people with Type 2 diabetes in England, count, by age group, 2019-20

Age group	Number of people
Under 12 years	105
12-15 years	545
16-18 years	910
19-25 years	8,245
<b>Total</b>	<b>9,805</b>

Source: NHS Digital: Young people with Type 2 diabetes, 2019-20<sup>21</sup>

Emergency hospital admissions for diabetes in children and young people (under 19) for Suffolk are significantly higher (worse) than England (Figure 4). Admission rates for the three Suffolk CCGs were significantly higher (worse) than England for young people aged 10-18. Admission rates for Norfolk

and Waveney CCG (42.2 per 100,000) were also significantly higher (worse) than England for children aged 0-9, while the other two CCGs were statistically similar to England (27.6 per 100,000).

## Epilepsy

Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 112,000 children and young people in the UK. It usually starts in childhood or in people over 60. Definitive diagnosis is difficult due to lack of specific diagnostic test, and therefore both under and over diagnosis occurs. Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnosis.<sup>12</sup>

One in every 220 children under 18 are estimated to have a diagnosis of epilepsy.<sup>23</sup> This suggests that 695 children and young people in Suffolk have epilepsy (2020 population estimates).

Epilepsy is associated with a higher risk of mental health problems: 37% of children with epilepsy have a co-existing mental health disorder, a higher prevalence than found in other long term childhood conditions.<sup>12</sup>

Emergency admissions for epilepsy in children and young people aged under 19 in Suffolk are statistically similar to England (Figure 4). Not all emergency admissions to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions.<sup>12</sup>

## General wellbeing

Prevention of ill health and early intervention in childhood can develop and maintain healthy behaviours throughout life, particularly immunisations (see previous section), weight and oral health.<sup>12</sup>

## Weight

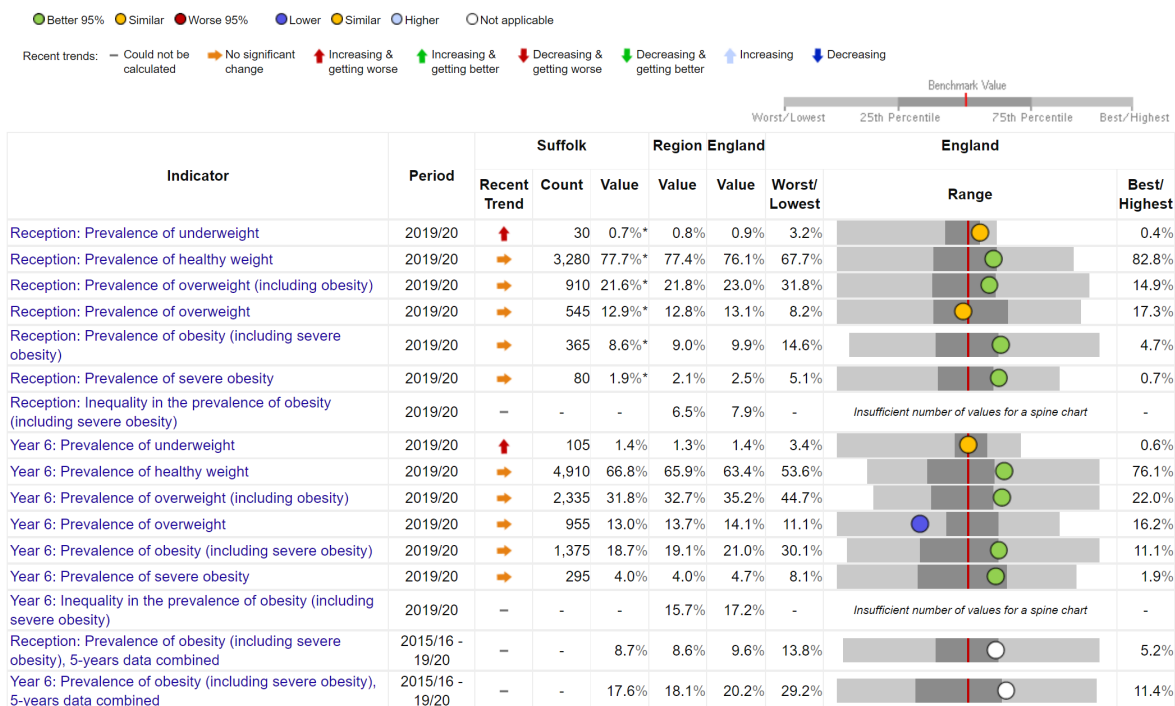
Obese children are more likely to become obese adults. Overweight children have increased chance of developing other health conditions, including heart disease, high blood pressure and diabetes.<sup>12</sup>

The latest published data on childhood weight comes from the NCMP for the academic year 2019/20 (Figure 7), and is considered in more detail in the 2021 report Tackling Obesity in Suffolk 2021.<sup>5</sup> Key findings from that report include:

- the prevalence of overweight and obesity in Reception Year children (aged 4 to 5) is lower in Suffolk (21.6%) than England (23.0%) and similar to the East of England (21.8%) - but still very high at more than one in five children
- despite performing better than England, nearly one in three (31.7%) Year 6 students in Suffolk are above the recommended healthy weight (overweight or obese).
- the prevalence of overweight and obesity in Year 6 children (aged 10 to 11) is lower in Suffolk (31.7%) than England (35.2%) and similar to the East of England (32.7%).
- variation is seen in the prevalence of overweight and obesity between the districts/boroughs in Suffolk, with lower prevalence in the less deprived areas and higher prevalence in the more deprived areas (including Ipswich). East Suffolk and Babergh have a statistically significant lower (better) proportion of overweight and obese children in Reception Year than England, while other Suffolk lower tier local authorities are statistically similar to England. The proportion of overweight and obese children in Year 6 is statistically significantly lower (better) than England in all Suffolk lower tier local authorities except Ipswich, which is statistically similar to England.

There is a strong association between deprivation and obesity in children.<sup>12</sup> In 2019/20, the prevalence of obesity in children in Reception Year class (aged 4 to 5) was almost twice as high in the most deprived areas of Suffolk (16.2%) compared to the least deprived areas of Suffolk (8.7%). Similarly, the prevalence of obesity in Year 6 children (aged 10 to 11) was more than twice as high in the most deprived areas (35.3%) of Suffolk compared to the least deprived areas of Suffolk (17.3%).<sup>5</sup>

Figure 7: National Childhood Measurement Programme summary profile, Suffolk compared to England



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

The proportion of children who are underweight at Reception or in Year 6 is increasing (getting worse) in Suffolk, although this is not significantly different from England as a whole (Figure 7). The prevalence of underweight children in Year 6 was statistically similar to England in all Suffolk lower tier local authorities. Lower tier local authority data for the percentage of underweight children in Reception Year is only available for East Suffolk, which is statistically similar to England.<sup>24</sup>

### Fruit and vegetable consumption

The latest data published on children's fruit and vegetable consumption for Suffolk is for 2014/15, when 50.7% of 15 year olds reported they were eating five or more portions of fruit and veg per day, in line with England as a whole (52.4%).<sup>4</sup>

More recently the National Diet and Nutrition Survey Rolling Programme has collected self-reported diet and physical activity data (between August and October 2020). This showed that for England as a whole:<sup>25</sup>

- consumption of fruit and vegetables was below the Five A Day recommendation in all age groups (mean 2.8 portions per day for children aged 11 to 18 years, lower than for older age groups),
- mean fibre intake was below recommendations in all age and sex groups

- consumption of sugar sweetened soft drinks was lower than in previous assessments for most but not all age groups, but average intake of free sugars exceeded recommendations in all age groups

