

Developing Well 2017/18

Public Health Intelligence

1. Key messages

The total children and young adult population (4-25) in Wokingham was estimated at 42,162 persons in 2017. There are 29,272 pupils attending schools in Wokingham

- Young people in Wokingham enjoy amongst the best health in England, as measured by a range of indicators
- Overall school attainment is good (xx% of children achieve at least) 5 A*-C, however ... gap, etc
- There are a about 800 children with a Statement of Special Educational Needs (SEN) or from April 2018 Education, Health and Care (EHC) plan, of which xx% are in mainstream schools.
- Absence from school in Wokingham (4.1%) is better than the national average (4.6%)
- Only 16% of teenagers achieve the recommended physical activity level of one hour of moderate to physical activity every day,
- Alcohol is by far the most common drug used by teens in Wokingham, 14% of 15 year olds report being drunk in the last month, which is the same as the national average.
- Hospital admissions due to alcohol in young people are about half the national rate.
- 7.3% of children and young people in Wokingham are estimated to have a diagnosable mental health disorder – 1828 people.
- It is estimated that there may be between 1700 and 1900 young people aged between 16 and 24 living in Wokingham who are at risk of developing an eating disorder

- 56% of looked after children in Wokingham have a score on the Strengths and Difficulties Questionnaire (SDQ) which would indicate a cause for concern. The national figure is 38% This suggests that children in care have more problems, or more difficulty dealing with them in Wokingham than in other less affluent areas.
- Hospital admissions for self-harm have risen three fold since 2011/12, from a position well below the national average, to now slightly exceeding it.

- Mental health
- CAMHS
- Teenage pregnancy
- STIs
-
- Smoking
- Youth offending
- Children in Need
- NEET
- Children in Care
- Physical disability
- Learning disability
- Asthma
- Diabetes
- Epilepsy
- FGM
- Safeguarding
- Mortality

Recommendations

1. That moderate to vigorous activity be widely promoted in school and home settings, with targets of 15% and 20% of girls and boys respectively at age 15 reporting at least one hour of per day by 2021.
2. Planning approval of the layout of new housing and design of new road, pedestrian and cycle routes maximises opportunities for active travel (this recommendation needs to be repeated in People and Places).

2. Introduction

A healthy and balanced childhood and young adulthood development is vital for a person's health and wellbeing later in life. Healthy habits develop early in life and it is important they are adopted at home and at school and while a person is still young. The opposite applies to unhealthy habits. They need to be avoided at a young age. For instance it is estimated that 40% of regular smokers began smoking before the age of 16.

This chapter looks at the overall health and wider determinants of the population from school age up to 25 years old. However, because not all data is available by age and some data, like youth offending, is not pertinent to younger children, not every section contains data for the same age group. However all sections focus at children and/or young adult population. The table below shows estimated population numbers of children and young adults by age group in Wokingham borough.

Table 1: Estimated numbers of children and young adult resident population (source: ONS, 2014-based subnational population projections)

	2016	2017	2020	2025	2030
4-9	13,593	13,778	13,578	13,409	13,406
10-14	10,351	10,637	11,648	12,053	11,859
15-17	5,933	5,880	6,263	7,256	7,131
18-25	11,864	11,868	11,338	11,528	12,816
Total	41,742	42,162	42,827	44,246	45,212

3. Overall health

Young people in Wokingham enjoy amongst the best health in England, as measured by a range of indicators. Wokingham scores consistently in the top percentile each of the measures except three, and those three are not statistically different from the England average due the numbers being very small (thankfully).

Insert image of the Child Health profile from Fingertips

4. Wider determinants

4.1 Deprivation

The levels of economic deprivation in Wokingham are very low, as described in the Borough profile. Children aged 5 – 10 years living in low income families is only 5.6%, which is the lowest in England.

Low income in this indicator means a family which is in receipt of Working Tax Credits, Child Tax Credits, Income Support, or Jobseekers Allowance.

Xx% of children are in receipt of Free School Meals.

4.2 Education (core data to be updated in July 2019)

4.1.1 School population

Between January 2016 and January 2017 the number of pupils in the school system in England rose by 110,000 with the majority of this increase being in primary schools. There has also been a greater increase seen in secondary schools than there has been in recent years. 14% of pupils were claiming free school meals which is the lowest proportion seen since 2001. 5.4% of Key Stage 1 pupils were in classes of more than 30 pupils: a decrease from a peak of 6.2% in 2015. The proportion of pupils from minority ethnic groups has risen steadily since 2006 and 32% of Primary School children and 29% of secondary school children are now from minority ethnic groups. The proportion of children for whom English is a second language is also steadily rising to 21% of Primary School children and 16% of Secondary School children in 2017.

In Wokingham ... data here on growth in school population, primary, secondary and special schools over the last 5 years – keep it here with the national data for contextAs of January 2017 there is a total of 80 schools in Wokingham. 53 of these are state-funded Primary schools, 10 are state-funded Secondary Schools, and 2 are state-funded Special Schools. There is a total of 29,272 pupils attending schools in Wokingham. 15,083 of these attend state-funded Primary schools, 10,418 attend state-funded Secondary Schools, and 252 attend state-funded Special Schools. 3% of

key stage 1 pupils are in classes of 31 or more pupils. This is less than the national average of 5%. 5% of state-funded nursery and primary school pupils and 5% of state-funded secondary school pupils in Wokingham schools are known to be eligible for and claiming free school meals. The national averages are 14% and 8% respectively. 6799 pupils in state-funded nursery, primary, and secondary schools in Wokingham are from Minority Ethnic Backgrounds. This is 31% of all Primary school pupils and 28% of all Secondary school pupils. Nationally 17% of Primary school children and 14% of Secondary school children are from Minority Ethnic backgrounds.

NO

Educational attainment

A new secondary school accountability system was implemented in 2016 which includes five key stage 4 (GCSE and equivalent) headline measures. A description of the measures can be found in the following document.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584473/SFR03_2017.pdf

The national results on these measures can be seen on the next sheet alongside the Local Authority data. In 2016 attainment across schools increased in all of the five headline measures compared to 2015. Attainment gaps are seen between pupils with a first language other than English and those with English as a first language; between boys and girls; between those who are considered to be disadvantaged and all other pupils; between those receiving free, school meals and all other pupils;

and between those with special educational needs and those with no special educational needs.

A new 16-18 school and college accountability system was implemented in 2016 with new headline measures and changes to the methodology for calculating 16-18 results. Bring the Wokingham GCSE data straight after the national.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584124/SFR05_2017__A_level_and_other16-18_results_in_England_SFR_revised.pdf

The A-level average point score in England and was 31.8 in 2015/16 (C+ grade) in 2015/16 and has remained stable between 2014/15 and 2015/16. Students' points scores are on average lower at the end of 16-18 studies than they were at the end of key stage 4. The number of pupils completing 16-18 studies remained stable between 2014/15 and 2015/16 despite a drop in the potential number of students (i.e. those completing Key stage 4 two years earlier). 13% of students entered for one or more A-level or applied A-level achieved 3 A*-A grades or better and 22% achieved grades AAB or better.

Again – bring the Wokingham A level data straight after.

We can then write something to effect of “Wokingham generally has very good school attainment...”

In 2015 94% of pupils were in sustained education, employment or training in the year after key stage. 88% of students were in sustained education or employment after key stage 5. Disadvantaged students are less likely to be employed or in higher education after key stage 5.

4.1.2 Special needs

Nationally, the number of children with a Statement of Special Educational Needs (SEN) or an Education, Health and Care (EHC) plan has increased each year since 2010. Local Authorities are required to transfer all children with SEN statements to EHC plans by April 2018: 33% of children had been transferred as of January 2016. Children aged 11-15 account for the largest proportion of children with SEN statements or EHC plans (39%). 45% of children with a statement or EHC plan are receiving provision in mainstream schools.

In January 2017, 802 children and young people in Wokingham had a SEN statement or EHC plan. This is an increase from January 2016 when there were 756 statements/plan in place. The majority of children and young people with statements/plans are placed in Special schools (41%); followed by mainstream schools (39%). In 2016 and excluding exception cases 90% of EHC plans were issued within the 20 week target. Of those with statements of SEN in January 2016 24% had been transferred to an EHC plan by January 2017.

The number and rate of permanent exclusions have increased nationally in 2015/16 compared to 2014/15 from 0.07% to 0.08%. The number and rate of fixed period exclusions have also increased over the same time period from 3.88% to 4.29%. Persistent disruptive behaviour is the most common reason for these exclusions. Exclusions are more common in older age groups and boys are three time more likely to receive a permanent exclusion than girls. Pupils receiving free school meals and those with SEN are more likely to be excluded than their peers. Exclusions are more likely amongst Gypsy/Roma and Traveller of Irish Heritage Ethnic groups as well as amongst Black Caribbean pupils.

In 2015/16 there were 30 permanent exclusions and 600 fixed period exclusions in state-funded primary, state-funded secondary, and special schools in Wokingham this equates to 0.12% and 2.37% of all pupils respectively. The majority of fixed-period exclusions were due to persistent disruptive behaviour followed by all other reasons. These accounted for 41% of all fixed-period exclusions.

Absence

The overall absence rate across primary, secondary, and special schools in England in 2016/17 was 4.7%, very similar to the 4% in 2015/16 and 2014/15. Overall absence rates have shown a downward trend since 2006/07 it was 6.5%. Illness remains the most common reason for absence (57.3% of all absences). One in ten pupils were considered to be persistent absentees (missing 10% or more of possible sessions). Absence is higher for pupils eligible and claiming free school meals than other pupils (7% compared to 4.1%). Absence is also higher for those with special educational needs or an education healthcare plan than other pupils (7.7% compared to 4.2%). Absence rates increase with levels of deprivation. They are highest amongst those of Traveller or Irish Heritage and Gypsy/Roma pupils.

The overall absence rate across primary, secondary, and special schools in Wokingham was 4.1% in 2016/17, as it had been the previous 2 years. In 2015/16, the absence rate for authorised reasons was 3.4% and the absence rate for unauthorised reasons was 0.7%. 62% of all missed sessions were due to authorised illness

The tables below shows attainment at key stage 4 (GCSE and equivalent) for pupils attending schools in Wokingham.

In 2016 a school would be considered below floor standard if the average progress 8 score is below -0.5 (meaning that the average score for the school is half a grade lower than the national average) AND the upper confidence interval of the progress 8 score is below zero.

