Chapter 3: Start Well

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<table>
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<th>Status</th>
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<th>Date Completed</th>
<th>Distributed to</th>
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<td>Obesity in children (age 4-5)</td>
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<td>2012/14</td>
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<td>Obesity in children (age 10-11)</td>
<td>2014/15</td>
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<td>2011/12</td>
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<td>91.6%</td>
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<td>Vaccination Coverage - Dtap/ IPV/ Hib (2 year old)</td>
<td>2015/16</td>
<td>2014/15</td>
<td>94.0%</td>
<td>93.9%</td>
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<td>2012/13</td>
<td>2011/12</td>
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<td>94.1%</td>
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<td>Start Well</td>
<td>Vaccination Coverage - Hep B Vaccination (1 year old)</td>
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<td>2012/13</td>
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<td>Vaccination Coverage - Hep B Vaccination (2 year old)</td>
<td>2013/14</td>
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<td>Start Well</td>
<td>Vaccination Coverage - PCV Vaccination</td>
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<td>Vaccination Coverage - MMR for 1 dose (2 year old)</td>
<td>2015/16</td>
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<td>90.4%</td>
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<td>Start Well</td>
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<td>94.2%</td>
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<tr>
<td>Start Well</td>
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<td>2014/15</td>
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<td>Start Well</td>
<td>Vaccination Coverage - HPV vaccination</td>
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<td>Start Well</td>
<td>Vaccination Coverage - Rotavirus Dose 1</td>
<td>Jan-16</td>
<td>Dec-15</td>
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<td>Start Well</td>
<td>Vaccination Coverage - Flu vaccination 2-14 years</td>
<td>2015/16</td>
<td>2014/15</td>
<td>30.7%</td>
<td>35.1%</td>
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<tr>
<td>Start Well</td>
<td>Vaccination Coverage - Men B (One Dose)</td>
<td>Apr-16</td>
<td>Mar-16</td>
<td>95.6%</td>
<td>94.4%</td>
</tr>
<tr>
<td>Start Well</td>
<td>Vaccination Coverage - Men B (Two Dose)</td>
<td>Apr-16</td>
<td>Mar-16</td>
<td>83.4%</td>
<td>85.1%</td>
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</table>
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.

- 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.

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

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.
- 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%).

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

Prevalence

In 2015, there were 2.1 terminations of pregnancies per 1000 resident population for women aged 15-44 years. This is higher compared to 1.7 per 1000 women resident population in West Midlands and 1.6 per 1000 women resident population in England aged 15-44 years.

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 16.3 per 1000 resident population in 2015.

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%).

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%).

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, 28% 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.
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=530) 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 underwent TOP in Wolverhampton in 2014-15.

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.
- 78% 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).

<table>
<thead>
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<th>2013/14</th>
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<tr>
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<td>12.0%</td>
<td>11.0%</td>
<td>10.6%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>13.5%</td>
<td>12.1%</td>
<td>10.2%</td>
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<td>Wolverhampton</td>
<td>18.7%</td>
<td>18.8%</td>
<td>16.3%</td>
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</table>

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 1.5%.

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.

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.

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%), Buxthoby 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 Tottenhall Regis (8.6%), Penn (7.5%), Tottenhall Wightwick (8.2%) and Blakenall (10.9%).
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 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.

<table>
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<th>West Midlands</th>
<th>Wolverhampton</th>
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<td>68.1</td>
<td>69.9</td>
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<td>2008/09</td>
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<td>73.9</td>
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<td>2009/10</td>
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<tr>
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<td>80.7</td>
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<td>80.3</td>
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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.

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.

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.

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%), Bilstonhall (83.8%) St Peter’s (79.6%) and Tettenhall Bages (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.

<table>
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<td>44.7</td>
<td>46.3</td>
<td>47.2</td>
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<td>43.8</td>
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<td>37.8</td>
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<td>41.0</td>
<td>39.4</td>
<td>40.9</td>
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<td>36.3</td>
<td>36.0</td>
<td>40.1</td>
<td>41.6</td>
<td>40.2**</td>
<td>33.8**</td>
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</tbody>
</table>

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 from 2012/13; however, it seems to 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.
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)](image1)

In 2014, 3.2% babies were born with low birth weight of under 2,500g in Wolverhampton. This is higher compared to 2010-12.

<table>
<thead>
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<th>England</th>
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</thead>
<tbody>
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<td>2010-12</td>
<td>2.9%</td>
<td>1.49%</td>
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<td>2014</td>
<td>3.2%</td>
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Table 1: Prevalence of low birth weight (Source: ONS, RWT)

Prevalence compared to CIPFA nearest neighbours

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.

![Fig 5: Low birth weight under 2,500g compared to CIPFA (Source: PHOF)](image5)

Live births with low birth weight by mother’s age group

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.

