Getting started with child and maternal health intelligence

Knowledge hub

- Themed knowledge hubs for disability; early years; Europe; maternity, mental health and psychological wellbeing; obesity; safeguarding; workforce; young people; and youth justice

- Four themed eBulletins: Child and Maternal Health Knowledge Update, Children’s Mental Health and Psychological Wellbeing, Perinatal and Infant Mental Health (PIMH), Learning Disabilities and CAMHS

Local health intelligence expertise
Getting started with child and maternal health intelligence

Tools and data

- Data atlas
- Child health profiles
- NHS Atlas of Variation
- Children and young people’s health benchmarking tool
- JSNA Navigator
- PREview
- Disease management information toolkit
- Outcomes versus Expenditure Tools
- Data directory
- Service planning and performance reports
Knowledge hub

Easy access to a wide range of information and knowledge relating to the health of children, young people and maternal health

www.chimat.org.uk/chmk9
Knowledge hub

Brings together the latest reports, information, evidence, policy, good practice, news and events. Themed hubs including:

- Disability
- Early years
- Europe
- Maternity
- Mental health and psychological wellbeing
- Obesity
- Safeguarding
- Workforce
- Young people
eBulletins

Signpost information resources, initiatives and organisations to keep you up-to-date with current policy and good practice.

- Child and Maternal Health Knowledge Update (weekly)
- Children’s Mental Health and Psychological Wellbeing (monthly)
- Perinatal and Infant Mental Health (PIMH) (monthly)
- Learning Disabilities and CAMHS (monthly)
Local health intelligence expertise

Free health intelligence expertise – making sense of data locally

www.chimat.org.uk/chimat/local
Local health intelligence expertise

Child and maternal health specialists work across the country to provide:

- Help with collating and analysing data for specific projects
- Training for you and your team on how to use the website and online tools
- One-to-one guidance on using available tools and data to improve commissioning processes
Data Atlas

Up-to-date, publically available data on a wide range of issues about and affecting child and maternal health

atlas.chimat.org.uk
Data Atlas

An interactive mapping tool enabling users to explore, interrogate and view relevant indicators and trends in map, chart and tabular formats. For example:

- Demographic information
- A&E attendances and hospital admissions
- Rates for common elective procedures
- Immunisations
- Obesity
- Teenage conceptions
Data Atlas

Interpreting the map

Comparison with the regional average and trend information comparing years

Comparison with all other areas in England. This area is in the top 20%
Child health profiles

A snapshot of child health and wellbeing for each local area in England using key indicators

www.chimat.org.uk/profiles
Child health profiles

View key child health indicators and compare performance locally, regionally and nationally

- Local Authority Child Health Profiles (PDFs)
- Child Health Profiles for England, local authorities and CCGs
- Infant Mortality and Stillbirth Profiles for local authorities and CCGs
- Breastfeeding Profiles for local authorities
- Early Years Profiles for England and local authorities
- School-age Children Profiles for local authorities
- Young People’s Profiles for England and local authorities
Child health profiles

[Image of a document with various charts and tables related to child health profiles in different regions, such as York.]
Child health profiles

**Child Health Profiles - local authorities**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Area</th>
<th>Local rank</th>
<th>Local value</th>
<th>Eng. value</th>
<th>Eng. %</th>
<th>Performance</th>
<th>Eng. rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature mortality</td>
<td>York</td>
<td>7</td>
<td>3.5</td>
<td>4.1</td>
<td>7.5</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Child mortality rate (age 0-4 years) (2011-2013)</td>
<td>York</td>
<td>4</td>
<td>10.9</td>
<td>13.9</td>
<td>10.0</td>
<td>52</td>
<td>3</td>
</tr>
</tbody>
</table>

