Joint Strategic Needs Assessment
Wolverhampton

Overview Report 2016

Chapter 4: Develop Well

VERSION CONTROL

Version	Status	Description of version	Date Completed	Distributed to	Date of distribution
Version 2.1	Draft	Chapter 4	25/01/2017	JSNA Steering group	25/01/2017
	Final	Approved by JSNA Steering Group	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)	
Develop Well	Looked After Children: Rate per 10,000 <18 Population	2016	2015	112 Rate per 10,000	135 Rate per 10,000	↓	60 Rate per 10,000	↑
Develop Well	Children Leaving Care: Rate per 10,000 <18 Population	2014/15	2013/14	40.8 Rate per 10,000	39.6 Rate per 10,000	↑	26.8 Rate per 10,000	↑
Develop Well	Children in Need: Rate per 10,000 <18 Population	2015	2014	489 Rate per 10,000	398 Rate per 10,000	↑	337 Rate per 10,000	↑
Develop Well	Child Protection Plans: Rate per 10,000 <18 Population	2015	2014	50 Rate per 10,000	42 Rate per 10,000	↑	43 Rate per 10,000	↑
Develop Well	Child Abuse: Rate per 1,000 <18 Population	2015/16	2014/15	9.8 Rate per 1,000	7.5 Rate per 1,000	↑	-	
Develop Well	Number of Emergency Admissions: <20 Population	2015/16	2014/15	7,750	7,000	↑	-	
Develop Well	Emergency Hospital Admissions for Self-Harm: Rate per 100,000 10-24 Year Population	2014/15	2013/14	520.0 Rate per 100,000	458.3 Rate per 100,000	↑	398.8 Rate per 100,000	↑
Develop Well	Child Mortality: Rate per 100,000 1-17 Year Population	2012-14	2011-13	15.8 Rate per 100,000	14.9 Rate per 100,000	↑	12.0 Rate per 100,000	↑
Develop Well	Infant Mortality: Rate per 100,000 <1 Year Population	2013-15	2012-14	5.6 Rate per 100,000	6.4 Rate per 100,000	↓	3.9 Rate per 100,000	↑
Develop Well	Admissions Due To Alcohol Specific Conditions: Rate per 100,000 <18 Population	2012/13-2014/15	2011/12-2013/14	31.6 Rate per 100,000	34.2 Rate per 100,000	↓	36.6 Rate per 100,000	↑
Develop Well	Admissions Due To Substance Misuse: Rate per 100,000 <18 Population	2012/13-2014/15	2011/12-2013/14	98.5 Rate per 100,000	71.9 Rate per 100,000	↑	88.8 Rate per 100,000	↑
Develop Well	Violent Crime Against Young Victims: Rate per 1,000	2015/16	2014/15	39 Rate per 1,000	34 Rate per 1,000	↑	-	
Develop Well	First Time Entrants to the Youth Justice System: Rate per 100,000	2015	2014	606.0 Rate per 100,000	519.6 Rate per 100,000	↑	368.6 Rate per 100,000	↑
Develop Well	Children Providing Unpaid Care: % of 0-15 Year Population	2011	2001	1.20%	0.99%	↑	1.11%	↑
Develop Well	Not in Education, Employment or Training: % of 16-18 Year Population	2015	2014	3.40%	4.10%	↓	4.20%	↓
Develop Well	Hospital Admissions for Mental Health Conditions: Rate per 100,000 Under 18 Population	2014/15	2013/14	90.2 Rate per 100,000	80.9 Rate per 100,000	↑	87.4 Rate per 100,000	↑
Develop Well	Smoking Prevalence - Current Smokers: % of 15 year old respondents	2014/15	-	7.60%	-		8.20%	↑
Develop Well	Smoking Prevalence - Regular Smokers: % of 15 year old respondents	2014/15	-	5.90%	-		5.50%	↑
Develop Well	Chlamydia Detection: Rate per 100,000 15-24 Year Population	2015	2014	1816 Rate per 100,000	2547 Rate per 100,000	↓	1887 Rate per 100,000	↓
Develop Well	Chlamydia Screening: % of 15-24 Year Population	2015	2014	18.50%	24.80%	↓	22.50%	↓
Develop Well	Under 18 Conceptions: Rate per 1,000	2014	2013	29.6 Rate per 1,000	31.5 Rate per 1,000	↓	22.8 Rate per 1,000	↑
Develop Well	Under 18 Conceptions Leading to Abortions: % of Under 18 Conceptions	2014	2013	45.30%	39.90%	↑	51.10%	↓
Develop Well	GCSE Attainment - 5 A*-C's (inc. Eng & Maths): % of Eligible Pupils	2014/15	2013/14*	51.60%	46.40%*	↑	57.3%**	↓
Develop Well	Teaching Sessions Lost due to Pupil Absence: % of Total Teaching Sessions	2014/15	2013/14	4.94%	4.99%	↔	-	

* - Different Methodology
** - State-Funded Schools

Key

- Better
- Similar
- Worse
- Local Context Needed

Safeguarding children and young people
Looked after Children

The Looked-After Children (LAC) cohort is comprised of children who might have been placed in care voluntarily by parents struggling to cope, or there may have been direct intervention by children's services because a child was at significant risk of harm. Young people in care are over-represented in mental health statistics. Being in care when young is also a determinant of adult mental health, and is associated with increased levels of antisocial behaviour, emotional instability and psychosis.

Prevalence

In 2016, there were 112 looked after children, per 10,000 residents aged 0-17, in Wolverhampton. The rate in Wolverhampton was significantly higher compared to 73 per 10,000 in West Midlands and 60 per 10,000 in England.

The rate of looked after children in Wolverhampton increased considerably between 2008 and 2014, more than doubling from 66 per 10,000 in 2008, to 136 per 10,000 in 2014. Much smaller increases were seen at West Midlands and England levels: 61 per 10,000 in 2008 to 73 per 10,000 in 2014, in West Midlands and from 54 in 10,000 in 2008 and 60 in 10,000 in 2014, in England. Rates have remained similar since 2014 in the West Midlands and England, but have decreased in Wolverhampton, from 136 per 10,000 in 2014 to 112 per 10,000 in 2016.

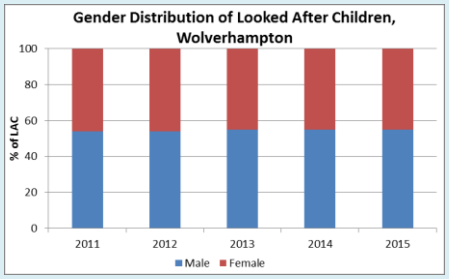


Figure 2. Gender distribution of LAC (Source: WCC Business Intelligence)

Looked After Children Ethnic Origin Distribution
The ethnicity breakdown of looked after children has remained similar between 2011 and 2015, with the largest proportion of looked after children having a White ethnic origin, despite decreasing by 6 percentage points over the 5 year period. The proportion of looked after children with a mixed ethnicity increased by 5 p.p. over the 5 year period. The proportion of looked after children with a black ethnicity initially reduced between 2011 and 2012, but increased by 1 p.p. over each of the following 3 years.

Looked After Children compared with CIPFA nearest neighbours
In 2016, Wolverhampton's rate of looked after children was the 4th highest compared to the 16 CIPFA nearest neighbours and significantly higher compared to England and West Midlands. The three local authorities which had a higher rate of looked after children, as of 31st March 2016 were Kingston Upon Hull, Stoke-on-Trent and Middlesbrough. The England rate, 60 per 10,000, was lower than all of Wolverhampton's CIPFA nearest neighbours and only two of the CIPFA nearest neighbours had rates lower than the West Midlands rate, 73 per 10,000.

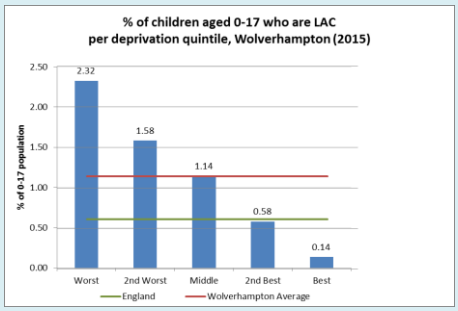


Figure 4. Percentage of LAC per IMD quintile (Source: WCC Business Intelligence)

Rate of Children Leaving Care
The rate of Children that leave local authority care was significantly higher in Wolverhampton in 2014/15, at 40.8 per 10,000 under 18's, compared to 26.8 per 10,000 in England and 28.5 per 10,000 in West Midlands. The figure in Wolverhampton increased in the three year period between 2012/13 and 2014/15, and was significantly higher than the England rate throughout the time period. In terms of numbers, there were 165 children leaving care in 2012/13, increasing to 235 children in 2014/15.

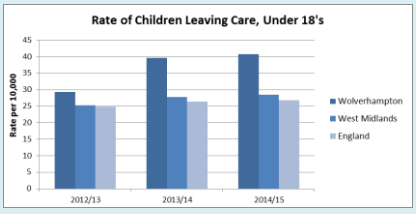


Figure 5. Rate of children leaving care (Source:PHE)

The number of Looked after Children in Wolverhampton, as of 31st March 2016 was 655. There was a decrease of 16%, from the number of looked after children in 2015 (n=780). But since 2010, there has been an increase of 61.7% in the number of looked after children in Wolverhampton. This is higher than increases in West Midlands (15.4%) and England (9.4%) in the same period.

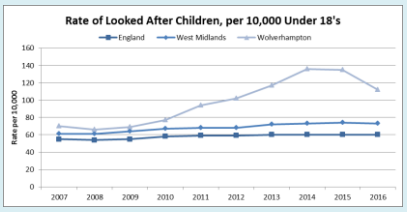


Figure 1. Rate of looked after children (Source: WCC Business Intelligence)

Looked After Children Gender Distribution
The prevalence of Looked After Children is higher in males than females. The gender distribution of looked after children in Wolverhampton remained very similar between 2011 and 2015, with the proportion of Males increasing by 1% over the 5 year period and the proportion of Females therefore falling by 1%.

Ethinicity	2011	2012	2013	2014	2015
White	70	71	68	65	64
Mixed	11	12	13	14	16
Asian	x	3	3	5	4
Black	11	9	10	11	12
Other ethnic groups	4	2	5	4	4
Refused / Not Obtained	x	2	2	1	x

x - Figures not shown in order to protect confidentiality. 'See Methodology and quality information document for more information on rounding.

Table 1. Ethnicity distribution of LAC (Source: WCC Business Intelligence)

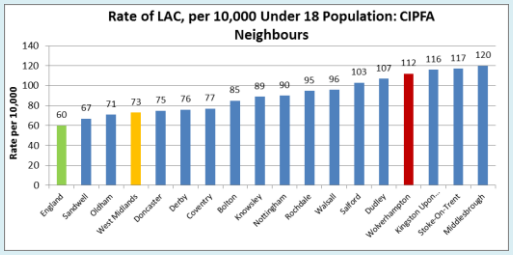


Figure 3. Rate of LAC compared to CIPFA neighbours (Source: WCC Business Intelligence)

Proportion of Under 18's Looked After by Deprivation
The proportion of looked after children aged 0-17 is highest in the most deprived areas of Wolverhampton (2.32%) compared to the least deprived areas (0.14%).

What this information tells us?
-The city's rate of LAC is higher than national and regional averages. Its LAC rate was top of the CIPFA nearest neighbours comparator group, and second nationally,
only behind Blackpool. The spike in the LAC population began in earnest in 2012, but plateaued between 2014 and 2015.
-Although levels of LAC do differ between local authorities, and the most deprived local authorities do not always have the highest LAC rates, it is clear that, within the city itself, there is a clear link with levels of deprivation in an area.
-The gender gap with LAC is relatively stable. The proportion of White children in the LAC cohort has been falling over the past few years. In contrast, the proportion of Mixed children in care has been steadily rising year-on-year. Trends for Asian and Black children show little pattern.
-These figures for LAC are historical, and so do not cover the marked decrease in the LAC population between 31/03/15 (778 LAC in care) and 31/03/16 (665 LAC in care). As we do not have the year-end 15/16 figures yet, these figures are provisional. It seems likely, however, that the drop in our LAC rate will be one of the steepest nationwide year-on-year.

Indicative Commissioning Needs
To be confirmed

Safeguarding children and young people
Children in Need and Child Protection

The Child In Need (CIN) and Child Protection (CP) cohorts are comprised of children who are at risk of significant harm. The CIN figures used here are the national CIN definition, encompassing all children who are an open case with social care in the city at the end of each respective financial year.
A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled.
Child protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect.

Prevalence
The rate of Children in Need in Wolverhampton was 489 per 10,000 children aged 0-17, in 2015. This rate is significantly higher compared to 337 per 10,000 in England and 369 per 10,000 in West Midlands rates.

The rate of Children in Need in Wolverhampton has increased considerably (49.5%) between 2012 and 2015. The rate of Children in Need in Wolverhampton was 327 per 10,000 in 2012 and saw a sharp increase over the next three years to 489 per 10,000. This is in contrast to the England and West Midlands rates where rates remained steady, varying between 317 and 380 per 10,000 children aged 0-17.