Figure X: Education, Health and Care plans issued with 20 weeks

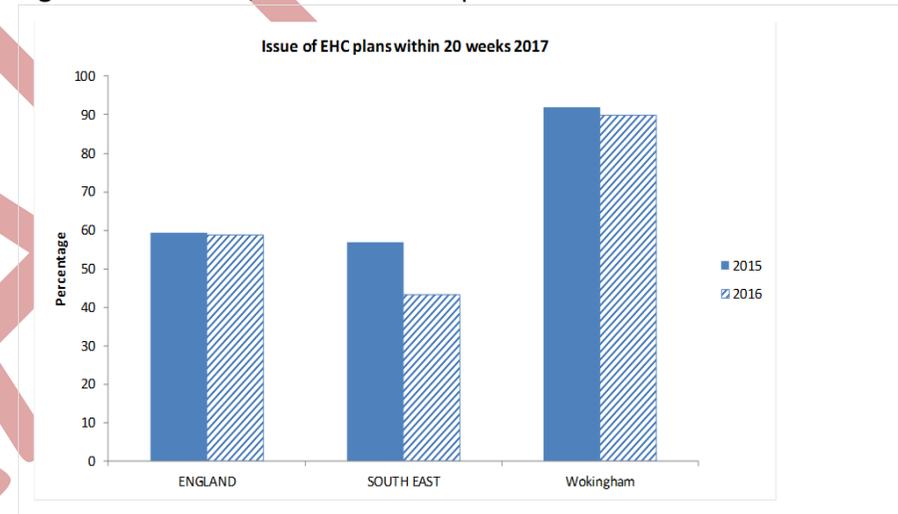


Figure X: Placement of children and young people with SEN/EHC plans

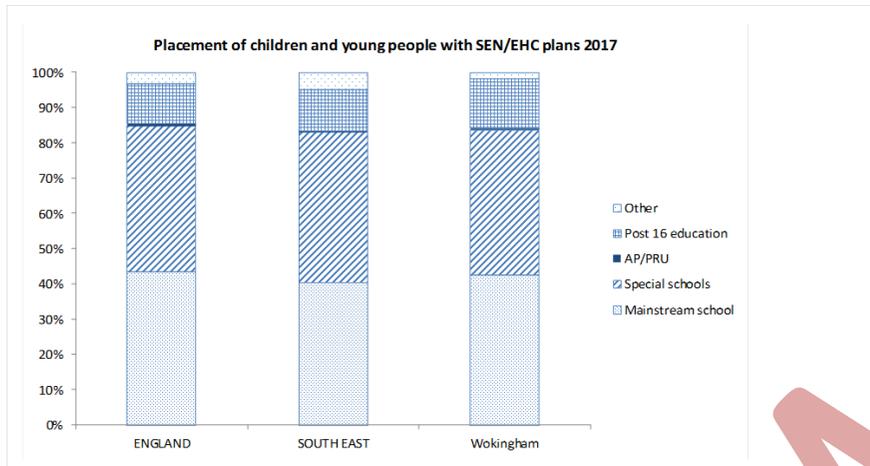


Figure X: Average attainment 8 scores at the end of key stage 4

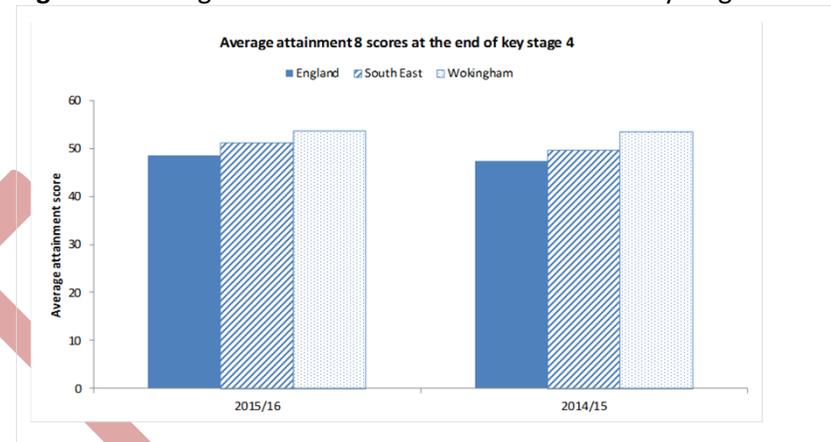
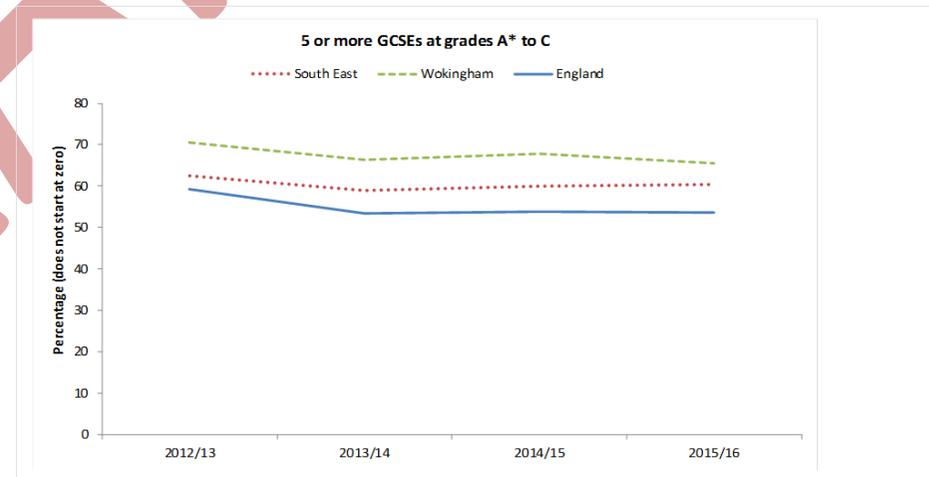
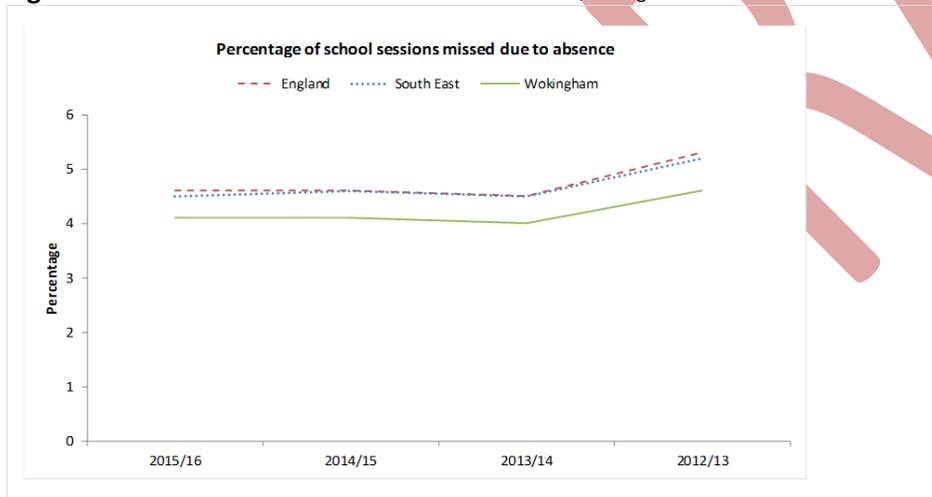


Figure X: 5 or more GCSEs at grades A* to C

Figure X: School sessions missed due to absence, arranged in reverse order



4. Lifestyle

Young people in Wokingham live comparatively healthy lifestyles compared to other areas, but there is little room for complacency as

overall lifestyle in England, as with the rest of the developed world, is not healthy enough. There are predictions that the generation who are children now will have shorter life expectancies than their parents if current trends in physical inactivity and obesity continue on their current trajectory.

Physical Activity

The latest data we have is from the What about YOUth survey in 2014/15

Measure	Wokingham	England average
Eats 5 portions or more of fruit and veg per day	63%	52%
Physically active for at least one hour per day seven days a week	16%	14%
Young people thought they were the right size	53%	52%
Mean daily sedentary time in the last week over 7 hours per day.	63%	70%

The guidelines for physical activity state that young people aged 5 – 18 should have one hour of moderate to physical activity every day to develop and maintain good health.

For comparison, here is some international data on % of 13 and 15 year olds who reported at least one hour of moderate to physical activity daily in 2013:

Country	Girls aged 13	Girls aged 15	Boys aged 13	Boys aged 15
England	14	9	23	14
Ireland	16	9	36	25

Netherlands	17	12	21	22
Scotland	13	11	19	14
Spain	18	12	36	28

Source: Health Behaviour in School Age Children 2013/14

Generally levels of moderate to vigorous physical activity drops off as young people mature, and consistently the male level is higher than the female. It does indicate that it is possible to achieve better results in similar countries, for instance even Scotland which fares poorly compared to England on many health statistics achieves a fifth more girls moderately active at age 15 (11%). Wokingham has many factors in its favour and should aim for much higher levels of physical activity. It is proposed that targets of 15% and 20% of girls and boys respectively at age 15 report at least one hour of moderate to vigorous activity per day by 2021 be agreed.

Children with disabilities

It is harder for young people with physical or learning disabilities to be physically active (find some data which shows this to be the case)

Travel to school

An important contribution to our level of activity is how we get about day-to-day. If children (or adults) do not regularly walk anywhere they are missing one of the fundamental activities which contributes to health. The same factors apply to wheelchair-users or others with impaired mobility – using one's own body to provide the energy to get around. Travel to school is a good marker of population travel patterns.

Results as a figure (bar chart)

Interpretation of the results

Recommendation arising from the results – something to the effect of “Planning approval of the layout of new housing and design of new road, pedestrian and cycle routes maximises opportunities for active travel.”

4.3 Weight and childhood obesity

4.2.1 National data

The UK is experiencing an epidemic of obesity and there is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood.. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

NCMP - England, 2015/16 school year

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. This data can be used at a national level to support local public health initiatives and inform the local

planning and delivery of services for children. Local Authorities are asked to collect data on children's height and weight from all state maintained schools within their area. The data are submitted to NHS Digital and all of the returns are collated and validated centrally. The national participation rate for reception children was 95.7% and 94% for year 6 pupils. The total participation rate was 94.9%. The participation rate in Wokingham for reception children was 96.9% and 94.7% for year 6 pupils. The total participation rate was 95.7%.

