

# Joint Strategic Needs Assessment Wolverhampton

## Overview Report 2016

### Chapter 3: Start Well

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## VERSION CONTROL

Version	Status	Description of version	Date Completed	Distributed to	Date of distribution
1	Draft	Chapter 3	21/11/2016	JSNA Steering Group	21/11/2016
2	Draft	Chapter 3: Summary of outcomes added; Vaccinations data updated	30/11/2016		
2.1	Draft	Indicative Commissioning needs added	25/01/2017	JSNA Steering Group	25/01/2017
	Final	Approved by JSNA Steering group for publication	07/02/2017	JSNA website	01/03/2017

Section	Outcome	Latest data refresh year	Last data refresh year	Wolverhampton figure latest data	Better or worse compared to last data refresh	Better or worse compared to England (latest data)
Start Well	Child Poverty	2013	2012	28.5%		29.2%
Start Well	Legal termination of pregnancy	2015	2014	22.1 (per 1000 resident pop for women 15-44 years)		21.7
Start Well	Smoking during pregnancy	2015/16	2014/15	16.3%		18.8%
Start Well	Breastfeeding Initiation	2014/15	2013/14	64.5%		65.5%
Start Well	Breastfeeding 6-8 weeks	2014/15	2013/14	33.8%		40.2%
Start Well	Low birth weight	2014	2013	3.2%		3.3%
Start Well	Obesity in children (age 4-5)	2014/15	2013/14	12.2%		12.5%
Start Well	Obesity in children (age 10-11)	2014/15	2013/14	26.4%		26.1%
Start Well	Physical activity in children	2014	-	13.0%	No data available	
Start Well	Oral Health - 5 year old children free from dental decay	2014/15	2011/12	72.2%		72.0%
Start Well	Oral Health - 3 year old children free from dental decay	2014/15	-	84.7%	No data available	
Start Well	School Readiness - Reception	2014/15	2013/14	60.9%		56.5%
Start Well	School Readiness - Year 1	2014/15	2013/14	76.8%		74.2%
Start Well	Vaccination Coverage - Dtap/ IPV/ Hib (1 year old)	2015/16	2014/15	92.3%		91.6%
Start Well	Vaccination Coverage - Dtap/ IPV/ Hib (2 year old)	2015/16	2014/15	94.0%		93.9%
Start Well	Vaccination coverage - Men C Vaccination	2012/13	2011/12	94.2%		94.1%
Start Well	Vaccination Coverage - Hep B Vaccination (1 year old)	2013/14	2012/13	91.3%		93.3%
Start Well	Vaccination Coverage - Hep B Vaccination (2 year old)	2013/14	2012/13	62.5%		No data available
Start Well	Vaccination Coverage - PCV Vaccination	2015/16	2014/15	92.0%		91.1%
Start Well	Vaccination Coverage - PCV Booster	2015/16	2014/15	91.3%		90.5%
Start Well	Vaccination Coverage - MMR for 1 dose (2 year old)	2015/16	2014/15	91.5%		90.4%
Start Well	Vaccination Coverage - MMR for 1 dose (5 year old)	2015/16	2014/15	94.2%		94.2%
Start Well	Vaccination Coverage - MMR for 2 doses (5 year old)	2015/16	2014/15	87.1%		86.6%
Start Well	Vaccination Coverage - HPV vaccination	2014/15	2013/14	88.4%		85.9%
Start Well	Vaccination Coverage - Rotavirus Dose 1	Jan-16	Dec-15	95.1%		95.6%
Start Well	Vaccination Coverage - Flu vaccination 2-14 years	2015/16	2014/15	30.7%		35.1%
Start Well	Vaccination Coverage - Men B (One Dose)	Apr-16	Mar-16	95.6%		94.4%
Start Well	Vaccination Coverage - Men B (Two Dose)	Apr-16	Mar-16	83.4%		85.1%

## Children and Families living in Poverty

The Children in Low-Income Families Local Measure is the proportion of children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 % of national median income. This measure is a broad proxy for relative low-income child poverty as set out in the Child Poverty Act 2010 and enables analysis at a local level.

In 2013, Wolverhampton ranked 11th of 325 local authorities for child poverty, with the 1st having the highest proportion of child poverty.

Child Poverty in Wolverhampton is improving

-In 2013, 28.5% of all children in Wolverhampton are considered to be living in poverty compared to 18% in England and 20.7% in the West Midlands.

-Child Poverty in Wolverhampton increased from 29.6% in 2006 to 31.5% in 2009 and has decreased to the current figures of 28.5% in 2013. A similar pattern has been observed for England and the West Midlands.

-The gap between England and Wolverhampton for child poverty has increased from 8.8% in 2006 to 10.5% in 2013.

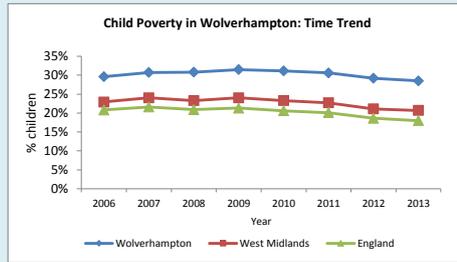


Fig 1: Child poverty in Wolverhampton: Time trend (Source: HM Revenue and Customs - HMRC)

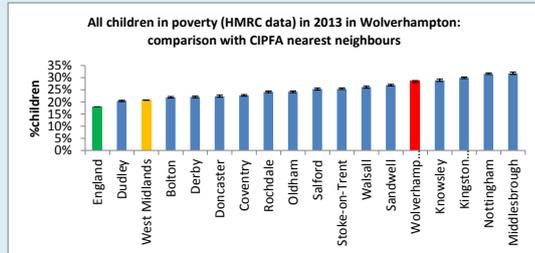


Fig 2: Child poverty in Wolverhampton compared to CIPFA neighbours (Source: HMRC)

-Child poverty in Wolverhampton in 2013 is higher compared to 11 of the 15 CIPFA nearest neighbours as well as significantly higher compared to England and Wales.

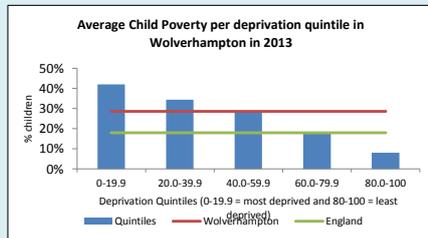


Fig 3: Child poverty in Wolverhampton by deprivation (HMRC)

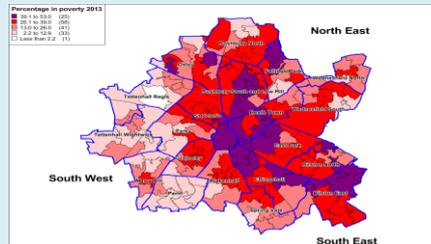


Fig 4: Child poverty by wards (Source: HMRC)

-In 2013, child poverty in Wolverhampton was highest in most deprived areas (42%) of Wolverhampton compared to least deprived areas (8.1%) of Wolverhampton.  
 -The top 3 wards in Wolverhampton with highest child poverty are Bushbury South and Low Hill (40.4%), East Park (38.6%) and Ettingshall (37.7%).  
 -The top 3 wards in Wolverhampton with lowest child poverty are Penn (9.4%), Tettenhall Regis (10.6%) and Tettenhall Wightwick (12.8%).

### Gaps in data

-Gender and Ethnicity data not available on HMRC

### What does this information tell me?

-The city has an entrenched problem with child poverty going back many years and the gap between Wolverhampton and England has increased over time.  
 -However, in common with national trends, child poverty in Wolverhampton peaked in 2009 and has declined steadily since then.  
 -The city's rate of child poverty is persistently above regional and national comparators, as well as being higher than the CIPFA nearest neighbours average.  
 -Within the city, rates of child poverty by deprivation quintile range from 8.1% (for the least-deprived quintile) to 42.0% (for the most-deprived quintile).  
 -The wards of the city with the highest child poverty rates are, in order, Bushbury South and Low Hill, East Park, and Ettingshall.

### Indicative Commissioning Needs

-Ensure services commissioned to address child poverty target those most in need by focusing on groups most vulnerable to child poverty and affected by the impact of welfare reform.  
 -Maximise take-up of funded provision to ensure families in Wolverhampton are receiving the support they require to improve their life chances.

### References

- HM Revenue and Customs  
 - Wolverhampton Child Poverty Strategy

## Legal Termination of Pregnancy

The Department of Health's policy, as outlined in the Framework for Sexual Health Improvement in England' (2013) (<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>), is that women who request an abortion should have early access to services if legally entitled to an abortion under the Abortion Act 1967 (<http://www.legislation.gov.uk/ukpga/1967/87/contents>).

The earlier abortions are performed the lower the risk of complications. Prompt access to abortion alongside enabling provision earlier in pregnancy is cost-effective and an indicator of service quality. (Source: PHOF)

### Prevalence

-In 2015, there were 22.1 terminations of pregnancies per 1000 resident population for women aged 15-44 years. This is higher compared to 17.8 per 1000 women resident population in West Midlands and 16.2 per 1000 women resident population in England aged 15-44 years.

-In 2015, there were 1,173 abortions in Wolverhampton which is an increase of 4.6% since 2012 (n=1,121). The increase in abortions since 2012 has been higher in Wolverhampton compared to West Midlands (3%) and England (0.6%)

-Since 2012, rate of terminations of pregnancies has increased slightly in Wolverhampton from 21.7 per 1000 resident population to 22.1 per 1000 resident population in 2015. This is in contrast to England where the rate of termination of pregnancies has fallen slightly from 16.6 per 1000 resident population in 2012 to 16.2 per 1000 resident population in 2015.

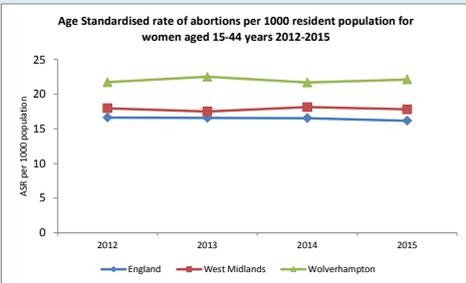


Fig 1: Rate of termination of pregnancies 2012-2015 (Source: DoH)

		Number of abortions	Age Standardised rate per 1000 resident population for women aged 15-44 years
England	2015	177,535	16.2
	2014	176,238	16.5
	2013	177,016	16.6
	2012	176,480	16.6
West Midlands	2015	20,246	18
	2014	19,879	18.1
	2013	19,253	17.5
	2012	19,661	18.0
Wolverhampton	2015	1,173	22
	2014	1,099	21.7
	2013	1,147	22.5
	2012	1,121	21.7

Fig 2: Numbers and rate of termination of pregnancies 2012-2015 (Source: DoH)

### Termination of Pregnancy by age

Number of abortions in Wolverhampton by age bands						
	Under 18	18-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35 yrs+
2012	76	110	330	288	194	123
2013	50	112	365	300	178	142
2014	56	84	333	309	194	123
2015	47	90	361	290	229	156
%variation	-38%	-18%	9%	1%	18%	27%

Number of abortions in England by age bands						
	Under 18	18-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35 yrs+
2012	12,171	17,530	51,824	40,018	29,119	25,818
2013	11,062	16,503	51,400	41,657	30,064	26,330
2014	10,432	15,629	50,123	42,142	30,824	27,088
2015	9,272	15,482	49,062	43,346	32,003	28,370
%variation	-24%	-12%	-5%	8%	10%	10%

Fig 3: Number of termination of pregnancies by age bands (Source: DoH)

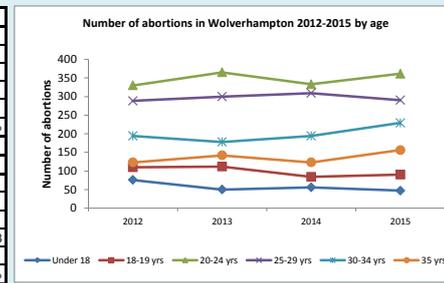


Fig 4: Number of termination of pregnancies by age (Source: DoH)

In 2015, the highest number of abortions (n=361) were seen in women aged 20-24 years in Wolverhampton followed by women aged 25-29 years (n=290).