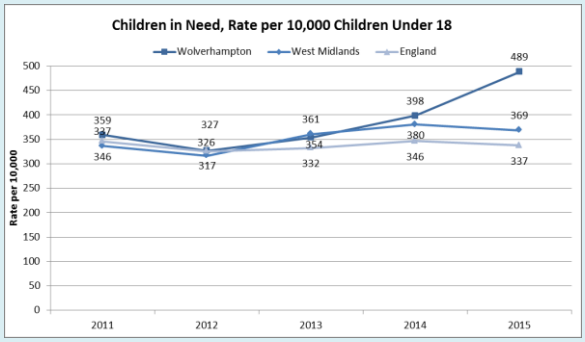


Figure 1. Rate of children in need (Source: WCC Business Intelligence)

In 2015, the rate of Child Protection Plans in Wolverhampton was 50 per 10,000 children aged 0-17. The Wolverhampton rate is slightly higher than the rates for the West Midlands (46 per 10,000) and England (43 per 10,000).

The rate of Child Protection plans in Wolverhampton have not followed any consistant trend between 2011 and 2015, but has fallen from 53 per 10,000 in 2011 to 50 per 10,000 in 2015. This is in contrast with West Midlands and England where the rates have increased.

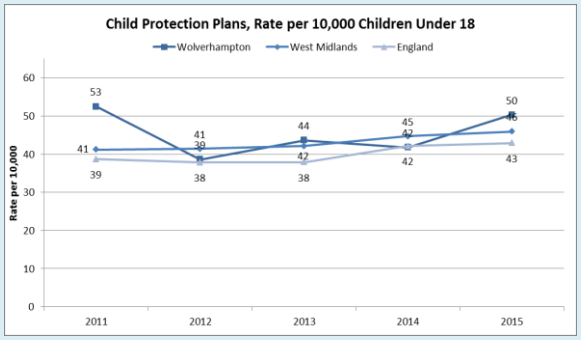


Figure 2. Rate of child protection plans (Source: WCC Business Intelligence)

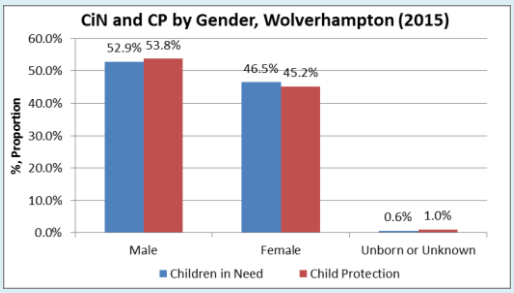


Figure 3. Gender distribution of CiN and CP (Source: WCC Business Intelligence)

Children in Need and Child Protection Plans Gender Distribution
In Wolverhampton, Children in Need and Child Protection Plans are more prevalent in males, than in females. Of Children in Need, 52.9% are Male, compared with the 46.5% that are Female. A similar distribution can be seen in children with a Child Protection Plan, though the gap is slightly wider, with 53.8% Male and 45.2% Female.

Children in Need and Child Protection Plans Ethnic Origin Distribution
Just under two-thirds of Children in Need (59.4%) are of a White Ethnic origin, 14.9% are of a mixed ethnic origin, 8.9% are of a Asian ethnic origin and 11.0% are of a Black ethnic origin. A similar trend is seen in the ethnicity distribution among children with a Child Protection Plan. Over two-thirds of those with a Child Protection Plan are of a White ethnic origin (65.2%), 14.8% have a Mixed ethnic origin, 4.8% have an Asian ethnic origin and 9.3% have a Black ethnic origin.

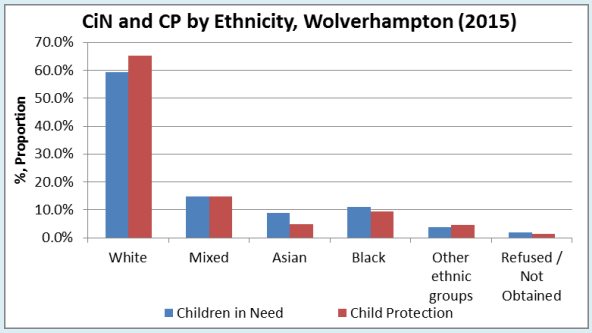


Figure 4. Ethnicity distribution of CiN and CP (Source: WCC Business Intelligence)

Children in Need compared to CIPFA Nearest Neighbours
Wolverhampton's rate of Children in Need in 2015, was ranked 6th highest of the 16 CIPFA nearest neighbour local authorities. The CIPFA Nearest Neighbour average (447 per 10,000) is lower compared to the Wolverhampton rate of 489 per 10,000. Sandwell is the only local authority in the CIPFA nearest neighbours group which had a lower rate of CiN compared to the England average.

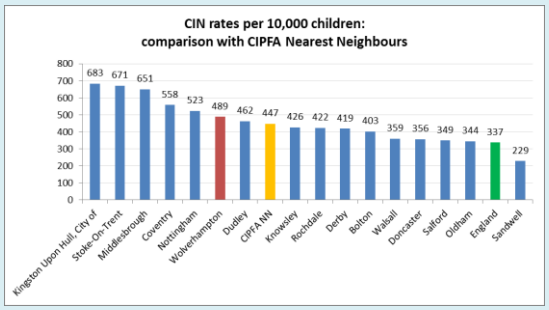


Figure 5. Rate of CiN compared with CIPFA neighbours (Source: WCC Business Intelligence)

Child Protection Plans compared to CIPFA Nearest Neighbours

Wolverhampton's rate of Child Protection Plans was ranked 11th highest out of the 16 CIPFA nearest neighbour local authorities. The CIPFA nearest neighbour average (58 per 10,000) is higher compared to the Wolverhampton rate at 58 per 10,000 children aged 0-17. Sandwell and Bolton are the only two local authorities in the CIPFA nearest neighbours group had a lower rate compared to the England figure.

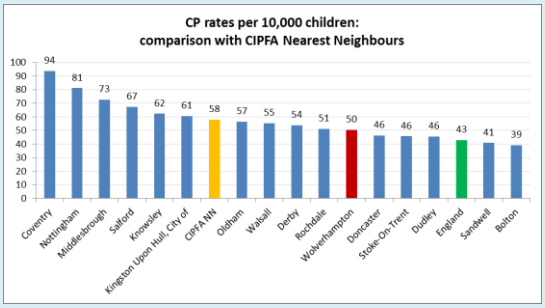


Figure 6. Rates of CP's compared to CIPFA neighbours (Source: WCC Business Intelligence)

Proportion of Wolverhampton's Children who are considered to be in need by deprivation quintile

Children who are considered to be in need are more prevalent in the deprived areas of Wolverhampton, than in the more affluent areas. The highest proportion (6.72%) of children classed as CiN in Wolverhampton is seen in the most deprived quintile. Whereas, only 1.35% of children in the most affluent quintile of Wolverhampton are classed as Children in Need.

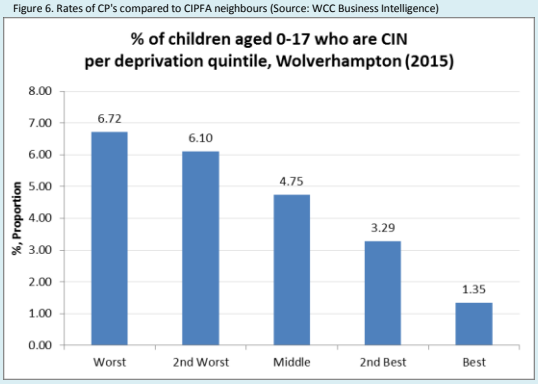


Figure 7. Percentage of population considered CiN by IMD quintile (Source: WCC Business Intelligence)

Proportion of Wolverhampton's Children who have a Child Protection Plan by deprivation quintile

Child Protection Plans are more prevalent in the deprived areas of Wolverhampton, than in the more affluent areas. The highest proportion (0.84%) of children with Child Protection Plans is seen in the most deprived quintile of Wolverhampton. This is higher compared to the 0.08% of children in the most affluent quintile in Wolverhampton. However, the trend is not uniform, the proportion of children with a Child Protection Plan in the 2nd most deprived quintile is slightly lower, at 0.52%, than the proportion in the middle quintile, 0.54%.

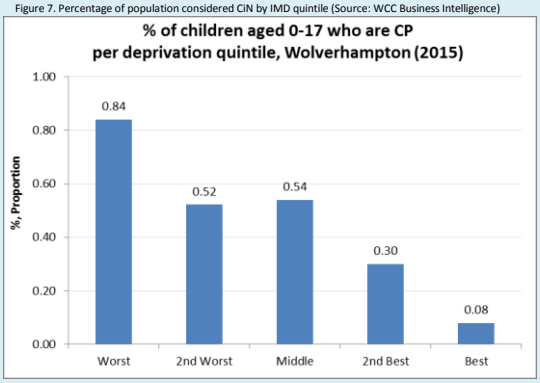


Figure 8. Percentage of population with CP plans by IMD quintile (WCC Business Intelligence)

What this information tells us?

-The city's rate of social care interventions is higher than national and regional averages. However, whilst the CiN rate is above the CIPFA comparators, the CP rate was beneath the national comparators.

-The city's rising CiN rate, when viewed alongside the LAC numbers which plateaued between 2014 and 2015, evidences that children are coming in on a CiN plan or CP plan, but not escalating to LAC.

-The sex and ethnicity breakdowns are similar to the LAC population, most notably with disproportionately low number of Asian and disproportionately high numbers of Mixed and Black children, compared to their child population percentage.

-As with LAC, there is a clear link to deprivation: deprived areas have higher rates of social care interventions, due to elevated levels of need in the areas.

Indicative Commissioning Needs

To be confirmed

Safeguarding children and young people

Child Abuse

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in Call to end violence against women and girls 2010 and successive action plans to do what it can to contribute to a cohesive and comprehensive response.

Child Abuse Rates

The rates of reported Child Abuse have more than doubled over the past 5 years, in both Wolverhampton and the West Midlands. In 2015/16, rates in Wolverhampton (9.8 per 1,000) were higher compared to those in the West Midlands (8.2 per 1,000).

	2011/12	2012/13	2013/14	2014/15	2015/16
Wolverhampton	246	285	352	423	552
West Midlands	2,254	2,661	3,456	3,689	5,328

Table 1. Number of child abuse offences (Source: West Midlands Police Force)

The rate of Child Abuse offences has remained higher in Wolverhampton than the West Midlands rate over the 5 year period from 2011/12 to 2015/16. The rate of increase of the Child Abuse rates got larger over the five year period in both Wolverhampton and West Midlands.

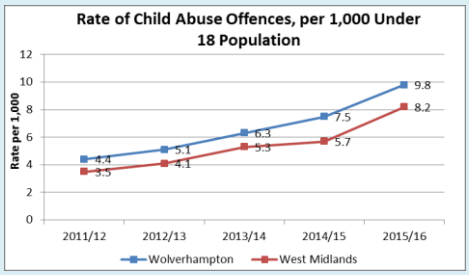


Figure 1. Rate of child abuse offences (Source: West Midlands Police Force)

Gender Distribution

The proportion of victims of Child Abuse that are female is higher compared to males in Wolverhampton. In 2015/16, the gender distribution was 56.4% female (n=304) and 43.6% male (n=235).

The gender distritbution has varied slightly over the 5 year period between 2011/12 and 2015/16. The proportion of females increased to just above two-thirds in 2012/13 and has decreased steadily since to the current rate (56.4%).

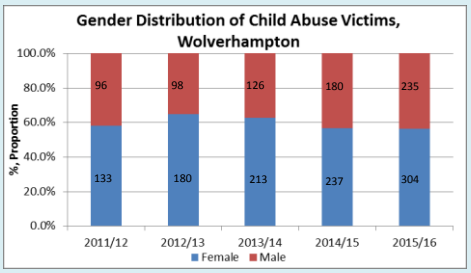


Figure 2. Gender distribution of child abuse victims (Source: West Midlands Police Force)

Geographic Comparison

The West Midlands Police force dealt with 5,328 Child Abuse cases in 2015/16. Wolverhampton's Local Police Unit had to deal with 552 cases, which was 10.4% of all of the cases in the West Midlands. Across the West Midlands, Wolverhampton was ranked 5th highest compared to the other 9 Local Police Units.

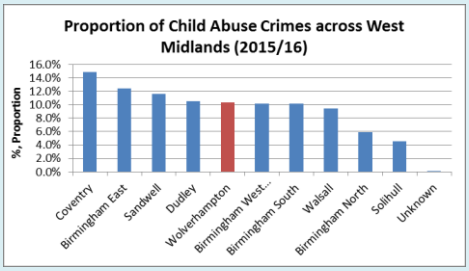


Figure 3. Proportions of child abuse offences, by Local Police Unit (Source: West Midlands Police Force)

Ethnicity Distribution

In 2015/16,the highest proportion of victims of Child Abuse reported their ethnicity as being White (44.3%) followed by those who did not state their ethnicity (37.5%). Around 5.9% of victims reported their ethnicity as Asian or Asian-British, 7.5% reported their ethnicity as Black or Black-British and 4.0% reported their ethnicity as Mixed.

The proportion of victims of Child Abuse reporting their ethnicity as White was higher in 2011/12, at 58.1%, compared to 2015/16. The proportions of victims that reported their ethnicity as 'Asian or Asian-British' or 'Black or Black-British' both increased slightly over the five year period. The proportion of those who did not state their ethnicity increased considerably over the five year period (15 percentage points), indicating data quality issues.