Obese children (4-5 years) 9.3 Decreasing and getting better

Obese children (10-11 years) 19.8 Increasing and getting worse

Key facts

Over a fifth of reception children were overweight or obese. In year 6 it was over a third.

The prevalence of obesity has increased since 2014/15 in both reception and year 6.

In reception it increased to 9.3 per cent from 9.1 per cent, and in year 6 to 19.8 per cent from 19.1 per cent.

In reception obesity prevalence was lower than in 2006/07. In year 6 obesity prevalence was higher than in 2006/07 but the early years of the

NCMP are known to be an underestimate for obesity prevalence for this older year group.

Obesity prevalence was higher for boys than girls in both age groups.

Obesity prevalence for children living in the most deprived areas in both age groups was more than double that of those living in the least deprived areas.

The deprivation gap as measured by the differences in obesity prevalence between the most and least deprived areas has increased over time.

Obesity prevalence varied by local authority. For reception this ranged from 5.1 per cent in Richmond upon Thames to 14.7 per cent in Middlesbrough.

In year 6 the range was from 11.0 per cent in Richmond upon Thames, to 28.5 per cent in Barking and Dagenham.

NCMP - England, 2015/16 school year

4.2.1 Wokingham data

In 2015/16 6.5% of 4 to 5 year olds in Wokingham were obese. This was better than the England average of 9.3% and is not a significant change from previous years figures.

In 2015/16 14.6% of 10 to 11 year olds in Wokingham were obese. This figure was not a significant change from previous years and was better than the England average of 19.8%.

Figure X: Obesity in Reception Year

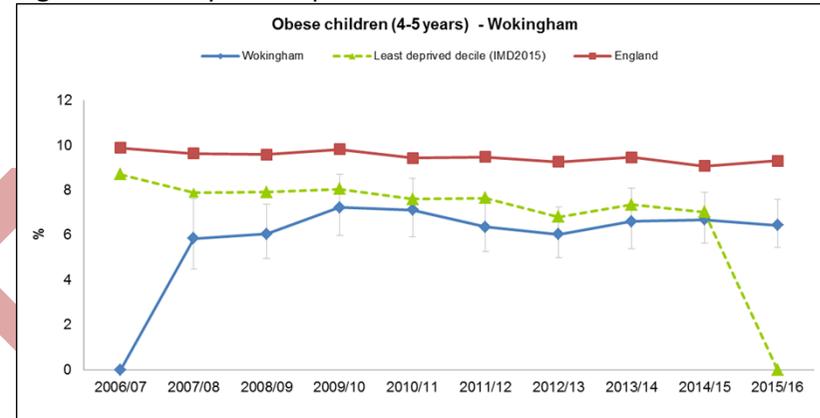


Figure X: Obesity in Year 6

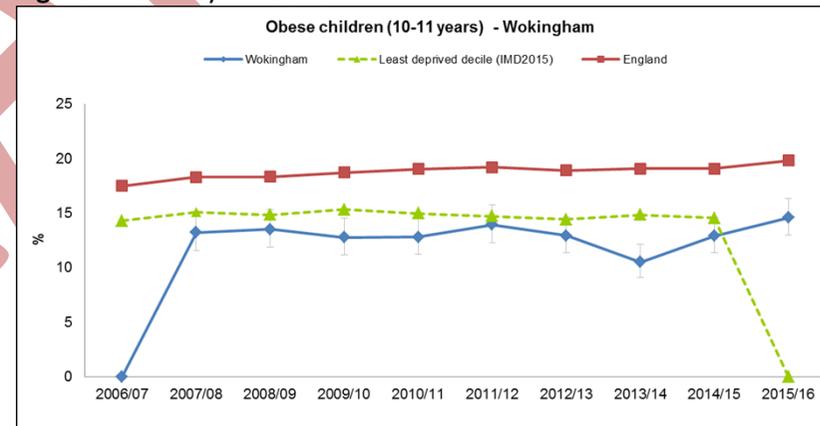


Figure X: Weight measurement in Reception Year

NCMP prevalence data - Reception Year, 2016/17

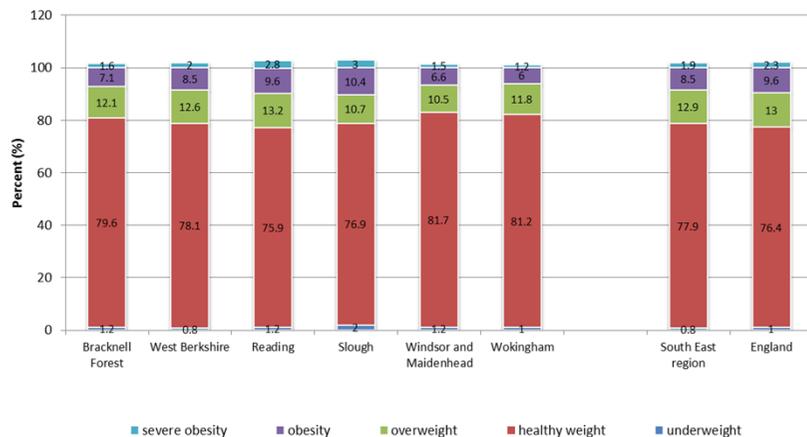
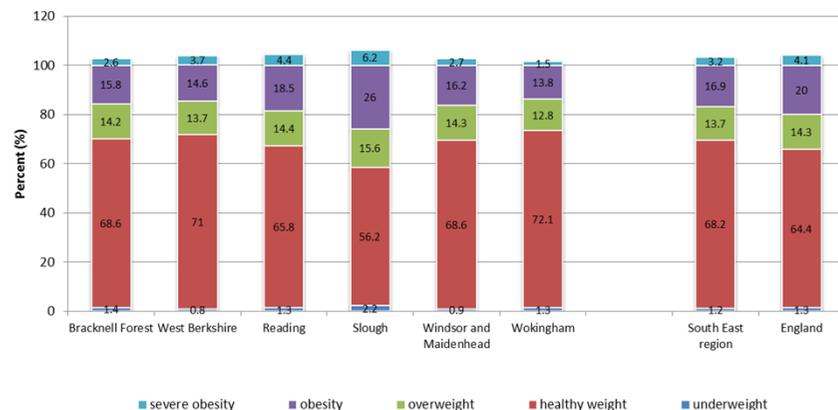


Figure X: Weight measurement in Year 6

NCMP prevalence data - Year 6, 2016/17



Add ward data on prevalence of childhood obesity when it is updated

Look at Weight management strategy

4.4 Smoking

Health effects of smoking among young people:

Among young people, the short-term health consequences of smoking include respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood.¹ Cigarette smokers have a lower level of lung function than those persons who have never smoked.¹¹ Smoking reduces the rate of lung growth.¹

- In adults, cigarette smoking causes heart disease and stroke. Studies have shown that early signs of these diseases can be found in adolescents who smoke.¹
- Smoking hurts young people's physical fitness in terms of both performance and endurance—even among young people trained in competitive running.¹ On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked.²²
- The resting heart rates of young adult smokers are two to three beats per minute faster than non-smokers.¹
- Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke.¹
- Teenage smokers suffer from shortness of breath almost three times as often as teens who don't smoke, and produce phlegm more than twice as often as teens who don't smoke.³
- Teenage smokers are more likely to have seen a doctor or other

¹ CDC, Preventing Tobacco Use Among Young People—A Report of the Surgeon General, 1994

² Lew EA, Garfinkel L. Differences in Mortality and Longevity by Sex, Smoking Habits and Health Status, Society of Actuaries Transactions, 1987

health professionals for an emotional or psychological complaint.

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- Teens who smoke are three times more likely than non-smokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviours, such as fighting and engaging in unprotected sex.¹

(Source: World Health Organisation)

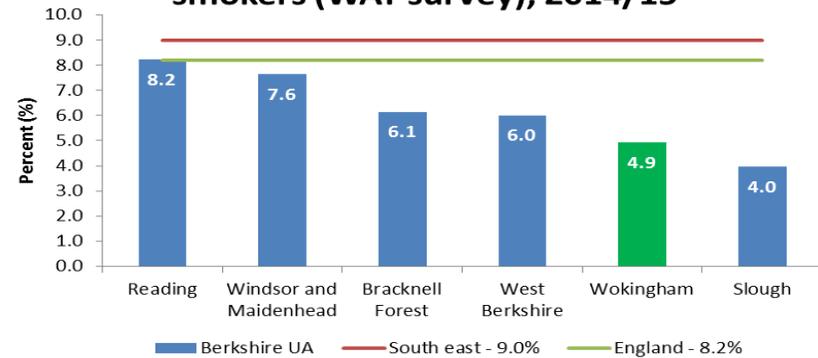
The prevalence of smoking in children has been decreasing

It is estimated that in England 3% of children under the age of 16 smoke regularly, 18% of children under 16 have tried smoking, and 40% of regular smokers began smoking before the age of 16. (Source: Cancer Research UK; <http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/childhood-smoking>)

The table below shows prevalence of smoking among children and young adults in Wokingham compared with the rest of Berkshire, the South East region and England.

Figure X: Smoking prevalence at 15

Smoking prevalence at age 15 - current smokers (WAY survey), 2014/15



Data source: Public Health England

Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan (July 2017) <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england> highlights the importance of reducing the number of young people taking up smoking, as it is "an addiction largely taken up in childhood". One of the national ambitions set out in the document was to reduce rates of 15 year old regular smokers to 3% by 2022.

4.5 Alcohol and substance misuse (core data to be updated in May 2018)

According to the 2014 survey of the Smoking, Drinking and Drug (SDD) use of children and young people in England, 38% of pupils have ever had an alcoholic drink (NHS Digital). This figure has declined since the survey began in 2003. 8% of 11 to 15 year olds had had an alcoholic drink in the week prior to the survey with males and females reporting similar frequencies of drinking. However, there is variation in the form of alcohol

³ AJHP, Arday DR, Giovino GA, Schulman J, Nelson DE, Mowery P, Samet JM, et al. Cigarette smoking and self-reported health problems among U.S. high school seniors, 1982-1989, p. 111-116

drunk with females drinking more spirits and wine than males. Consumption levels varied widely amongst those who reported drinking with an average weekly consumption of 10 units. Low wellbeing and risk-taking behaviours were positively associated with the likelihood of children having had a drink in the previous week.