### Physical activity

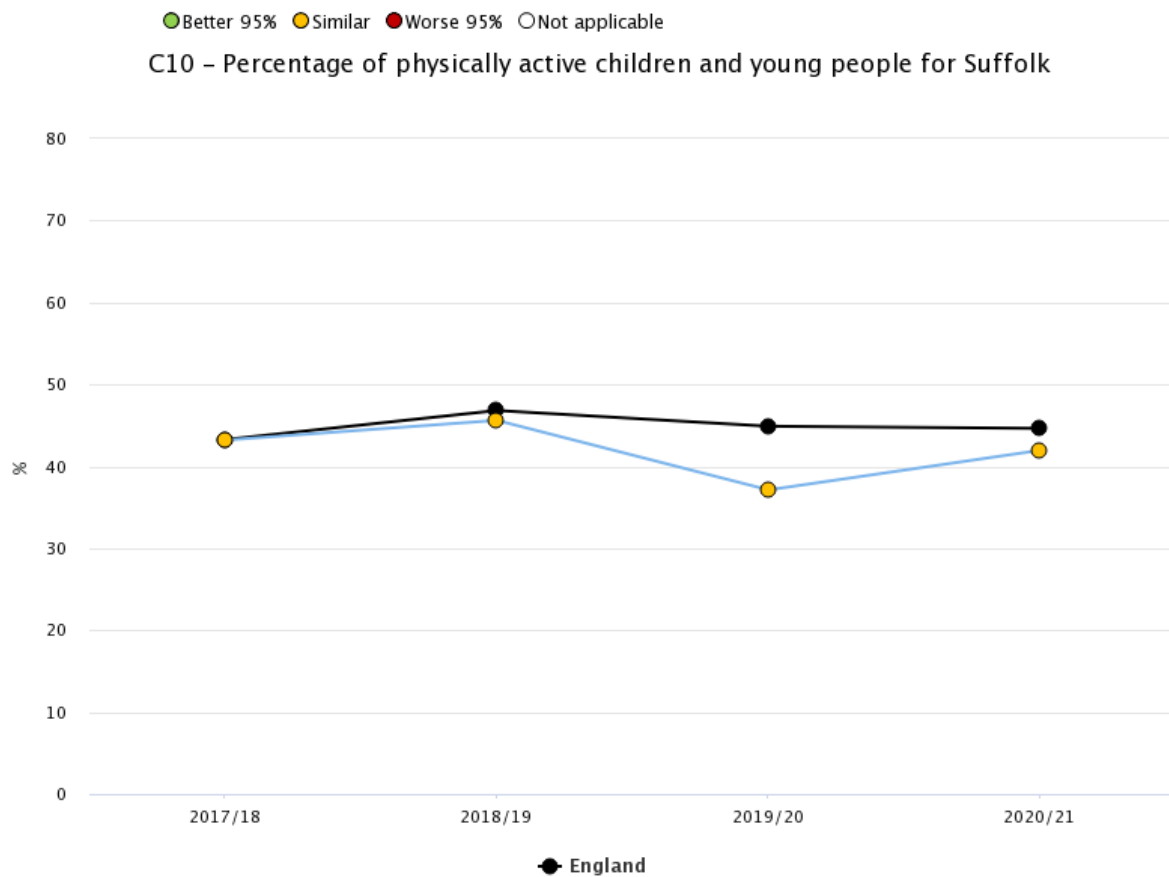
The UK Chief Medical Officers recommend that children and young people (5-18 years) are physically active for an average of at least 60 minutes per day across the week. Regular moderate-to-vigorous physical activity improves health and fitness, strengthens muscles and bones, develops co-ordination, maintains healthy weight, improves sleep, makes people feel good, builds confidence and social skills, and improves concentration and learning. Good physical activity habits established in childhood and adolescence are likely to be carried through into adulthood, so can reduce the risk of morbidity and mortality from chronic non-communicable diseases later in their lives.<sup>26</sup>

In 2020/21, 42% Suffolk children (aged 5-15) undertook an average of at least 60 minutes of physical activity per day, in line with England (44.6%) (Figure 8):

- Babergh is statistically similar to England (2020/21 data)
- East Suffolk is statistically similar to England (latest data available, 2018/19)
- Ipswich is statistically similar to England (2020/21 data)
- Mid Suffolk had rates that were significantly lower than England in 2018/19 (latest data available)
- West Suffolk is statistically similar to England (2020/21 data)

Inequalities analysis of the England figures show that children in years 3-6 and 7-11 are less likely to be physically active, as are children from Asian, Black and “Other” ethnic groups.<sup>4</sup>

Figure 8: Percentage of physically active children and young people, Suffolk compared to England, 2017/18 – 2020/21



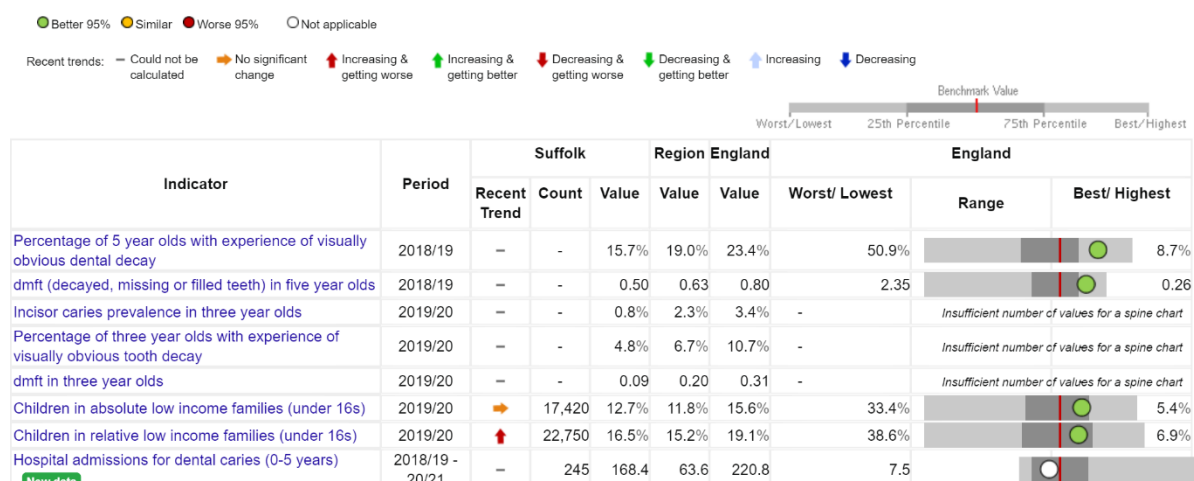
Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

### Oral health

Oral health services are delivered by different providers across the three CCGs which cover Suffolk. The reported numbers should be read with caution as variation between CCGs or over time may not be due to demand or need, but interpretations of service definitions or data quality. A full oral health profile for Suffolk is being written in 2022, which will explore this in more detail.

Suffolk appears to be performing better than England for oral health, where it is possible to make comparisons (Figure 9). All Suffolk lower tier local authorities had percentages of five year olds with experience of visually obvious dental decay that were statistically significantly lower (better) than England in 2018/19. Trends in oral health cannot be determined, but do not appear to be worsening significantly.

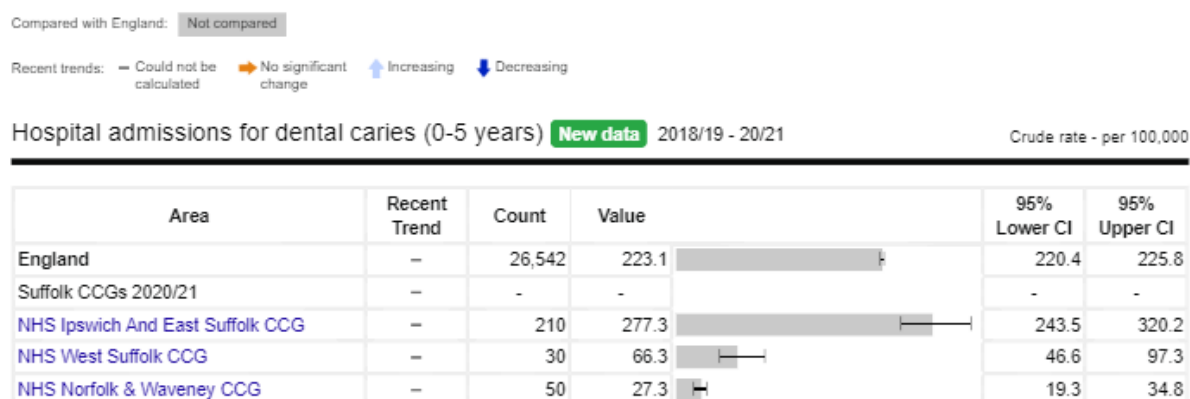
Figure 9: Oral health, Suffolk profile compared to England



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Hospital admissions for dental caries (0-5 years) are a good direct measure of dental health and an indirect, proxy measure of child health and diet (Figure 9 and Figure 10).<sup>27</sup> NHS dental services in Suffolk have been affected by the pandemic and by changes in the NHS contract, so Suffolk residents have struggled to find appointments.<sup>28</sup> Hospital admissions were reduced during the pandemic, so the latest data is likely to represent unmet or unidentified demand, rather than an overall improvement in oral health. The impact of the pandemic may mean prevalence of tooth decay (dental caries) increases (worsens) in future years.