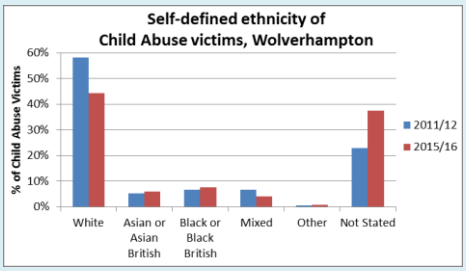


Figure 4. Self-defined ethnicity distribution of child abuse victims (Source: West Midlands Police Force)

Types of Child Abuse Offences

Offence	Number	Percentage
Intentional Assault on an Under 16	273	49.46%
Intentional Neglect of an Under 16	68	12.32%
Sexual Assault on Female Under 13	22	3.99%
Rape of Female Under 13, by Male	17	3.08%
Sexual Assault on Female, 13 or Over	16	2.90%
Sexual Activity with Female Under 16, by 18+ Offender	16	2.90%
Intentional Abandonment of Under 16	15	2.72%
Assualt Occasion ABH	14	2.54%
Sexual Activity with Female Under 16, by Under 18 Offender	13	2.36%
Common Assault	12	2.17%

Table 1. Number of child abuse offences, by specific offences (Source: West Midlands Police Force)

Almost half of all Child Abuse offences in 2015/16 were recorded as 'Intentional Assault on an Under 16', totalling to 273 offences. There has been an increase in the number of offences categorised as 'intentional assault on an under 16' following an increase in third party reporting from the MASH meeting. Around an eighth of all offences were recorded as 'Intentional Neglect of an Under 16'. No other Child Abuse offences made up more than 5% of all Child Abuse offences in Wolverhampton.

What this information tells us?

-Child Abuse rates are increasing at a considerable rate, further work needs to be done to get a better picture of whether this is because reporting abuse is getting better or whether Child Abuse is on the rise.

-The rate of Child Abuse is higher in Wolverhampton is higher than the West Midlands average. No comparisons could be made to England's average as age level data for England is not available on iquanta

-Child Abuse among BAME communities may be on the rise, following a slight rise over the past 5 years.

Indicative Commissioning Needs

-Submission of intelligence: There appears to be a lack in understanding with partners (Local Authority, Education, Health etc) of the correct procedure for submission of intelligence. There are occasions where it has been found that information discussed in meetings such as CMOG/MASE etc that as a police officer is present, that this is sufficient in terms of submission of intelligence.

-Making Referrals: In particular Education around the identifying and referrals with regards to CSE and screening.

-Crime Reporting: Better understanding is required by the LA in terms of duty to report to the police incidents where they become aware of criminal (requirement ti record) offences. An example of this is where they become aware of an U16 who is engaging in sexual activity. Where a decision may be made for the LA to retain lead agency responsibility, we still require the referral.

-NWG: Once a decision for NWG completion has been made, we have previous cases where the NWG has not been submitted for over 3 months. This renders the completion of the information pointless and outdated and effects the safeguarding assessment relevance.

-Better keep safe on line work could be completed by Education. Young Persons to be better informed of the dangers of internet misuse and also most children are unaware that sharing images of themselves not only presents themselves danger/embarrassment but they are also committing offences.

Safeguarding children and young people
Emergency Hospital Admissions in Under 20s

Higher rates/percentages of emergency admissions may reflect some patients not receiving the care most suited to managing their conditions. As emergency admissions cannot be predicted, they can also impact on other hospital care and carry a high cost. Emergency admission can be defined as admission which is unpredictable and at a short notice because of clinical need. (Source: NHS dictionary)

Number of Emergency Admissions in under 20s

In the year prior to June 2016, there were 7,812 Emergency Admissions in the under 20 population of Wolverhampton, which is the highest in the 11 year time period measured.

The number of Emergency Admissions of those under 20 has increased over the past decade, from 5,767 in the year upto December 2005 to 7,812 in the year upto June 2016. The largest increase was seen in 2011 and 2012, with the higher numbers being sustained in 2013 and 2014, before increasing again at the end of 2015 and start of 2016.

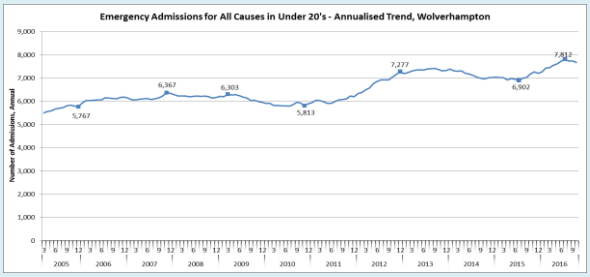


Figure 1. Number of emergency admissions for all causes, annualised trend (Source: WCC Public Health)

Gender Distribution

In Wolverhampton, there are more Under 20's Emergency Admissions for males than females. As of 2015/16, the number of Emergency Admissions for males (3,574) was almost 600 admissions higher, compared to females (2,984).

Overall, the number of Emergency Admissions in both genders have increased over the 12 year period, by 32.2% in females and 30.8% in males. Moreover, the gap between males and females has increased in 2015/16 compared to 2004/2006.

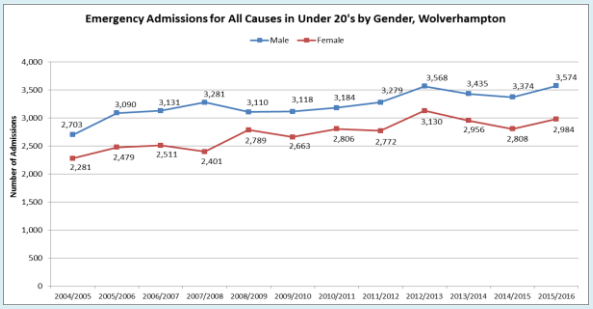


Figure 2. Number of emergency admissions for all causes, by gender (Source: WCC Public Health)

Ethnicity

Between 2011/12-2015/16, the highest proportion of under 20's Emergency Admissions in Wolverhampton were found in individuals with a White ethnic background (57.4%), followed by individuals with an Asian ethnic background (21.0%).

The proportion of Emergency Admissions for under 20s with an Asian ethnic background is much higher than the proportion of under 20s population of Asian ethnic background, which suggests higher than expected emergency admissions for under 20s from Asian ethnic background.

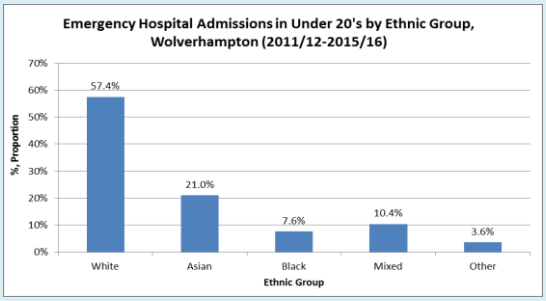


Figure 3. Ethnicity distribution of emergency hospital admissions (Source: WCC Public Health)

Age

The majority of Emergency Admissions in Under 20's are in children aged 0-4 years (>18,000 female admissions; >20,000 male admissions). The number of admissions in the three older 4-year age groups was similar, varying between 4,000 and 6,000 in males and between 4,000 and 7,000 in females.

The number of admissions was significantly higher for males compared to females in the 0-4, 5-9 and 10-14 year age groups. However, the opposite was seen in the oldest age group, 15-19 years.

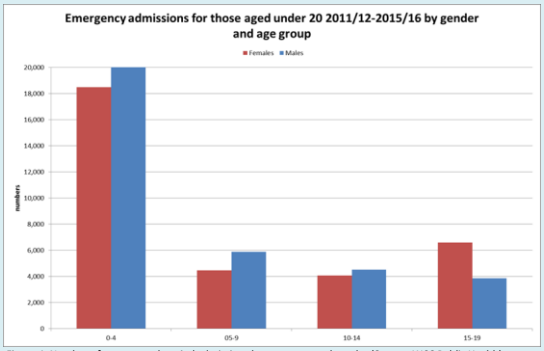


Figure 4. Number of emergency hospital admissions by age group and gender (Source: WCC Public Health)

Deprivation

There is a clear correlation between Emergency Admissions and deprivation, which suggests that higher deprivation will indicate higher admissions. More than two-thirds (65%) of Emergency Hospital Admissions in Under 20's were for individuals who lived in areas which are in the most deprived quintile in Wolverhampton. There was a large difference between the proportion of Emergency Admissions in the most deprived quintile and second most deprived decile, 48.5 percentage points difference.

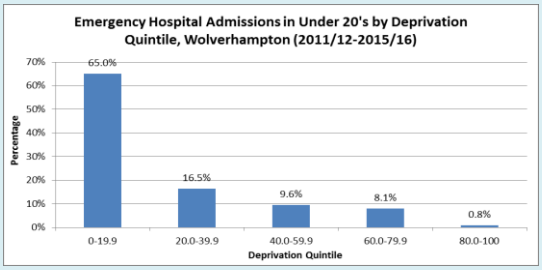


Figure 5. Emergency hospital admissions by IMD quintile (Source: Wolverhampton CCG)

Geographic Distribution

The highest rates of Emergency Hospital Admissions in under 20s are in Blakenhall Ward, St Peters Ward and Fallings Park Ward, with between 11,700 - 13,070 Emergency Admissions per 100,000 residents aged under 20. The lowest rates were seen in Bilston North Ward and the two Tettenhall Wards, with between 8,700 - 9,479 per 100,000.

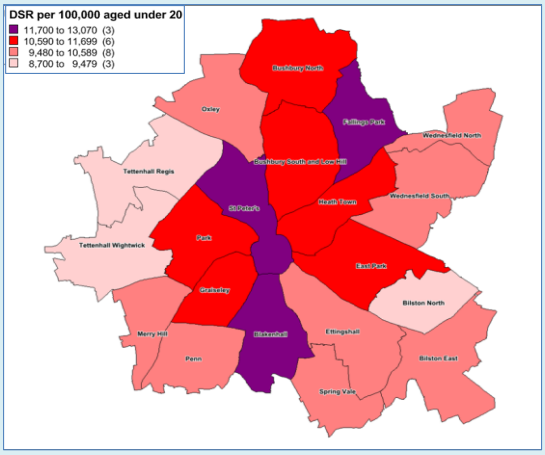


Figure 6. Geographic distribution of rates of emergency hospital admissions, by wards, Wolverhampton (2011/12-2015/16) (Source: Wolverhampton CCG)

What this information tells us?

-The number of Emergency Hospital Admissions in under 20s in Wolverhampton has risen over the last decade.
-The number of emergency hospital admissions in under 20s is higher in males, those from white ethnic background, those in the age group 0-4 years and in certain geographical areas in Wolverhampton.
-There is a clear link between higher emergency hospital admissions and higher levels of deprivation.

Indicative Commissioning Needs

-Identification of the causes of emergency admissions and consideration of possible interventions to reduce current increasing trend

Safeguarding children and young people
Hospital Admissions due to Self-Harm (10-24 year olds)

Mental health and well-being is an important aspect of public health. Hospital Admissions due to Self-Harm is a measure of intentional self-harm as it has not been possible to include a suitable indicator representing all aspects of mental health and well-being. Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.

Prevalence

In 2014/15 the rate of admissions due to self harm for those aged 10-24 years is statistically significantly higher in Wolverhampton (520.0 per 100,000) compared to the West Midlands (404.8 per 100,000) and England (398.8 per 100,000).

	2012/13	2013/14	2014/15
England	346.3	412.1	398.8
West Midlands	366.0	412.1	404.8
Wolverhampton	282.7	458.3	520.0

Directly Standardised Rate, per 100,000

Table 1. Rate of hospital admissions due to self-harm (Source: Wolverhampton CCG)

The rate of Hospital Admissions due to Self-Harm for those aged 10-24 years in Wolverhampton increased significantly between 2012/13 and 2014/15. The Wolverhampton rate in 2012/13 (282.7 per 100,000) was significantly lower compared to West Midlands (366 per 100,000) and England (346.3 per 100,000). However, by 2014/15, the Wolverhampton rate had risen to 520.0 per 100,000 and was significantly higher compared to the West Midlands and England figures.

In terms of numbers, in Wolverhampton there were 140 Hospital Admissions due to Self-Harm for those aged 10-24 years in 2012/13, 222 in 2013/14 and 251 in 2014/15.

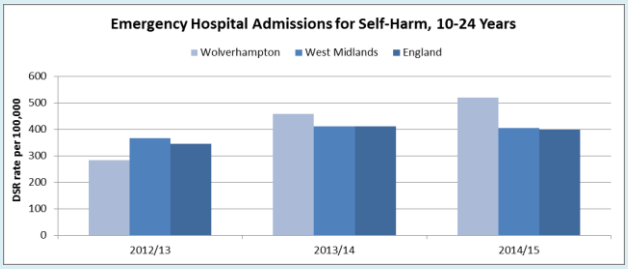


Fig 1: Emergency admissions for self harm 10-24 year olds (Source: WCC, Public Health)

CIPFA Nearest Neighbours

In comparison with it's CIPFA Nearest Neighbours, Wolverhampton has the 8th lowest rate compared to the 15 other local authorities for self harm in those aged 10-24 years in 2014/15. Wolverhampton's most recent figure is significantly higher compared to three of its CIPFA Nearest Neighbours (Rotherham, Sandwell and Rochdale) and significantly lower compared to two (Knowsley and Salford).