In the What about YOUTH? (WAY) Survey (Department of Health) also conducted in 2014, 62% of 15 year olds surveyed reported ever having had an alcoholic drink. 6.2% described themselves as regular drinkers and 14.6% had been drunk in the previous 4 weeks. It should be noted that the two surveys described above differ in that the SDD survey is completed in exam conditions at school whereas the WAY survey is completed at home. It is possible that parental presence may have a negative influence on the young people's willingness to admit to risky drinking behaviour in the case of the WAY survey.

The percentage of Wokingham 15 year olds responding to the 'What About YOUTH?' survey who have ever had an alcoholic drink is 61%, the same as the England average, but better than the South East Regional average. Those responding that they were regular drinkers was 4.4%, better than both the England and South East Regional average, this rate is better. The percentages reported having been drunk in the last 4 weeks is 14% in Wokingham, the South East Regional and England

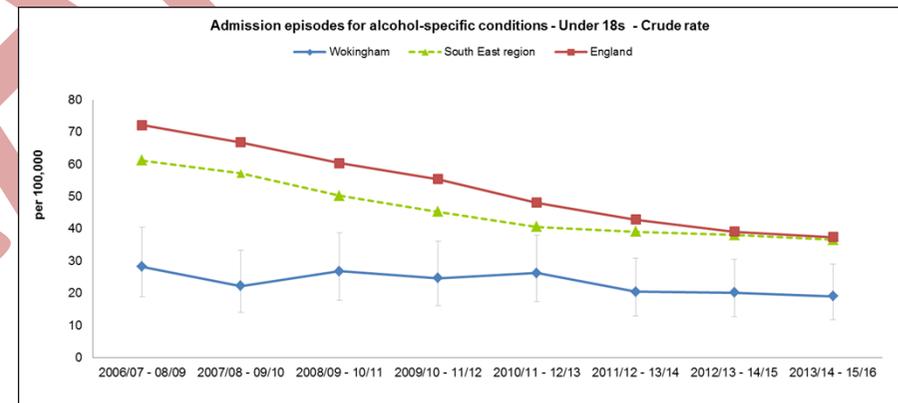
Figure X: Alcohol-specific hospital admissions in under 18

Nationally a rate of 37.4 per 100,000 young people under the age of 18 are admitted to hospital due to an alcohol-specific cause (alcohol is wholly attributable for the condition). This figure relates to the time

period 2013/14 to 2015/16 and has decreased overtime, as shown in Figure X.

The rate of under 18 year olds admitted to hospital for alcohol-specific conditions amongst young people living in Wokingham is 19 per 100,000, or about half England average. Data refers to the same time period (2013/14 - 15/16).

Nationally females are more likely than males to be admitted to hospital with an alcohol-specific cause. For the period 2013/14 to 2015/16 a rate of 29.4 per 100,000 males were admitted to hospital compared to 45.8 per 100,000 females. (Source: Public Health England Local Alcohol Profiles)

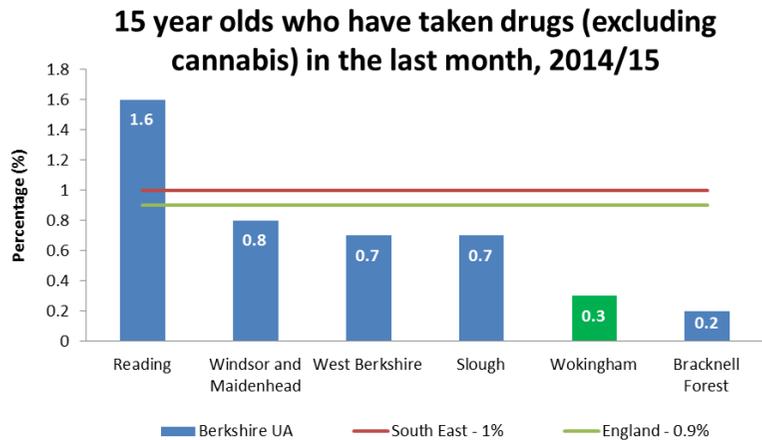


Source: Public Health England Local Alcohol Profiles for England/What About YOUTH? Survey

**Alcohol hospital admissions in under 18 by ward – waiting for CCG data
Drugs data to add (HD)**

Very few children report having taken drugs other than alcohol, tobacco and cannabis in Wokingham, considerably less than 1%. However it is

worth bearing in mind the possibility of bias in the survey due to it being undertaken in the home (where presumably parents may be able to see the survey).



Source: What About YOUth (WAY) survey 2014/15

from national and local surveys, mental health related hospital admissions and child and adolescent mental health (CAMHS) service use. . Prevalence of common mental health disorders is recorded by GP Practices, however it is not available by age, therefore it is not possible to use this to estimate prevalence in children and young adults.

Figures 1-2 show estimated prevalence in population aged 5-16 for all mental health disorders and emotional disorders. Prevalence estimates were taken from table 4.14 from the ONS survey 'mental health of children and young people in Great Britain' in 2004 (<http://www.hscic.gov.uk/pubs/mentalhealth04>) and were applied to the number of children aged 5-16 resident in the area stratified by age, sex and socio-economic classification. Figure 3 shows prevalence of pupils with social, emotional and mental health needs.

Wokingham ranks lowest in Berkshire in prevalence of mental health disorders with 7.3% and a lot lower than the South East and England with 8.5% and 9.3% respectively.

Wokingham is also the lowest in Berkshire in prevalence of emotional disorders with 2.9%.

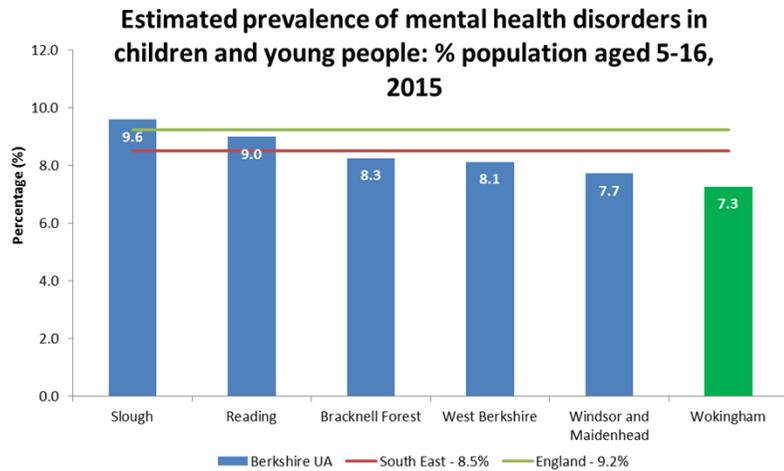
However, it ranks 3rd higher in Berkshire in prevalence of pupils with social, emotional and mental health needs with 1.9%.

5. Child and adolescent mental health

5.1 Prevalence

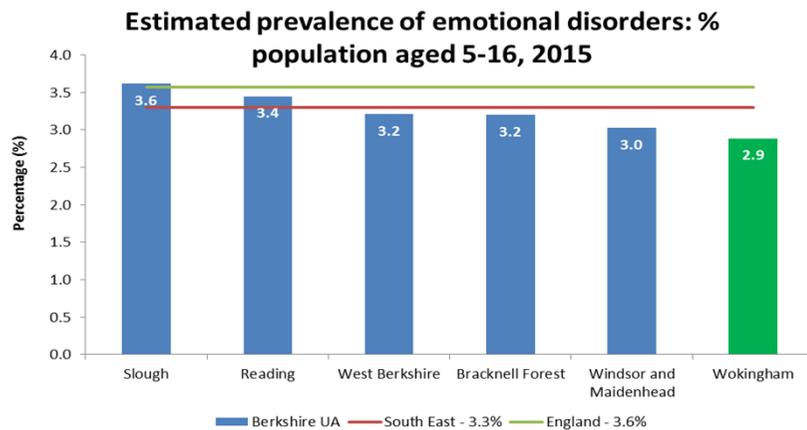
A brief general introduction to mental health before outlining the difficulty of measuring it. . Prevalence for this age group is estimated

Figure 1: Estimated prevalence of mental health disorders



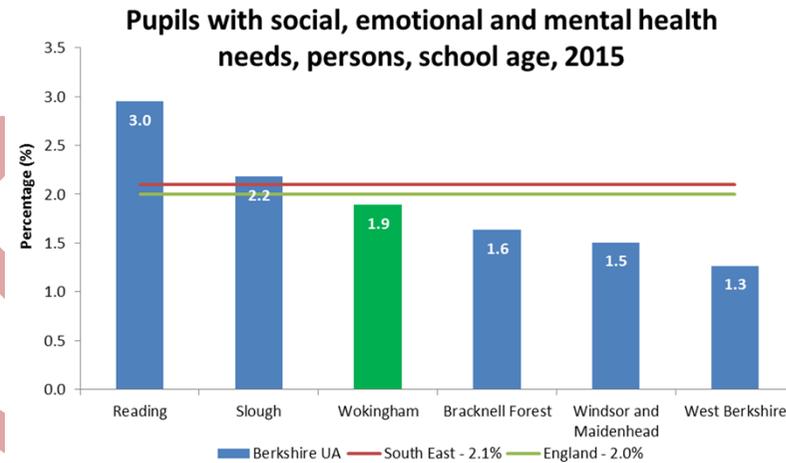
Source: PHE (<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

Figure 2: Estimated prevalence of emotional disorders



Source: PHE (<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

Figure 3: Estimated proportion of pupils with social, emotional and mental health needs



Source: Department for Education special educational needs statistics (<https://www.gov.uk/government/collections/statistics-special-educational-needs-se>)

Hospital admissions as a result of self-harm by age and ward – waiting for CCG data

3.2 CAMHS

Public Health England's Children and Young People's Mental Health and Wellbeing profiles includes data around; identification of need, protective factors, prevention, and finance. The data quality of indicators relating to identification of need is variable with some or significant concerns around data quality attached the majority of these indicators. Based on the national data, 9.2% of the 5-16 year old population with have a diagnosable mental health condition. 430 per 100,000 children and young people between the ages of 10 and 24 were admitted to hospital during

2015/16 as a result of self-harm. 2.34% of school age children were identified as having significant social, emotional and mental health needs.