**Child Health Profiles - England**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Baseline</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time entrants to the youth justice system (2013)</td>
<td>440</td>
<td>481.7</td>
<td>$</td>
</tr>
<tr>
<td>Children in poverty (under 16 years) (2013)</td>
<td>16.2</td>
<td>18.1</td>
<td>$</td>
</tr>
<tr>
<td>Female homelessness (2013)</td>
<td>1.7</td>
<td>1.6</td>
<td>$</td>
</tr>
<tr>
<td>Children in care (2013)</td>
<td>18</td>
<td>18.3</td>
<td>$</td>
</tr>
<tr>
<td>Children killed or seriously injured in road traffic accidents (2011-2013)</td>
<td>11.5</td>
<td>11.1</td>
<td>$</td>
</tr>
</tbody>
</table>

**Health improvement**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Baseline</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birthweight of all births (2013)</td>
<td>5.9</td>
<td>6.0</td>
<td>$</td>
</tr>
<tr>
<td>Obese children (4-5 years) (2013)</td>
<td>5.9</td>
<td>5.4</td>
<td>$</td>
</tr>
<tr>
<td>White children (6-11 years) (2013)</td>
<td>10.9</td>
<td>9.5</td>
<td>$</td>
</tr>
<tr>
<td>White children in overcrowded housing (2013)</td>
<td>10.9</td>
<td>9.4</td>
<td>$</td>
</tr>
<tr>
<td>Children with one or more decayed, missing or filled teeth (2013)</td>
<td>21.9</td>
<td>19.4</td>
<td>$</td>
</tr>
<tr>
<td>Under 18 conceptions (2013)</td>
<td>19.3</td>
<td>19.2</td>
<td>$</td>
</tr>
</tbody>
</table>

**Children in poverty (under 16 years)**

- **Children in poverty (under 16 years)**
  - **Value**: 16.2
  - **Baseline**: 18.1
  - **Trend**: Increase

**Health improvement**

- **Low birthweight of all births (2013)**
  - **Value**: 5.9
  - **Baseline**: 6.0
  - **Trend**: Decrease

**Obese children (4-5 years) (2013)**

- **Value**: 5.9
  - **Baseline**: 5.4
  - **Trend**: Decrease

**White children (6-11 years) (2013)**

- **Value**: 10.9
  - **Baseline**: 9.5
  - **Trend**: Decrease

**White children in overcrowded housing (2013)**

- **Value**: 10.9
  - **Baseline**: 9.4
  - **Trend**: Decrease

**Children with one or more decayed, missing or filled teeth (2013)**

- **Value**: 21.9
  - **Baseline**: 19.4
  - **Trend**: Increase

**Under 18 conceptions (2013)**

- **Value**: 19.3
  - **Baseline**: 19.2
  - **Trend**: No change

**Children in poverty (under 16 years)**

- **Value**: 16.2
  - **Baseline**: 18.1
  - **Trend**: Increase

**Health improvement**

- **Low birthweight of all births (2013)**
  - **Value**: 5.9
  - **Baseline**: 6.0
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**Obese children (4-5 years) (2013)**

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  - **Baseline**: 5.4
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  - **Baseline**: 19.2
  - **Trend**: No change
Atlas of Variation in Healthcare for Children and Young People

Identify unwarranted variation in children’s services

www.chimat.org.uk/variation
Atlas of Variation in Healthcare for Children and Young People

This resource illustrates the state of child health in England by highlighting existing variation in healthcare and health outcomes for children and young people. It highlights opportunities to improve health outcomes and minimise inequalities. Themes include:

- Determinants of child health
- Health promotion
- Child health in the perinatal period
- Healthcare for children and young people
- Healthcare for acutely ill children
- Children with long-term conditions
Atlas of Variation in Healthcare for Children and Young People
Children and Young People’s Health Benchmarking Tool

Access relevant PHOF, NHS OF and other key child and maternal health indicators in a concise, easy to use format

www.chimat.org.uk/cyphof
Children and Young People’s Health Benchmarking Tool

Children and Young People’s Health Benchmarking Tool

Public Health Outcomes

NHS Outcomes

Indicators from other sources

Area type: County & UA

Areas grouped by: Region

Benchmark: England

Healthy life expectancy at birth (Male)

Healthy life expectancy at birth (Female)

Life Expectancy at birth (Male)

Life Expectancy at birth (Female)

Children in poverty (All dependent children under 16)

Children in poverty (under 16)

School Readiness: The percentage of children achieving a good level of development at the end of Reception

School Readiness: The

Benchmark: England

Map colour: "Comparisons to benchmark"
JSNA Navigator – Children and Young People

Get directly to the data you need when conducting a Joint Strategic Needs Assessment (JSNA) locally for children and young people

www.chimat.org.uk/jsnanavigator
JSNA Navigator – Children and Young People

Highlights only the key data you are likely to need in undertaking a needs assessment.