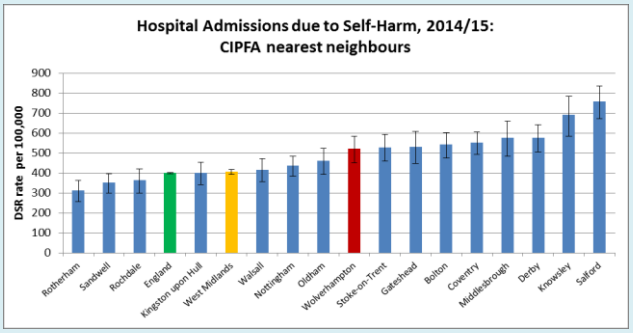


Fig 2: Emergency admissions for self harm in those aged 10-24 years by CIPFA neighbours (Source: WCC, Public Health)

What this information tells us?

-Rates of Hospital Admissions due to Self-Harm in those aged 10-24 years have increased at an alarming rate within a short period of time, 2012/13 - 2014/15. The rate of hospital admissions in Wolverhampton are now significantly higher than England and West Midlands averages.

Indicative Commissioning Needs

-Review of service provision to identify the risk of self-harm

Safeguarding children and young people
Deaths in Childhood

Death in childhood represents not only a tragedy for that child's family but also a loss to wider society in terms of lost years of productive life. After the age of one year, the commonest cause of death in young people is injuries. Many of these injury related deaths are potentially avoidable. The need to provide adequate support to those children and families with life-limiting or life-threatening conditions is also recognised.

Prevalence

In 2012/14, the Child Mortality rate in Wolverhampton (15.8 per 100,000) is higher compared to England (12.0 per 100,000) and West Midlands (13.4 per 100,000), though all three figures are statistically similar.

The rate of child mortality in Wolverhampton has increased from 13.8 per 100,000 in 2010-12 to 15.8 per 100,000 in 2012-14. In comparison, the West Midlands and England rates have experienced less variation, with England rates decreasing from 12.5 per 100,000 in 2010/12 to 12 per 100,000 in 2012/14.
In terms of numbers, there were between 22 and 26 deaths in children aged 1 - 17 in each of the three time periods.

	2010-12	2011-13	2012-14
England	12.5	11.9	12.0
West Midlands	12.8	12.8	13.4
Wolverhampton	13.8	14.9	15.8

Table 1. Rate of child mortality (Source: PHE)

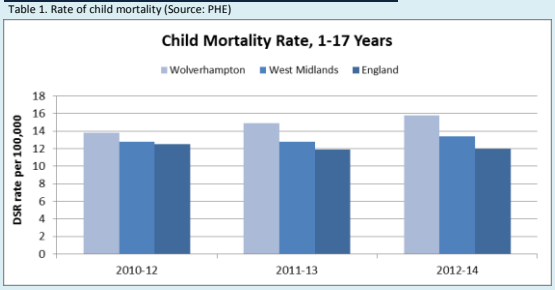


Figure 1. Rate of child mortality (Source: PHE)

CIPFA Nearest Neighbours

In comparison to it's CIPFA Nearest Neighbours, Wolverhampton has the 7th highest Child Mortality rate compared to the other 15 local authorities. However, due to the small numbers involved, none of the local authorities are statistically significantly different to each other.

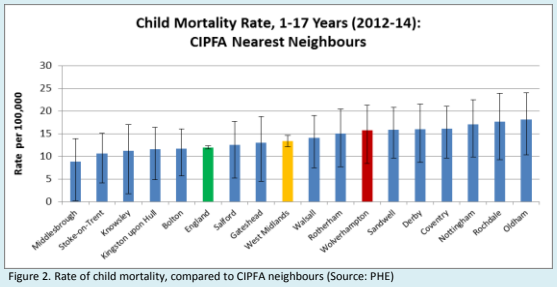


Figure 2. Rate of child mortality, compared to CIPFA neighbours (Source: PHE)

Infant Mortality

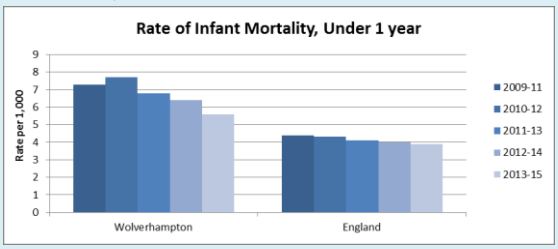


Figure 3. Rate of infant mortality (Source: PHE)

In 2013-15, the rate of Infant Mortality in Wolverhampton (5.6 per 1,000) is significantly higher compared to the England (3.9 per 1,000). The rate of Infant Mortality has been decreasing in Wolverhampton and across England in recent years. The Wolverhampton rate has decreased from 7.7 per 1,000 in 2010-12 to 5.6 per 1,000 in 2013-15.

Infant Mortality has been detailed in a separate section in chapter 2.

What this information tells us?
-Child Mortality in Wolverhampton is increasing and is higher compared to West Midlands and England.

Indicative Commissioning Needs
-Review the outcomes of the child death overview panel and embed recommnedations in health and social care service provision

Supporting Young People
Alcohol and Substance Misuse

There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.
Excessive alcohol consumption is a major health concern in England, research has highlighted the fact that young people who start drinking alcohol at an early age tend to drink more frequently and more in total than those who start drinking later in their life; as a result, they are more likely to develop alcohol problems in adolescence and adulthood.

Hospital Admissions due to Alcohol Specific Conditions

Prevalence

In 2012/13 - 2014/15, the rate of Under 18 Hospital Admissions due to Alcohol Specific Conditions in Wolverhampton (31.6 per 100,000) was slightly lower compared to the West Midlands (32.8 per 100,000) and England (36.6 per 100,000), although not statistically significantly lower.

	06/07 - 08/09	07/08 - 09/10	08/09 - 10/11	09/10 - 11/12	10/11 - 12/13	11/12 - 13/14	12/13 - 14/15
England	68.4	63.3	56.9	52.1	44.9	40.1	36.6
West Midlands	69.0	63.4	57.1	53.5	45.4	39.1	32.8
Wolverhampton	39.1	35.4	27.5	32.8	33.3	34.2	31.6

Table 1. Rate of hospital admissions due to alcohol specific conditions (Source: PHE)

The rate in Wolverhampton has remained steady over the past decade, with a few variations. Prior to the 2011/12 - 2013/14 time period, the Wolverhampton rate was statistically significantly lower compared to the West Midlands and England figures. The gap between England and Wolverhampton has decreased since 06/07 - 08/09; howevr this is primarily due to reducing rates in England.

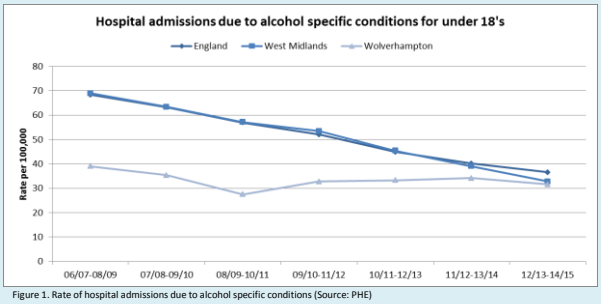


Figure 1. Rate of hospital admissions due to alcohol specific conditions (Source: PHE)

In terms of numbers, in the 2 year period between 2012/13 - 2014/15, there were 54 under 18 hospital admissions due to hospital specific conditions in Wolverhampton. As the consistency in rate would suggest, the number of admissions also did not vary, ranging between 65 and 46 admissions over the last decade.

CIPFA Nearest Neighbours

In the group of CIPFA Nearest Neighbours, there is currently only one Local Authority which has a lower rate compared to Wolverhampton, although not significantly lower. Wolverhampton has a lower rate compare to 14 of their CIPFA Nearest Neighbours, but only significantly lower than 4 of them (Gateshead, Oldham, Middlesborough and Salford).

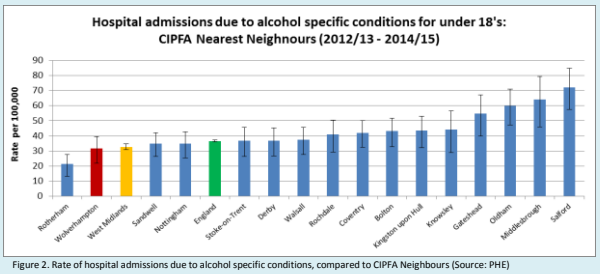


Figure 2. Rate of hospital admissions due to alcohol specific conditions, compared to CIPFA Neighbours (Source: PHE)

Hospital Admissions due to Substance Misuse

Prevalence

In 2012/13 - 2014/15, the rate of Hospital Admissions due to Substance Misuse in young people is higher in Wolverhampton (98.5 per 100,000) compared to the West Midlands (73.6 per 100,000) and England (88.8 per 100,000).

	08/09 - 10/11	09/10 - 11/12	10/11 - 12/13	11/12 - 13/14	12/13 - 14/15
England	63.5	69.4	75.2	81.3	88.8
West Midlands	64.5	64.9	67.8	69.8	73.6
Wolverhampton	36.1	42.4	49.5	71.9	98.5

Table 1. Rate of hospital admissions due to substance misuse (Source: PHE)

Since 2008/09 - 2010/11, the rate of Hospital Admissions due to Substance Misuse in Wolverhampton has increased almost three-fold, increasing from 36.1 per 100,000 in 2008/09 - 2010/11 to 98.5 per 100,000 in 2012/13 - 2014/15. Increases have also been seen in the rates for the West Midlands and England, but at a smaller scale compared to Wolverhampton. Wolverhampton's rate was significantly lower compared to the West Midlands and England rates prior to 2010/11 - 2012/13. However, since 2011/12 - 2013/14, the Wolverhampton figure increased to statistically similar levels compared to the England figures.

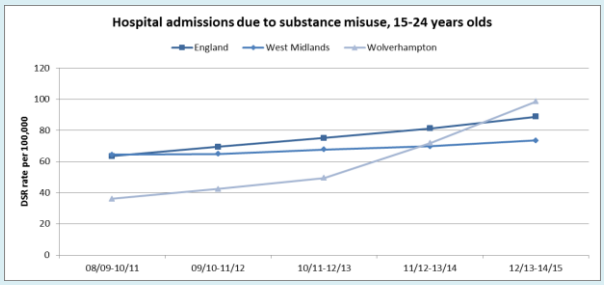


Figure 1. Rate of hospital admissions due to substance misuse (Source: PHE)

In terms of numbers, there were 100 hospital admissions in Wolverhampton in the time period between 2012/13 - 2014/15. In the previous time period, 2011/12 - 2013/14, there were 74 admissions and 51 in the time period prior to that, which demonstrates the scale of the increase.

CIPFA Nearest Neighbours

Wolverhampton has the 5th lowest rate of Hospital Admissions due to Substance Misuse compared to the CIPFA Nearest Neighbour Local Authorities. Only Coventry has a significantly lower figure compared to Wolverhampton and 5 local authorities have significantly higher figures (Kingston-upon-Hull, Bolton, Gateshead, Salford and Middlesborough). The West Midlands figure is significantly lower compared to all of Wolverhampton's CIPFA Nearest Neighbours.

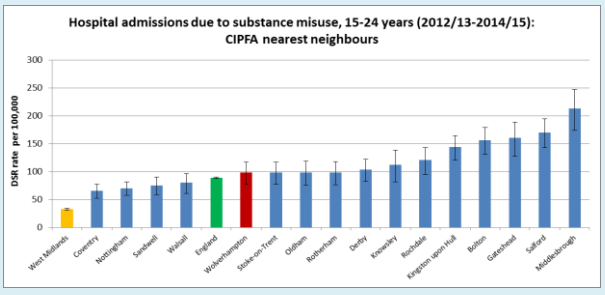


Figure 1. Rate of hospital admissions due to substance misuse, compared to CIPFA Neighbours (Source: PHE)

What this information tells us?

-The rates of Hospital Admissions due to Alcohol Specific Conditions in Wolverhampton have remained consistent over the past decade, but are now at statistically similar levels to the West Midlands and England figures, after historically being significantly lower.
-The rates and numbers of Hospital Admissions due to Substance Misuse in Wolverhampton have almost tripled over the past decade and are now significantly higher than the West Midlands rates.
-No demographic information is available for alcohol and substance misuse in young people.

Indicative Commissioning Needs

-Commission services that prevent alcohol and substance misuse and offer client focused recovery for known alcohol and substance misuse

Supporting Young People
Youth Violence

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities. With the implementation of the Health and Social Care Bill, Directors of Public Health in local authorities have become responsible for the public health aspects of the promotion of community safety, violence prevention, responses to violence, and local initiatives to tackle social exclusion. Youth violence is recorded as a crime in which the victim is recorded as being between the age of 10 and 24.

Crime Rates

In 2015/16, Wolverhampton's rate of Violent Crime (39 per 1,000) against those who are aged between 10-24, is higher compared to the West Midlands (35 per 1,000)

The rates of Violent Crime against those aged 10-24 has increased over the last five years. Although, there was a slight decrease between 2011/12 and 2013/14 in the Violent Crime rates in Wolverhampton, the sharp increase between 2013/14 and 2015/16, meant that the rate was higher in 2015/16 than in 2011/12. A similar trend was seen in the West Midlands rate, however, the rate remained lower compared to the Wolverhampton rate throughout the five year period.

In terms of numbers, there as been an increase of 323 Violent Crimes against those aged 10-24 in Wolverhampton, from 1,634 in 2011/12 to 1,957 in 2015/16. In the West Midlands, the number of violent crimes against 10-24 year olds increased by 3,210, from 16,885 in 2011/12 to 20,095 in 2015/16.