"In 2015, CCGs and partner organisations submitted Children and Young People's Mental Health Services (CYPMH) Local Transformation Plans (LTP) to NHS England outlining how they aim to make improvements to services across the whole care pathway. The reports provided baseline data insights into current CYPMH services in the Thames Valley which tell us that;

There are 93 per 1,000 5-16 year olds with diagnosable mental health conditions

£29,794,000 was spent on CYPMH in 2014/15 (includes CCG, Local Authority and NHS England spend)

There are 17.09 CYPMH referrals per 1,000 total population (Tiers 2 and 3)

Bring in the data on Wokingham here

The Children and Young People with an Eating Disorder (CYP ED) Waiting Times data contains information on the number of children and young people who have accessed, or are waiting for NICE-approved treatment following a routine or urgent referral for a suspected eating disorder. At the end of Q1 2017/18 73% of children and young people receiving treatment for an eating disorder started treatment within 1 week of been referred. This is an increase from 65% at the end of Q1 2016/17.

7.3% of children and young people in Wokingham are estimated to have a diagnosable mental health disorder. This would equate to 1828 children and young people. Behavioural disorders are the most common type of mental health disorder in this age group with 4.1% of children and young people living in Wokingham estimated to have a conduct disorder. 2.9% of children and young people living in Wokingham are estimated to have

an emotional disorder. These percentages equate to 1033 and 726 children and young people respectively*.

It is estimated that there may be 1889 young people aged between 16 and 24 living in Wokingham who are at risk of developing an eating disorder. However, the data quality around this estimate is highlighted as poor so this figure should only be taken as an indication of the true value**.

It is estimated that there may be 2000 young people aged between 16 and 24 living in Wokingham who have Attention Deficit Hyperactivity Disorder (ADHD). However, as with the eating disorder estimate the data quality around this figure is highlighted as poor so, again, should only be taken as an indication of the true value**

During 2015/16, 124 children and young people aged between 10 and 24 living in Wokingham were admitted to hospital as a result of self-harm. This is a rate of 464 per 100,000 and is the same as the national regional averages.***

494 pupils in Wokingham have significant social, emotional and mental health needs. This equates to 1.9% of all pupils and is lower than the national and regional averages.****

56% of looked after children in Wokingham have a score on the Strengths and Difficulties Questionnaire (SDQ) which would indicate a cause for concern. The national figure is 38%.

Source: Children and Young People's Mental Health Profile, Public Health England

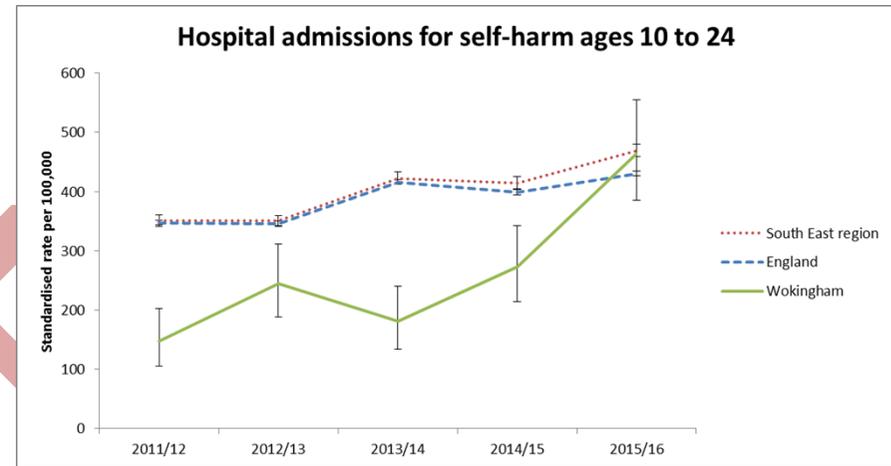
*Based on the prevalence from the ONS Survey Mental Health of Children and Young People in Great Britain (2004) adjusted for age, sex, and socio-economic classification

**Based on the prevalence from the Adult Psychiatric Morbidity Survey (2007)

***Directly standardised rate of finished admission episodes where the main recorded cause was intentional self-harm

**** Number of pupils with SEN where the primary need is social, emotional and mental health

So we need a summary of the main mental health issues for young people. My understanding is that there is a great need for services, especially that below the Tier 3 and 4 which would qualify for CAMHS, and I understand that Holli is commissioning a new primary care CAMHS – so need to get more detail. Lisa HumNataphries expressed a need for a home-based alternative to hospital for severe mental illness crisis intervention – I'll see if she has anything written about this/data we can use.



Source: *Children and Young People's Mental Health Profile, Public Health England*

3. Sexual health (15-25 year olds)

We aim to produce children equipped to enjoy safe and fulfilling relationships. This includes protecting them from sexual exploitation and from violent and coercive relationships. It involves empowering girls to control their own fertility, protecting them from unwanted pregnancy and able to enjoy a healthy sex life once they are mature. Both boys and girls need to understand the risk of sexually-transmitted infections and how to protect themselves against them before they engage in their first sexual activity.

Young people's attitudes and behaviour

Availability and use of contraception

Emergency Hormonal Contraception

Figure 4: Trend in hospital admissions for self-harm

3.1 Teenage pregnancy (core data in this section to be updated in May 2018)

Teenage pregnancy is both a cause and consequence of health and education inequalities. Teenage mothers are at higher risk of missing out on further education – a fifth of young women aged 16 to 18 who are not in education, employment or training are teenage mothers. Their children can have a 25 per cent higher risk of a low birth weight, 44 per cent higher risk of infant mortality, 63 per cent higher risk of experiencing child poverty and at age five are more likely to have developmental delays.

(Source: Local Government Association and Public Health England (2016); *Good progress but more to do: Teenage pregnancy and young parents*)

The conception rate for young women in England has been halved since 1998; 21 conceptions per thousand women aged 15 to 17 in 2015; and is now the lowest it has been since recordkeeping began in the late 1960s. However the conception rate still remains higher than other western European countries and the progress made has been uneven across England.

The estimated number of conceptions to women aged under 16 fell to 3,466 in 2015, compared with 4,160 in 2014, a decrease of 17%.

(Source: Office for National Statistics (2017); *Conception Statistics, England and Wales, 2015*)

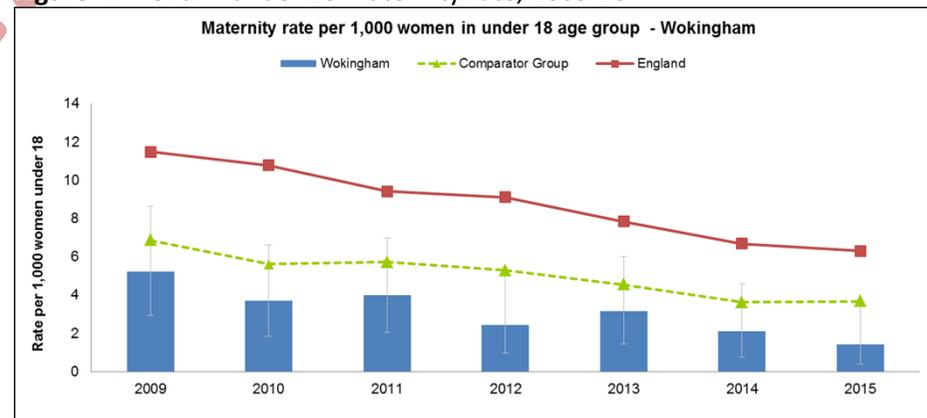
Wokingham teenage pregnancy

In 2015 there were 23 conceptions to women aged under 18 in Wokingham. This was a rate of 8.1 per 1,000 female population aged (15-17) which was significantly better than the England rate of 20.8 per 1,000 population.

In 2015 there were 9 conceptions to women aged under 16 in Wokingham. This was a rate of 3.2 per 1,000 female population aged (13-15) which was similar to the England rate of 3.7 per 1,000 population.

In 2015, of the 23 conceptions under 18 Years of age in Wokingham, slightly more than half led to an abortion, this was similar to the England figure at 51.2%.

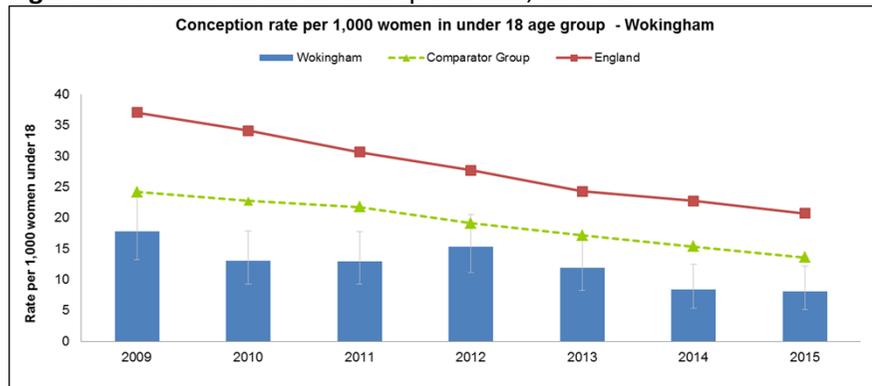
Figure 4: Trend in under 18 maternity rate, 2009-15



Sources: Public Health England: *Sexual and Reproductive Health Profiles*

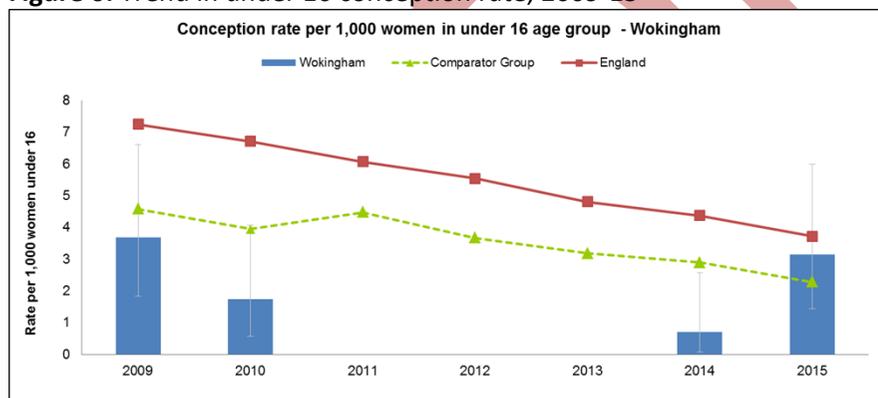
Teenage parents

Figure 5: Trend in under 18 conception rate, 2009-15



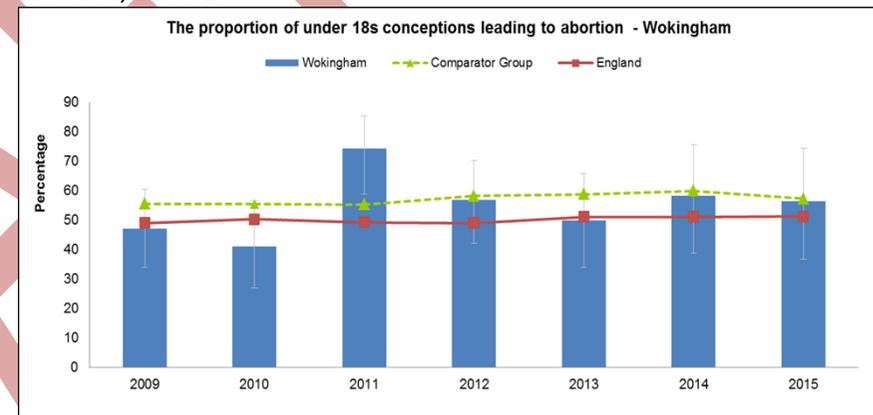
Sources: Public Health England: Sexual and Reproductive Health Profiles

Figure 6: Trend in under 16 conception rate, 2009-15



Sources: Public Health England: Sexual and Reproductive Health Profiles

Figure 7: Trend in the proportion of under 18 conceptions leading to abortion, 2009-15



Sources: Public Health England: Sexual and Reproductive Health Profiles

Note: Wokingham's Comparator group is LAs in the 'least deprived decile'. This group changed slightly following the update of the Index of Multiple Deprivation, so data for 2014 onwards reflects a different group of LAs to previous years.