Figure 10: Oral health, CCGs covering Suffolk compared to England



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

The latest data for dental caries (Figure 10) is in line with recent trends:

- Norfolk and Waveney CCG has had rates that are significantly lower than England since 2015/16-17/18,
- West Suffolk CCG has had rates that are significantly lower than England since 2015/16-17/18,
- Ipswich and East Suffolk CCG has had rates significantly higher than England for 2017/18-19/20 and 2018/19-20/21.

## Mortality

The latest data (Figure 11) suggests that key measures of childhood mortality for Suffolk are similar to the figures for England as a whole. However some registration data may be incomplete due to the impact of COVID-19.<sup>7</sup>

85 deaths (rounded) were recorded in Suffolk of children and young people aged 0-24 in 2020 and 2021. Public Health Suffolk have analysed the data, but numbers are too low to publish groupings by cause of death.

The Global Burden of Disease indicated the main (broad) causes of death for children and young people aged under 20 in Suffolk in 2019 (Figure 11).<sup>29</sup>

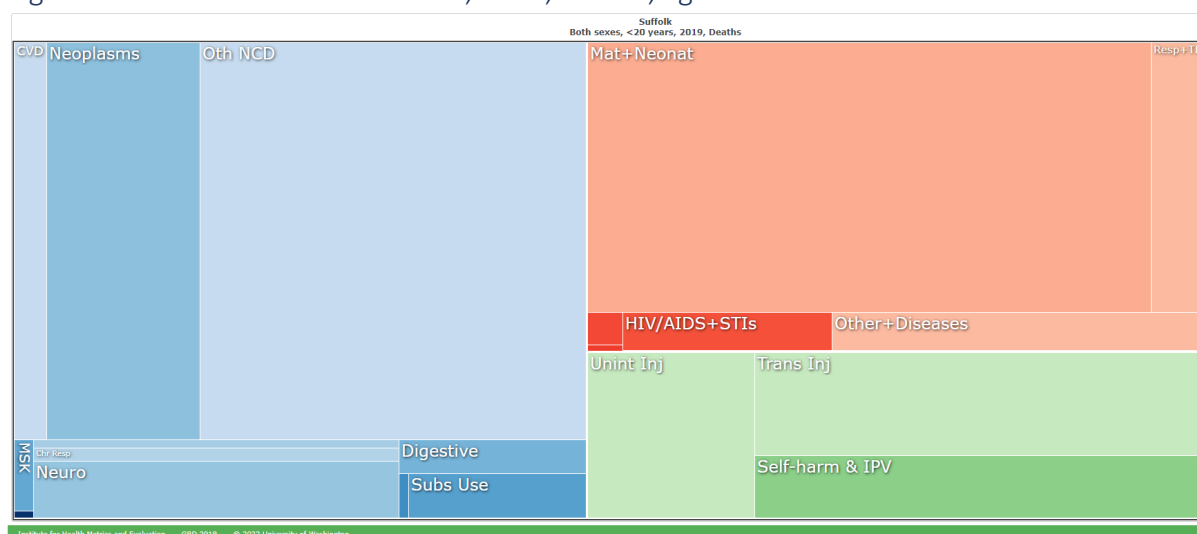
1. Other non-communicable diseases (27.14%, Oth NCD). The top three causes in this group were: congenital birth defects (19.59%); endocrine, metabolic, blood and immune disorders (3.74%); sudden infant death syndrome (3.31%)
2. Maternal and neonatal disorders (26.91%, Mat+Neonat)
3. Neoplasms (cancers) (10.75%)

The abbreviations on the chart shown (Figure 10) include:

- unintentional injuries (unint inj),
- transport injuries (trans inj),
- interpersonal violence (self-harm and IPV),
- substance use disorders (subs use),
- other infectious diseases (Other+Diseases),
- chronic respiratory (chr resp).

None of the areas on the chart which are too small for a label were responsible for more than 0.6% deaths (the highest was for diabetes and kidney disease 0.54%).

Figure 11: Global Burden of Disease, 2019, Suffolk, aged under 20



Source: The Lancet Global Burden of Disease<sup>29</sup>

The Child Death Overview Panel for Suffolk (which is required to receive notification of the death of any Suffolk child aged 0-18) recorded 27 notifications in the twelve months to 31 March 2021 (37 in the previous year): 37 reviews were completed in 2021 (19 in 2020), of which 19 (10 in 2020) were assessed as having modifiable factors.<sup>30</sup>

The latest Child Death Overview Panel annual report (published jointly with Norfolk) (2019/20)<sup>31</sup> reported that, across both counties, most reviewed deaths (36 of 53) took place in hospital (mirroring the national pattern). Nearly half (24 of 53, 45.3%) were in children under one year old (nationally 41%). There was a second peak in 15-17 year olds: half of these deaths were due to medical conditions, and half were potentially modifiable.

Of the 53 child deaths reviewed by the Child Death Overview Panels for Suffolk and Norfolk in 2019-2020, 40% (21) were identified as having modifiable factors. Infants aged 28 - 364 days had the highest proportion of deaths assessed as having modifiable factors (73%), followed by those aged 10 – 14 years (43%). This follows the national picture where modifiable factors were identified most frequently in deaths that were classed as Sudden Unexpected Deaths in Infancy (SUDI) and those where children died due to trauma or self-harm.

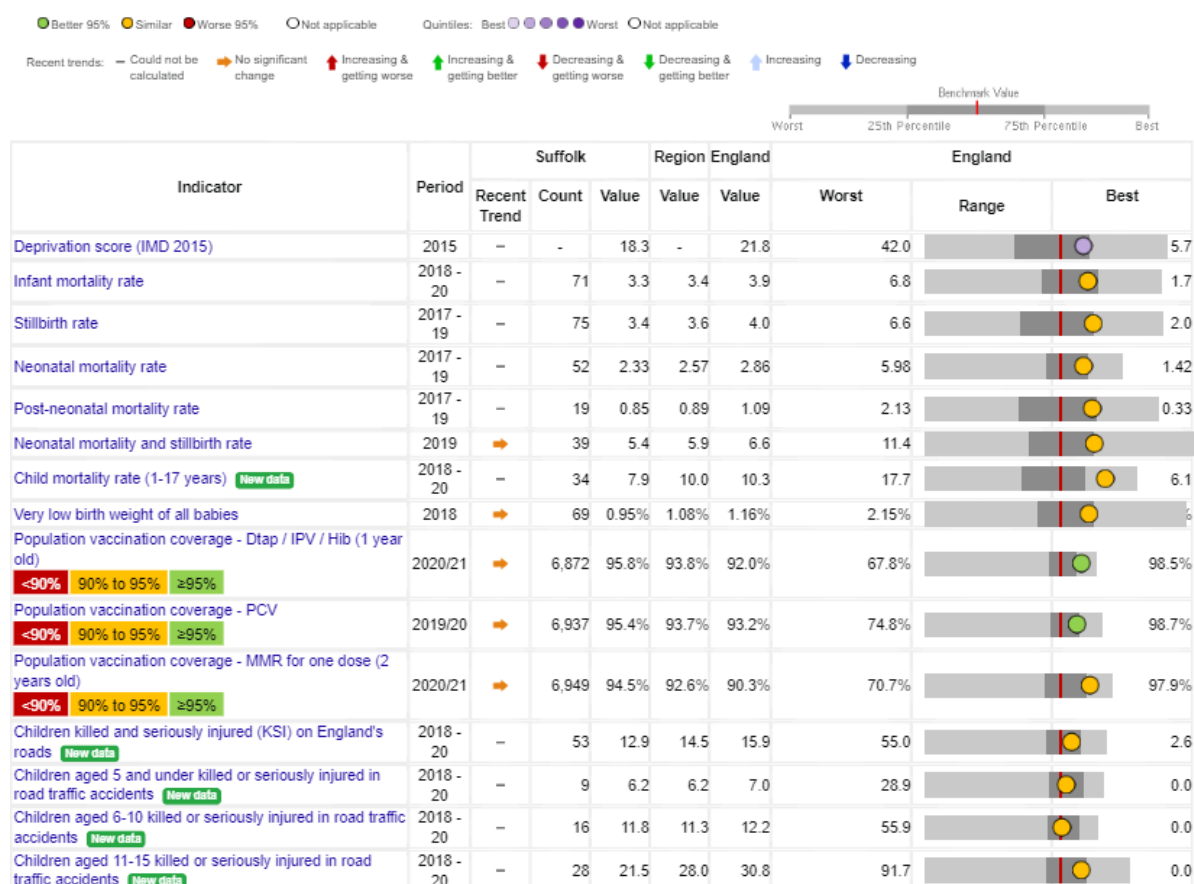
The modifiable factors identified by the CDOP panels related to safer sleeping and improved communication which include:

- co-sleeping associated with neglect, drug and alcohol consumption
- smoking as possible contributory factor in deaths from premature delivery and from SUDI.
- communication between agencies, between professionals and parents
- awareness of the signs of sepsis<sup>31</sup>

The child mortality rate continues to be similar to England as a whole (Figure 12). This may mask variation within the county, as mortality rates are higher in the most deprived areas of England.



Figure 12: Mortality indicators for Suffolk compared to England



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

## Accidents, unintentional and deliberate injuries

Common causes of accidents include: road traffic, accidental poisoning (including from medicines), falls, drowning and burns or scalds.<sup>12</sup>

Most non-intentional injuries are preventable by:

- educating children and families to identify and prevent risks in the home
- creating safe environments for children and young people (safety features in new build housing as well as safe public space for children and young people to exercise and play)
- addressing deprivation and health inequalities, as accidental injuries are more likely in families living in areas of higher deprivation.<sup>12</sup>

## Injuries to children and young people

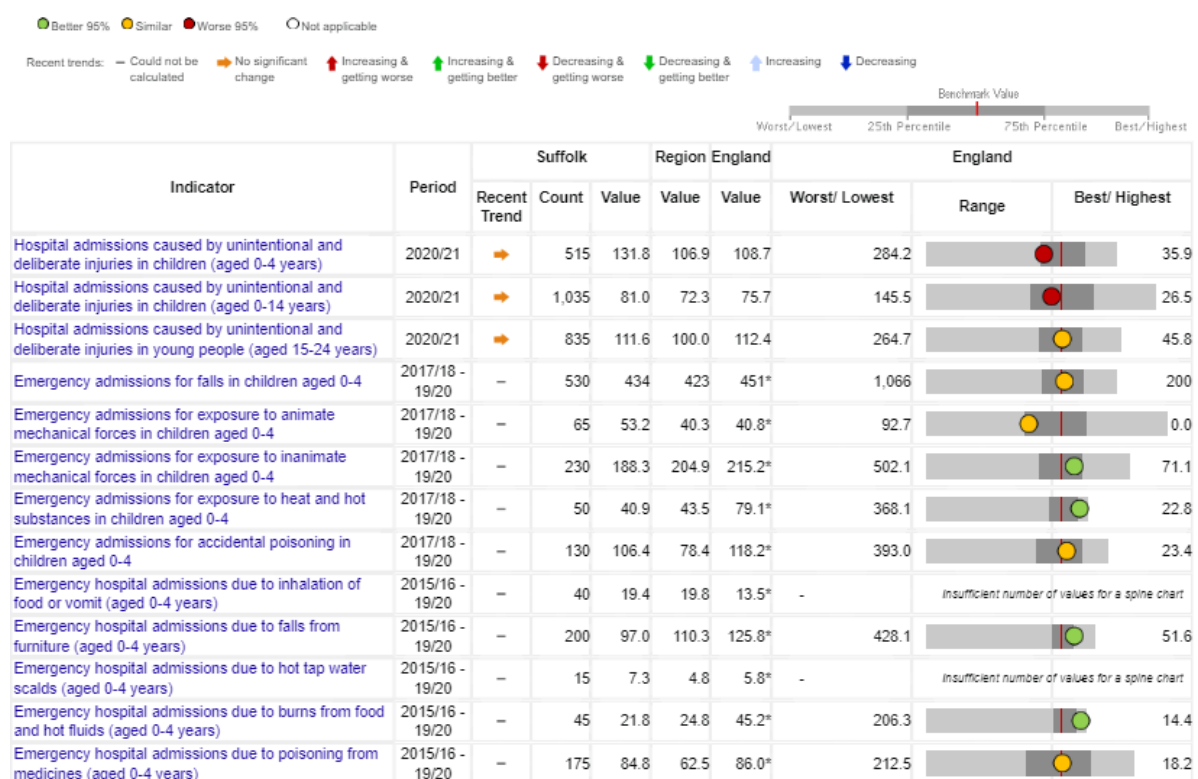
More details on youth violence and deliberate harm are considered in the [Feeling Safe chapter of the State of Children in Suffolk](#).<sup>32</sup>

To protect confidentiality, published hospital admissions data for injuries in children and young people is aggregated across several years. For example, there were 15 emergency hospital admissions due to hot tap water scalds in children aged 0-4 between April 2015 and March 2020 (numbers too small to compare with England as a whole).<sup>4</sup> This aggregation can make it difficult to

measure the impact of COVID-19 lockdowns (2020-22), when accidents in the home and child abuse may have increased.<sup>33-35</sup>

Where data is available for the pandemic period (hospital admissions caused by unintentional and deliberate injuries in children), Suffolk has remained in line with England for the 15-24 age group, but in 2020/21 admissions increased to be higher (worse) than England for the 0-4 and 0-14 age groups (Figure 13). Ipswich had statistically significantly higher (worse) hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) than England, while West Suffolk was statistically significantly lower (better). The other Suffolk lower tier local authorities were statistically similar to England. These indicators should be monitored carefully to establish whether this is a new trend or a consequence of lockdowns on domestic life and hospital admission patterns.

Figure 13: Unintentional or deliberate injuries (excluding road traffic accidents), Suffolk