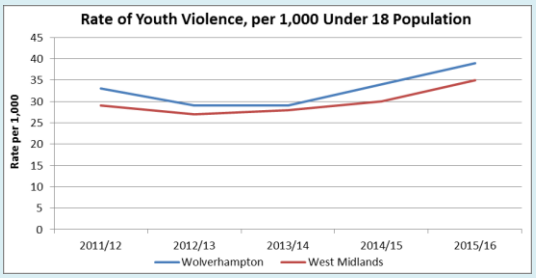


Figure 1. Rate of youth violence (Source: West Midlands Police Force)

Gender Distribution of Victims

In 2015/16, around two-thirds of the victims of violent crime, aged 10-24, were female (62.0%) which is higher compared to 2011/12 (51%).

Over the five year period between 2011/12 and 2015/16, there has been a steady shift in the gender distribution, with increasing proportions of victims, aged 10-24, being female than male. This shift has been brought about by a small decrease in the number of male victims (-55) and a large increase in the number of female victims (+374).

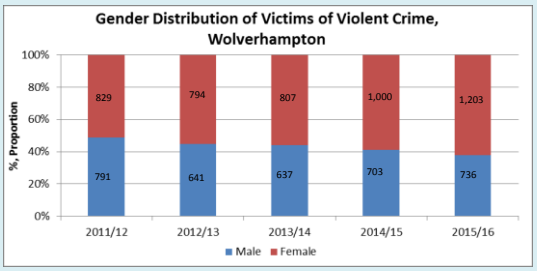


Figure 2. Gender Distribution of Victims of Violent Crime (Source: West Midlands Police Force)

Offenders and Re-Offenders

	Wolverhampton					West Midlands				
	2009/10	2010/11	2011/12	2012/13	2013/14	2009/10	2010/11	2011/12	2012/13	2013/14
Offenders (n)	98	63	56	48	21	805	574	521	446	367
Re-Offenders (n)	33	18	18	16	12	218	142	146	134	109
Re-Offences (n)	74	37	35	66	35	470	328	378	399	254
% of Offenders Re-Offending	33.7%	28.6%	32.1%	33.3%	57.1%	27.1%	24.7%	28.0%	30.0%	29.7%

Table 1. Offenders and Reoffenders (Source: West Midlands Police Force)

In Wolverhampton, there were 21 juvenile offenders in 2013/14, of whom 12 were classed as re-offenders. 57.1% of juvenile offenders in Wolverhampton had offended in the previous 12 months compared to 30% in West Midlands. Offences by the juvenile re-offenders in 2013/14 totalled to 35 offences in Wolverhampton.

The number of juvenile offenders across Wolverhampton fell by 78.6% over the five year period, between 2009/10 and 2013/14, which is considerably higher compared to the 54.4% decrease across the West Midlands.

The proportion of offenders that re-offended in Wolverhampton remained similar between 2009/10 and 2012/13, around a third. The Wolverhampton figures were slightly higher compared to the West Midlands in each of the four years. However, in 2013/14, the proportion of re-offenders in Wolverhampton (57.1%) increased by 23.8 percentage points, whereas the West Midlands remained similar (29.7%).

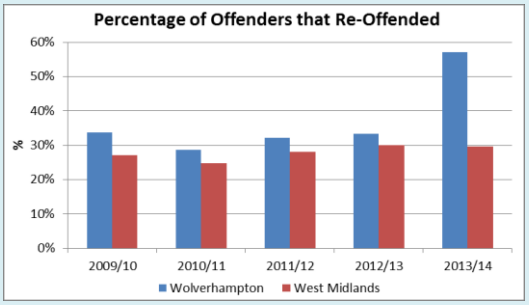


Figure 3. Percentage of offenders that re-offended (Source: West Midlands Police Force)

The mean number of offences, per re-offender in Wolverhampton was 2.92 in 2013/14, which is higher compared to the 2.33 per re-offender in the West Midlands. These figures were higher in 2012/13, in Wolverhampton (4.13) and West Midlands (2.98) than in 2013/14. However, the number of offences by re-offenders in 2009/10 and 2010/11 were similar in Wolverhampton and the West Midlands, just above 2 re-offences per re-offender.

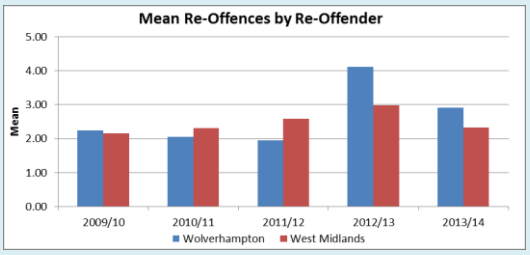


Figure 4. Mean offences by re-offender (Source: West Midlands Police Force)

Ethnicity of Victims

The majority of victims of Violent Crime in Wolverhampton are of a White ethicity. In 2011/12, just under three-quarters of victims to Violent Crime, aged 10-24, were of a White ethnicity (72.7%) which has reduced to 65.3% in 2015/16. Around 11.9% of victims were of an Asian or Asian-British ethnicity in 2011/12, reducing slightly to 11.1% in 2015/16. The proportion of victims that were of a Black or Black-British ethnic origin has increased from 5.5% in 2011/12 to 8.6% in 2015/16, which was very similar to the increase in the proportion of victims that had a mixed ethnicity.

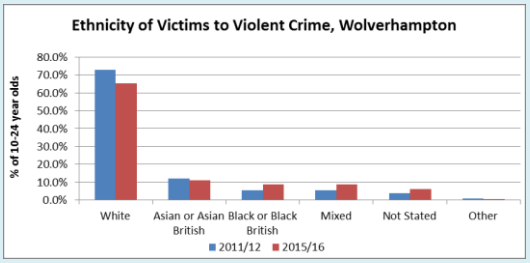


Figure 5. Ethnicity distribution of Victims of Violent Crime (Source: West Midlands Police Force)

First Time Entrants to the Youth Justice System

The prevalence of First Time Entrants to the Youth Justice System is higher in Wolverhampton, compared to West Midlands and England. In 2015, Wolverhampton's rate of first time entrants into the Youth Justice System is significantly higher (606.0 per 100,000) compared to the England (415.1 per 100,000) and West Midlands (368.6 per 100,000). The Wolverhampton rate has decreased over the last 6 years, despite a slight increase in recent years. Between 2010 and 2012, the Wolverhampton rate was very similar compared to the England rate, both decreasing by around 40% in the three year period. Between 2012 and 2015, the Wolverhampton remained similar and began to increase, whereas the England figure continued to decrease to levels similar to the West Midlands rates. Therefore, in 2014 and 2015, the Wolverhampton rate was significantly higher compared to the England figure.

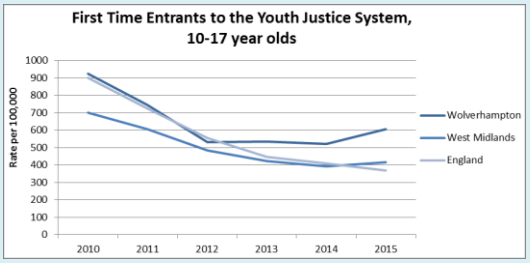


Figure 6. Rate of first time entrants to the youth justice system (Source: West Midlands Police Force)

What this information tells us?

-Violent Crime rates against those aged 10-24 years of age have been rising for the past three years in Wolverhampton.
-The proportion of victims of Youth Violent Crime that are female has been steadily increasing over the last five years.
-The proportion of offenders that had previously offended has spiked in 2013/14
-The mean numbers of re-offences by re-offenders has been higher in Wolverhampton than the West Midlands averages in the most recent two years of data.

Indicative Commissioning Needs

-Partnership approach to addressing the risk factors for youth violence and preventing reoffending

Supporting Young People
Young Carers

Information about young carers is recorded at each national Census, alongside local intelligence from the Carer Support Team. The following Census data covers carers aged 0-15 who have responsibilities: many spend 20 hours or more every week helping family members, friends or neighbours because they are unwell, elderly or have a disability and could not manage at home without their help.

Prevalence

The prevalence of children providing unpaid care in Wolverhampton is similar to the West Midlands and England. The proportion of Wolverhampton residents aged 0-15 years, that provide some amount of unpaid care is 1.20%, which accounts for around 600 residents in 2011. The proportion of unpaid carers in Wolverhampton is higher compared to the West Midlands (1.14%) and England (1.11%), however these differences are not statistically significant.

The prevalence of unpaid young carers has increased across all geographies since 2001. The proportion in Wolverhampton has increased from 0.99% in 2001 to 1.20% in 2011, a larger increase compared to West Midlands (0.98% to 1.14%) and England (0.92% to 1.11%).

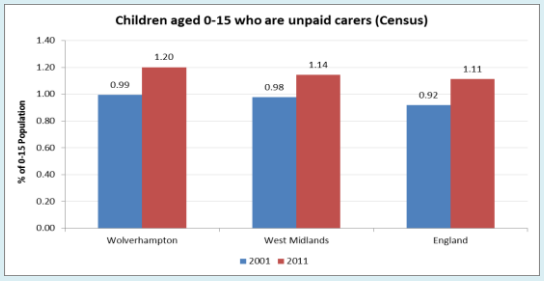


Figure 1. Percentage of children that provide unpaid care(Source: WCC Public Health)

Deprivation

In Wolverhampton, the prevalence of unpaid carers among younger people is higher in the more affluent areas, compared to the more deprived areas. The proportion of unpaid young carers in the two most deprived quintiles are 1.15% in the most deprived and 1.09% in the 2nd most deprived, which are lower compared to the more affluent quintiles, 1.34% in the most affluent quintile and 1.33% in the second most affluent quintile.

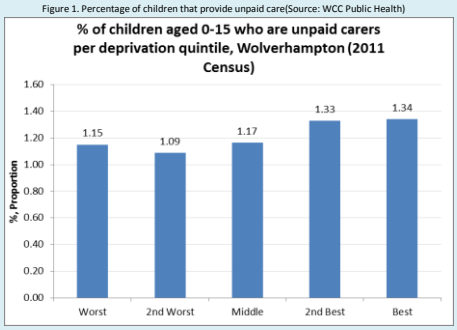


Figure 2. Percentage of children that provide unpaid care, per deprivation decile (Source: WCC Public Health)

CIPFA Nearest Neighbours

Wolverhampton has a lower proportion of unpaid young carers compared to 6 of its CIPFA nearest neighbour local authorities. At 1.20% it is higher compared to the CIPFA nearest neighbour average of 1.16% and the range between the lowest and highest proportions of unpaid young carers within the CIPFA nearest neighbours is 0.39%.

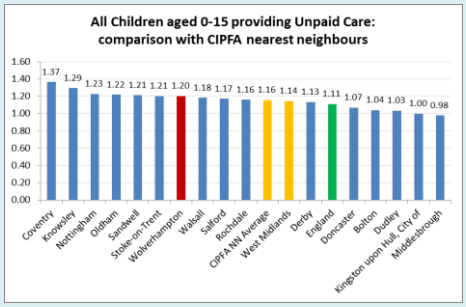


Figure 3. Percentage of children that provide unpaid care, compared to CIPFA neighbours (Source: WCC Public Health)

What this information tells us?

-The city's rate of child unpaid carers is higher than national and regional averages, and this rose faster than both between the 2001 and 2011 Censuses.
-Despite this, and the fact that the city is slightly higher than the CIPFA nearest neighbours comparator group, Wolverhampton is only in the second-highest quintile for child unpaid carers by local authority area.
-Rates of children as unpaid carers do not seem to be affected by levels of deprivation in an area.
-The wards of the city with the highest rates of children as unpaid carers are, in order, Penn, Tettenhall Wightwick, and Merry Hill.
-The number of young carers in the city who access support from the Carer Support Team (who provide a service called Surgeons) is typically circa 140 at any one time.

Indicative Commissioning Needs

According to the Joint All Age Carer Strategy 2016-2020, young carers identified the following priorities. These have been deemed appropriate to be considered as the indicative commissioning needs.

"Young Carers identified a number of priories for the future that would support them in their caring role, common themes emerged that primary surrounding support to enable them to balance their caring responsibilities with their education. Young carers also told us that they would like.

- More education for all, particularly in schools, on the role of young carers and the impact it has on their lives
- Support to achieve their future goals, to access further and higher education and careers advice.
- Information on how to support someone with a disability or long term condition
- For a smoother transition from a young carer to adult carer with support for young carers aged 18 – 25 years"

Supporting Young People
Not in Education, Employment or Training (NEET's)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.
The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives, but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.

Prevalence

In 2016, the prevalence of NEET's among 16-19 year olds in Wolverhampton was 3.5% which is significantly lower compared to West Midlands (4.3%) and England (4.2%).

The proportion of NEET's among 16-19 year olds in Wolverhampton, West Midlands and England have decreased since 2012; however there has been a greater reduction in Wolverhampton (by 4.1%) compared to West Midlands (by 1.9%) and England (by 1.9%).

In terms of numbers, NEET's in Wolverhampton have reduced from 590 as of January 2013, to 304 as of January 2016.