In Wolverhampton, the number of abortions have increased by 27% for women aged 35 years and over from 123 in 2012 to 156 in 2015 and by 18% for women aged 30-34 years from 194 in 2012 to 229 in 2015. This is consistent with England where the number of abortions have increased by 10% for women aged 30-34 years and 35 and over.

In Wolverhampton, the number of abortions for under 18s and 18-19 year olds has decreased by 38% (from 76 to 47) and 18% (from 110 to 90) respectively since 2012. This is consistent with England where the number of abortions for under 18s and 18-19 year olds have decreased by 24% (from 12,171 to 9,272) and 12% (from 17,530 to 15,482) respectively since 2012.

### Termination of pregnancy by Gestation weeks

In Wolverhampton, 76% of the abortions took place at gestation age of 3-9 weeks in 2015. This is quite similar to West Midlands and England where 79% and 80% abortions in 2015 took place at gestation age of 3-9 weeks. Moreover, these figures have remained fairly similar since 2013.

Percentage of termination of pregnancy under 10 weeks which are medical terminations is an important public health indicator. It will help to improve transparency at a local level on the extent of medical and surgical services available to women, and will thus be an indicator of patient choice. A very low or a very high percentage of medical abortions compared to other areas could be an issue for concern. In Wolverhampton, 66% of the terminations under 10 weeks of gestation age were medical in 2015 compared to 62.7% in England and 64.6% in West Midlands.

### NHS funded Termination of Pregnancies

In 2015, 99% of the abortions in Wolverhampton were NHS funded which is similar to West Midlands (98%) as well as England (98%).

Of the NHS funded abortions, 94% abortions took place in the independent sector in 2015 which is a slight increase from 92% in 2014.

The percentage of NHS funded abortions in the independent sector in Wolverhampton in 2015 (94%) is higher than West Midlands (91%) and England (70.4%).

### Method of Termination of Pregnancies

In Wolverhampton, 47% abortions were surgical compared to 46% in England and West Midlands in 2015. The percentage of surgical abortions in Wolverhampton has decreased from 58% in 2013 to 47% in 2015, which is consistent with decrease in surgical abortions in West Midlands (from 57% in 2013 to 46% in 2015) and England (from 52% to 46%).

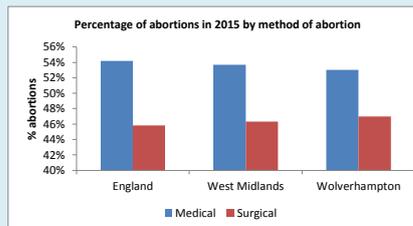


Fig 5: Termination of pregnancy by method of termination (Source: Wolverhampton CCG)

### Repeat Termination of Pregnancies

Over a quarter of England abortions in this age group are repeat abortions. This is an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

In Wolverhampton, 39% abortions are repeat abortions compared to 40% in West Midlands and 38% in England in 2015.

Of these, 26% repeat abortions were in women aged under 25 years in Wolverhampton compared to 29% in West Midlands and 27% in England.

Repeat abortions in women aged under 25 years in Wolverhampton have decreased from 32% in 2013 to 26% in 2015.

**Marie Stopes International (Source: Wolverhampton CCG)**

In 2014/15, the legal termination of services contract was awarded to Marie Stopes International.

According to the data received from the Wolverhampton CCG, there were 1133 terminations of pregnancy in 2014-15 in Wolverhampton, of which 82% were undertaken at gestational age of less than 10 weeks.

45% (n=508) of the total terminations were surgical terminations. 56% (n=278) were undertaken at gestational age of less than 10 weeks and a further 34% (n=179) were undertaken at the gestational age of between 10 and 14 weeks.

**Termination of Pregnancy (TOP) by age group**

Nearly 50% of the terminations were observed in women aged between 25 years and 35 years followed by 38% in women aged between 18 years and 24 years in 2014-15 in Wolverhampton. Similar patterns were observed for medical and surgical TOPs with least percentage of TOPs in women aged under 18 years and highest among women aged between 25 years and 35 years.

**Repeat Terminations**

33% (n=376) of the terminations in Wolverhampton in 2014-15 were for women who had had a previous TOP. This was most commonly (27%) found for women aged between 25 years and 35 years who undertook TOP in Wolverhampton in 2014-15.

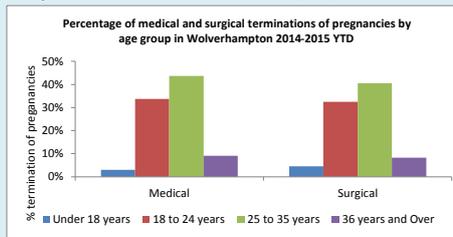


Fig 6: Medical and surgical terminations of Pregnancies by age group (Source: Wolverhampton CCG)

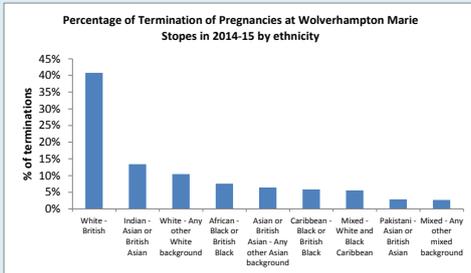


Fig 7: Termination of pregnancy by ethnicity (Wolverhampton CCG)

**Ethnicity**

41% of the terminations were observed in women of white-british ethnic origin followed by 13% terminations among women of Indian ethnic origin.

**Referrals to the service**

47% of the referrals to Marie Stopes for termination of pregnancy were from GPs followed by 28% self-referrals.

**What does this information tell us?**

- Rate of termination of pregnancies in Wolverhampton has increased slightly since 2012 which is in contrast with England, where the rate of termination of pregnancies has fallen slightly.

- 76% of termination of pregnancies were undertaken at under 10 weeks of gestation age and this has remained fairly consistent since 2013.

-Repeat abortions in women aged under 25 years in Wolverhampton have decreased from 32% in 2013 to 26% in 2015.

**Indicative Commissioning Needs**

- Ensure accessible provision of contraceptive services across the city and monitoring of contraceptive failure/non-use that results in termination of pregnancy .

## Smoking during Pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. Smoking during pregnancy has an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth).

### Prevalence

	2013/14	2014/15	2015/16
England	12.0%	11.0%	10.6%
West Midlands	13.2%	12.1%	10.1%
Wolverhampton	18.7%	18.8%	16.3%

Smoking during pregnancy is measured as % smoking at the time of delivery (SATOD) as a proportion of the total number of maternities.

In 2015/16, 16.3% of the women who gave birth, smoked at the time of delivery in Wolverhampton. This is significantly higher compared to 10.1% in West Midlands and 10.6% in England in 2015/16.

In Wolverhampton, the percentage of women smoking at the time of delivery have decreased from 21% in 2006/07 to 16.3% in 2015/16. Compared to last year (2014/15), there has been a fall in the percentage of women smoking at time of delivery in 2015/16 by 2.5%.

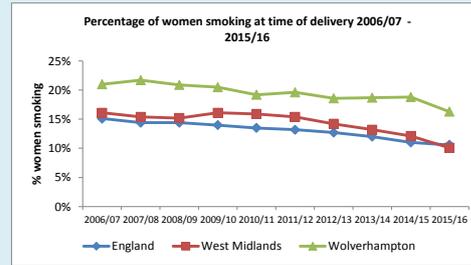


Fig 1: Time trend for %women smoking at time of delivery (Source: NHS Digital, PHOF)

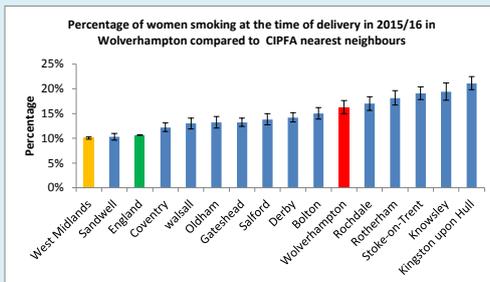


Fig 2: SATOD compared to CIPFA neighbours (Source: PHOF, NHS Digital)

### Smoking at time of delivery in Wolverhampton compared to CIPFA neighbours

In 2015/16, Wolverhampton had a higher percentage of women smoking at the time of delivery compared to 8 of the 13 CIPFA nearest neighbours\*.

\* Data for 2 CIPFA neighbours was not available due to data quality issues.

### Smoking at time of delivery by age group

In Wolverhampton, women aged 15-19 years are most likely to smoke at the time of delivery (34.3%) followed by women aged 20-24 years (29.5%) in 2010-2014.

Women aged 45-49 years were least likely to smoke at the time of delivery (5.3%) in Wolverhampton in 2010-2014.

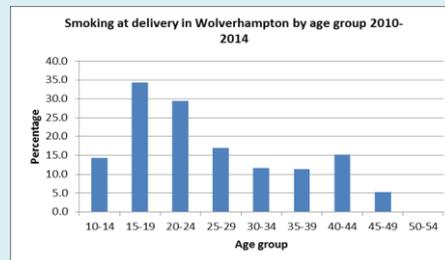


Fig 3: SATOD by age (Source: RWT)

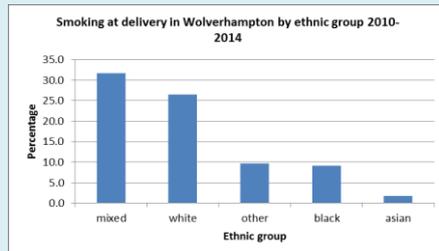


Fig 4: SATOD by ethnicity (Source: RWT)

### Smoking at time of delivery by ethnic group

Women of mixed ethnic origin are most likely to smoke at the time of delivery (31.7%) in Wolverhampton in 2010-2014 followed closely by women of white ethnic origin (26.5%).

### Smoking at time of delivery by deprivation

In Wolverhampton, women in the most deprived areas are most likely to smoke at the time of delivery (23%) compared to women in the least deprived areas (5%) in 2010-2014.

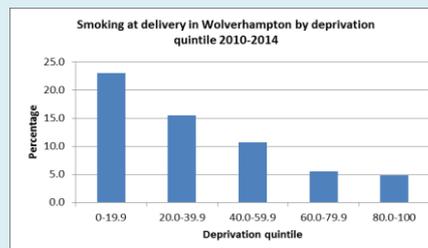


Fig 5: SATOD by deprivation quintiles (Source: RWT)

### Smoking at time of delivery by wards

There are four wards in Wolverhampton, which have the highest levels of smoking at the time of delivery. These include Bilston East (29%), East Park (27%), Bushbury South and Low Hill (25.2%) and Bilston North (25%).

There are four wards in Wolverhampton, which have the lowest levels of smoking at the time of delivery. These include Tettenhall Regis (6.6%), Penn (7.5%), Tettenhall Wightwick (8.2%) and Blakenhall (10.9%).

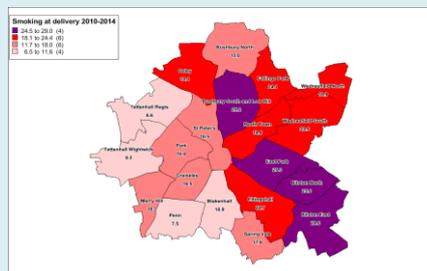


Fig 6: SATOD by wards in Wolverhampton 2010-2014 (Source: RWT)

**What does this information tell us?**

- Smoking at the time of delivery in Wolverhampton is improving. However, in 2015/16, it's still significantly higher compared to England and West Midlands.
- Smoking at the time of delivery in Wolverhampton is more prevalent in more deprived areas of Wolverhampton, in women aged 20-24 years and women of mixed ethnic origin.

**Indicative Commissioning Needs**

- Commission services that promote primary prevention of smoking in settings accessed by children and young people
- Ensure smoking cessation services provide a targeted offer for pregnant women

## Breastfeeding

Breastfeeding infants is an important public health consideration globally. Current national and international guidance recommends exclusive breastfeeding for newborns and for the first six months of infancy.

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

Increasing rates of breastfeeding initiation and continuation is recommended within the DH Healthy Child Programme and are also included in the NICE proposals for the Commissioning Outcome Framework.