Data across five domains:

- Population
- Social and place wellbeing
- Lifestyles and health improvement
- Health and wellbeing status
- Service utilisation
JSNA Navigator – Children and Young People

JSNA Navigator: Domain three - Lifestyles and health improvement

- Obesity and physical activity
- Healthy start
- Early behaviour
- Immunisation
- Health of looked after children

Obesity and physical activity

- A service snapshot relating to obesity can be found on Child & Maternal Health Intelligence Network (Cahin). The report examines some of the factors that are known to influence levels of obesity in a given population, analysing the available data for your area. Some of the wider implications of obesity both for NPI services and society more generally are described, again relating these to the available data for your area. You will need to select your local area using the drop-down box at the top of the page.

The snapshot provides information on:
- Trends in obesity for children in reception and those in Year 4
- School meals
- Physical activity
- Dental health

atlas.chinmat.org.uk/IAS/profiles/profile?profileId=21860& yOffset=4

Further information on obesity and overweight children from the Government’s National Child Measurement Programme (NCMP) for England. The link provides data on the prevalence of underweight, overweight and obese children, and is available at FCT or at top-tier local authority level.

atlas.chinmat.org.uk/IAS/dataviews/view?viewId=15

- Statistics from the PE and sport survey 2008/09, carried out on behalf of the Department for Education, are available in the Data Atlas. The survey aimed to collect information about participation in PE and out-of-hours school sport, and took place between 2003/04 and 2009/10. The most recent survey comprised a census of all schools in England and achieved a response rate of 99.8%. 

atlas.chinmat.org.uk/IAS/dataviews/view?viewId=45

Healthy start

Smoking in pregnancy is associated with a range of risk factors for the unborn baby, including increased risk of stillbirth, premature birth and its associated problems, infections, asthma, glue ear, and sudden infant death syndrome. NICE recommends that all pregnant women who smoke – and all those who are planning a pregnancy or who have an infant aged under 2 months – should be referred for help to quit smoking. The risks associated with smoking in pregnancy can be reduced or removed if women are supported to quit before becoming pregnant or in the early stages of pregnancy.

Statistics relating to smoking in pregnancy.

atlas.chinmat.org.uk/IAS/dataviews/view?viewId=13
Help target preventative resources where they are most needed

PREview:
Investing in children for a fairer future

www.chimat.org.uk/preview
PREview: Investing in children for a fairer future

As a commissioner or children’s services lead, PREview helps you make decisions about where to put your preventive resources now in order to make the best return for children in the future.

As a midwife, health visitor or other professional working in prevention and early intervention, PREview helps you decide which families need preventive support at an early stage to improve their child’s outcomes at five years of age.
**PREview: population tool**

### Enter data for population tool here:

This worksheet contains dummy data that needs to be overwritten with your data.

Data field entries are shown to the right of this worksheet.