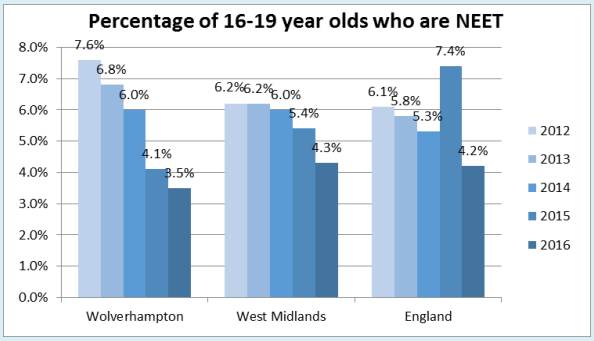


Figure 1. Percentage of 16-19 year olds who are Not In Employment, Education or Training (Source: WCC Business Intelligence)

Age Breakdown

The age breakdown in January 2016 was:

Age	Number	Percentage
16	40	13.2%
17	94	30.9%
18	113	37.2%
19	57	18.8%

In January 2015, there were a higher proportion of NEET's that were aged 18 or 19, around two-thirds, than in each of the other three years. The age breakdown of NEET's in January 2013 was almost identical to January 2016.

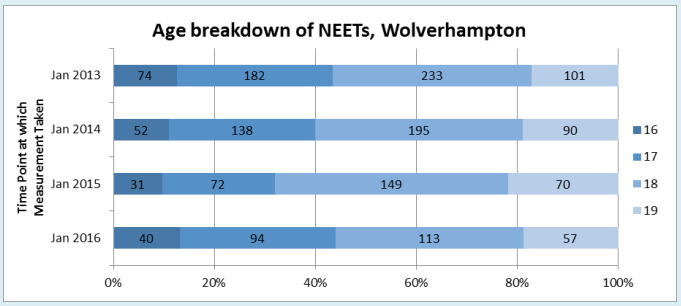


Figure 2. Age distribution of 16-19 year olds who are Not in Employment, Education or Training (Source: WCC Business Intelligence)

Gender Breakdown

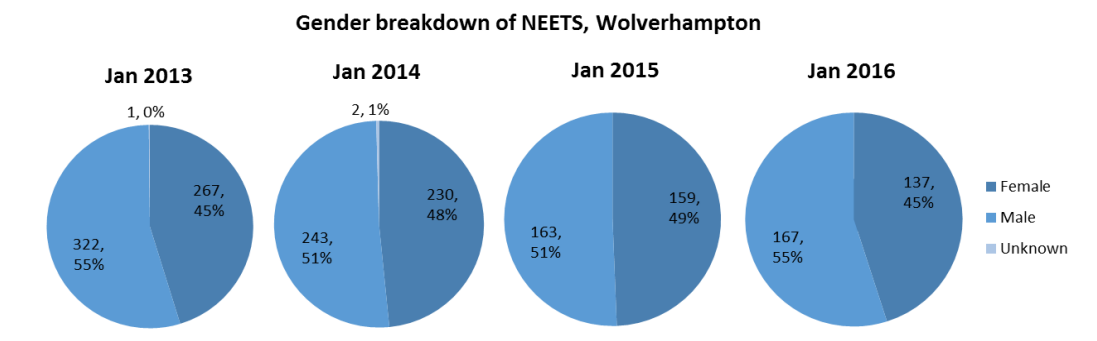


Figure 3. Gender distribution of 16-19 year olds who are Not in Employment, Education or Training (Source: WCC Business Intelligence)

There has only been slight variation in the gender distribution of NEET's in Wolverhampton. In January 2016, the ratio of NEET's that were male and female was 55% to 45%, which is the same as the ratio in January 2013, although the numbers are much smaller. In 2016, the number of males considered NEET was 48.1% lower and the number of females was 48.7% lower compared to 2013. The ratio of males and females in 2014 and 2015 were also very similar, the proportion of males in both years was 51% and the proportion of females was 48% in 2014 and 49% in 2015 (in 2014, 1% of NEET's were recorded as 'Unknown')

Geographic Distribution

There is a clear geographic variation in Wolverhampton for the proportion of 16-19 year olds who are NEETs. The three wards with the highest proportion of NEETs (Spring Vale, East Park and Bilston East) are located in the south east of Wolverhampton. The lowest proportions are found in three wards on the outskirts of Wolverhampton (Tettenhall Regis, Penn and Wednesfield North).

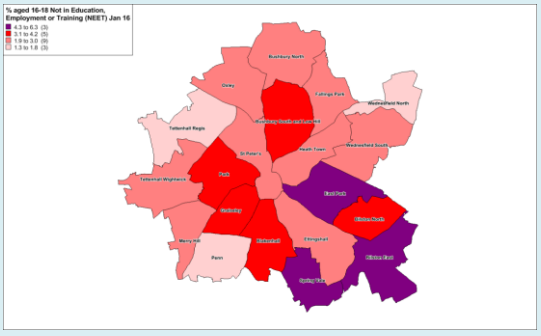


Figure 4. Geographic distribution of 16-19 year olds who are Not in Employment, Education or Training (Source: WCC Business Intelligence)

What does this information tell me?

-The 16-18 NEET % has decreased year on year in Wolverhampton and this is mirrored in the West Midlands and in England. This decrease is partly due to the implementation of the Raising of the Participation Age [RPA] requiring all young people to be in learning post 16 whether at school/college, in training or in a job.

-The gender balance between males and females who are NEET has remained constant over the years showing that more males are NEET

-The NEET groups are generally spread out across the city wards although hot spots are evident in Bilston and Low Hill

-The % of young people whose destination is Not Known has increased both locally ,regionally and nationally and improving data sharing across all partners is a key priority. A significant number of this group are assumed to be NEET

Indicative commissioning needs

-To develop and commission Entry level and Level 1 vocational programmes to help those most vulnerable to becoming NEET to access Post 16 provision

-To reduce Post 16 drop out through a system of managed handovers

-To reduce Not Knowns through improved data sharing across partners

-To support the development of strategies for improving access to and raising the quality of Careers Education, Information, Advice and Guidance [CEIAG] within the City

Supporting Young People
Children with Long-Term Conditions

Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health.

Studies have shown that the health of young people has remained moderately stable over time, despite the health of infants and older people improving . Young people's general health has therefore been an area of concern for the government over a number of years. Self-rated health is seen to be related to behaviours, outcomes and other social conditions such as life satisfaction. There is also a wide variation between individuals and their health, with background, economic status and the area people live in having a significant impact on their general level of health. In order to address this, the 2010 Marmot Review 'Fair Society Healthy Lives' emphasised the importance of reducing health inequalities in England.

Asthma

The number of children and young people known to GPs and on their Asthma register (as per the QOF defenition i.e. those who had a drug prescribed for asthma within the last 12 months) as in July 2016 were 2,637 (46.3 per 1,000).

	Male		Female		Total	
Age	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
0-4	119	13.26	73	8.65	192	11.02
5-9	555	60.90	382	43.60	937	52.42
10-14	651	81.31	434	57.23	1,085	69.60
15-16	227	73.01	196	66.24	423	69.71
Total	1,552	53.15	1,085	39.10	2,637	46.30

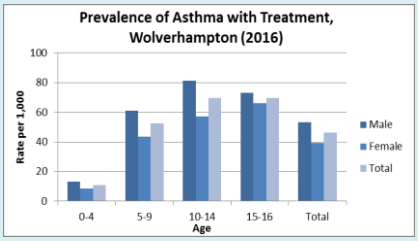


Figure 1. Prevalence of Asthma with treatment, by age group (Source: Wolverhampton CCG)

The rate of males (53.15 per 1,000) with Asthma on GP asthma register is significantly higher compared to the rate of females (39.1 per 1,000). In total, there are almost 467 more males with Asthma and receiving treatment, than females. This gender variation exists across all four age groups. These rates are higher in children aged over 10, 69.6 per 1,000 in 10-14 year age group and 69.71 in the 15-16 year age group.

In addition to those mentioned above, there are children and young people who have a history of asthma but are not currently on asthma register as they have not been prescrcibed any drugs for asthma within the last 12 months. These are presented in the table below.

	Male		Female		Total	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
0-4	153	17.05	105	12.43	258	14.81
5-9	766	84.06	531	60.60	1,297	72.56
10-14	1,036	129.40	679	89.54	1,715	110.01
15-16	470	151.17	331	111.86	801	132.00
Total	2,425	83.05	1,646	59.32	4,071	71.49

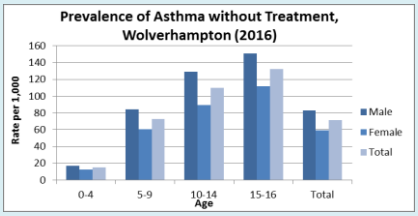


Figure 2. Prevalence of Asthma without treatment, by age group (Source: Wolverhampton CCG)

The rate of males (83.05 per 1000) with history of asthma but have not received any drugs within the last 12 months is significantly higher compared to the rate for females (59.32 per 1,000). These rates are highest in children aged 10-14 years (110.01 per 1,000) and 15-16 years (132.00 per 1,000). The rates of males, who have a history of Asthma but have not receied any drugs within the last 12 months, is higher compared to females in the under 16 population of Wolverhampton. This is similar to rates in children who have Asthma and are receiving drugs.

Deprivation
There is no clear trend between the prevalence rate of Asthma (with or without drug prescription in the last 12 months) and deprivation. The rates in the 5 least deprived IMD deciles (1-5) are slightly higher than the rates in IMD deciles 6-9 (most deprived).

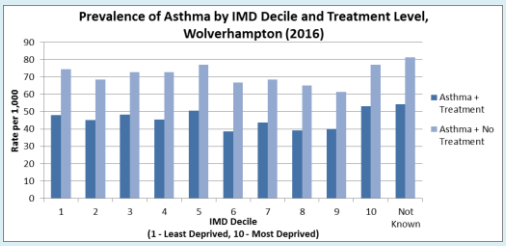


Figure 3. Prevalence of Asthma, by IMD decile and treatment level (Source: Wolverhampton CCG)

Ethnicity
The highest rates of Asthma in under 16's in Wolverhampton, are in Asian or Asian British males and females, 74.11 per 1,000 in males and 51.64 per 1,000 in females. The prevalence rates are higher in males compared to females, in all ethnicities. In total, the prevalence rates are around 35.9% higher in males than females.

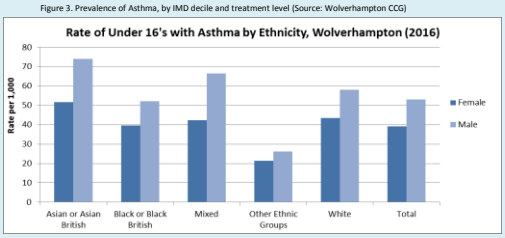


Figure 4. Ethnicity distribution of Under 16's with Asthma (Source: Wolverhampton CCG)

Diabetes

The prevalence of diabetes in children has been estimated from GP registers. However this data needs to be interpreted with caution as this data is based purely on QOF definition which may not be sufficient to identify all childhood diabetes patients as QOF covers over 16s. Also there may be concerns that the recording of diabetes related diagnosis on GP systems may not be complete.

	Male		Female		Total	
Age	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
0-4	4	0.45	1	0.12	5	0.29
5-9	20	2.19	16	1.83	36	2.01
10-14	26	3.25	24	3.16	50	3.21
15-16	12	3.86	16	5.41	28	4.61
Total	62	2.12	57	2.05	119	2.09

Table 1. Prevalence of Diabetes in Under 16's, by age group and gender (Source: Wolverhampton CCG)

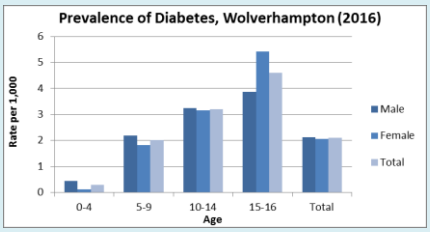


Figure 5. Prevalence of Diabetes in under 16's by age group and gender (Source: Wolverhampton CCG)

The prevalencce rate of diabetes in under 16s in Wolverhampton, as recorded in July 2016, is 2.09 per 1000). The prevalence rates of Diabetes in the under 16 population of Wolverhampton increases with age, with the highest rates seen in 15-16 year olds(4.61 per 1000). The prevalence in females is higher compared to males in the 15-16 age group, although not significantly higher. In younger age groups, the prevalence in males is slightly higher compared to females.

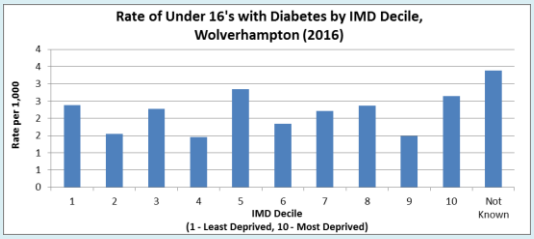


Figure 6. Prevalence of diabetes in under 16's, by IMD decile (Source: Wolverhampton CCG)

Deprivation

The prevalence rates of Diabetes in the under 16 population of Wolverhampton shows no evidence of any correlation with deprivation.

Ethnicity

In males, those of a mixed ethnicity have the highest prevalence rate of Diabetes (3.3 per 1,000) followed by those of a White ethnic background (2.57 per 1,000). In Females however, those of a mixed ethnicity have the lowest prevalence rate of diabetes (0.57 per 1,000) and those of a White ethnicity have the highest (2.89 per 1,000).