### Breastfeeding Initiation

This indicator measures the percentage of mothers who give their babies breast milk in the first 48 hours after delivery

% Breastfeeding initiation	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
England	68.1	69.9	71.7	72.7	73.7	74	73.9	73.9	74.3
West Midlands	59.5	61.9	64.6	65.6	67.1	67.4	67.9	66.6	66.8
Wolverhampton	57.7	60.1	59.9	64.6	65.2	65.4	61.1	65.5	64.5

Table 1: Breast Feeding initiation: Time trends (Source: NHSE and PHOF)

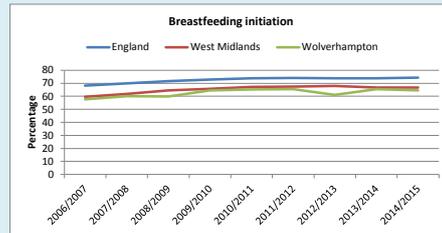


Fig 1: Breastfeeding Initiation: Time trends (Source: NHSE and PHOF)

In Wolverhampton, 64.5% of women who had given birth, initiated breastfeeding within 48 hrs of delivery in 2014/15. The percentage of women initiating breastfeeding in Wolverhampton (64.5%) is less compared to women in West Midlands (66.8%) and England (74.3%) in 2014/15.

The percentage of women initiating breastfeeding in Wolverhampton has improved since 2006/07, from 57.7% to 64.5% in 2014/15.

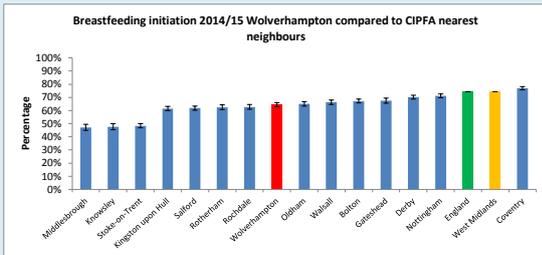


Fig 2: Breastfeeding Initiation in Wolverhampton compared to CIPFA neighbours (Source: PHOF)

### Breastfeeding Initiation in Wolverhampton compared to CIPFA neighbours

In 2014/15, the percentage of women initiating breastfeeding in Wolverhampton is less compared to 7 CIPFA nearest neighbours.

### Breastfeeding Initiation by Age

In 2010-2014, 100% of women aged 50-54 years and 75% of women aged 45-49 years who gave birth, initiated breastfeeding within 48 hours of delivery in Wolverhampton.

However, only 28.5% women aged 10-14 years and 38.6% women aged 15-19 years who gave birth, initiated breastfeeding within 48 hours of delivery in Wolverhampton in 2010-2014.

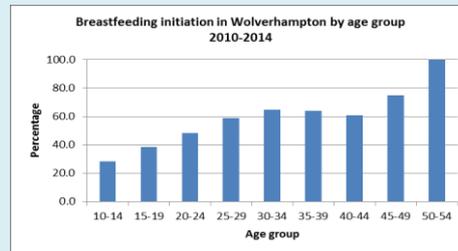


Fig 3: Breastfeeding initiation in Wolverhampton by age groups (Source: RWT)

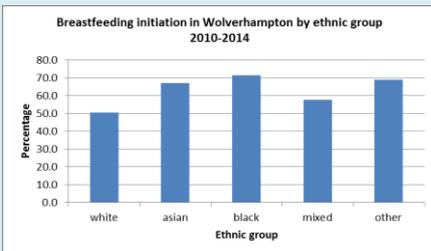


Fig 4: Breastfeeding Initiation by ethnic group (Source: RWT)

### Breastfeeding Initiation by Ethnic Groups

The percentage of women initiating breastfeeding within 48 hours of delivery was found most commonly in women from black ethnic origin (71.4%) followed by women from asian ethnic origin (67.1%). Moreover 69% women classified under 'other' ethnic group also initiated breastfeeding within 48 hours of delivery.

### Breastfeeding Initiation by deprivation

The percentage of women initiating breastfeeding was higher in least deprived areas of Wolverhampton (68.5%) compared to most deprived areas (54.6%) in 2010-2014.

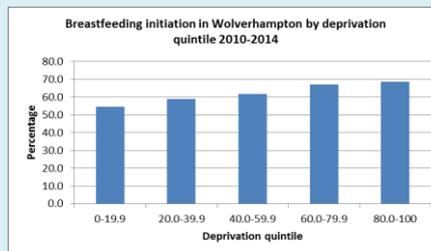


Fig 5: Breastfeeding initiation by deprivation (Source: RWT)

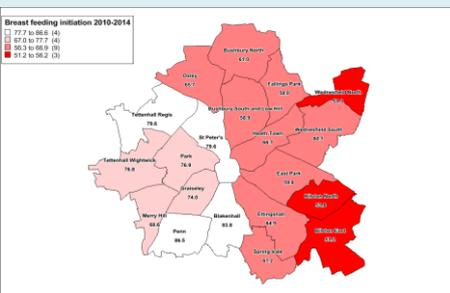


Fig 6: Breastfeeding initiation by wards (Source: RWT)

### Breastfeeding Initiation by wards

There are 4 wards in Wolverhampton in 2010-2014 with highest percentage of women initiating breastfeeding within 48 hours of delivery. These are Penn (86.5%), Blakenhall (83.8%) St Peter's (79.6%) and Tettenhall Regis (79.6%).

## Breastfeeding at 6-8 weeks

This indicator measures the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age.

% Breastfeeding 6-8 weeks	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
England*	36.9	44.7	46.1	47.2	47.2	45.8	43.8
West Midlands		37.8	37.8	40.8	41.0	39.4	40.9
Wolverhampton	32.5	36.3	36.0	40.1	41.6	40.2**	33.8**

Table 2: Breastfeeding at 6-8 weeks (Source: PHE, PHOF)

In 2014/15, 33.8% infants aged 6-8 weeks are breastfed totally or partially in Wolverhampton. This is lower compared to 40.9% infants in West Midlands and 43.8% infants in England.

The percentage of infants breastfed at 6-8 weeks in Wolverhampton improved from 2008/09 (32.5%) to 2012/13 (41.6%). However, it seems to have fallen since to 33.8% in 2014/15.

The data presented above should be interpreted with caution as per the following:

\* figures are aggregated for areas who meet validation

\*\*validation criteria not met, approximated from figures given, interpret with caution

No comparisons could be drawn against CIPFA nearest neighbours as complete data was not available due to data validation issues.

### What this information tells us?

- Breastfeeding initiation in Wolverhampton is improving. However, it is still significantly lower compared to West Midlands and England.
- Breastfeeding initiation is lower among women aged 10-19 years old, from white and mixed ethnic background and those in most deprived areas.
- Breastfeeding at 6-8 weeks improved till 2012/2013; however it seems have fallen since. The data for 2013/14 onwards is based on approximated data where validation criteria were not met. Therefore these figures need to be interpreted with caution.
- Currently no demographics data is available for breastfeeding at 6-8 weeks. This would need to be sourced from child health records. We are working towards a regional agreement to get extracts from CHIS to obtain this.

### Indicative Commissioning Needs

- Ensure commissioned children services provide advice and support for breastfeeding both before and after delivery

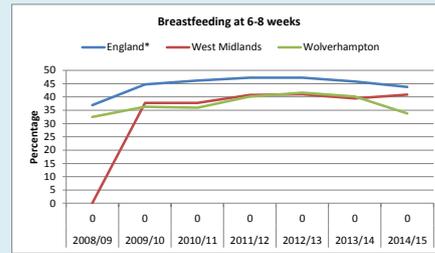


Fig 7: Breastfeeding at 6-8 weeks: time trend (Source: PHE, PHOF)

## Low Birth Weight Babies

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services. This indicator is in line with the Government's direction for public health on starting well through early intervention and prevention. It has also been included in the Department of Health Business Plan within the context of addressing issues of premature mortality, avoidable ill health, and inequalities in health, particularly in relation to child poverty

### Prevalence

Low birth weight is calculated as a percentage of live births with a birth weight of less than 2500g and a gestational age of at least 37 complete weeks as a proportion of live births with recorded birth weight and a gestational age of at least 37 complete weeks.

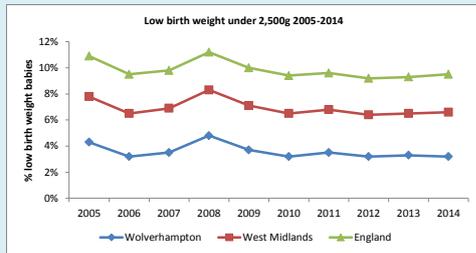


Fig 1: Low birth weight under 2,500g: Time trend (Source: ONS, RWT)

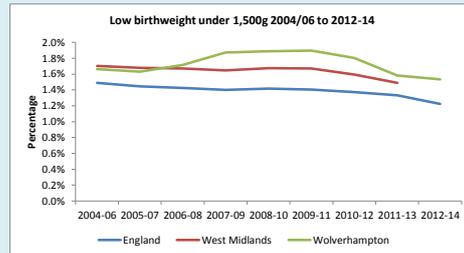


Fig 2: Low birth weight under 1,500g: Time trend (Source: ONS, RWT)

	% under 1,500g			% under 2,500g		
	2010-12	2011-13	2012-14	2012	2013	2014
England	1.38	1.33	1.23	2.8	2.8	2.9
West Midlands	1.59	1.49	n/a	3.2	3.2	3.4
Wolverhampton	1.81	1.58	1.53	3.2	3.3	3.2

Table 1: Prevalence of low birth weight (Source: ONS, RWT)

In 2014, 3.2% babies were born with low birth weight of under 2,500g in Wolverhampton. This is higher compared to 2.9% in England but lower compared to 3.4% in West Midlands. In 2012-14, 1.53% babies were born with low birth weight of under 1,500g in Wolverhampton. This is higher compared to 1.23% in England. Percentage of babies born with a low birth weight of under 2,500g has improved from 4.3% in 2005 to 3.2% in 2014. There has been a more marked decrease in the percentage of babies born with low birth weight of under 1,500g from 1.81% in 2010-12 to 1.53% in 2012-2014.

### Prevalence compared to CIPFA nearest neighbours

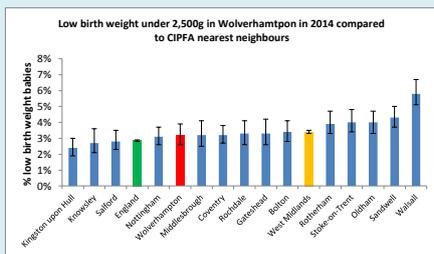


Fig 3: Low birth weight under 2,500g compared to CIPFA (Source: PHOF)

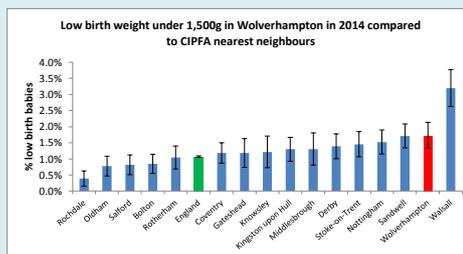


Fig 4: Low birth weight under 1,500g compared to CIPFA (Source: RWT)

The percentage of live births with low birth weight under 2,500g in Wolverhampton is higher compared to 4 of the 15 CIPFA nearest neighbours. The percentage of live births with low birth weight under 1,500g in Wolverhampton is higher compared to 14 of the 15 CIPFA nearest neighbours.

### Live births with low birth weight by mother's age group

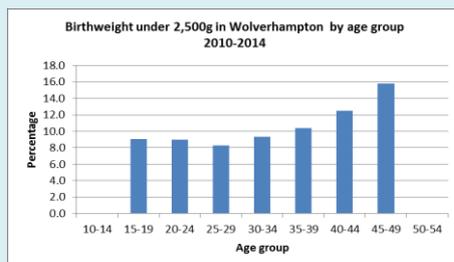


Fig 5: Low birth weight under 2,500g in Wolverhampton by mother's age (Source: RWT)

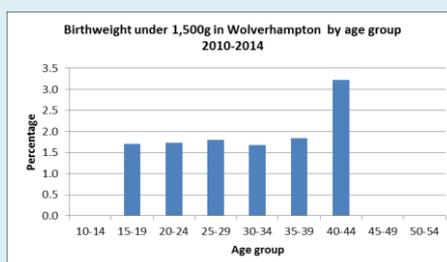


Fig 6: Low birth weight under 1,500g in Wolverhampton by mother's age (Source: RWT)

In Wolverhampton, live births with low birth weight under 2,500g were most commonly found in women aged 45-49 years (15.8%) followed by women aged 40-44 years (12.5%) in 2010-2014. In Wolverhampton, live births with low birth weight under 1,500g were most commonly found in women aged 40-44 years (3.2%) in 2010-2014.