#### Example output map showing outcomes for an area

**Key**
- Children’s Centre
- GP Practice

- **33** Density of children in area

- Areas where children are likely to have very good outcomes
- Areas where children are likely to have good outcomes
- Areas where children need additional preventive interventions to achieve good outcomes
- Areas where children need extra additional preventive interventions to achieve good outcomes
- Areas where children need intensive preventive interventions to achieve good outcomes

---

<table>
<thead>
<tr>
<th>Geographical Area Code</th>
<th>Child’s Gender</th>
<th>Mother’s Age at Birth</th>
<th>Relationship with Child’s Father at Birth</th>
<th>Multiple Birth</th>
<th>First Antenatal Care</th>
<th>Birth Weight</th>
<th>BMI Before Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>AREA01</td>
<td>Male</td>
<td>13-19</td>
<td>Not living together</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA02</td>
<td>Female</td>
<td>20-24</td>
<td>Not living together</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA03</td>
<td>Male</td>
<td>13-19</td>
<td>Married</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA04</td>
<td>Female</td>
<td>13-19</td>
<td>Married</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA05</td>
<td>Male</td>
<td>13-19</td>
<td>Married</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA06</td>
<td>Female</td>
<td>13-19</td>
<td>Married</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA07</td>
<td>Male</td>
<td>13-19</td>
<td>Married</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
<tr>
<td>AREA08</td>
<td>Female</td>
<td>13-19</td>
<td>Married</td>
<td>Single birth</td>
<td>Highest</td>
<td>2.5-3.5 kg</td>
<td>Normal</td>
</tr>
</tbody>
</table>

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**National Child and Maternal Health Intelligence Network**
PREview: professional resources
Disease Management Information Toolkit (DMIT)

Increase efficiency of services for children with long-term conditions

www.chimat.org.uk/chmtdmit
Disease Management Information Toolkit (DMIT)

Compare emergency admission rates, bed-days and lengths of stay with a range of different comparators.

Modules available for:

- Asthma
- Diabetes
- Epilepsy
Disease Management Information Toolkit (DMIT)

<table>
<thead>
<tr>
<th></th>
<th>Admissions</th>
<th>Bed days</th>
<th>Average length of stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Wolverhampton (number)</td>
<td>229</td>
<td>194</td>
<td>0.85</td>
</tr>
<tr>
<td>Rate per 100,000 population</td>
<td>384</td>
<td>325</td>
<td></td>
</tr>
<tr>
<td>England (rate)</td>
<td>219</td>
<td>277</td>
<td>1.25</td>
</tr>
<tr>
<td>Significance*</td>
<td>Worse</td>
<td>Worse</td>
<td>Better</td>
</tr>
<tr>
<td>Rank (of 221 CCGs) 1 indicates 'best'</td>
<td>197</td>
<td>149</td>
<td>9</td>
</tr>
</tbody>
</table>

* When compared to England

Emergency admissions via A&E | 2012/13 | Asthma

Bed days per 100,000 population

Average length of stay (days)

<table>
<thead>
<tr>
<th></th>
<th>If the selected CCG's performance matched England</th>
<th>If the selected CCG's performance matched the best performing 25%</th>
<th>If the selected CCG's performance matched the best performing 5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential cost savings per 100,000 population aged 0-15</td>
<td>£112,445</td>
<td>£163,546</td>
<td>£192,823</td>
</tr>
<tr>
<td>Potential total cost savings - total approximate figure</td>
<td>£61,100</td>
<td>£67,100</td>
<td>£109,000</td>
</tr>
</tbody>
</table>
Outcomes versus Expenditure Tools

Compare expenditure and other aspects of services with a number of outcome measures

www.chimat.org.uk/outcomesvexpenditure
Outcomes versus Expenditure Tools

Available for CAMHS, child health, and maternity and newborn

• Compare expenditure within a fixed area with service performance in terms of health and wellbeing outcomes;
• identify where either your expenditure or performance is significantly different to that of other organisations;
• see where you are an outlier; and
• find better performing organisations you might be able to learn from about what works well and how you can replicate it.
Outcomes versus Expenditure Tools

Selected local area

England average outcome

England average expenditure
Data directory – children, young people and maternity

Find and understand when to use the wide range of tools and data collections currently available

www.chimat.org.uk/directory
Data directory

British association of paediatric surgeons congenital anomalies surveillance system (BAPS-CASS)
National system that collects information on the surgical management of a range of rare congenital anomalies from paediatric surgical units in the UK.
Publisher: National Perinatal Epidemiology Unit (NPEU)
Type of resource: database
Life course stage(s): prenatal, perinatal, postnatal, neonatal, infancy
Age group(s): 0 years
Geographical area(s): UK, NHS organisation
Unit(s) of analysis: NHS provider unit
Availability: restricted access
Latest available data: 2014