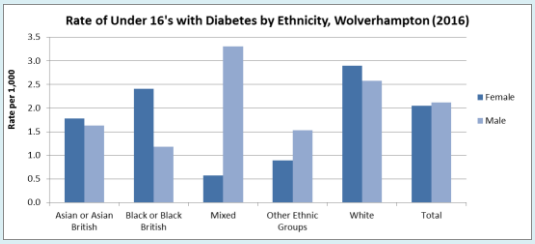


Figure 7. Prevalence of Diabetes in under 16's, by ethnicity and gender (Source: Wolverhampton CCG)

Epilepsy

	Male		Female		Total	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
0-4	19	2.12	15	1.78	34	1.95
5-9	64	7.02	45	5.14	109	6.1
10-14	68	8.49	48	6.33	116	7.44
15-16	45	14.47	25	8.45	70	11.54
Total	196	6.71	133	4.79	329	5.78

Table 2. Prevalence of Epilepsy in under 16's by age group and gender (Source: Wolverhampton CCG)

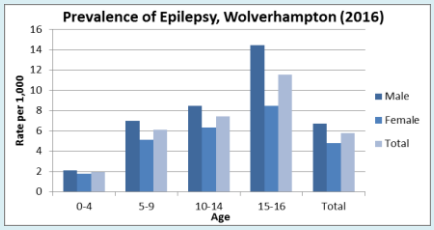


Figure 8. Prevalence of Epilepsy in under 16's, by age group (Source: Wolverhampton CCG)

The prevalence rate of epilepsy in Wolverhampton, as recorded in July 2016, is 5.78 per 1000. The prevalence rates of Epilepsy increase with age, with the highest rates seen in 15-16 year olds. Rates are higher in males compared to females at all age groups, but the difference increases as age increases, from a difference of 0.34 per 1,000 in 0-4 year olds, to 6.02 per 1,000 in 15-16 year olds.

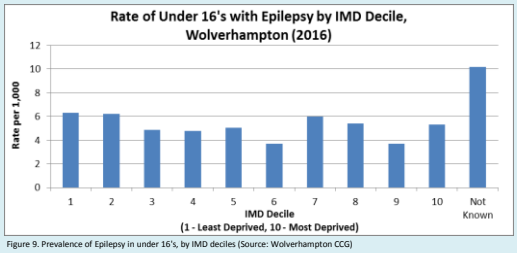


Figure 9. Prevalence of Epilepsy in under 16's, by IMD deciles (Source: Wolverhampton CCG)

Deprivation

There is no evidence of any correlation between the prevalence of Epilepsy and deprivation. The prevalence rates of Epilepsy in under 16's in Wolverhampton vary between 3.68 per 1,000 in areas of higher deprivation and 6.32 per 1,000 in areas of low deprivation.

Ethnicity

Epilepsy is most prevalent among males of Black or Black British ethnicities (10.06 per 1,000) and mixed ethnicities (8.81 per 1,000). In females, the prevalence of epilepsy is similar across all ethnic groups, varying between 4.17per 1000-5.18 per 1,000.

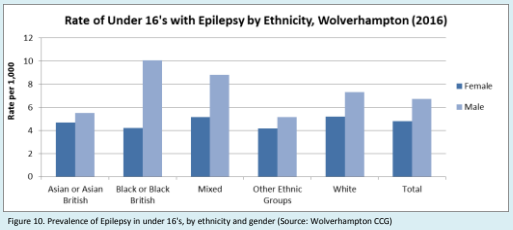


Figure 10. Prevalence of Epilepsy in under 16's, by ethnicity and gender (Source: Wolverhampton CCG)

Hospital Admissions for children with Asthma, Diabetes and Epilepsy

There were more admissions with Asthma than any other long-term condition in 2014/15 and 2015/16, in the under 18 population. In 2014/15, there were 117 admissions for Asthma, 68 admissions for Epilepsy and 49 admissions for Diabetes. In 2015/16, the number of admissions for Asthma and Diabetes were lower, at 111 and 33 respectively but higher for epilepsy at 93.

Of the 234 admissions, in 2014/15, for under 18's with long-term conditions in Wolverhampton, 5.2% were not admitted into a Royal Wolverhampton Trust facility; whereas in 2015/16, this figure increased to 9.2%.

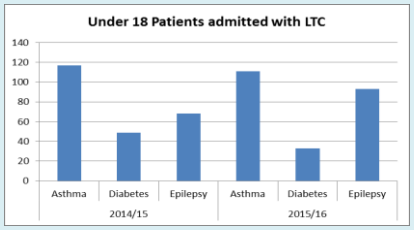


Figure 11. Number of Under 18 hospital admissions with a long term condition (Source: Wolverhampton CCG)

Types of Admissions

In 2014/15, 99% Asthma admissions (n=116/117) were recorded as emergency admissions and 1 was recorded as a Daycase. The percentage of emergency admissions for asthma fell to 98% (n=109/111) in 2015/16 and 2 were recorded as Daycases.

In 2014/15, 85% (n=58/68) epilepsy admissions were recorded as emergency admissions and 15% as Daycases. In 2015/16, 82% (n=76/93) admissions for epilepsy were recorded as Emergency admissions, 13% (n=12/93) as Daycases and the remaining were elective and Non-Elective.

In 2014/15, 99% of admissions for diabetes were recorded as emergency admissions and a single case was recorded as Non-Elective. In 2015/16, 100% of admissions for diabetes were emergency admissions.

Year	Admission Type	Long-Term Condition	Number of Patients
2014/15	Daycase	Asthma	<5
		Epilepsy	10
	Emergency	Asthma	116
		Diabetes	48
		Epilepsy	58
	Non-Elective	Diabetes	<5
2015/16	Daycase	Asthma	<5
		Epilepsy	12
	Elective	Epilepsy	<5
	Emergency	Asthma	109
		Diabetes	33
		Epilepsy	76
	Non-Elective	Epilepsy	<5

Table 3. Number of admissions for long term conditions in under 18's, by admission type and condition (Source: Wolverhampton CCG)

Age Breakdown of Patients

The number of admissions for Asthma is highest among younger children, under 10 years of age, with between 34 and 49 admissions in each year.

Admissions for Diabetes were highest among children aged between 11-15 years of age, with 21 admissions in 2014/15 and 15 in 2015/16. Admissions for Diabetes were lowest in children aged between 0-5 years.

Admissions fo Epilepsy were highest in children aged between 0-5 years, with 45 admissions in 2014/15 and 51 in 2015/16. Less than half the number of admissions for epilepsy were seen in children aged 6-10 years.

Age Group	Long Term Condition	2014/15	2015/16
0-5	Asthma	49	34
	Diabetes	8	2
	Epilepsy	45	51
6-10	Asthma	35	44
	Diabetes	10	8
	Epilepsy	7	21
11-15	Asthma	24	23
	Diabetes	21	15
	Epilepsy	12	15
16-18	Asthma	9	10
	Diabetes	10	8
	Epilepsy	4	6

Table 4. Number of admissions for long term conditions in under 18's, by age group and condition (Source: Wolverhampton CCG)

What does this information tell us?

-Prevalence of asthma in under 16s is higher in Wolverhampton compared to the other long term conditions such as diabetes and epilepsy. However this data needs to be interpreted with caution as mentioned above.
-Most of the hospital admissions for asthma, epilepsy as well as diabetes are emergency admissions.
-Hospital admissions for Asthma are higher compared to the other long-term conditions such as diabetes and epilepsy in Wolverhampton in the under 18s.

Indicative Commissioning Needs

-Commission services to meet the needs of children with long-term condtions which includes a detailed care plan and adresses transition to adult services

Supporting Young People
Children with Mental Health Conditions

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Prevalence

The prevalence of mental health conditions were estimated from GP records. QOF definition as well as mental health conditions listed on psychccentral website were included.

	Male		Female		Total	
Age	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
0-4	160	17.83	85	10.07	245	14.07
5-9	721	79.12	382	43.60	1,103	61.71
10-14	978	122.16	514	67.78	1,492	95.71
15-16	439	141.20	280	94.63	719	118.49
Total	2,298	78.70	1,261	45.44	3,559	62.49

Table 1. Prevalence of diagnosed mental health conditions in under 16's, by age group and gender (Source: Wolverhampton CCG)

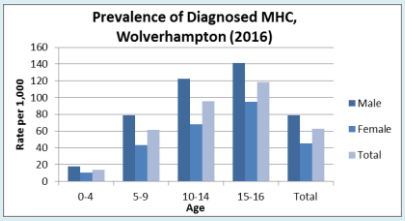


Figure 1. Prevalence of diagnosed mental health conditions, by age group and gender (Source: Wolverhampton CCG)

The prevalence rate of mental health conditions in under 16s population in Wolverhampton, as recorded in July 2016, is 62.49 per 1000.

The prevalence of mental health conditions in the under 16 population of Wolverhampton increases with age, with the highest prevalence rates among 15-16 year olds (118.49 per 1000). The prevalence in males is significantly higher than females in all age groups. This difference between males and females also increases as age increases.

Deprivation

Higher levels of deprivation have more of an incremental effect on the prevalence of mental health conditions in older children compared to younger children. Children aged 15-16 have higher prevalence rates in all but one (4th decile) of the IMD deciles and the rates in this age group increase as deprivation decreases. The prevalence more than doubles from 9.48 per 1,000 in the 4th IMD decile, to 20.31 per 1,000 in the 10th IMD decile (Most Deprived). The opposite trend is seen in the 5-9 year age group, where higher rates are seen in the least deprived deciles and lower rates in the most deprived deciles.

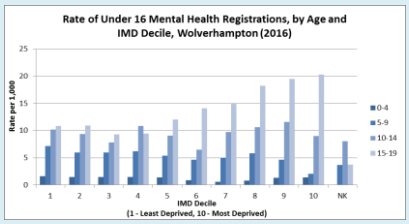


Figure 2. Prevalence of diagnosed mental health conditions, by age group and IMD decile (Source: Wolverhampton CCG)

Ethnicity

The prevalence of mental health conditions among under 16's is highest among children from a White ethnic background, 93.42 per 1,000 in males and 54.05 per 1,000 in females. Rates are also high among males of a Black or Black British ethnicity, at 73.96 per 1,000, but females of a Black or Black British ethnicity have the lowest rate of any ethnic group, 28.88 per 1,000.

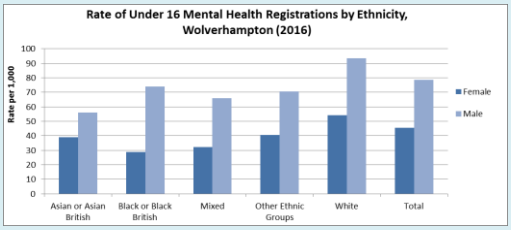


Figure 3. Prevalence of diagnosed mental health conditions, by ethnicity and gender (Source: Wolverhampton CCG)

Hospital Admissions

The rate of Hospital Admissions for Mental Health Conditions in Under 18's in Wolverhampton is currently similar to England and West Midlands. In 2014/15, the rate of hospital admissions due to mental health conditions in under 18s in Wolverhampton (90.2 per 100,000) is only slightly higher compared to the England rate of 87.4 per 100,000 and the West Midlands rate of 85.7 per 100,000, though not significantly different to either.

The rate of Hospital Admissions for Mental Health Conditions in Under 18's in Wolverhampton has remained consistant since 2011/12, varying between 80.9 per 100,000- 90.5 per 100,000. Whereas, the England and West Midlands rates decreased slightly between 2010/11 and 2012/13, and have remained consistant since.

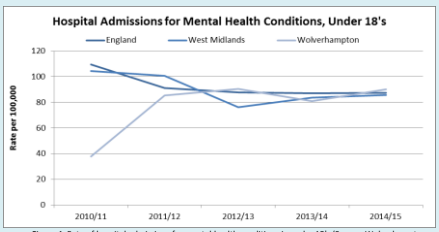


Figure 4. Rate of hospital admissions for mental health conditions in under 18's (Source: Wolverhampton CCG)

The rate of Hospital Admissions for Mental Health Conditions in Under 18's in Wolverhampton is 8th highest compared to it's CIPFA Nearest Neighbours. Only one local authority has a significantly higher rate compared to Wolverhampton (Bolton) and only one local authority has a significantly lower rate (Rotherham).

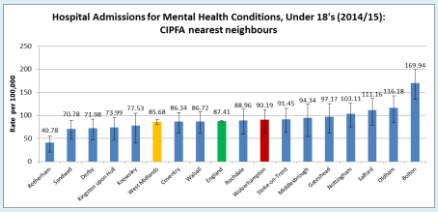


Figure 5. Rate of hospital admissions for mental health conditions in under 18's, compared to CIPFA neighbours (Source: Wolverhampton CCG)

In 2015/16, there were 43 recorded admissions for mental health conditions in under 18s in Wolverhampton CCG area. This was nearly twice the number of admissions for mental health conditions in 2014/15 (n=17).

Admissions for 'Mental & Behavioural Disorder Due To Substance Misuse' had the highest number of admissions in both years, in Wolverhampton.

In 2015/16, 83.7% of admissions were at Royal Wolverhampton NHS Trust facilities and only 4.7% of admissions were to Birmingham Children's Hospital NHS Foundation Trust facilities. This was different to 2014/15, where 41.2% admissions were at Royal Wolverhampton Trust facilities and just under a third (29.2%) at Birmingham Children's Hospital facilities.