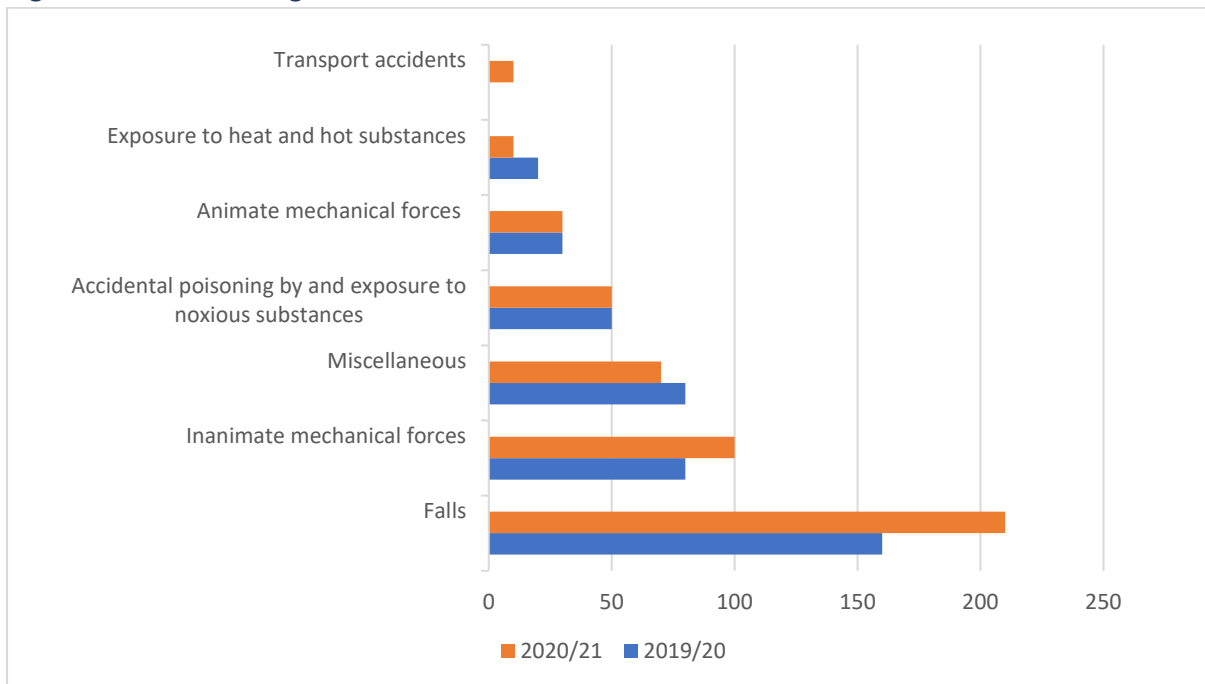


Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Suffolk public health and communities analyses of hospital episode data for the most common types of injuries, compared for the final pre-pandemic year (financial year 2019-20) and the first year of the pandemic and rounded to the nearest ten, show some marked changes (increasing falls among children aged 0-4, decreasing transport accidents and injuries from inanimate mechanical forces for children aged 10-14, decreasing falls for children aged 15-18), however these are snapshots, and trends over time would need to be examined to identify statistically significant changes (Figure 14).

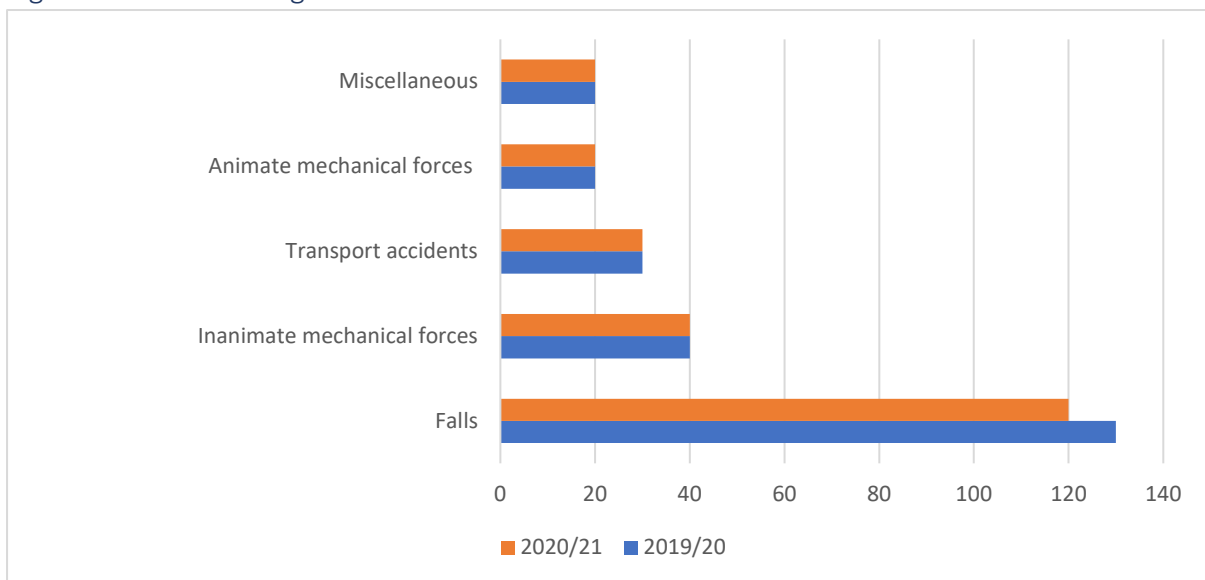
Figure 14: Emergency admissions in children and young people by number of admissions (8 or above) by pre-defined ICD-10 code category, rounded, Suffolk, 2019/20 compared to 2020/21

Figure 14a: Children aged 0-4



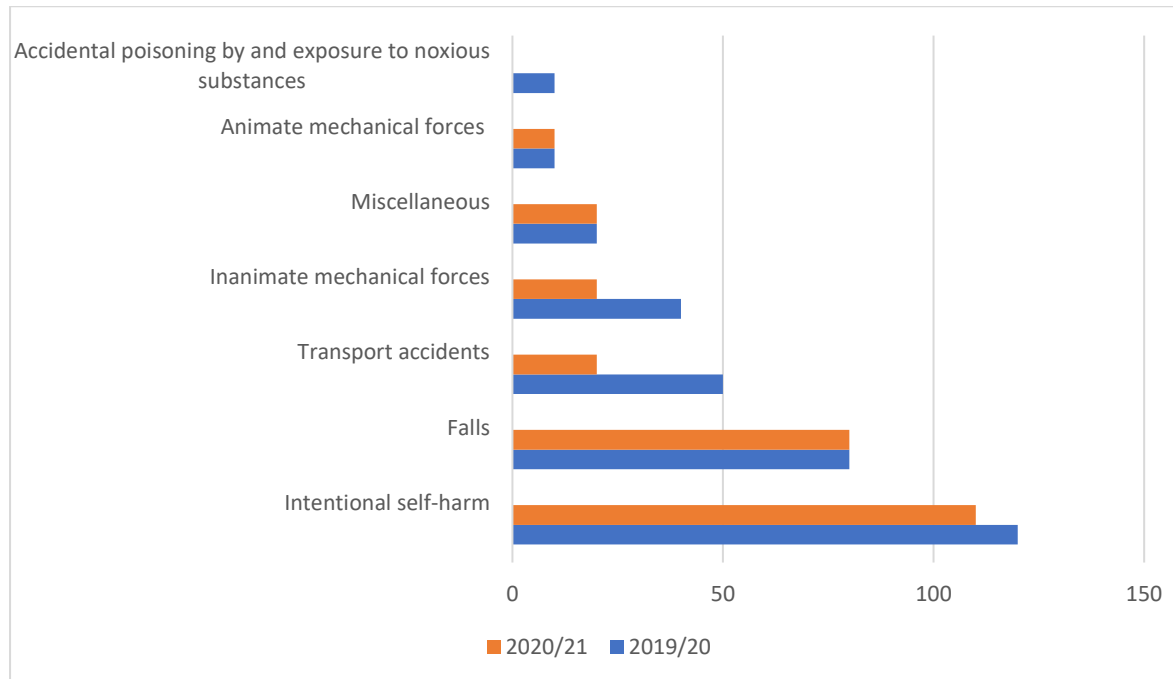
Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics.

Figure 14b: Children aged 5-9



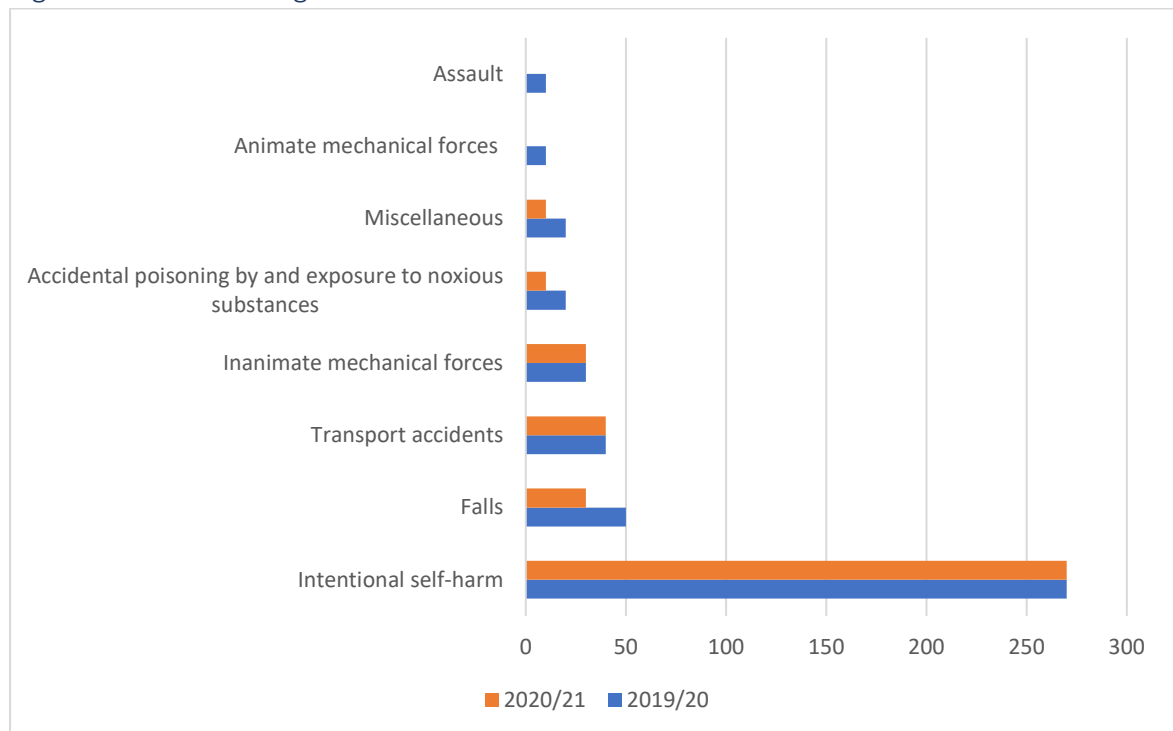
Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics.