### Live births with low birth weight by ethnic origin

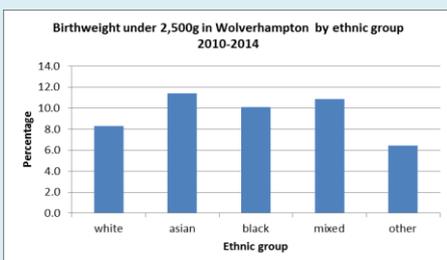


Fig 7: Low birth weight under 2,500g in Wolverhampton by ethnic origin (Source: RWT)

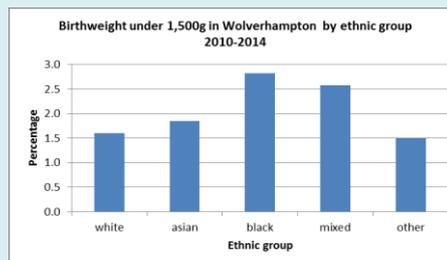


Fig 8: Low birth weight under 1,500g in Wolverhampton by ethnic origin (Source: RWT)

In Wolverhampton, live births with low birth weight under 2,500g were most commonly found in women of asian ethnic origin (11.4%) followed by women of mixed ethnic origin (10.8%). In Wolverhampton, live births with low birth weight under 1,500g were most commonly found in women of black ethnic origin (2.7%) followed by women of mixed ethnic origin (2.6%)

**Live births with low birth weight by deprivation**

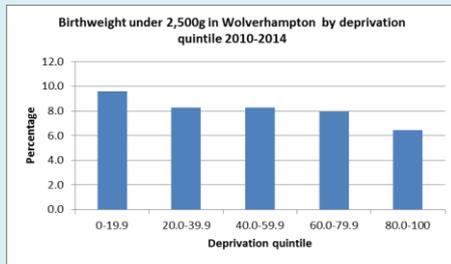


Fig 9: Low birth weight under 2,500g in Wolverhampton by deprivation (Source: RWT)

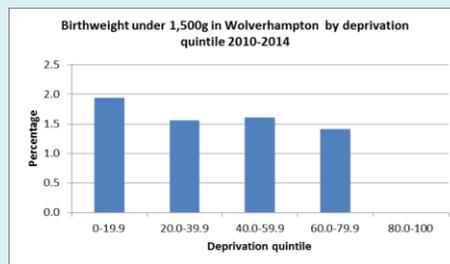


Fig 10: Low birth weight under 1,500g in Wolverhampton by deprivation (Source: RWT)

In Wolverhampton, live births with low birth weight under 2,500g were higher in most deprived areas of Wolverhampton (9.6%) compared to least deprived areas of Wolverhampton (6.4%) in 2010-2014. In Wolverhampton, live births with low birth weight under 1,500g were higher in most deprived areas of Wolverhampton (1.9%) compared to least deprived areas of Wolverhampton in 2010-2014.

**Premature births by ward**

In 2010-14, premature births were found to be the highest in 3 wards in Wolverhampton including East Park (10.4%), Ettingshall (10.1) and Bushbury North (9.9%).

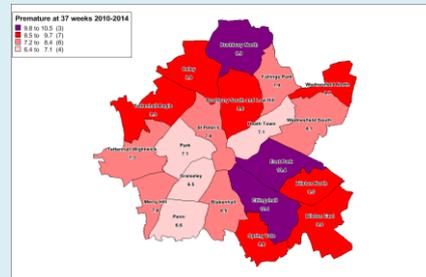


Fig 11: Premature births in Wolverhampton by wards (Source: Public Health Wolverhampton)

**What does this information tell us?**

- Live births with low birth weight in Wolverhampton are improving, however it is still higher compared to England and West Midlands. Live births with low birth weight under 1,500g is a particular concern as it is higher compared to 14 of the 15 CIPFA nearest neighbours.
- Live births with low birth in Wolverhampton is higher in women aged over 40 years, in more deprived areas of Wolverhampton and in women of asian and mixed ethnic origin for birth weight under 2,500g and women of black and mixed ethnic origin for birth weight under 1,500g.

**Indicative Commissioning Needs**

- Commission services to address the risk factors associated with low birth weight with a targeted approach for at-risk groups

## User experience of maternity and post-natal care services

User experience of maternity and post-natal care services is an important indicator to identify whether the services are providing high quality care or improvements are imminent.

The Maternity Family and Friends Test (FFT) is a simple questionnaire utilised by NHS providers to obtain feedback about the NHS funded maternity services received by patients. It asks people if they would recommend the services they have used to their friends and families, on a scale ranging from extremely likely to extremely unlikely.

	Antenatal care		Birth		Postnatal ward		Postnatal community	
	England	Wolverhampton	England	Wolverhampton	England	Wolverhampton	England	Wolverhampton
Jun-16	95%	100%	97%	100%	94%	90%	98%	100%
Jul-16	95%	*	97%	98%	93%	87%	98%	*

\* Data suppressed due to low numbers

**Table 1: % extremely likely and/or likely to recommend maternity and post-natal care services (Source: NHS England)**

### Antenatal care

In June 2016, 100% women accessing antenatal care in Wolverhampton were extremely likely and/or likely to recommend the antenatal care to their friends and families. This is higher compared to 95% women in England who are extremely likely and/or likely to recommend these services to friends and families.

### Birth

In June 2016, 100% women giving birth in Wolverhampton were extremely likely and/or likely to recommend the birth services to their friends and families. This is higher compared to 97% women in England who are extremely likely and/or likely to recommend these services to friends and families. In Wolverhampton, the percentage of women extremely likely and/or likely to recommend birth services has fallen to 98% in July 2016; however it is still higher compared to 97% in England.

### Postnatal ward

In June 2016, 90% women who stayed at the postnatal ward in Wolverhampton were extremely likely and/or likely to recommend the services at postnatal ward to their friends and families. This is lower compared to 94% women in England who are extremely likely and/or likely to recommend these services to friends and families. In Wolverhampton, the percentage of women extremely likely and/or likely to recommend services provided at postnatal ward has fallen to 87% in July 2016; however it is still lower compared to 93% in England.

### Postnatal community

In June 2016, 100% women accessing services provided by postnatal community service in Wolverhampton were extremely likely and/or likely to recommend these services to their friends and families. This is higher compared to 98% women in England who are extremely likely and/or likely to recommend these services to friends and families.

### Trend

#### Antenatal care

The percentage of women extremely likely and/or likely to recommend the antenatal care services to their friends and families has increased from 94% in October 2013 to 100% in June 2016 in Wolverhampton. Similar pattern has been observed in England where the percentage of women extremely likely and/or likely to recommend antenatal care services to their friends and families has increased from 93% in October 2013 to 95% in June 2016.

#### Birth

The percentage of women extremely likely and/or likely to recommend the birth services to their friends and families has increased from 96% in October 2013 to 98% in July 2016 in Wolverhampton. Similar pattern has been observed in England where the percentage of women extremely likely and/or likely to recommend birth services to their friends and families has increased from 95% in October 2013 to 97% in July 2016.

#### Postnatal ward

The percentage of women extremely likely and/or likely to recommend the postnatal ward services to their friends and families has decreased slightly from 89% in October 2013 to 87% in July 2016 in Wolverhampton. The monthly data from October 2013 onwards for Wolverhampton shows that the percentage of women extremely likely and/or likely to recommend the postnatal ward services to their families and friends has been very variable; reaching a peak of 100% in August 2014 and September 2014 and a low of 81% in March 2015.

However in England, there has been a slight increase where the percentage of women extremely likely and/or likely to recommend postnatal ward services to their friends and families has increased from 92% in October 2013 to 93% in July 2016.

#### Postnatal Community

The percentage of women extremely likely and/or likely to recommend the postnatal community services to their friends and families has increased from 91% in October 2013 to 100% in June 2016 in Wolverhampton. Similar pattern has been observed in England where the percentage of women extremely likely and/or likely to recommend postnatal community services to their friends and families has increased from 94% in October 2013 to 98% in June 2016.

### What does this information tell us?

- In Wolverhampton, the percentage of women extremely likely and/or likely to recommend the maternity and postnatal care services to their friends and family in Wolverhampton is higher compared to the England average for antenatal services, birth services and postnatal community services in June/July 2016.
- In Wolverhampton, the percentage of women extremely likely and/or likely to recommend the postnatal ward services to their friends and family is lower compared to the England average in July 2016.

### Indicative Commissioning needs

- None identified

## Obesity in Children

The UK is experiencing an epidemic of obesity affecting both adults and children.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. 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.

Healthy weight and obesity is a priority area for Government. The Government's "Call to Action" on obesity, published in October 2011, included national ambitions relating to excess weight in children i.e. a sustained downward trend in the level of excess weight in children by 2020

### Definitions

**Overweight** is defined as a BMI centile greater than or equal to the 85th centile but less than the 95th centile (i.e. overweight but not obese) of the British 1990 growth reference (UK90) according to age and sex.

**Obese** is defined as a BMI centile greater than or equal to the 95th centile of the British 1990 growth reference (UK90) according to age and sex.

In England the British 1990 growth reference (UK90) is recommended for population monitoring and clinical assessment in children aged four years and over. UK90 is a large representative sample of 37,700 children which was constructed by combining data from 17 separate surveys. The sample was rebased to 1990 levels and the data were then used to express BMI as a centile based on the BMI distribution, adjusted for skewness, age and sex.

### Prevalence

	Year Reception (age 4-5 years)				Year 6 (age 10-11 years)			
	Overweight		Obese		Overweight		Obese	
	Wolverhampton	England	Wolverhampton	England	Wolverhampton	England	Wolverhampton	England
2012-13	14.1	12.9	12.9	9.3	16.4	14.4	24.6	18.9
2013-14	13.7	13.1	12.5	9.5	15.6	14.4	26.1	19.1
2014-15	13.4	12.8	12.1	9.1	14.7	14.2	26.4	19.1

Table 1: Prevalence of obesity in children (Source: NHS digital, NCMF)

In Wolverhampton, 13.4% of children aged 4-5 years are overweight and 12.1% of children aged 4-5 years are obese, which is higher compared to 12.8% and 9.1% respectively in England in 2014-15.

In Wolverhampton, 14.7% of children aged 10-11 years are overweight and 26.4% of children aged 10-11 years are obese, which is higher compared to 14.2% and 19.1% respectively in England in 2014-15.

### Trend: Overweight children

#### -Children aged 4-5 years (Year Reception)

The percentage of overweight children aged 4-5 years (year reception) increased from 12.5% in 2006-07 to 14.5% in 2011-12 and has thereafter decreased to 13.4% in 2014-15 in Wolverhampton.

The percentage of overweight children aged 4-5 years (year reception) has remained fairly constant in England, decreasing very slightly from 13% in 2006-07 to 12.8% in 2014-15

#### -Children aged 10-11 years (Year 6)

The percentage of overweight children aged 10-11 years (year 6) increased from 14.6% in 2006-07 to 16.7% in 2012-13 and has thereafter decreased to 14.7% in 2014-15 in Wolverhampton.

The percentage of overweight children aged 10-11 years (year 6) has remained fairly consistent in England at 14.2% with peaks of 14.7% in 2009-10 and 2011-12.

### Trend: Obese children

#### -Children aged 4-5 years (Year Reception)

The percentage of obese children aged 4-5 years (year reception) increased from 11% in 2006-07 to 13.1% in 2011-12 and has thereafter decreased to 12.1% in 2014-15 in Wolverhampton. The data shows that overall, the percentage of obese children, aged 4-5 years, in Wolverhampton has increased since 2006-07. This is in contrast with England, where the percentage of obese children, aged 4-5 years (year reception) has decreased from 9.9% in 2006-07 to 9.1% in 2014-15.

#### -Children aged 10-11 years (Year 6)

The percentage of obese children aged 4-5 years (year reception) increased from 25.9% in 2006-07 to 26.4% in 2014-15 in Wolverhampton. This is similar to England, where the percentage of obese children aged 10-11 years (year 6) has increased from 17.5% in 2006-07 to 19.1% in 2014-15.