3.2 Sexually-transmitted infections - Chlamydia
(core data to be updated in August 2018)

Local information on chlamydia testing and diagnoses in 15 to 24 year olds is available through the National Chlamydia Screening Programme.

The annual reports provide a summary of the data captured through the Chlamydia Testing Activity Dataset (CTAD), which all Programmes are required to upload data to. The information shown below is from the NCSP annual report for 2015.

In 2015, the last year for which there is data available, 2,578 chlamydia tests were completed in Wokingham. This means that 15.6% of the population aged 15-24 were tested in the year. This is significantly “worse” than the national figure (which is xx%) and significantly worse than the comparator group (xx%). In 2013 only 13.1% of the population were screened.

The targets are based on a mathematical model. It is important to get every person at risk of infection tested as soon as possible after each new exposure, and this number is very difficult to quantify, so we use crude percentages of the population numbers. The true prevalence of the infection is unknown. To assess whether we are getting the “right people” tested, rather than lots of tests of low risk people, is to look at detection rate, i.e. the number of Chlamydia tests done in which Chlamydia bacteria are found (positive tests).

Wokingham residents (aged 15 to 24) had 177 positive chlamydia tests in 2014. This detection rate was 1,072 per 100,000 population (aged 15 to 24), compared to 1,985 (check this value) per 100,000 in 2013.

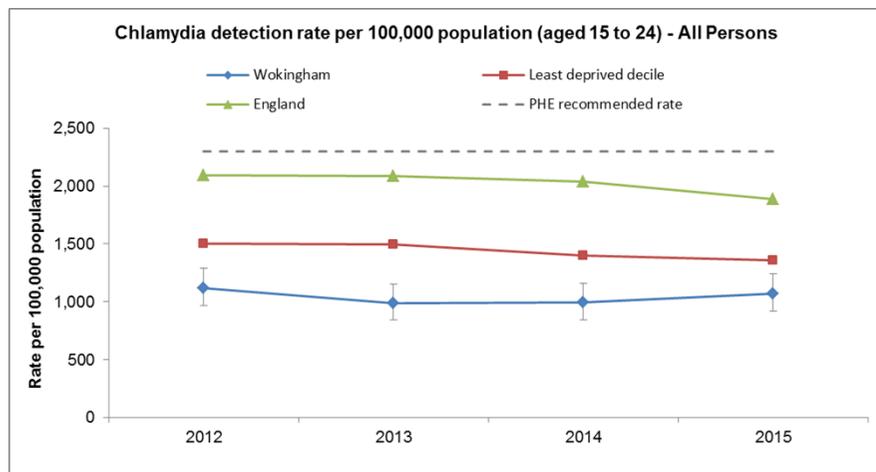
Wokingham's detection rate for 2014 was significantly worse than the national figure and significantly worse than the comparator group. It did not meet the national ambition of 2,300 per 100,000 population.

6.9% of the chlamydia tests for Wokingham residents (aged 15 to 24) were positive in 2014. This compares with 8.4% nationally. In 2013, Wokingham's positivity rate was 7.5%.

In 2014, 60% of the chlamydia tests completed for Wokingham residents were in a GUM clinic.

Source: Public Health England (2015); National chlamydia screening programme (NCSP) data tables

Figure 8: Trend in chlamydia detection rate, 2012-15



Source: Public Health England; Sexual and Reproductive Health Profiles

Note: Results are available online within 48 hours and young people receive a text or email indicating results are available. Young people who test positive can choose to access treatment at a local sexual health clinic or at a number of local community pharmacies. They are also given support to notify partners.

Chlamydia self-testing

West Berkshire, Wokingham, and Windsor and Maidenhead commission an online self-testing chlamydia kit service as part of the 'Safe Sex Berkshire' campaign. The table below summarises the results of this programme in Wokingham in 2016/17 and 2017/18. In 2016/17 453 kits were ordered of which 278 were returned with 20 being diagnosed positive. The number of kits ordered in 2017/18 dropped to 330.

Table 2: Summary of chlamydia self-testing kits that were ordered online

	BioScience Performance Data			Population			Assessment against Quarterly Target			
	Ordered	Returned	Positive	Ordered tests	Returned tests	Positivity of returned tests	Ordered	Returned	Positive (10%)	Positive (8%)
2016/17	453	278	20	2.7%	1.7%	7.2%	68.5%	60.1%	43.2%	54.0%
2017/18	330	203	15	2.0%	1.2%	7.4%	49.9%	43.9%	32.4%	40.5%

3.3 STIs

The table below shows rates of new STI diagnoses per 100,000 population by age group in Berkshire and England.

Table 3: Rates of new STI diagnoses per 100,000 population

Total	Rates of diagnoses per 100,000 population							Not Known	Total
	<15	15-19	20-24	25-34	35-44	45-64	65+		
Bracknell Forest	0	1312.0	2947.4	730.2	271.6	117.4	36.9	-	394.2
Reading	128.6	3262.1	3631.3	1553.0	578.4	241.9	20.6	-	910.1
Slough	0	1462.2	2137.7	1141.5	431.9	175.3	21.6	-	492.0
West Berkshire	25.6	1709.3	3597.2	951.0	205.6	91.0	10.8	-	407.6
Windsor and Maidenhead	0	1105.4	2536.8	1069.6	327.0	135.9	3.7	-	369.0
Wokingham	51.0	1951.1	3214.4	988.4	336.9	93.7	18.1	-	422.7
England	61.6	2664.5	3719.5	1698.9	609.6	198.7	20.6	-	740.5

Source: GUMCADv2, February 2018

5 Youth offending

There were approximately 16,000 10-17 year olds receiving their first reprimand, warning or conviction in England in 2016. This equates to a rate of 327.1 per 100,000 10-17 year olds, which is a decrease from 2015 where the rate was 368.6 per 100,000 10-17 year olds.

In England in 2014/15, there were approximately 36,000 children and young people aged 10 to 18 years supervised by a youth offending team (6.5 per 1,000 population). This rate has reduced year on year from 14.1 per 1,000 in 2010/11 to 7.0 per 1,000 in 2013/14 and now to 6.5 per 1,000 as the latest figure.

PHE Public Health Profiles: Wider Determinants of Health

The overall number of young people in the Youth Justice System (YJS) continued to reduce in the year ending March 2016. Reductions have been seen in the number cautioned or convicted for the first time (First Time Entrants, FTEs). There have also been reductions in the total number of young people receiving youth cautions and court convictions and in those receiving custodial sentences.

Compared with the year ending March 2006, there are now 83% fewer young people who were FTEs, 81% fewer young people who received a youth caution or court conviction¹ and 66% fewer young people in the average custodial population.

Total numbers of reoffenders and re-offences have also continued to fall (by 15% and 10%, respectively, compared to the previous year), while the 12 month reoffending rate for young people (March 2015 cohort) was

37.9% - stable compared to the previous year, although 4.3 percentage points higher compared to the year ending March 2006.

In the year ending March 2016 the police carried out a total of 896,200 arrests in England and Wales, of which 88,600 were of people aged 10-17 years, 10% of the total; this is the same as the proportion of young people in England and Wales in the general population that are of offending age (that is, those aged 10 years or older).

The number of arrests of young people has fallen by 7% compared with the year ending March 2015 and by 75% compared with the year ending March 2006. There have been year on year decreases since arrests peaked in the year ending March 2007.

In the year ending March 2016 there were 18,300 FTEs. This represents a fall of 12% in the last year and a fall of 83% since the year ending March 2006. Of the 18,300 FTEs in the year ending March 2016, 66% received a caution, with the remaining receiving convictions (predominantly resulting in community sentences). In the year ending March 2006, youth cautions accounted for 91% of FTE disposals.

There were 32,900 individual young people who received a youth caution or court conviction in England and Wales in the year ending March 2016, of which females accounted for 18% of these compared with 82% for males. This number has reduced by 13% from the year ending March 2015 and by 61% since the year ending March 2011.

Overall young people were convicted or cautioned for a total of 79,600 proven offences in the year ending March 2016. The number of proven offences has been decreasing; it has fallen by 9% from the year ending March 2015 and by 74% since the year ending March 2006. The most

common offence types committed by young people were: violence against the person (26% of the total); theft and handling offences (14%); and criminal damage (12%).