Figure 14c: Children aged 10-14



Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics.

Figure 14d: Children aged 15-18



Source: Suffolk Public Health and Communities analysis of Hospital Episode Statistics.

### Road traffic accidents

The Office for Health Improvement and Disparities has a group of nineteen indicators on road safety and children and young people. Suffolk performs in line with, or worse than, England on all

indicators (where comparison is possible), only two indicators (related to pedestrian injuries) are lower (better) than England: rates of emergency admissions for pedestrians (aged 0-24, 2015/16-19/20 data) and for pedestrians killed or seriously injured in road traffic accidents (aged 0-24, 2015-2019).<sup>4</sup>

Most road traffic data is only published for the period before the pandemic (2015-2019), when Suffolk continued to have rates significantly higher than England for:

- motorcyclists (aged 0-24) killed or seriously injured in road traffic accidents
- car occupants (aged 15-24) killed or seriously injured in road traffic accidents
- fatal casualties from road traffic accidents (aged 0-24)
- slight casualties from road traffic accidents (aged 0-24) <sup>4</sup>

National data shows boys and young men are three times more likely to die in road accidents than girls and young women.<sup>36</sup>

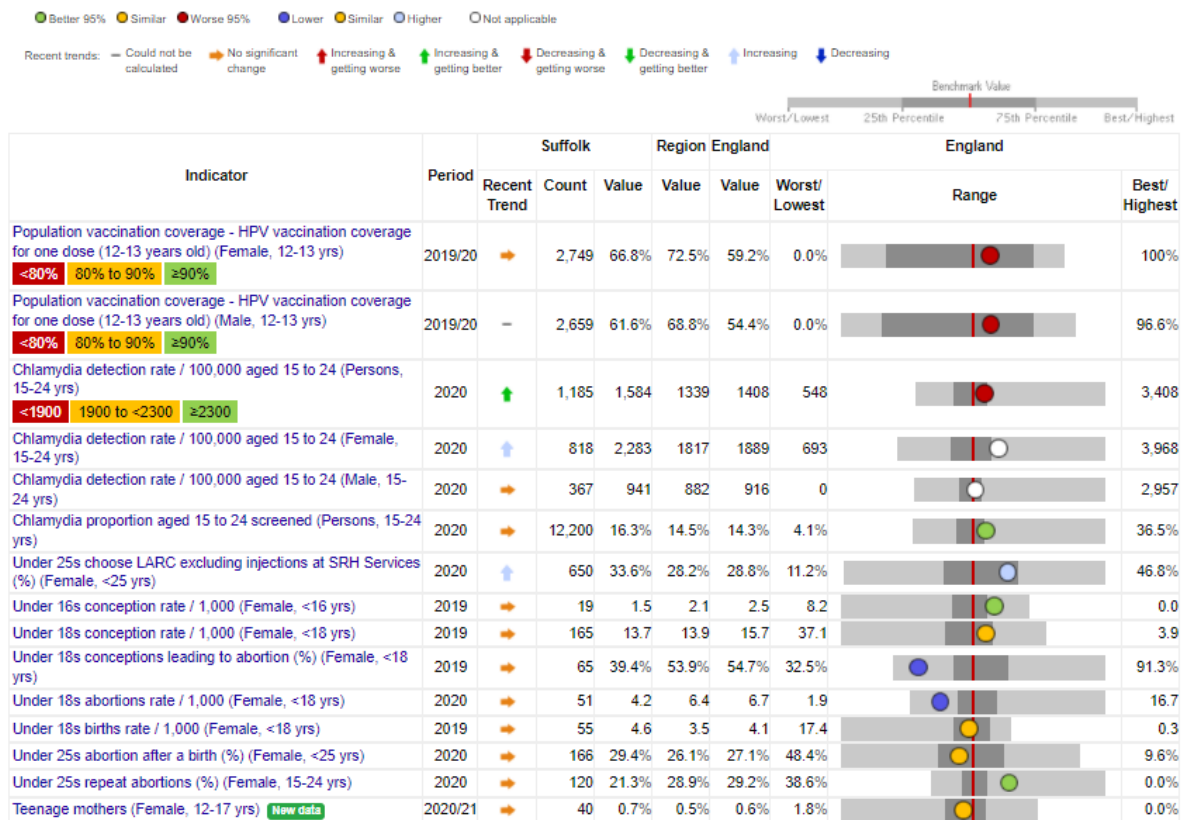
Road traffic fell during the pandemic: 2020 road traffic in Great Britain was 21% lower than 2019<sup>37</sup>. Road casualties and fatalities also fell, with a 17% drop in fatalities in 2020 in Great Britain compared to 2019. The age groups in Great Britain that saw the greatest reductions in casualties were children (aged 0 to 16 years) and older people (aged 60 and over), with a 84% decrease in child casualties in April 2020 compared to the three-year average for 2017-2019.<sup>38</sup> Data has not yet been published at county level for 2020/21, and as it is usually aggregated into five-year bands, it may be difficult to measure the impact of COVID-19 lockdowns (2020-22). Public Health Suffolk analysis of Suffolk emergency hospital admissions data suggests that the number of admissions for pedestrians, pedal cyclists, motorcyclists, and car occupants (aged 0-24) all fell in 2020/21 compared to the previous three years.

## Sexual health

Survey data for England reports one in five (20%) of fifteen year olds had had sexual intercourse, a reduction from 35% in 2002.<sup>39</sup>

Chlamydia is the most 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.<sup>40</sup> Suffolk screening rates for chlamydia are statistically significantly higher (better) than England as a whole (Figure 15), as are screening rates in Ipswich, West Suffolk and Mid Suffolk; Babergh screening rates are statistically similar to England, and screening rates in East Suffolk are significantly worse (lower). Despite higher screening rates, the detection rate in Suffolk, and in each lower tier local authority, is below the goal of at least 2,300 per 100,000.