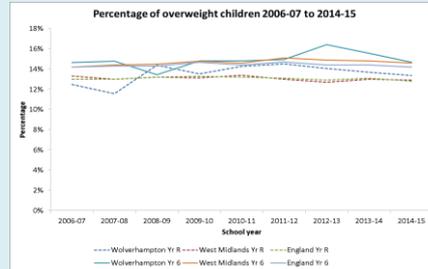


Fig 1: Percentage of overweight children 2006-07 to 2014-15 (Source: NCMF)

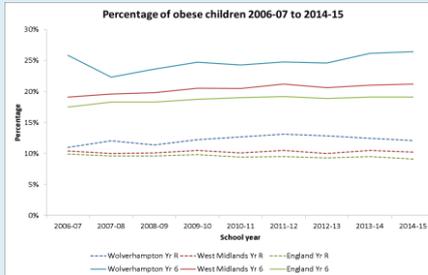


Fig 2: Percentage of obese children 2006-07 to 2014-15 (Source: NCMF)

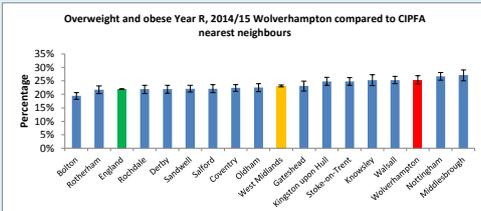


Fig 3: %Children overweight and obese compared to CIPFA nearest neighbours (Source: PHOF)

### Prevalence compared to CIPFA nearest neighbours: children aged 4-5 years (Year Reception)

The percentage of overweight (including obese) children aged 4-5 years (year Reception) in Wolverhampton are significantly higher compared to England and West Midlands.

Moreover, the percentage of overweight (including obese) children aged 4-5 years (year Reception) is higher in Wolverhampton compared to 13 of the 15 CIPFA neighbours.

### Prevalence compared to CIPFA nearest neighbours: children aged 10-11 years (Year 6)

The percentage of overweight (including obese) children aged 10-11 years (year 6) in Wolverhampton are significantly higher compared to England and West Midlands.

Moreover, the percentage of overweight (including obese) children aged 10-11 years (year 6) is higher in Wolverhampton compared to 14 of the 15 CIPFA neighbours.

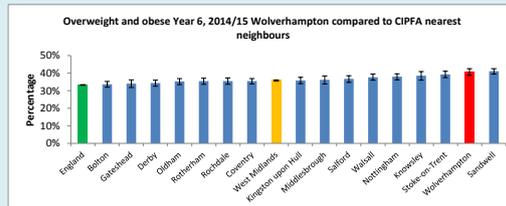


Fig 4: %Children overweight and obese compared to CIPFA nearest neighbours (Source: PHOF)

### Obesity in Children by gender

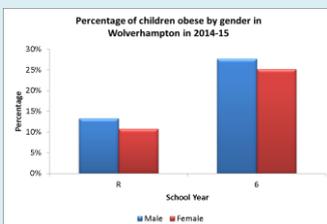


Fig 5: Percentage of obese children by gender (Source: NCMF)

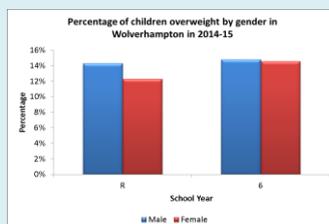


Fig 6: Percentage of overweight children by gender (Source: NCMF)

In Wolverhampton, obesity was found to be more prevalent in boys compared to girls for both year reception (13.3% vs 10.8%) and year 6 (27.6% vs 25.2%).

In Wolverhampton, more boys compared to girls were found to be overweight in both year reception (14.3% vs 12.3%) and year 6 (14.8% vs 14.6%), however the gap in year 6 was minimal.

### Obesity in children by ethnicity

In Wolverhampton, obesity was found to be more prevalent in children of black ethnic origin for children in year R (17.3%) and year 6 (29.8%) in 2010-15.

In Wolverhampton, children of white ethnic background (15.7%) and not known ethnic background (15.7%) were found to be more overweight compared to children of other ethnic backgrounds in year R.

In Wolverhampton, children of not known ethnic background (16.7%) and black ethnic background (16.5%) were found to be more overweight compared to children of other ethnic backgrounds in year 6.

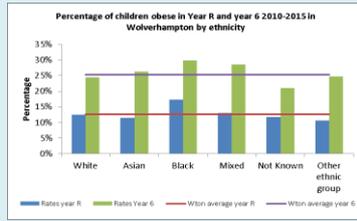


Fig 7: Percentage of obese children by ethnicity (Source: NCMP)

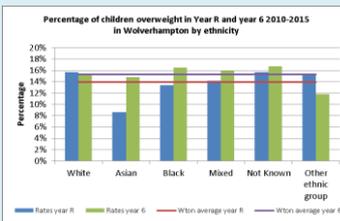


Fig 8: Percentage of overweight children by ethnicity (Source: NCMP)

### Obesity in children by deprivation

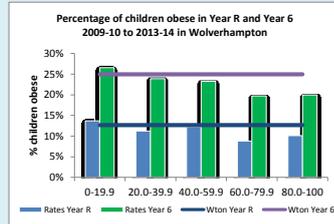


Fig 9: Percentage of obese children in Year R by deprivation (Source: NCMP)

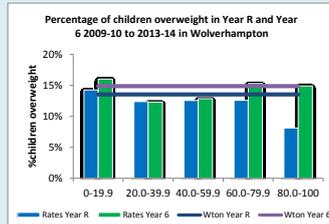


Fig 10: Percentage of obese children in Year 6 by deprivation (Source: NCMP)

In Wolverhampton, obesity in children has been more prevalent in most deprived areas (13.7%) compared to least deprived areas (10.1%) in year R. Similar pattern was observed for children in Year 6 with 26.6% obese in most deprived areas compared to 20% in least deprived areas.

In Wolverhampton, children are found to be more overweight in more deprived areas (14.3%) compared to less deprived areas (8.1%) in Year R. Less marked difference was observed for children in Year 6 with 16% obese in more deprived areas compared to 15% in least deprived areas.

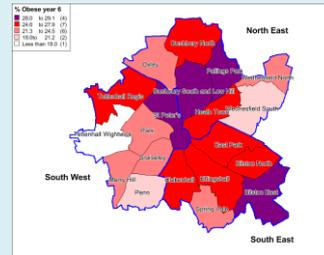
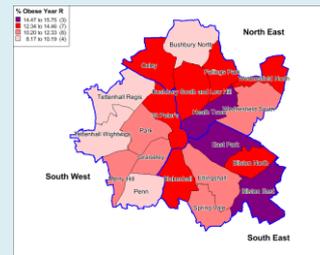
### Obesity in children by wards

In Year R, obesity in children was found to be most prevalent in 3 wards of Wolverhampton, namely Heath Town (14.6%), East Park (14.7%) and Bilston East (15.7%).

The wards with lowest prevalence of obesity in children in Year R were Tettenhall Regis (8.2%), Tettenhall Wightwick (8.7%), Bushbury North (9.7%) and Penn (9.9%).

In Year 6, obesity in children was found to be most prevalent in 4 wards of Wolverhampton, namely St Peters (28.3%), Bushbury South and Low Hill (28.5%), Fallings Park (28.6%) and Bilston East (29%).

The ward with lowest prevalence of obesity in children in Year 6 was Tettenhall Wightwick (17%) followed by Wednesfield South (19.2%) and Penn (20.9%).



### What does this information tell us?

- Obesity in children is more prevalent in children in Year 6 compared to children in Year R in Wolverhampton.
- Obesity in children in Wolverhampton is improving since the last 3 years; however it is significantly higher compared to England's average as well as higher compared to 13/14 of the CIPFA nearest neighbours.
- Obesity in children in Wolverhampton is found to be more prevalent in boys compared to girls, in children of black ethnic origin and in children living in more deprived areas of Wolverhampton.

### Indicative Commissioning Needs

- Partnership approach to commissioning services to tackle childhood overweight and obesity addressing healthy eating, physical activity, the built environment and planning

## Physical Activity in Children

Physical Activity is an important public health concern and is one of the lifestyle factors which have a considerable impact on health outcomes.

Regular moderate-to-vigorous physical activity (MVPA) has significant benefits to health: It is associated with increased musculoskeletal and cardiovascular health and has also been linked with psychological benefits, such as reduced anxiety and depression among children and adolescents.

Good physical activity habits established in childhood and adolescence are likely to be carried through into adulthood, while lower levels of activity are associated with obesity, a serious public health issue in Europe and North America.

World Health Organisation (WHO) guidelines on physical activity advise children to undertake at least an hour of MVPA daily. The evidence suggests, however, that a significant proportion of adolescents do not meet this minimum standard.

### Prevalence: WAY Survey

What About Youth (WAY) Survey collects information about the health and wellbeing of children and young people in England.

	2014/15
England	13.9%
West Midlands	13.8%
Wolverhampton	13.0%

Table 1: Prevalence (Source: WAY Survey)

According to the WAY Survey, 13% of 15 year olds were physically active for at least one hour per day for seven days a week. This is lower compared to 13.8% in West Midlands and 13.9% in England.

The percentage of 15 year olds who are physically active for at least one hour a day, seven days a week, is lower in Wolverhampton compared to 10 of the 15 CIPFA nearest neighbours.

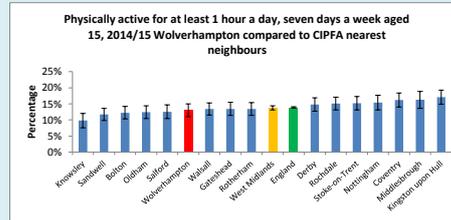


Fig1: Physical activity in Wolverhampton compared to CIPFA nearest neighbours (Source: WAY Survey via PHE Tool)

### Health Related Behaviour Survey 2014

Wolverhampton schools have been using the Health Related Behaviour Survey every two years since 2006 as a way of collecting robust information about young people's lifestyles. The latest survey in 2014 was undertaken by the Wolverhampton Healthy Schools Team and funded by partners within Wolverhampton City Council, Wolverhampton School Improvement Partnership and West Midlands Police.

#### Key Stage 2 (Year 4-6; Age 8-11 years)

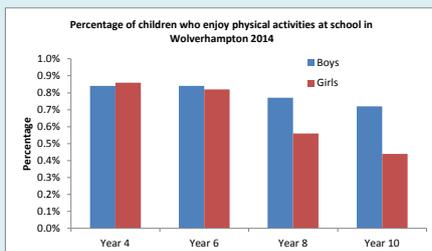
- 84% of pupils said that they enjoy physical activities at school 'quite a lot' or 'a lot'.
- 46% of boys and 23% of girls in year 6 reported playing sport after school on the day before the survey.
- 64% of pupils said that they find it 'very easy' to be physically active at playtimes. 7% said that they found it 'quite' or 'very' hard to be active at playtimes.
- The top 3 activities taken part at school outdoor playtimes/ dinner times 'sometimes' or 'often' were

Boys		Girls	
Chatting/Talking	90%	Chatting/Talking	94%
Playing running/skipping games	90%	Playing running/skipping games	91%
Playing ball games	83%	Being a Playground Pal	66%

- 61% of boys and 55% of girls reported attending a physical activity/ sports club straight after school.
- The top 5 leisure activities taken part in at least weekly were

Boys		Girls	
Football	62%	Swimming	49%
Riding a bike/ scooter	40%	Dancing/ gymnastic	48%
Swimming	37%	Going for walks	45%
Going for walks	34%	Riding a bike/ scoot	42%
Running for exercise	31%	Running for exercise	34%

- 50% of pupils walked to school, 48% travelled by car and 2% cycled to school on the day of the survey.



Enjoyment in physical activity seems to decline with age and is more marked in girls.

#### What does this information tell us?

- Physical activity in 15 year olds in Wolverhampton is lower compared to West Midlands and England as well as 10 of the 15 CIPFA nearest neighbours.
- Boys enjoy physical activities at school more compared to girls. As they move through the years, enjoyment in physical activity seems to decline with age and the decline is more marked in girls.
- Attendance at a physical activity/ sports club after school declined in both boys and girls, as the children moved from KS2 to secondary school and the main reason cited for non-attendance was 'I prefer to do other things'.