![Fig 9: Low birth weight under 2,500g in Wolverhampton by mother’s age (Source: RWT)](image9)

Live births with low birth weight by ethnic origin

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%).

![Fig 13: Low birth weight under 2,500g in Wolverhampton by ethnic group (Source: RWT)](image13)
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%).

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 weight 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.

| Table 1: % extremely likely and/or likely to recommend maternity and post-natal care services (Source: NHS England) |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Antenatal care | Birth | Postnatal ward | Postnatal community |
| England | Wolverhampton | England | Wolverhampton | England | Wolverhampton | England | Wolverhampton |
| % extremely likely | % likely | % extremely likely | % likely | % extremely likely | % likely | % extremely likely | % likely |
| Jun-16 | 95% | 100% | 97% | 100% | 94% | 96% | 98% | 100% |
| Jul-16 | * | 97% | 98% | 93% | 87% | * | 98% | * |

* Data suppressed due to low numbers

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 98% 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 95% 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 increased slightly from 89% in October 2013 to 97% 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 friends and families 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 82% in October 2013 to 83% in June 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 93% 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
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 in children who are obese. Studies tracking child obesity into adulthood have found that the probability of overweight or 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 17,700 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 sex, age, and weight.

### Prevalence

The percentage of obese children aged 4-5 years (year reception) increased from 11% in 2006-07 to 12.3% in 2011-12 and has thereafter decreased to 9.9% in 2014-15 in Wolverhampton. 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.

The percentage of obese children aged 4-5 years (year reception) increased from 12.5% in 2006-07 to 14.3% in 2011-12 in Wolverhampton and has thereafter decreased to 13% in 2014-15 in Wolverhampton. The percentage of obese children aged 4-5 years (year reception) has remained fairly constant in England at 13.1% in 2006-07 and has thereafter decreased to 12.1% in 2014-15 in Wolverhampton.

The percentage of overweight children aged 10-11 years (year 6) has remained fairly consistent with the percentage in England, decreasing very slightly from 13% in 2006-07 to 12.8% in 2014-15 in Wolverhampton. The percentage of overweight children aged 10-11 years (year 6) increased from 14.6% in 2006-07 to 14.7% in 2011-12 and has thereafter decreased to 14.4% in 2014-15 in Wolverhampton.

The percentage of overweight children aged 10-11 years (year 6) increased from 14.6% in 2006-07 to 14.8% in 2011-12 and has thereafter decreased to 14.4% in 2014-15 in Wolverhampton.

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 14.3% in 2011-12 and has thereafter decreased to 13% in 2014-15 in Wolverhampton. The percentage of overweight children aged 4-5 years (year reception) has remained fairly constant in England at 13.1% in 2006-07 and has thereafter decreased to 12.1% in 2014-15.
  - **Children aged 4-5 years (Year Reception)**
    - The percentage of overweight children aged 4-5 years (year reception) increased from 11% in 2006-07 to 13% 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 Reception)**
      - The percentage of overweight children aged 10-11 years (year reception) 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 reception) has remained fairly constant in England at 14.2% with 14.9% in 2006-07 and 15% in 2011-12.

- **Children aged 10-11 years (Year Reception)**
  - The percentage of overweight children aged 10-11 years (year reception) increased from 14.6% in 2006-07 to 14.7% in 2011-12 and has thereafter decreased to 14.4% in 2014-15 in Wolverhampton.
  - **Children aged 10-11 years (Year Reception)**
    - The percentage of overweight children aged 10-11 years (year reception) increased from 13% in 2006-07 to 12.8% in 2014-15 in England, decreasing very slightly from 13% in 2006-07 to 12.8% in 2014-15 in Wolverhampton.

### Trend: Obesity children

- **Children aged 4-5 years (Year Reception)**
  - The percentage of obesity children aged 4-5 years (year reception) increased from 11% in 2006-07 to 13% 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 4-5 years (Year Reception)**
    - The percentage of obesity children aged 4-5 years (year reception) increased from 12.5% in 2006-07 to 14.3% in 2011-12 and has thereafter decreased to 13% 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 Reception)**
  - The percentage of obesity children aged 10-11 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) increased from 17.5% in 2006-07 to 19.1% in 2014-15.
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.

Obesity in children by deprivation

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%), Bilston North (8.7%) and Pens (8.9%).

In Year 6, obesity in children was found to be most prevalent in 4 wards of Wolverhampton, namely St Peter’s (28.3%), Bilston 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 Pens (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 1/14 of the OHA 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

World Health Organization (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.

According to the WAY Survey, 12% 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 15.9% 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.

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 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’.
-60% of boys and 22% 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 ‘very hard to be active at playtimes.