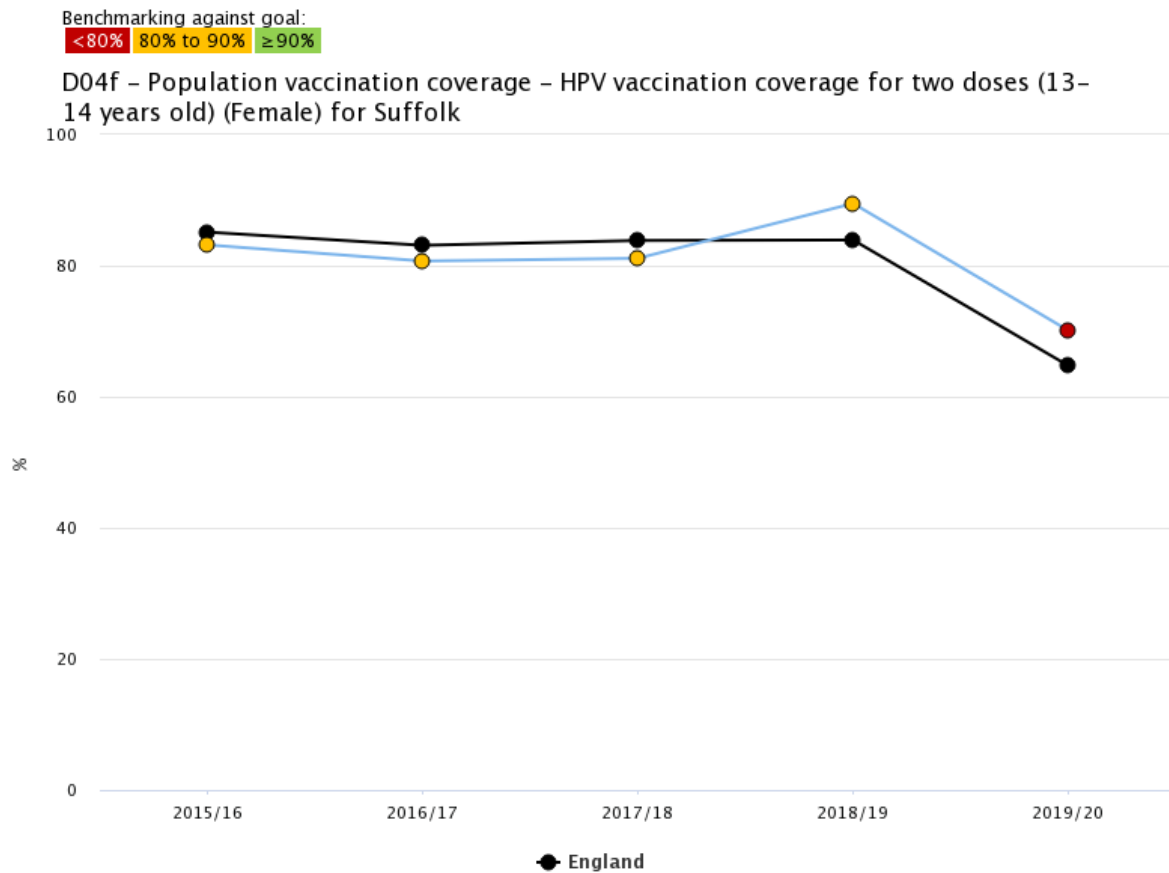
Figure 15: Teenage sexual health, Suffolk compared to England



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

HPV immunisation protects against certain head and neck, anal and genital cancers, as well as offering females protection against cervical cancer. Although Suffolk’s vaccine uptake is higher than England (Figures 15-16), it is lower (worse) than the goal (90% coverage).

Figure 16: Population vaccination coverage – HPV vaccination coverage for two doses, females, 13-14 years old, Suffolk, 2015/16-2019/20

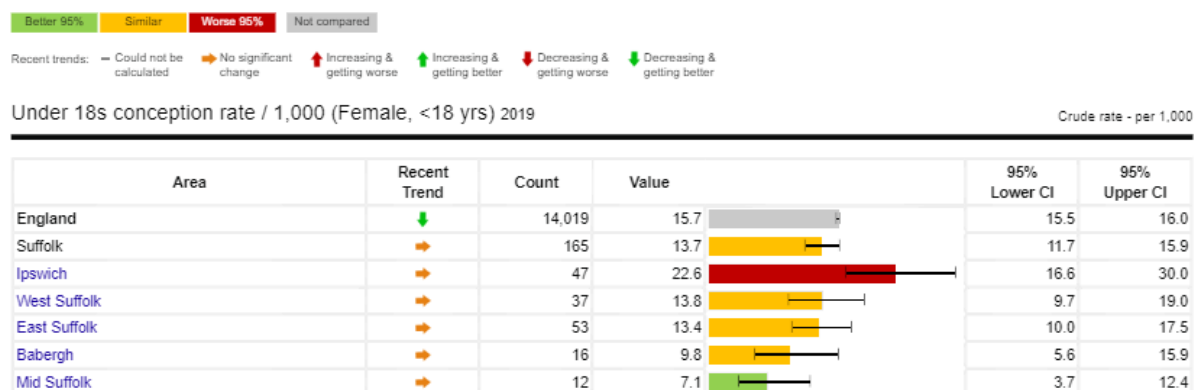


Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Most teenage pregnancies are unplanned, and teenage pregnancy is associated with poorer outcomes for the parents (teenage mothers have a higher risk of poor mental health), and the child (infant mortality is around 60% higher than for the children of older mothers).<sup>41</sup>

The under 18s conception rate per 1,000 is in line with England for Suffolk as a whole (2019, latest data available, Figure 17), although this masks variation between lower tier local authorities (Figure 16), with Ipswich having a rate significantly higher than Suffolk and England as a whole.<sup>4</sup> There is further variation at ward level, with significantly higher percentages of deliveries to teenage mothers in parts of Ipswich, Bury St Edmunds, Lowestoft and Felixstowe than England, although this data should be used with caution as it covers five years (2015/16 – 2019/20) and counts are low.<sup>42</sup>

Figure 17: Under 18s conception rate per 1,000, females aged 15-17, Suffolk lower tier local authorities



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

### Health-harming behaviours

Children and young people may engage in health-harming behaviours (smoking tobacco or other substances, drinking alcohol, using “legal highs” or vaping) without being admitted to hospital, although numbers on users are not available for Suffolk. Estimates have been made using figures from the Health Survey for England (2019)<sup>43</sup>, which reports on the health of children aged 0-15, and the Health Behaviour in School Aged Children study 2018<sup>39</sup>, which surveys 11, 13 and 15 year olds.

The proportion of children ever having smoked or had an alcoholic drink increased with age. The children of parents who smoke or drink are more likely to try smoking or drinking themselves.<sup>43</sup>

Since 2002, the proportions of young people who regularly smoke or drink, and who have ever tried smoking, alcohol or cannabis have declined.<sup>39,43</sup>

### Smoking

Smoking initiation at a young age is associated with higher mortality risks and higher prevalence rates for all types of tobacco-related cancers. Those who start smoking during childhood are more likely to continue smoking into adulthood; around two-thirds of adults who currently smoke started smoking before the age of 18.<sup>12</sup>

The latest Health Survey for England report on children’s health (2019) shows a fall in the proportion of children aged 8-15 who had ever smoked to 4% (from 19% in 1997); 9% had ever used an e-cigarette or vaping device.<sup>43</sup> This would suggest that around 2,855 8-15 year olds in Suffolk had ever smoked, and 6,425 had ever vaped (2020 population figures, rounded to nearest 5).

### Substance misuse

Substance misuse can have a major impact on the young person, their family and society. For example, frequent cannabis use is associated with depression, anxiety and psychosis.<sup>12</sup>

In 2018, a survey of pupils in year 7 to 11 (mostly aged 11 to 15) reported that 24% (confidence interval 22-25%) had ever taken drugs (defined as the following drugs or types of drugs: amphetamines, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, mephedrone, methadone, poppers (e.g. amyl nitrite), tranquillisers, volatile substances such as gas,



glue, aerosols and other solvents, new psychoactive substances (NPS), nitrous oxide and ‘other’ drugs (not obtained from a doctor or chemist).<sup>44</sup> This would suggest that 11,700 – 13,295 children aged 11-15 in Suffolk had ever taken drugs.