#### Indicative Commissioning Needs

- Partnership approach to the offer of accessible opportunities to participate in sustainable physical activity amongst children and young people across the city

#### Secondary schools (Year 8-10; Age 12-15 years)

- 61% of pupils said that they enjoy physical activities at school 'quite a lot' or 'a lot'.
- 74% of boys and 49% of girls enjoy physical activities at school 'quite a lot' or 'a lot'.
- 46% of boys and 31% of girls said that they attended a physical activity/ sports club straight after school. Those that did not attend the physical activity/ sports club cited the following top reasons:

Boys		Girls	
I prefer to do other things	45%	I prefer to do other things	42%
Don't have enough time	33%	Don't have enough time	38%
Don't like the clubs offered	29%	Don't like the clubs offered	27%
My friends don't go	18%	My friends don't go	20%

- The top 5 leisure activities taken part in at least weekly for boys and girls were:

Boys		Girls	
Football	55%	Going for walks	50%
Going for walks	28%	Dancing/ gymnastics	34%
Running for exercise	25%	Running for exercise	31%
Riding bike/ scooter	25%	Swimming	26%
Swimming	22%	Riding bike/ scooter	15%

- 40% of all pupils said they go for walks at least once a week, 28% said they keep fit/run for exercise at least once a week.
- 49% of all pupils walked to school, 30% travelled by car, 25% travelled by bus and 2% cycled to school.

## Oral Health in Children

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived communities than those that are more affluent.

### Prevalence

#### Prevalence in five year old children

In 2015, there were 72.2% five year old children in Wolverhampton who were free from dental decay compared to 76.6% in West Midlands and 75.2% in England (Source: PHOF).

In Wolverhampton, the percentage of five year old children who are free from decay, has decreased since 2008 from 76.2% to 72.2% in 2015. This is in contrast to the trend observed in West Midlands and England, where the percentage of five year old children who are free from dental decay have increased from 71% in 2008 to 76.6% in 2015 and from 69% in 2008 to 75.2% in 2015 respectively (Source: PHOF).

#### Prevalence in three year old children

In 2013, there were 84.7% three year old children in Wolverhampton who were free from dental decay compared to 90% in West Midlands and 88.4% in England. No trend data is currently available.

#### Mean d3mft

This indicator is defined as the average number of obviously Decayed, Missing (due to decay) and Filled Teeth per child. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.

	2012	2015
England	0.94	0.80
West Midlands	0.71	0.70
Wolverhampton	1.02	1.00

Table 1: Mean d3mft (Source: Dental Health Survey)

- In Wolverhampton, the average number of obviously d3mft per child in 2015 was 1.00, which was a very slight improvement from 1.02 in 2012.
- The average d3mft in Wolverhampton is higher compared to West Midlands (0.70) and England (0.80) in 2015.

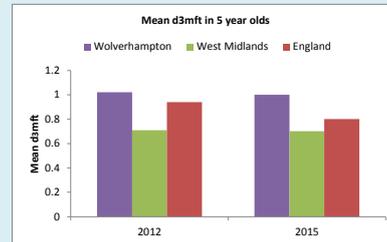


Fig 1: Mean d3mft in 5 year olds (Source: Dental Health Survey)

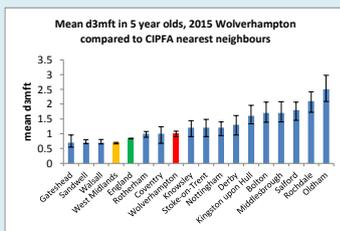


Fig 2: Mean d3mft compared to CIPFA neighbours (Source: Dental Health Survey)

- The average number of obviously d3mft per child is lower in Wolverhampton compared to 10 of the 15 CIPFA nearest neighbours in 2015.

### Dental Caries

In 2013, incisor caries was prevalent in 2.2% of three year old children in Wolverhampton compared to 3% in West Midlands and 3.9% in England.

In 2012/13 - 2014/15, the rate of hospital admissions for dental caries among children aged 1-4 years was 490 per 100,000 which is significantly higher compared to 118 per 100,000 in West Midlands and 322 per 100,000 in England.

In 2012/13 - 2014/15, the rate of hospital admissions for dental caries among children aged 1-4 years in Wolverhampton is worse compared to 8 of the 15 CIPFA nearest neighbours.

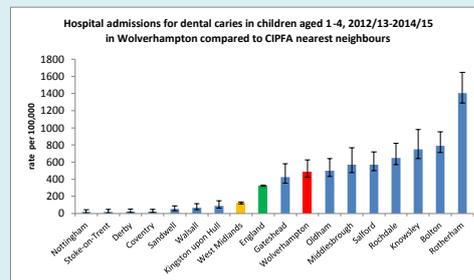


Fig 3: Hospital admissions in 1-4 year olds for dental caries (Source: PHE CHIMAT)

### What does this information tell us?

- The percentage of five year old children free from decay are decreasing in Wolverhampton and this is in contrast with West Midlands and England.
- The average number of obviously Decayed, Missing (due to decay) and Filled Teeth per child in Wolverhampton in 2015 is higher compared to West Midlands and England.
- The rate of hospital admissions for dental caries among children aged 1-4 years is significantly higher compared to West Midlands and England.

### Indicative Commissioning Needs

- Services commissioned for children and young people to consider advice on oral health promotion and signposting to dental services

## School Readiness

School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

School readiness is measured as percentage of children reaching a good level of development at the end of the early years foundation scheme (EYFS) by the local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

### School Readiness in Reception

In Wolverhampton, 61% of children in reception were considered to have reached a good level of development at the end of the EYFS in 2014/15. This is lower compared to 66.3% in England and 64.3% in West Midlands in 2014/15.

The trend for the percentage of children reaching a good level of development at the end of EYFS in Wolverhampton has improved from 44.2% in 2012/13 to 61% in 2014/15.

	2012/13	2013/14	2014/15
England	51.7	60.4	66.3
West Midlands	50	58.4	64.3
Wolverhampton	44.2	56.5	60.9

Fig 1: %Children reaching a good level of development at the end of EYFS

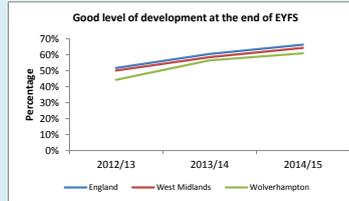


Fig 2: %Children reaching a good level of development at the end of EYFS

### School readiness in Reception by gender

In Wolverhampton, percentage of girls (69.1%) reaching a good level of development at the end of EYFS is higher compared to boys (53.6%) in 2014/15. Similar pattern has been observed in England and West Midlands.

The trend for percentage of girls and boys reaching a good level of development at the end of EYFS has improved by 50% (from 35.7% in 2012/13 to 53.6% in 2014/15) in boys and 30% in girls (from 53.3% in 2012/13 to 69.1% in 2014/15). Similar trend has been observed in West Midlands and England.

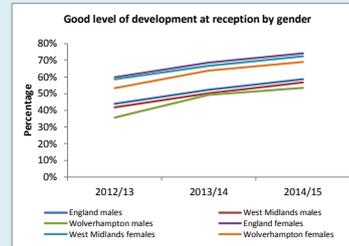


Fig 3: %Children reaching a good level of development at the end of EYFS by gender

### School readiness in Reception by free school meals

In Wolverhampton, 51.3% of children in reception with free school meals reached a good level of development at the end of EYFS in 2014/15. This is very similar to England (51.2%) and West Midlands (51%).

The trend for children in reception with free school meals reaching a good level of development at the end of EYFS has improved in Wolverhampton from 34.8% in 2012/13 to 51.3% in 2014/15. Similar pattern has been observed for England and West Midlands.

The gap between % children reaching good levels of development at the end of EYFS among children in reception not on free school meals and children in reception with free school meals has remained fairly consistent around 9%. The gap in England and West Midlands is higher at 15% and 14% respectively and has remained fairly consistent since 2012/13.

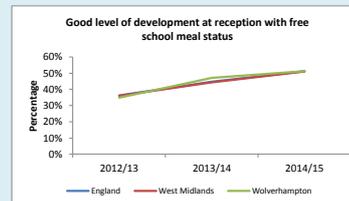


Fig 4: %Children reaching a good level of development at the end of EYFS by free school meal status

### School readiness in Reception by free school meals status by gender

In Wolverhampton, percentage of girls with free school meals status (62.4%) reaching a good level of development at the end of EYFS is higher compared to boys with free school meals status (41.5%) in 2014/15. Similar pattern has been observed in England and West Midlands.

The trend for percentage of girls and boys with free school meals status reaching a good level of development at the end of EYFS has improved by 61% (from 25.8% in 2012/13 to 41.5% in 2014/15) in boys and 44% in girls (from 43.2% in 2012/13 to 62.4% in 2014/15). Similar trend has been observed in West Midlands and England.

The gap between % girls with and without free school meals status reaching good levels of development at the end of EYFS has decreased from 10% in 2012/13 to 6% in 2014/15. However, the gap between % boys with and without free school meals status reaching good levels of development at the end of EYFS has increased from 10% in 2012/13 to 12% in 2014/15. Similar trend has been observed in England, where the gap in % girls with and without free school meals status reaching a good level of development at the end of EYFS has improved but the gap in % boys with and without free school meals status reaching a good level of development at the end of EYFS has increased.

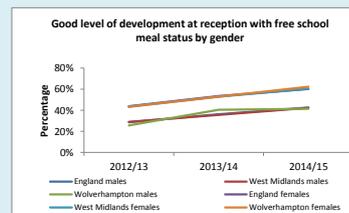


Fig 5: %Children reaching a good level of development at the end of EYFS by free school meal status and gender

### School Readiness compared to CIPFA nearest neighbours

Percentage of children reaching a good level of development at the end of EYFS in Wolverhampton is higher compared to 9 of the 15 CIPFA nearest neighbours in 2014/15.

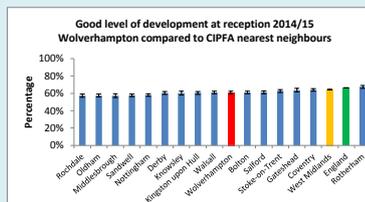


Fig 6: %Children reaching a good level of development at the end of EYFS by CIPFA nearest neighbours

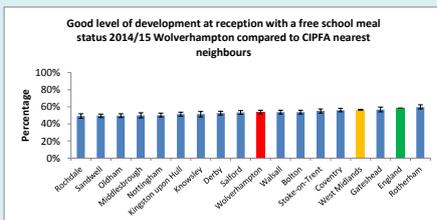


Fig 7: %Children with free school meal status reaching a good level of development at the end of EYFS by CIPFA nearest neighbours

Percentage of children with a free school meal status reaching a good level of development at the end of EYFS in Wolverhampton is higher compared to 9 of the 15 CIPFA nearest neighbours in 2014/15.

### School Readiness in Year 1

In Wolverhampton, 76.8% of children in Year 1 were considered to have reached the expected level in the phonics screening check in 2014/15. This is higher compared to 76% in England and lower compared to 77.7% in West Midlands in 2014/15.

The trend for the percentage of children achieving the expected level in the phonics screening check in Year 1 in Wolverhampton has improved from 57.9% in 2011/12 to 76.8% in 2014/15.

	2011/12	2012/13	2013/14	2014/15
England	54.5	65.8	73.5	76
West Midlands	59.9	70	74.7	77.7
Wolverhampton	57.9	69.1	74.2	76.8

Fig 8: %children achieving expected level in phonics in Year 1

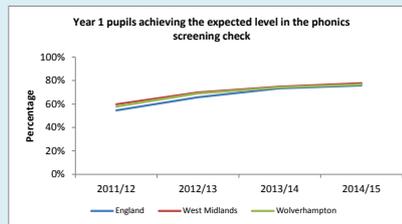


Fig 9: %children achieving expected level in phonics in year 1

### School readiness in Year 1 by gender

In Wolverhampton, percentage of girls (80%) achieving the expected level in the phonics screening check in year 1 is higher compared to boys (72%) in 2014/15. Similar pattern has been observed in England and West Midlands.

The trend for percentage of girls and boys achieving the expected level in the phonics screening check in year 1 has improved by 17% (from 61.5% in 2011/12 to 72% in 2014/15) in boys and 14% in girls (from 70.2% in 2011/12 to 80% in 2014/15). Similar trend has been observed in West Midlands and England.