MET statistics (common crimes, victims, offenders)

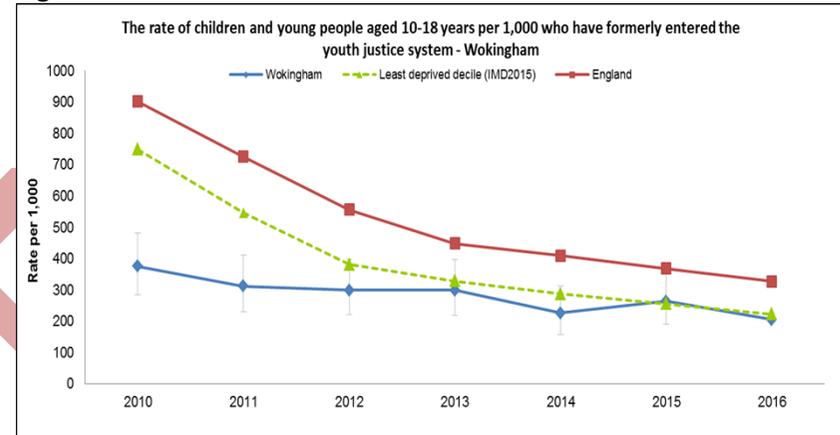
In 2016, there were 33 first time entrants into the Youth Justice System in Wokingham. This is a rate of 204.8 per 100,000 population of 10-17 year olds. This rate was significantly better than England's (327.1 per 100,000) and similar to the comparator group (223.2 per 100,000 aged 10-17 year olds).

The rate of children and young people aged 10-18 years per 1,000, who have formally entered the Youth Justice System in 2014/15 for Wokingham is 2.6, which equates to approximately 47 people. The LA rate is significantly better than England (6.5 per 1,000 children aged 10-18) and the least deprived decile (IMD 2015) with a rate of 4.3 per 1,000.

Source: PHE Public Health Profiles: Wider Determinants of Health

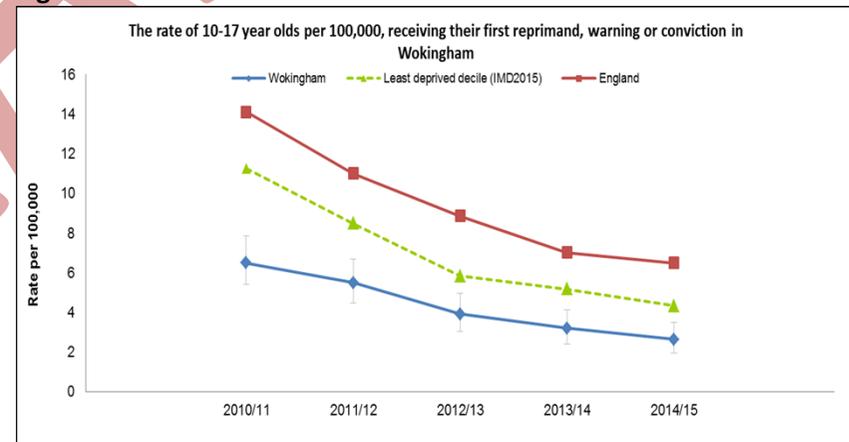
The top three offence types for the year ending March 2016, of proven offences by young people recorded by the youth offending team in Wokingham were for 'criminal damage' (24 offences), 'violence against the person' (21) and 'theft and handling stolen goods' (16 offences). The South East Region's top three are the same however a slight variance in order with 'violence against the person' being top (2,664 offences), 'theft and handling stolen goods' second (1,702) and 'criminal damage' third (1,321 offences). (Source: Youth Justice Statistics -2015-2016 (Ministry of Justice))

Figure X:



PHE Public Health Profiles: Wider Determinants of Health

Figure X:



PHE Public Health Profiles: Wider Determinants of Health

6 Children in Care/Need and NEET

6.1 Children in Care

Viki's team to provide data and text

6.2 Children in Need

PHE data

6.3 NEET

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The PHOF indicator 1.05 is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.

In 2015 there were 74,120 16-18 year olds not in education, employment or training. This equates to 4.2% of the 16-18 year old population compared with the 2015 mid-year estimates. This is a significant decrease on the previous period of 2014 (4.7%) showing improvement for this Public health outcomes indicator.

Source: Public Health Outcomes Framework

The overall proportion of 16-18 year olds not in education, employment or training (NEET) fell by 0.5 percentage points in the last year (as at end 2016) to 6.0%, the lowest rate since consistent records began.

When comparing 2015 and 2016 data, the largest annual change was seen at age 18 where the NEET rate fell by 1.5 percentage points to 9.8%. The NEET rate also fell slightly at age 16, by 0.3 percentage points to 2.9%.

At age 17 the NEET rate increased slightly by 0.3 percentage points to 5.2%. The increase was driven by a large fall in the employment rate of those 17 year olds not in education and training (NET).

Source: GOV.UK: Participation in education, training and employment: 2016

The NEET Scorecard provides information about young people's participation and attainment in education, employment or training in one single publication. The latest publication from October 2016, shows there were 7.1% of 16-17 year olds NEET or whose activity was not known, as at the end of 2015. Of which, 2.7% were NEET and 4.4% of 16-17 year olds, their activity was unknown.

Between November 2015 and June 2016 in England, there were 7.9% of 16-17 year olds who were classified as NEET re-engaging in education, employment and training. This figure is a decrease from November 2014 to June 2015 which recorded this as 8.5%.

Source: Young people NEET or activity unknown: comparative data scorecard - GOV.UK

The law requires all young people in England to continue in education or training until at least their 18th birthday. Whilst the department for education provides the framework to increase participation and reduce

the proportion of young people NEET, responsibility and accountability lies with local authorities.

The department monitors the performance of local authorities in delivering their duties, and specifically in their tracking and supporting of 16 and 17 year olds, using data collected by authorities and submitted to the National Client Caseload Information System (NCCIS). NCCIS includes data showing the numbers of young people participating in education or training, those who are not participating, those who are NEET or those whose current activity is not known.

Source: Department for Education: Statutory guidance for participation of young people in EET

In 2015, there were 1.9% of 16-18 year olds not in either employment, education or training in Wokingham. This is significantly better than England (4.2%) and the comparator group (3.0% Least deprived decile 2015).

Wokingham's figures have decreased year on year since monitoring in 2011, with 2015's being the last recorded figure. Each year, Wokingham has been significantly better than England's percentages.

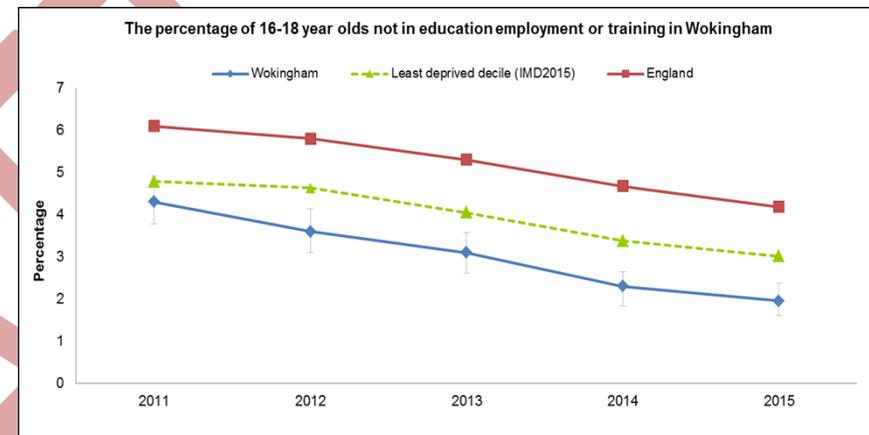
Source: Public Health Outcomes Framework

The NEET scorecard shows there were 3.7% of 16-17 year olds NEET or whose activity was unknown as at the end of 2015 for Wokingham. Of which, 1.3% were NEET and 2.4% whose activity was not known.

Between November 2015 and June 2016 Wokingham saw 12.7% of 16-17 year olds NEET re-engaging in education, employment or training. This is

an increase from 11.7% recorded between November 2014 and June 2015 for Wokingham.

Figure X:



Source: Young people NEET or activity unknown: comparative data scorecard - GOV.UK

The estimated number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds known to the local authority whose activity is either not in education, employment or training (NEET), or in education, employment or training (EET)

7 Disabilities and long-term conditions

7.1 Physical disability

Table X: Estimated numbers of young people with a physical disability (PANSI, February 2018)

Physical disability	2017	2020	2025	2030	2035
People aged 18-24 predicted to have a moderate physical disability	418	402	410	463	467
People aged 18-24 predicted to have a moderate personal care disability	61	59	60	68	68
People aged 18-24 predicted to have a serious personal care disability	41	39	40	45	46
People aged 18-24 predicted to have diabetes	87	83	86	95	97
People aged 18-24 predicted to have a serious visual impairment	7	6	6	7	7
People aged 18-24 predicted to have some hearing loss	184	176	181	203	205

SEND monthly report – analysis and text to be provided by Viki's team.

7.2 Learning disability (add data from report that I did for Darrell)

GP registers, PANSI estimates

7.3 Diabetes

"There are about 31,500 children and young people with diabetes, under the age of 19, in the UK although this is likely to be an underestimation by about 10,000 as not all children over the age of 15 are managed in paediatric care."

The vast majority have Type 1 diabetes 95.1%; about 1.9% have Type 2 diabetes and 2.7% have Maturity Onset Diabetes of the Young (MODY), cystic fibrosis related diabetes or their diagnosis is not defined.

Slightly more boys seem to have diabetes than girls: 52% boys and 48% girls, though girls are twice as likely to have Type 2 diabetes.

The current prevalence estimate of Type 1 diabetes in children and young people under the age of 15 in England & Wales is 187.7 per 100,000.

The incidence of Type 1 diabetes in children under the age of 15 is 22.8 per 100,000, and the peak age for diagnosis is between 9 and 14 years of age.

According to the National Paediatric Diabetes Audit in 2012, children of Asian origin were 8.9 times more likely to have Type 2 diabetes than their White counterparts and children of Black origin were 5.8 times more likely.

(Diabetes UK, Facts and Stats, Oct 2016)

7.4 Asthma

1.1 million children in the UK are currently receiving treatment for asthma, (1 in 11), and it is the most common long-term medical condition. On average there are three children with asthma in every

classroom in the UK. The UK has among the highest prevalence rates of asthma symptoms in children worldwide.

A child is admitted to hospital every 20 minutes because of an asthma attack. Asthma prevalence is thought to have plateaued since the late 1990s, although the UK still has some of the highest rates in Europe and on average 3 people a day die from asthma.

In England, 4,500,000 people (1 in 11) are currently receiving treatment for asthma. This consists of 932,000 children and 3,600,000 adults. The NHS spends around 1 billion a year treating and caring for people with asthma.

(Asthma UK)

38,894 children aged 0-18 in England had emergency admission to hospital due to asthma, diabetes and epilepsy during 2015/16.