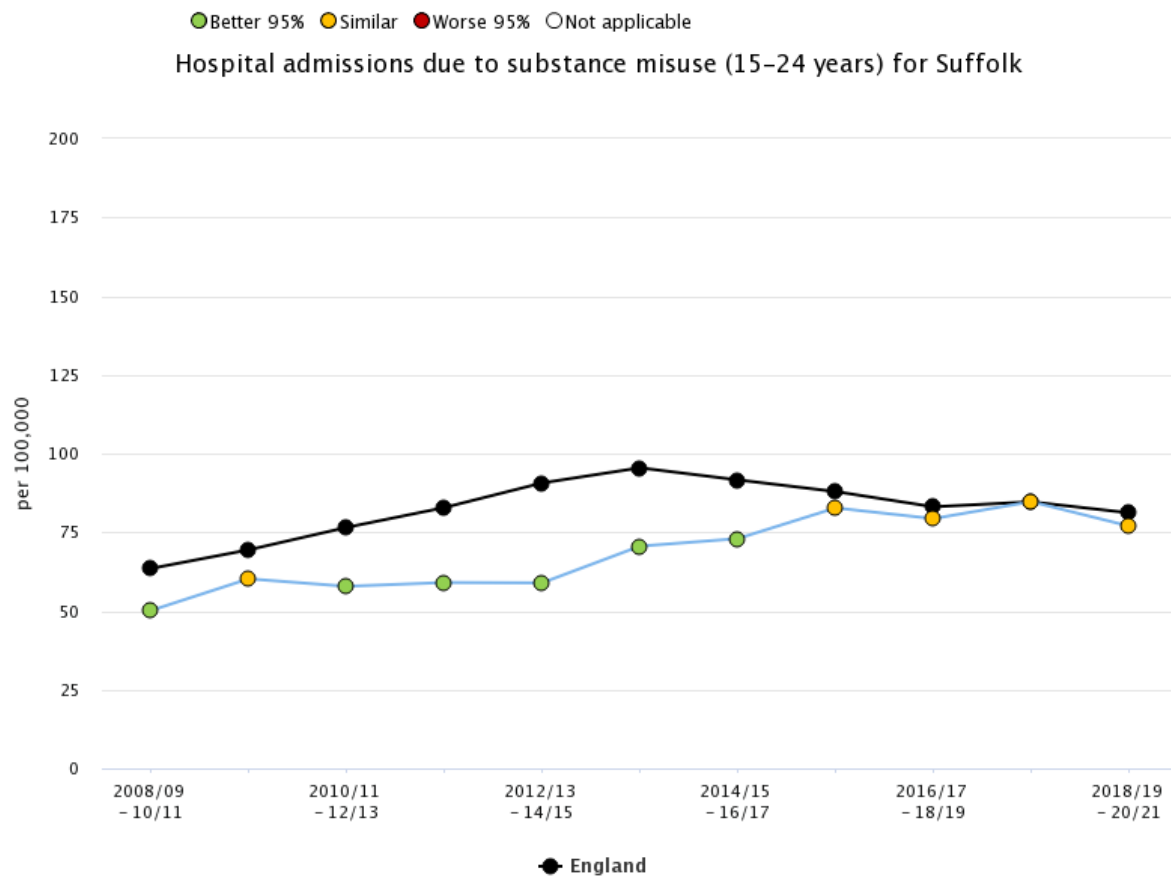
In 2018, one fifth (21%) of fifteen year olds said they had ever tried cannabis, down from 41% in 2002.<sup>39</sup>

In England in 2021, 11-22 year olds were asked about substance use in the previous seven days. Most had not used substances at all, although young people with a probable mental disorder were more likely to have smoked cigarettes or used cannabis or other drugs than those unlikely to have a disorder.<sup>45</sup> If the proportions are applied to the Suffolk population (2020 estimates), this suggests:

- 22,990-27,230 had one or more alcoholic drinks
- 6,125-8,860 had smoked one or more cigarettes
- 3,485-5,840 had used cannabis or another drug

Between April 2018 and March 2021, there were 175 hospital admissions in Suffolk due to substance misuse in young people aged 15-24. The rate per 100,000 population is in line with England (77.0 per 100,000 for Suffolk compared to 81.2 per 100,000 for England) (Figure 18). This is a statistically significant increase (worsening) on 2008/09-2010/11. Analysis by Public Health Suffolk of Hospital Episode Statistics for the period for younger ages, show that there were ten (number rounded) admissions in 2020/21 in children aged 10-14.

Figure 18: Hospital admissions due to substance misuse, Suffolk, young people aged 15-24



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

National data suggests admissions for substance misuse are more likely in areas of higher relative deprivation.<sup>4</sup>

### Alcohol

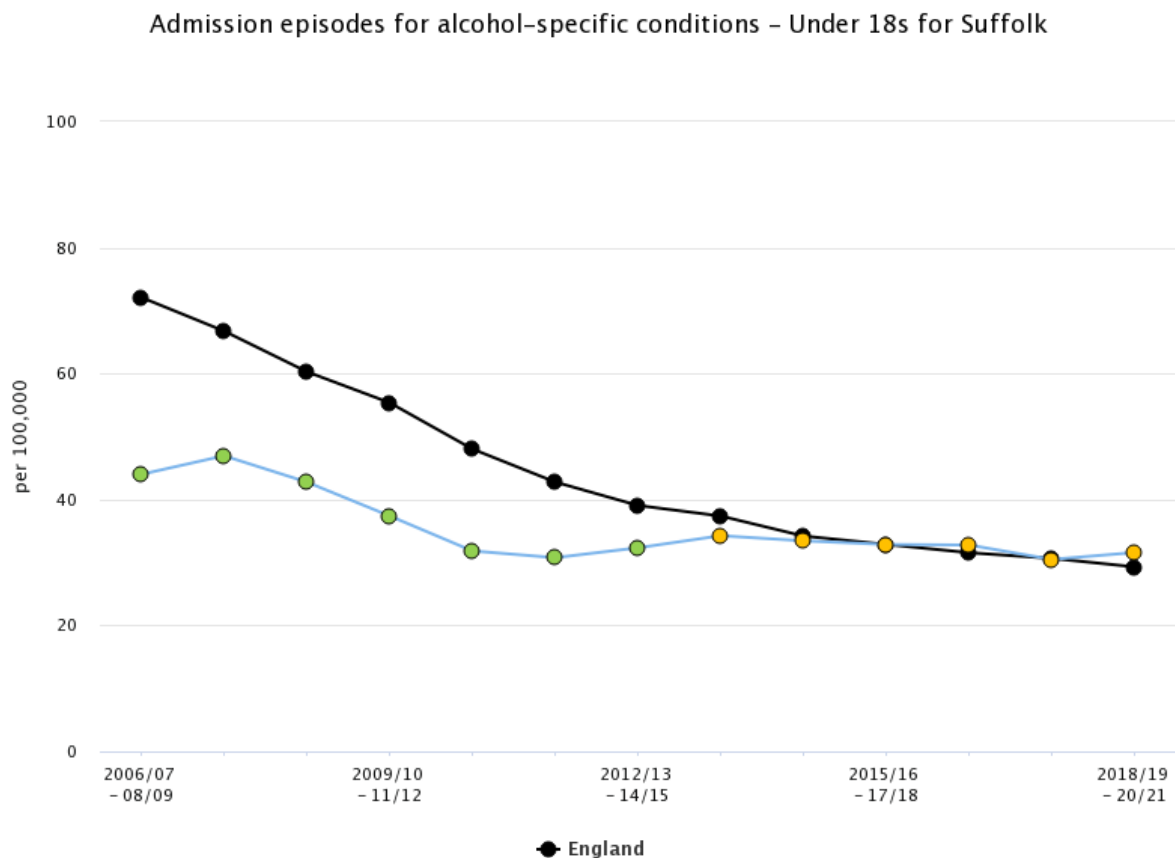
Young people who drink regularly are more likely to misuse alcohol later in life. Binge drinking is more likely in young people aged 15-17, and is linked to other risky behaviours such as unprotected sex, self-harm and antisocial behaviour.<sup>12</sup>

The 2019 Health Survey for England reports that in 2019, 15% of children aged 8-15 had ever drunk alcohol (from 45% in 2003).<sup>43</sup> This suggests 10,705 children in Suffolk aged 8-15 had ever drunk alcohol (2020 population estimates).

Just over a quarter of 15 year olds in England reported getting drunk twice or more in their life, although the proportion of 15 year old girls getting drunk had decreased from 32% in 2014 to 24%.<sup>39</sup>

Admissions for alcohol-specific conditions in under 18s (Figure 19) show a similar trend to substance misuse (Figure 18), where after several years of better (lower) admission rates than England, Suffolk figures are now in line with England. Admission rates for Ipswich are significantly higher than England, while all other Suffolk lower tier local authorities have rates statistically similar to England.

Figure 19: Hospital admission episodes for alcohol-specific conditions, Suffolk, children and young people aged under 18



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)<sup>4</sup>

Nationally, females under 18 are significantly more likely to be admitted for alcohol-specific conditions than males.<sup>4</sup>

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