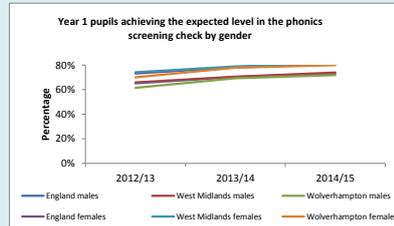


Fig 10: %children achieving the expected level in phonics screening check by gender

### School readiness in Year 1 by free school meals

In Wolverhampton, 68.9% of children in year 1 with free school meals achieved the expected level in the phonics screening check in 2014/15. This is higher compared to England (64.7%) and West Midlands (67.3%).

The trend for children in Year 1 with free school meals achieving the expected level in the phonics screening check has improved in Wolverhampton from 46.8% in 2011/12 to 68.9% in 2014/15. Similar pattern has been observed for England and West Midlands.

The gap between % children achieving expected level in the phonics screening check in year 1 among children not on free school meals and children with free school meals status has fallen from 11% in 2011/12 to 8% in 2014/15. This is similar to West Midlands where the gap has decreased from 12.7% to 11.4% but in contrast to England where the gap has increased from 10% to 11%.

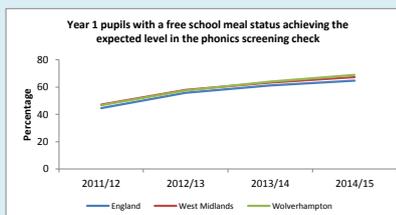


Fig 11: %children achieving the expected level in phonics screening check by free school meal status

### School readiness in Year 1 by free school meals status by gender

In Wolverhampton, percentage of girls with free school meals status (73.3%) reaching an expected level in phonics screening check at year 1 is higher compared to boys with free school meals status (64.3%) in 2014/15. Similar pattern has been observed in England and West Midlands.

The trend for percentage of girls and boys with free school meals status achieving an expected level in phonics screening check at year 1 has improved by 23% (from 52.4% in 2012/13 to 64.3% in 2014/15) in boys and 17% in girls (from 62.5% in 2012/13 to 73.3% in 2014/15). Similar trend has been observed in West Midlands and England.

The gap between % girls with and without free school meals status achieving expected levels in phonics screening check in year 1 has decreased from 7.7% in 2012/13 to 6.7% in 2014/15. Similarly, the gap between % boys with and without free school meals status achieving expected levels in phonics screening check in year 1 has decreased from 9.1% in 2012/13 to 7.7% in 2014/15. Similar trend has been observed in England and West Midlands among boys and girls with and without free school meals status.

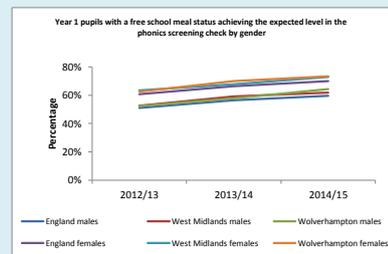


Fig 12: %children achieving the expected level in phonics screening check by free school meal status and gender

### School Readiness compared to CIPFA nearest neighbours

Percentage of children achieving the expected level in phonics screening check in year 1 in Wolverhampton is higher compared to 9 of the 15 CIPFA nearest neighbours in 2014/15.

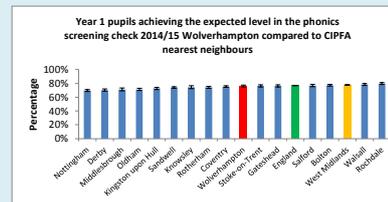
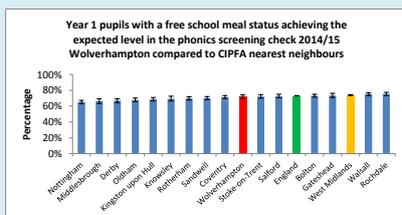


Fig 13: %children achieving the expected level in phonics screening check in year 1 by CIPFA nearest neighbours



### What does this information tell us?

#### School readiness EYFS

- Percentage of children reaching good levels of development at the end of EYFS is improving in Wolverhampton, however it is still below the national and regional average.
- Percentage of children with free school meals status reaching good levels of development at the end of EYFS is improving in Wolverhampton and is very slightly higher compared to the national average.
- Percentage of girls with or without free school meals status reaching good levels of development at the end of EYFS is higher compared to boys.
- The gap between percentage of children with and without free school meals status reaching good levels of development at the end of EYFS has remained fairly consistent at 9% in Wolverhampton since 2012/13.

#### School readiness Year 1

- Percentage of children achieving expected level in phonics screening check Year 1 is higher in Wolverhampton compared to national average and the historical trend has been improving.
- Percentage of children with free school meals status achieving expected level in phonics screening check in year 1 is improving in Wolverhampton and is higher compared to the national and regional average.
- Percentage of girls with or without free school meals status achieving expected levels in phonics screening check in year 1 is higher compared to boys.
- The gap between percentage of children with and without free school meals status achieving expected levels in phonics screening check in year 1 has fallen from 11% in 2012/13 to 8% in 2014/15.

#### Indicative commissioning Need

- No commissioning needs were identified by the education department

## Vaccination Coverage

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

### Dtap/ IPV/ Hib Vaccination

The combined Dtap/IPV/Hib is the first in a course of vaccines offered to babies to protect them against these five diseases. The vaccine is offered when babies are two, three and four months old. Previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.

The indicator is defined as the percentage of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday or 2nd birthday.

Dtap/ IPV/ Hib (1 year old)	Wolverhampton	England	West Midlands
2010/11	93.5	94.2	94.8
2011/12	94.8	94.7	94.9
2012/13	94.7	94.7	94.5
2013/14	92.5	94.3	95.2
2014/15	91.6	94.2	94.9
2015/16	92.3	93.6	94.3

Fig 1: Dtap/ IPV/ Hib vaccination coverage (Source: COVER, NHS Digital)

In Wolverhampton, 92.3% children received the 3 doses of Dtap/ IPV/ Hib vaccine by their 1st birthday compared to 93.6% in England and 94.3% in West Midlands in 2015/16.

In Wolverhampton, the trend for the percentage of children receiving the Dtap/ IPV/ Hib vaccine by their 1st birthday has fallen from 92.9% in 2010/11 to 92.3% in 2015/16. This is similar to the trend in England and West Midlands where the figures have fallen since 2010/11.

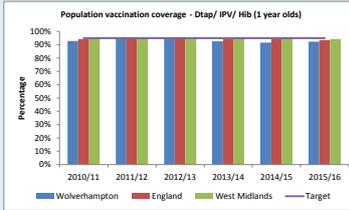


Fig 2: Population vaccination coverage - Dtap/ IPV/ Hib (1 year old) (Source: COVER)

Dtap/ IPV/ Hib (2 year old)	Wolverhampton	England	West Midlands
2010/11	93.5	96.0	97.3
2011/12	95.3	96.1	96.8
2012/13	96.7	96.3	96.6
2013/14	95.9	96.1	96.6
2014/15	93.9	95.7	96.5
2015/16	94.0	95.2	96.2

Fig 3: Dtap/ IPV/ Hib vaccination coverage (Source: COVER)

In Wolverhampton, 94% children received the 3 doses of Dtap/ IPV/ Hib vaccine by their 2nd birthday compared to 95.2% in England and 96.2% in West Midlands in 2015/16.

In Wolverhampton, the trend for the percentage of children receiving the Dtap/ IPV/ Hib vaccine by their 2nd birthday has fallen from 95.5% in 2011/12 to 94% in 2015/16. This is similar to England and West Midlands where slight drop in the figures has been observed.

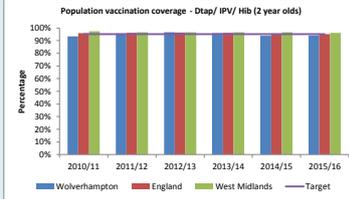


Fig 3: Population vaccination coverage - Dtap/ IPV/ Hib (2 year old) (Source: COVER)

### Men C Vaccination

The meningococcal C conjugate (MenC) vaccine protects against infection by meningococcal group C bacteria, which can cause meningitis and septicaemia.

The MenC vaccine is given to all children under one years old as part of the childhood vaccination programme. Previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.

The indicator is defined as the percentage of eligible children who have received the completed course of Men C vaccine by their 1st birthday

MenC	Wolverhampton	England	West Midlands
2010/11	92.5	93.4	94.5
2011/12	94.1	93.9	94.5
2012/13	94.2	93.9	94.1

Fig 4: Men C Vaccination (Source: COVER)

\* From 2013/14 Men C data is no longer collected

In Wolverhampton, 94.2% children received the completed course of Men C vaccine by their 1st birthday compared to 93.9% in England and 94.1% in West Midlands in 2012/13.

In Wolverhampton, the trend for the percentage of children receiving the Men C vaccine by their 1st birthday has increased from 92.5% in 2010/11 to 94.2% in 2014/15. This is similar to England where the figures have increased slightly, however in contrast to West Midlands, where the figures have fallen slightly.

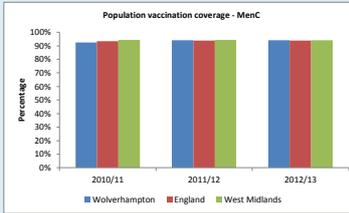


Fig 5: Population vaccination coverage - Men C (Source: COVER)

### Hepatitis B Vaccination

Infants born to hepatitis B virus (HBV) infected mothers are at high risk of acquiring HBV infection themselves. Babies born to infected mothers are given a dose of the hepatitis B vaccine after they are born. This is followed by another two doses (with a month in between each) and a booster dose 12 months later. Around 20% of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis), which can take 20 years to develop, and around 1 in 10 people with cirrhosis will develop liver cancer.

The indicator is defined as percentage of eligible children who received 3 doses of Hepatitis B vaccine at any time by their 1st birthday

	Hep B (1 year old)	Hep B (2 year old)
2011/12	100.0	75.0
2012/13	93.3	56.3
2013/14	91.3	62.5

Fig 6: Hep B Vaccination (Source: COVER)

\*2014/15 and 2015/16 data is not available

In Wolverhampton, 91.3% children received Hep B vaccine by their 1st birthday and 62.5% received Hep B vaccine by their 2nd birthday.

No figures for England or West Midlands were available for comparison.

The percentage of children receiving Hep B vaccination by their 1st birthday has fallen from 100% in 2011/12 to 91.3% in 2013/14 in Wolverhampton. Similarly, the percentage of children receiving Hep B vaccination by their 2nd birthday has also fallen from 75% in 2011/12 to 62.5% in 2013/14 in Wolverhampton.

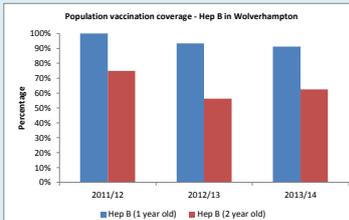


Fig 7: Population vaccination coverage - Hep B (Source: COVER)

### PCV Vaccination

The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis.

The PCV vaccine is given to all children under two years old as part of the childhood vaccination programme.

The indicator is defined as the percentage of eligible children who have received the complete course of PCV vaccine by their 1st birthday.

PCV	Wolverhampton	England	West Midlands
2010/11	92.4	93.6	94.4
2011/12	94.3	94.2	94.6
2012/13	94.4	94.4	94.1
2013/14	92.1	94.1	94.8
2014/15	91.1	93.9	94.5
2015/16	92.0	93.5	94.2

Fig 8: PCV Vaccination (Source: COVER)

In Wolverhampton, 92% children received the complete course of PCV vaccine by their 1st birthday compared to 93.5% in England and 94.2% in West Midlands in 2015/16.

The percentage of children receiving PCV vaccination has fallen from 92.4% in 2010/11 to 92% in 2015/16 in Wolverhampton. This is similar to England and West Midlands where the figures have dropped slightly.