(HSCIC, indicator portal 2017)

7.5 Epilepsy

The total number of children aged 4 years and under with epilepsy is approximately 1 in 509. The prevalence of epilepsy in the UK in children aged under 16 years is estimated at 1 in 240 (Epilepsy Action)

The number of childr

en and young people aged 18 years and under with epilepsy is near 1 in 220. The numbers of young people who are 25 years and under with

epilepsy is around 112,000. More than one in five people with epilepsy have learning or intellectual disabilities.

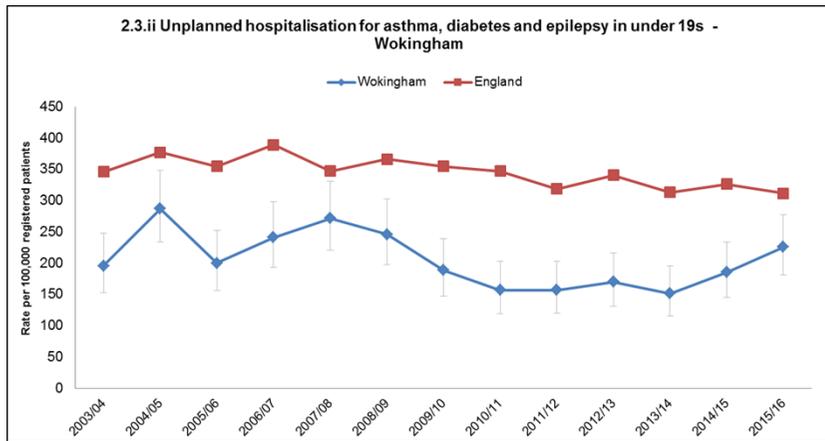
In the UK 1,150 people died of epilepsy related causes in 2009. In England and Wales 10% or 11% of those deaths were young adults or children under the age of 25.

(Young Epilepsy)

The rate of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s in Wokingham in 2015/16 was 226.1 per 100,000 population. This was better than the England average of 311.7 per 100,000 population.

The CCG rate for unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s for Wokingham CCG in 2015/16 was 226.7 per 100,000 registered patients. This was better than the England average of 312.3.

Figure X:



Source: HSCIC indicator portal 2016

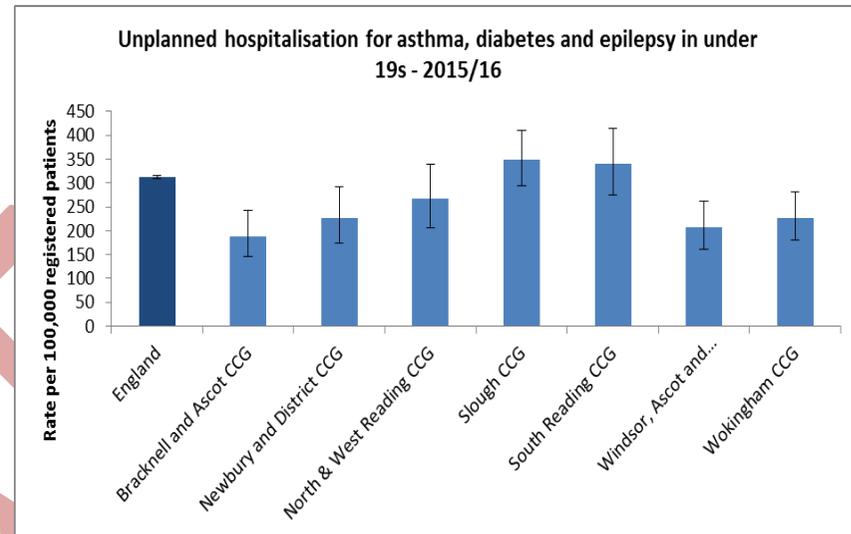
It is estimated that there are between 91 and 74 children under the age of 19 with diabetes living in Wokingham.

It is estimated that there are between 3025 children under the age of 19 with asthma living in Wokingham.

It is estimated that there are between 139 children under the age of 19 with epilepsy living in Wokingham. Estimates based on applying national prevalence estimates to local population (ONS 2015)

One of the NHS Outcome Framework Indicators measures potentially avoidable emergency hospital admission for asthma, diabetes, and epilepsy in under 19 year olds. During 2015/16, 84 children from Wokingham CCG were admitted for these conditions.

Figure X:



Source: HSCIC indicator portal 2016

8 Female genital mutilation (council team leading on FGM to update this section)

School census survey data (autumn 2017); Number of school girls who come from communities who speak: Somali Arabic (Sudan) Krio Afar - Saho Amharic Oromo Arabic (Yemen) Kurdish Edo / Bini Wolof Yoruba Efik - Ibibio Akan Twi - Fante Akan Twi Asante Akan Fante Swahili/Kiswahili Hausa Epira Arabic (Iraq) Urdu Pashto / Pahkto

	Grand Total
School	
NURSERY AND PRIMARY SCHOOLS	
The Ambleside Centre (Nursery)	*
Aldryngton Primary School	11
All Saints C.E. (Aided) Primary School	*

Bearwood Primary School	*
Beechwood Primary School	6
Charvil Piggott Primary School	*
Floreat Montague Park Primary School	*
Hatch Ride Primary School	*
HAWKEDON PRIMARY SCHOOL	12
Highwood Primary School	22
Hillside Primary School	8
Keep Hatch Primary School	6
Loddon Primary School	21
Nine Mile Ride Primary School	*
Radstock Primary School	14
Rivermead Primary School	*
Robert Piggott CE Jnr School	*
Shinfield Infant & Nursery Sch	*
Shinfield St. Mary's CE (VA) Junior School	8
Sonning Church of England Primary School	*
South Lake Primary School	12
St Dominic Savio Catholic Schl	14
St Paul's C of E Junior School	*
ST PETER'S CE PRIMARY SCHOOL	19
St Sebastians CE Primary Sch	*
St Teresa's Catholic Academy, Wokingham	*
The Coombes C of E Primary	*
The Hawthorns Primary School	*
Walter Infant School	*
Westende Junior School	*

Whiteknights Primary School	10
Willow Bank Infant School	*
Windmill Primary School	*
WINNERSH PRIMARY SCHOOL	15
Woodley CE Primary School	*
SECONDARY SCHOOLS	
MAIDEN ERLEGH SCHOOL	41
ST CRISPIN'S SCHOOL	*
THE BULMERSHE SCHOOL	31
The Emmbrook School	*
The Holt School	45
The Piggott Senior School	8
Waingels College	26
Grand Total	379

9 Safeguarding children

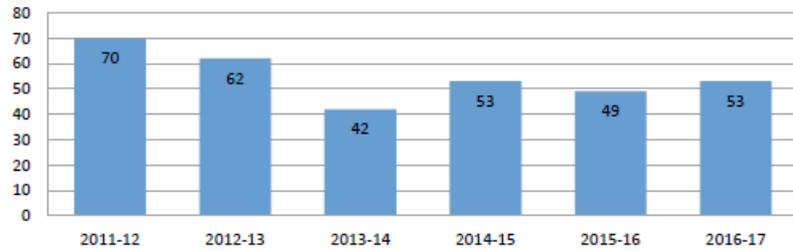
Safeguarding team to update this section

CDOP to add

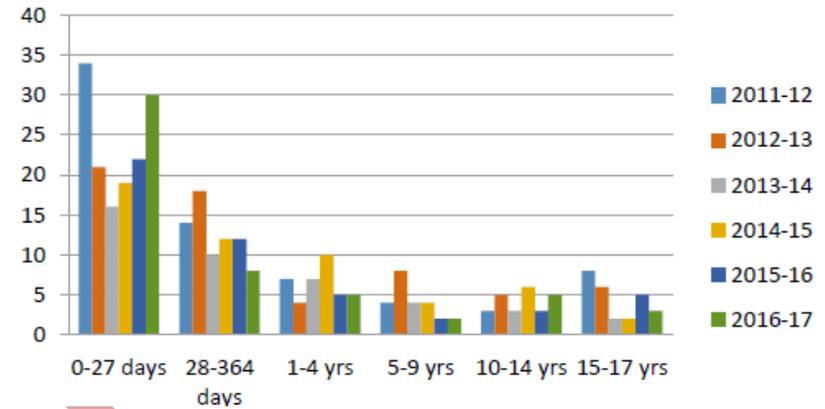
In 2008, Child Death Overview Panels (CDOPs) were statutorily established in England under the aegis of Local Safeguarding Children Boards (LSCBs) with the responsibility of reviewing the deaths of all children (0 to <18 years) in their resident population. In Berkshire the CDOP is a subgroup of the six Unitary Authority Local Safeguarding Children Boards. It is made up of representatives from across the county from a range of organisations, including health, social care and police. The CDOP also has representation from those with experience of supporting families bereaved through a child's death. This is because experience and

evidence tells us that what happens when a child is dying, or has died, can affect how families grieve and face life with this sorrow always present.

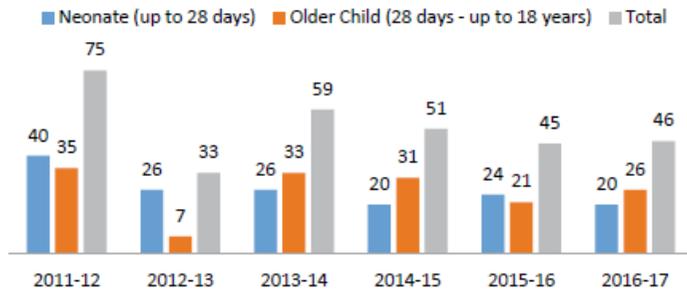
Number of deaths reviewed per year by Berkshire CDOP



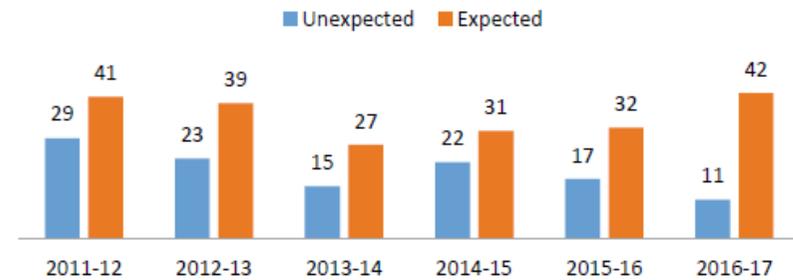
Number of deaths by age



Total Number of Deaths (Notified)



Number of Unexpected or Expected Deaths



170