British Isles network of congenital anomaly registers (BINOCAR)
Group of regional and disease-specific registers collecting information about congenital anomalies occurring in the UK and Ireland.
Publisher: British Isles Network of Congenital Anomaly Registers (BINOCAR)
Type of resource: database
Life course stage(s): prenatal, perinatal, postnatal, neonatal, infancy
Age group(s): 0 years
Geographical area(s): UK, NHS organisation
Unit(s) of analysis: NHS provider unit
Availability: restricted access
Latest available data: 2011
Service planning and performance reports

Look at demand, provision and outcomes for local children’s services

www.chimat.org.uk/serviceplanning
Service planning and performance reports

**Topical reports**
Reports relating to a range of subjects on child and maternal health and wellbeing.

- Early years
- Key risk factors indicating harm or poorer development outcomes in children
- Reducing unintentional injuries in and around the home among children under five years
- Reducing unintentional injuries on the roads among children and young people under 25 years
- School-age children
- Youth justice
Service planning and performance reports

Service snapshots
A summary of demand, provision and outcomes for services in a particular area.

- CAMHS
- Disability
- Infant mortality and stillbirths
- Maternity
- Obesity
- Teenage pregnancy
- Vaccination and immunisation
Service planning and performance reports

Needs assessment reports
Evidence-based information on prevalence, incidence and risk factors affecting children’s and young people’s health and the provision of healthcare services.

- CAMHS
- Children and young people with disability
- Continence in children
- Demographic profile
- Maternity
- Speech and language
Service planning and performance reports

Tooth decay in children age 5 years old

Importance and relevance of this indicator

Good oral health is an integral part of overall health. Poor oral health has a significant impact on quality of life causing pain and distress, affecting appearance and leading to a lack of confidence, loss of nights’ sleep, missed school and affecting the ability to eat a healthy diet.

Avoidable and unpleasant dental treatment including extractions under general anaesthetic which represent an avoidable risk to life can be avoided through maintaining good oral health.

Despite an overall improvement in oral health over the past 30 years, over 27% of 5 year olds have tooth decay.

Tooth decay (dental caries) is the decay of the tooth surface, which can lead to tooth decay. The cause of tooth decay is frequent sugar consumption in foods or drinks. It can be prevented by reducing the frequency of sugar consumption and by strengthening the tooth surface with fluoride, most commonly through brushing with fluoride toothpaste.

The 2012 National Dental Epidemiology Programme for England, oral health survey of 5 year old children, showed overall improvements in the prevalence and severity of tooth decay in young children:

- The prevalence nationally of overall tooth decay in 5 year olds has reduced from 30.9% to 27.9%;
- The proportion of children with untreated decay has reduced from 27.5% to 24.5%;
- Children with cavities in their mouths has reduced from 2.3% to 1.7% since 2003; and
- 72.1% of 5 year olds are free from tooth decay, up from 69.1% in 2008.

Oral health inequalities can be observed in age, gender, socio-economic and education level within England. Tooth decay still remains a major health problem for many groups of people in the England, particularly for those from socio-economically deprived or vulnerable groups. The incidences of oral cancer (with tobacco consumption and alcohol misuse as risk factors) and periodontal (gum) disease (risk factors include poor oral hygiene and smoking) are also strongly related to social and economic deprivation.

Tooth decay in children aged 5

<table>
<thead>
<tr>
<th>Bolton</th>
<th>Mean number of decayed, missing or filled teeth (2011/12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>England</th>
<th>Mean number of decayed, missing or filled teeth (2011/12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.94</td>
</tr>
</tbody>
</table>

Source: National Dental Epidemiology Programme for England
National Child and Maternal Health Intelligence Network

For more information:

www.chimat.org.uk
www.gov.uk/phe

information@chimat.org.uk
@PHE_Children