The top 3 activities taken part in at school outdoor playtimes/ dinner times ‘sometimes’ or ‘often’ were:

-Boys: Running for exercise, Going for walks, Football
-Girls: Running for exercise, Going for walks, Football

-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: Football, Going for walks, Riding a bike/scooter, Playing running/sports, Skipping games
-Girls: Chatting/Talking, Going for walks, Football, Playing ball games, Riding a bike/scooter

-50% of pupils walked to school, 46% 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.
- Girls enjoy physical activities at school more compared to boys. 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.
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 dmft
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.

<table>
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</tr>
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Mean dmft in 5 year olds, 2015 Wolverhampton compared to CIPFA nearest neighbours

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

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 dmft 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, 46% 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.

School Readiness by gender

In Wolverhampton, percentage of girls (60.4%) reaching a good level of development at the end of EYFS is higher compared to boys (50%) 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 45.7% in 2012/13 to 50.6% in 2014/15) in boys and 30% in girls (from 53.3% in 2012/13 to 63.3% in 2014/15). Similar trend has been observed in West Midlands and England.

School Readiness by free school meals status

In Wolverhampton, 51.3% of children in reception with free school meals reached the good level of development at the end of EYFS in 2014/15. This is very similar to England (51.2%) and West Midlands (50%).

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 8%. The gap in England and West Midlands is higher at 15% (2014/15) and England (16%) respectively and has remained fairly consistent since 2012/13.

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 8 of the 15 CIPFA nearest neighbours in 2014/15.

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, 70.8% 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 England (76%) 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 57.6% in 2011/12 to 76.8% in 2014/15.

![Fig 9: %children achieving expected level in phonics in year 1](image)

### West Midlands males

- Year 1 pupils achieving the expected level in the phonics screening check

| Year | Percentage
|------|-------------
| 2012/13 | 70.8%
| 2013/14 | 77.7%
| 2014/15 | 76.8%

### West Midlands females

- Year 1 pupils achieving the expected level in the phonics screening check

| Year | Percentage
|------|-------------
| 2012/13 | 70.8%
| 2013/14 | 77.7%
| 2014/15 | 76.8%

### School readiness in Year 1 by gender

In Wolverhampton, percentage of girls (74.7%) achieving the expected level in the phonics screening check in year 1 is higher compared to boys (73.5%) in 2013/14. 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 shown in 2014/15. It is higher compared to boys in Year 1.

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

- In Wolverhampton, 68.9% of children in Year 1 with free school meals status reached 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 status achieving the expected level in the phonics screening check has improved in Wolverhampton from 46.6% in 2012/13 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 2012/13 to 8% in 2014/15. This is similar to West Midlands where the gap has increased from 12.7% to 14.6% but in contrast to England where the gap has increased from 10% to 11%.

### School readiness Year 1 by gender

- In Wolverhampton, percentage of girls with free school meals status (72.6%) reaching an expected level in phonics screening check at year 1 is higher compared to boys with free school meals status (66.3%) 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 the expected level in phonics screening check at year 1 has improved by 30% from 52.4% in 2012/13 to 44.3% 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 2.8% in 2012/13 to 1.7% in 2014/15.

Similar trend has been observed in England and West Midlands among boys and girls with and without free school meals status.

### School readiness in Year 1 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.

- 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 higher in Wolverhampton and is 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 11% in Wolverhampton since 2012/13.

**School readiness Year 1**

- Percentage of children achieving expected level in phonics screening check in 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.

### Indicator commissioning trend

- No commissioning trends 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 routinely offered levels of vaccine.

 Targets (PCV) Vaccination

The combined (PCV13) is the first line of defence, offered to babies to protect them against seven serious diseases. The vaccine is offered when babies are ten, twelve and fourteen weeks old. It is important that highlights vaccination programmes encourages improvements in uptake levels.

The indicators is the percentage of eligible children who received 3 doses of PCV by their 1st birthday.

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>West Midlands</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>95.7</td>
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<tr>
<td>2012/13</td>
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</tr>
<tr>
<td>2014/15</td>
<td>94.2</td>
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<td></td>
</tr>
</tbody>
</table>

Hep B (1 year old)

The percentage of children receiving Hep B vaccine by their 1st birthday has fallen from 100% in 2011/12 to 91.3% in 2013/14. This is similar to England and West Midlands where figures have fallen slightly.

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>West Midlands</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>100.0</td>
<td>92.1</td>
<td>96.2</td>
</tr>
<tr>
<td>2012/13</td>
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</tr>
<tr>
<td>2013/14</td>
<td>92.3</td>
<td>91.6</td>
<td></td>
</tr>
</tbody>
</table>

Men C Vaccination

The percentage of children receiving the Men C vaccine by their 1st birthday has increased from 95.7% in 2011/12 to 96.8% in 2013/14. This is similar to England and West Midlands where figures have been observed.