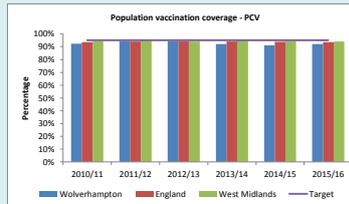


Fig 9: Population vaccination coverage - PCV (Source: COVER)

### PCV Booster

The indicator is defined as the percentage of eligible children who have received one booster dose of PCV vaccine by their 2nd birthday

PCV Booster	Wolverhampton	England	West Midlands
2010/11	87.8	89.3	92.5
2011/12	89.7	91.5	92.6
2012/13	88.1	92.5	93.0
2013/14	90.6	92.4	93.7
2014/15	90.5	92.2	93.7
2015/16	91.3	91.5	93.0

Fig 10: PCV booster vaccination (Source: COVER)

In Wolverhampton, 91.3% children received one booster dose of PCV vaccine by their 2nd birthday in 2015/16 compared to 91.5% in England and 93% in West Midlands.

The percentage of children receiving PCV booster vaccination has increased in Wolverhampton from 87.8% in 2010/11 to 91.3% in 2015/16. This is similar to England and West Midlands where the percentage of children receiving PCV booster vaccination has increased since 2010/11.

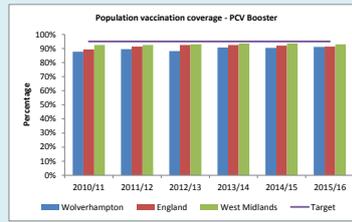


Fig 11: Population vaccination coverage - PCV Booster (Source: COVER)

### MMR Vaccination

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They'll then have a booster dose before starting school, which is usually between three and five years of age.

#### MMR for 1 dose (2 year old)

The indicator is defined as the percentage of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday

MMR for 1 dose (2 year old)	Wolverhampton	England	West Midlands
2010/11	86.7	89.1	91.5
2011/12	89.5	91.2	92.0
2012/13	92.8	92.3	92.7
2013/14	92.0	92.7	93.6
2014/15	90.4	92.3	93.5
2015/16	91.5	91.9	93.1

Fig 12: MMR vaccination for 1 dose (2 year old) (Source: COVER)

In Wolverhampton, 91.5% children received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday compared to 91.9% in England and 93.1% in West Midlands in 2015/16.

The percentage of children receiving MMR vaccination one dose up to their 2nd birthday has increased in Wolverhampton from 86.7% in 2010/11 to 91.5% in 2015/16. This is similar to England and West Midlands where the figures have increased since 2010/11.

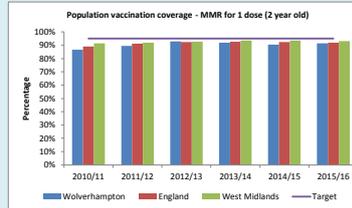


Fig 13: Population vaccination coverage - MMR for 1 dose (2 year old) (Source: COVER)

#### MMR for 1 dose (5 year old)

The indicator is defined as the percentage of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday

MMR for 1 dose (5 year old)	Wolverhampton	England	West Midlands
2010/11	90.7	91.9	94.0
2011/12	92.3	92.9	94.3
2012/13	91.9	93.9	94.7
2013/14	92.4	94.1	95.3
2014/15	94.2	94.4	95.6
2015/16	94.2	94.8	95.6

Fig 14: MMR Vaccination for 1 dose (5 year old) (Source: COVER)

In Wolverhampton, 94.2% children received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 5th birthday compared to 94.8% in England and 95.6% in West Midlands in 2015/16.

The percentage of children receiving MMR vaccination one dose up to their 5th birthday has increased in Wolverhampton from 90.7% in 2010/11 to 94.2% in 2015/16. This is similar to England and West Midlands where the figures have increased since 2010/11.

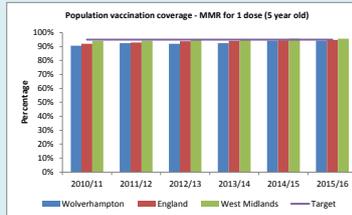


Fig 15: Population vaccination coverage - MMR for 1 dose (5 year old) (Source: COVER)

#### MMR for 2 doses (5 year old)

The indicator is defined as the percentage of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday

MMR for 2 doses (5 year old)	Wolverhampton	England	West Midlands
2010/11	79.3	84.2	87.4
2011/12	80.6	86.0	87.5
2012/13	76.5	87.7	87.9
2013/14	84.2	88.3	90.1
2014/15	86.6	88.6	90.6
2015/16	87.1	88.2	89.1

Fig 16: MMR Vaccination for 2 doses (5 year old) (Source: COVER)

In Wolverhampton, 87.1% children received two doses of MMR vaccine on or after their 1st birthday and anytime up to their 5th birthday compared to 88.2% in England and 89.1% in West Midlands.

The percentage of children receiving MMR vaccination one dose up to their 5th birthday has increased in Wolverhampton from 79.3% in 2010/11 to 87.1% in 2015/16. This is similar to England and West Midlands where the figures have increased since 2010/11.

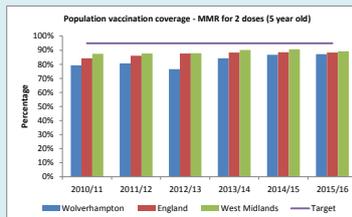


Fig 17: Population vaccination coverage - MMR for 2 doses (5 year old) (Source: COVER)

### HPV Vaccination

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. While it was initially a three dose vaccination programme, it was run as a two-dose schedule from September 2014 following expert advice. The first HPV vaccine dose is usually offered to females in Year 8 (aged 12-13 years) and the second dose 12 months later in Year 9, but some local areas have scheduled the second dose from six months after the first. This means that during the first year of the two-dose programme national data will only be available for the first dose.

In 2014/15, 92.5% females aged 12-13 years received Dose 1 of HPV vaccination in Wolverhampton compared to 89.4% in England. In 2014/15, 88.4% females aged 12-13 years received Dose 1 and 2 of HPV vaccination in Wolverhampton.

HPV	Wolverhampton	England	West Midlands
2010/11	84.3	84.2	86.2
2011/12	84.1	86.8	87.6
2012/13	86.7	86.1	89.3
2013/14	85.9	86.7	89.7

Fig 18: HPV Vaccination (Source: COVER)

Historically, the percentage of 12-13 year old girls receiving first dose of HPV vaccination has increased in Wolverhampton from 84.3% in 2010/11 to 85.9% in 2013/14. Similar trends have been observed in England and West Midlands.

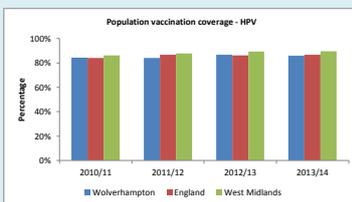


Fig 19: Population vaccination coverage - HPV (Source: COVER)

### Rotavirus

Monthly rotavirus vaccination coverage surveys suggest the following figures for monthly coverage of the two dose rotavirus immunisation vaccine programme (%) in children who had just reached 25 weeks, the upper limit for receiving the vaccine.

In January 2016, 95.1% children were vaccinated with Dose 1 Rotarix in Wolverhampton compared to 93.8% in England. In January 2016, 87.5% children were vaccinated with Dose 2 Rotarix in Wolverhampton compared to 88.6% in England.

Since February 2014, the percentage of children receiving Dose 1 Rotarix in Wolverhampton has increased from 92.5% to 95.1% in January 2016. Similarly, the percentage of children receiving Dose 2 Rotarix in Wolverhampton has also increased from 85.8% in February 2014 to 87.5% in January 2016.

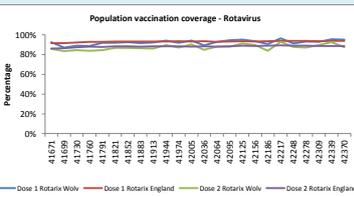


Fig 20: Population vaccination coverage - Rotavirus (Source: Rotavirus vaccine coverage monitoring programme)

**Child Flu vaccination**

This indicator is defined as flu vaccine uptake (%) in children aged 2-4 years old, who received the flu vaccination between 1st September to 31st January for GP registered patients.

	Wolverhampton		England	
	Age 2	Age 3	Age 2	Age 3
2014/15	34.9	39.7	38.5	41.3
	30.6	30.7	33.8	33.8
	26.1	35.2	37.7	30
2015/16	30.7	35.2	37.7	30
	35.2	26.1	30	37.7
	26.1	30.7	33.8	30.7

Fig 21: Flu vaccination (Source: PHE)

In Wolverhampton, 30.7% of all 2 year olds received flu vaccination compared to 33.8% in England in 2015/16. In Wolverhampton, 35.2% of all 3 year olds received flu vaccination compared to 37.7% in England in 2015/16. In Wolverhampton, 26.1% of all 4 year olds received flu vaccination compared to 30% in England in 2015/16.

The percentage of 2 year olds receiving flu vaccination in Wolverhampton have reduced from 34.9% in 2014/15 to 30.7% in 2015/16. Similar pattern has been observed in England.

The percentage of 3 year olds receiving flu vaccination in Wolverhampton have reduced from 39.7% in 2014/15 to 35.2% in 2015/16. Similar pattern has been observed in England.

The percentage of 4 year olds receiving flu vaccination in Wolverhampton have reduced from 30.6% in 2014/15 to 26.1% in 2015/16. Similar pattern has been observed in England.

In Wolverhampton, 58.2% children aged 5-6 years and 56.4% children aged 6-7 years received flu vaccination between September 2015 and January 2016. (Source: PHE)

**Men B Vaccination coverage programme**

	One Dose		Two dose	
	Wolverhampton	England	Wolverhampton	England
Jan-16	91.6	94.0	78.2	84.8
Feb-16	94.7	94.8	82.2	86.1
Mar-16	94.4	95.2	85.1	86.9
Apr-16	95.6	95.5	83.4	87.9

Fig 21: Men B Vaccination programme (Source: Men B Vaccination monitoring programme)

In Wolverhampton, 95.6% children received one dose of Men B vaccination compared to 95.5% in England in April 2016. In Wolverhampton, 83.4% children received two doses of Men B vaccination compared to 87.9% in England in April 2016.

Since January 2016, the percentage of children receiving one dose of Men B vaccine has increased in Wolverhampton from 91.6% in January 2016 to 95.6% in April 2016. Similarly, in Wolverhampton, the percentage of children receiving two doses of Men B vaccine has increased from 78.2% in January 2016 to 83.4% in April 2016. Similar increasing trend have been observed for one dose and two dose Men B vaccination in England.

**What does this information tell us?**

- The percentage of children being vaccinated has not yet reached the target of 95% for any vaccinations in Wolverhampton.
- There has been a decrease in the percentage of children being vaccinated for Men C, Men B, Hep B (1 year old) and Flu vaccination in Wolverhampton since last data refresh.
- The percentage of children receiving vaccinations in Wolverhampton is lower compared to England for most of the vaccinations except Men C, HPV and Men B (One dose).

**Indicative Commissioning Needs**

- Commissioned health and social care services should use key contacts to review and promote immunisation uptake

	Wolverhampton		England	
	Age 2	Age 3	Age 2	Age 3
2014/15	56.2	50.5	53.7	56.4
	56.2	39.7	48.3	52.3
	42.9	45	52.3	47.3
2015/16	39.7	45	52.3	47.3
	45	56.2	53.7	56.2
	42.9	39.7	48.3	50.5

Fig 22: Flu vaccination in at risk groups (Source: PHE)

In Wolverhampton, 39.7% at risk 2 year olds received flu vaccination compared to 48.3% in England in 2015/16. In Wolverhampton, 45% at risk 3 year olds received flu vaccination compared to 52.3% in England in 2015/16. In Wolverhampton, 42.9% at risk 4 year olds received flu vaccination compared to 47.3% in England in 2015/16.

The percentage of at risk 2 year olds receiving flu vaccination in Wolverhampton have reduced from 56.2% in 2014/15 to 39.7% in 2015/16. Similar pattern has been observed in England.

The percentage of at risk 3 year olds receiving flu vaccination in Wolverhampton have reduced from 50.5% in 2014/15 to 45% in 2015/16. Similar pattern has been observed in England.

The percentage of at risk 4 year olds receiving flu vaccination in Wolverhampton have reduced from 56.2% in 2014/15 to 42.9% in 2015/16. Similar pattern has been observed in England.

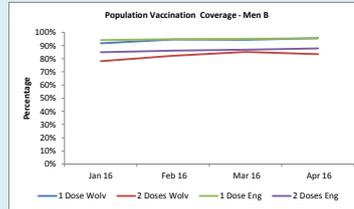


Fig 22: Population vaccination coverage - Men B (Source: Men B vaccine coverage monitoring programme)