<table>
<thead>
<tr>
<th>Year</th>
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<th>Target</th>
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</thead>
<tbody>
<tr>
<td>2011/12</td>
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<tr>
<td>2012/13</td>
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<td></td>
</tr>
<tr>
<td>2013/14</td>
<td>96.6</td>
<td>93.9</td>
<td></td>
</tr>
</tbody>
</table>

Hep B (2 year old)

In Wolverhampton, 92.3% children received the 2 doses of Hep B vaccine by their 1st birthday compared to 95.9% in England and 96.8% in West Midlands in 2013/16.

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>West Midlands</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
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</tr>
<tr>
<td>2012/13</td>
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</tr>
<tr>
<td>2013/14</td>
<td>94.8</td>
<td>95.5</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
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<th>Target</th>
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<tbody>
<tr>
<td>2011/12</td>
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<tr>
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<tr>
<td>2013/14</td>
<td>94.2</td>
<td>92.3</td>
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</tr>
</tbody>
</table>

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

Men C Vaccination

In Wolverhampton, the trend for the percentage of children receiving the Men C vaccine by their 1st birthday has increased from 95.7% in 2011/12 to 96.8% in 2013/14. This is similar to England and West Midlands where figures have been observed.

<table>
<thead>
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</table>

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 (four months to between nine and twelve) 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 5 of people with cirrhosis will develop liver cancer.

Vaccination Coverage

Hepatitis B Vaccination

The percentage of children receiving Hepatitis B vaccination by their 2nd birthday has fallen from 94.8% in 2011/12 to 92.3% in 2013/14 compared to 94% in 2015/16. This is similar to England and West Midlands where the figures have dropped slightly.

<table>
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</tr>
<tr>
<td>2013/14</td>
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<td>94.8</td>
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</tr>
</tbody>
</table>

The indicator is defined as percentage of eligible children who received Hepatitis B vaccine by their 1st birthday.

Dtap/ IPV/ Hib (1 year old)

In Wolverhampton, 94% children received the 3 doses of Dtap/ IPV/ Hib vaccine by their 2nd birthday compared to 92.6% in England and 93.8% in West Midlands in 2013/16.

<table>
<thead>
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<tr>
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<tr>
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In Wolverhampton, 93.9% children received the 3 doses of Dtap/ IPV/ Hib vaccine by their 1st birthday compared to 95.3% in England and 96.6% in West Midlands in 2013/16.

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</tbody>
</table>

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

Dtap/ IPV/ Hib (2 year old)

In Wolverhampton, 94% children received the 3 doses of Dtap/ IPV/ Hib vaccine by their 2nd birthday compared to 95.5% in England and 95.2% in West Midlands in 2013/16.

<table>
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In Wolverhampton, 92.3% children received the 2 doses of Dtap/ IPV/ Hib vaccine by their 1st birthday.

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<td>2013/14</td>
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<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Fig 4: Men C Vaccination (Source: COVER)

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

Fig 6: Hep B Vaccination (Source: COVER)

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

Fig 8: Population vaccination coverage - PCV (Source: COVER)

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

The percentage of children receiving MMR vaccine in Wolverhampton has increased from 88.6% in 2010/11 to 94.7% in 2015/16. This is similar to England and West Midlands where the figures have increased from 90.7% in 2010/11 to 95.6% in 2015/16.

In Wolverhampton, 90.4% children received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 5th birthday. This is similar to England and West Midlands where the figures have increased from 90.4% in 2010/11 to 94.2% in 2015/16.

**HPV Vaccination**

The percentage of children receiving HPV 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 figures have increased from 84.2% in 2010/11 to 93% in 2015/16.

**PCV Booster**

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 from 86.8% in 2010/11 to 87.8% in 2015/16.

**Note:** The figures for HPV vaccination cover the years 2010/11 to 2015/16.

**References**

1. Institute of Health Protection (2015) Population vaccination coverage - PCV booster (Source: Rotavirus vaccine coverage monitoring programme)
In Wolverhampton, 30.7% of all 2 year olds received flu vaccination compared to 33.8% in England in 2015/16.
In Wolverhampton, 39.7% at risk 2 year olds received flu vaccination compared to 48.3% in England in 2015/16.
The percentage of 2 year olds receiving flu vaccination in Wolverhampton has reduced from 34.9% in 2014/15 to 30.7% in 2015/16. Similar pattern has been observed in England.
In Wolverhampton, 35.2% of all 3 year olds received flu vaccination compared to 37.7% 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.
The percentage of 3 year olds receiving flu vaccination in Wolverhampton has reduced from 39.7% in 2014/15 to 35.2% in 2015/16. Similar pattern has been observed in England.
In Wolverhampton, 26.1% of all 4 year olds received flu vaccination compared to 30% 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 4 year olds receiving flu vaccination in Wolverhampton has 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)

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 has 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.