Mental Health Condition	2014/15	2015/16
Anorexia Nervosa	<5*	<5*
Anxiety Disorder	-	<5*
Childhood Autism	<5*	-
Delirium	-	<5*
Delusional Disorder	-	<5*
Depression	-	5
Developmental Disorder	-	<5*
Dissociative Disorder	-	<5*
Mental & Behavioural Disorder Due To Substance Misuse	11	12
Mental & Behavioural Disorder During Puerperium	<5*	-
Panic Disorder	-	6
Persistant Mood Disorder	<5*	-
Personality Disorder	<5*	-
Sleep Terrors	-	<5*
Somatoform Disorder	-	<5*
Tic Disorder	-	<5*
Unspecified	-	7

* frequencies below 5 have been masked for confidentiality reasons

Table 2. Numnber of hospital admissions for mental health conditions in under 18's, by condition (Source: Wolverhampton CCG)

Type of Admissions

Year	Type of Admission	Mental Health Condition	Number of Admissions
2014/15	Elective	Anorexia Nervosa	<5*
		Childhood Autism	<5*
		Persistant Mood Disorder	<5*
		Personality Disorder	<5*
	Emergency	Mental & Behavioural Disorder Due To Substance Misuse	11
		Mental & Behavioural Disorder During Puerperium	<5*
2015/16	Daycase	Developmental Disorder	<5*
		Panic Disorder	<5*
		Unspecified	<5*
	Emergency	Anorexia Nervosa	<5*
		Anxiety Disorder	<5*
		Delirium	<5*
		Delusional Disorder	<5*
		Depression	5
		Dissociative Disorder	<5*
		Mental & Behavioural Disorder Due To Substance Misuse	12
		Panic Disorder	5
		Sleep Terrors	<5*
		Somatoform Disorder	<5*
		Tic Disorder	<5*
		Unspecified	5

* frequencies below 5 have been masked for confidentiality reasons

Table 3. Numnber of hospital admissions for mental health conditions in under 18's, by admission type and condition (Source: Wolverhampton CCG)

In 2015/16, 88% (n=38/43) of admissions were emergency admissions and the remaining were Daycases. This was different from 2014/15 where 70% (n=12/17) admissions for mental health conditions in under 18s were emergency admissions and the remaining were elective admissions. 92% of emergency admissions were for 'Mental & Behavioural Disorder Due To Substance Misuse'.

Year	Age Range	Mental Health Condition	Number of Patients
2014/15	11-15	Anorexia Nervosa	<5*
		Mental & Behavioural Disorder Due To Substance Misuse	<5*
	16-18	Anorexia Nervosa	<5*
		Childhood Autism	<5*
		Mental & Behavioural Disorder Due To Substance Misuse	7
		Mental & Behavioural Disorder During Puerperium	<5*
		Persistant Mood Disorder	<5*
		Personality Disorder	<5*
2015/16	0-5	Developmental Disorder	<5*
		Unspecified	<5*
	6-10	Delirium	<5*
		Developmental Disorder	<5*
		Sleep Terrors	<5*
		Somatoform Disorder	<5*
		Tic Disorder	<5*
	11-15	Anorexia Nervosa	<5*
		Anxiety Disorder	<5*
		Depression	<5*
		Mental & Behavioural Disorder Due To Substance Misuse	6
		Panic Disorder	6
	16-18	Anxiety Disorder	<5*
		Delusional Disorder	<5*
		Depression	<5*
		Dissociative Disorder	<5*
		Mental & Behavioural Disorder Due To Substance Misuse	6
		Unspecified	5

* frequencies below 5 have been masked for confidentiality reasons

Table 4. Numnber of hospital admissions for mental health conditions in under 18's, by age group and condition (Source: Wolverhampton CCG)

There are very few admissions for Mental Health Conditions in younger children aged under 10, less than 5 for any condition. Only children in the age ranges 11-15 and 16-18 had 5 or more admissions for any condition, in the two years. There were more admissions for Mental & Behavioural Disorder Due To Substance Misuse than any other condition.

What does this information tell us?

-The prevalence of mental health conditions in under 16s in Wolverhampton is 62.49 per 1000 and there are clear gender, deprivation and ethnic variations.
-The rate of hospital admissions due to mental health conditions in under 16s in Wolverhampton has remained consistent over the years and is slightly higher compared to England and West Midlands.
-The number of hospital admissions due to mental health conditions in under 16s in 2015/16 is more than twice the number in 2014/15 and most of these are emergency admissions.
-The mental health condition which had the highest number of admissions was 'Mental & Behavioural Disorder Due To Substance Misuse'

Indicative Commissioning Needs

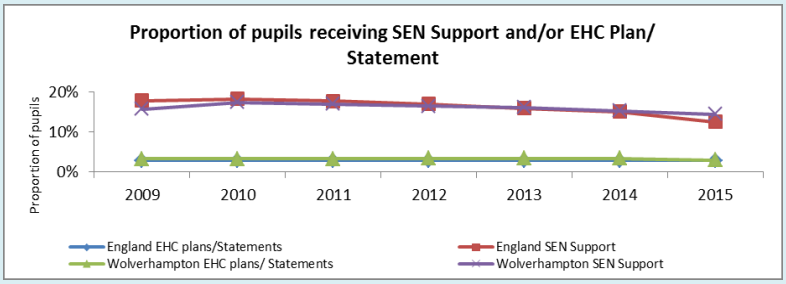
-Collaborative working with the Headstart agenda

Supporting Young People
Children with Special Educational Needs and Disability

Special Educational Needs is a term often used to describe children or young people with additional learning needs who require support from special educational provision. However, this term includes a wide spectrum of children and young people, ranging from those requiring minimal or temporary interventions to those with complex needs requiring long term multi-agency support. Within education, SEN are defined under the SEN code of practice and the Education Act 2001 as follows:

> *Children have SEN if they have a* ***learning difficulty or disability*** *which calls for* ***special educational provision*** *to be made for them.*
> *Children or young people have a learning difficulty or disability if they:*
> · *Have a significantly greater difficulty in learning than the majority of others of the same age, or*
> · *Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream* schools or mainstream post-16 institutions
> · *Are under the compulsory school age and fall within the definition of (i) or (ii)*
> ***Special educational provision*** *means:*
> · *for children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of* their age in schools maintained by the LEA, other than special schools, in the area
> · *for children under two, educational provision of any kind.*

SEN Provision



In 2015/16, there were 6,935 children registered in Wolverhampton schools as having special educational needs of whom 83% (n=5,782) needed SEN support, 14% (n=972) were on SEN Statements and 2.6% (n=181) had received Educational, Health and Care (EHC) plans. The proportion of pupils receiving SEN support in Wolverhampton has decreased from 15.8% in 2009 to 14.5% in 2015 which is similar to the national trend. The proportion of pupils receiving SEN statements/ EHC plans have reduced in Wolverhampton from 3.3% in 2009 to 3.0% in 2015; however it has remained fairly constant at 2.8% in England.

In April 2015, around 85.8% of Wolverhampton's school aged population did not require any SEN Provision, this figure is slightly higher compared to the England (84.6%).

The prevalence of children that have SEN requirements is higher in Wolverhampton (14.2%) compared to England (15.4%). 11.8% required SEN Support, slightly lower compared to the England level figure of 12.6%. Around 2.4% of Wolverhampton's school aged children have a SEN Statement and/or an EHC Plan, similar to the 2.8% England level figure.

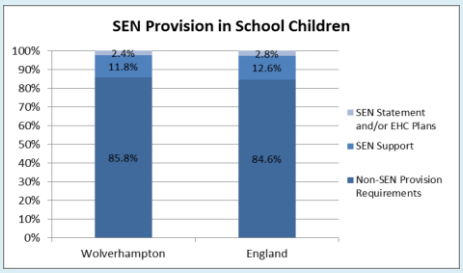


Figure 1. Percentage of school children that require SEN provision, by type of provision (Source: WCC Public Health)

Access to Social Care and Primary Health Care

As of April 2015, there are more males (54%) than females (46%) accessing social care services in the population of 0-25 year olds in Wolverhampton, . There were 1,561 under 25 year olds accessing social care services that had an aquired disability, most common type of disability to access social care services, of which two-thirds were male. SEN or EHC Plans were the third most common type of disability to access social care services, 851 individuals, of whom 319 were female and 532 were male.

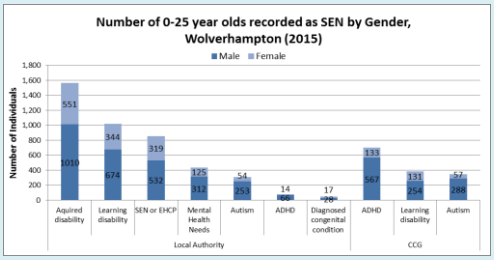


Figure 2. Number of young people aged 0-25 recorded as SEN by gender and condition (Source: WCC Public Health)

As of April 2015, more males (71.1%) than females (28.9%) made up the 1,430 children and young people with learning disabilities, autism or ADHD accessing Primary Healthcare Services in the 0-25 year old population of Wolverhampton. There were 700 children and young people accessing Primary Healthcare with ADHD, which was the highest of the three categories.

Ethnicity

Around two-thirds of children that had accessed social care services and had a SEN or EHC Plan, were of a White ethnicity, 14.4% were of an Asian ethnicity and 8.4% were of a mixed ethnicity. The ethnic breakdown of those accessing social care with Learning Disabilities was similar to those with SEN or EHC Plans.

Like those accessing Social Care services, the vast majority of those accessing Primary Healthcare services were of a White ethnicity, making up 85% of those with ADHD, 73.8% of those with Autism and 64.4% of those with a Learning Disability. Of those with a Learning Disability, 21.2% were of an Asian ethnicity.

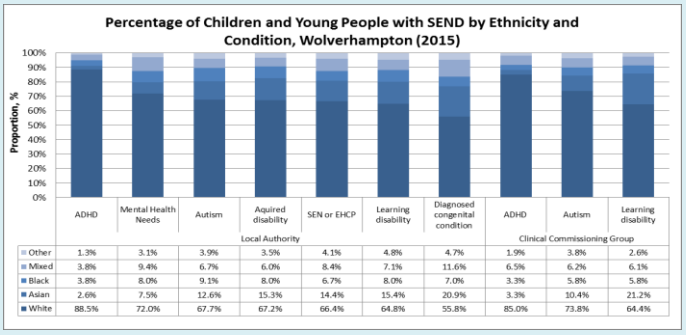


Figure 3. Ethnicity distribution of young people aged 0-25 with SEND, by ethnicity and condition (Source: Wolverhampton CCG)

Index of Multiple Deprivation

The proportion of children and young people accessing social care services, with a SEN or an EHC Plan living in the most deprived areas of Wolverhampton is higher at 68.6%, than the proportion of the general population in the most deprived areas, 58.7%.

The proportion of under 25's accessing Primary Healthcare services in the most deprived areas of Wolverhampton, is higher in those with ADHD (64.6%) or learning disabilities (70.5%), than the proportion of the general population living in the most deprived areas.

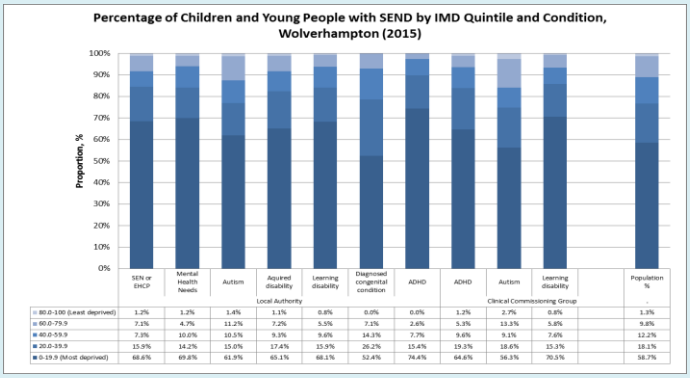


Figure 4. Ethnicity distribution of young people aged 0-25 with SEND, by IMD quintile and condition (Source: Wolverhampton CCG)

Stakeholder views

While undertaking the JSNA on children and young people with SEND, Wolverhampton City Council conducted surveys to obtain views of various stakeholders. Surveys were conducted to obtain the views of service providers and commissioners who provide and/or commission services for children and young people with SEND as well as parents/carers of children and young people with SEND and young people with SEND. Four surveys were conducted: 1 survey for health and social care service providers and commissioners, 1 survey for the education sector and 2 surveys for parents/carers of children and young people with SEND and young people with SEND. The results of these surveys are the views and opinions of the people/organisations/teams/ parents/ young people who responded to the survey. These results should be interpreted with caution as they do not reflect the views of all the service providers/commissioners or education sector/ parents in Wolverhampton. Stakeholder views from national studies, national surveys, local SEND related strategies and other relevant literature have been included to further inform the needs of children and young people with SEND.

Key themes arising from service providers/ commissioners including education

- Improved data collection
- Support for children and young people with ASD and mental and behavioural problems
- Specialist training for staff
- Increased independence and employment opportunities
- Bespoke services for older children with SEND (14 – 24 year olds)
- Improved transition from children to adult services

Key themes arising from Parents/ Carers and young people

- Improved communication with parents and among services
- Timely referral and diagnosis
- Timely SEN assessments
- Raise awareness of services available
- Improved transition pathways
- Improved transport services and travel training

What does this information tell us?

-The proportion of Wolverhampton school aged children that require some SEN Provision is similar to the England figures.
-Out of the Under 25 Wolverhampton population accessing Social Care Services, those with SEN or EHC Plans have the third highest frequency.
-The proportion of Wolverhampton's under 25 population that accessed Social Care services with SEN or EHC Plans is higher, and live in the most deprived areas of Wolverhampton is higher compared to the proportion of the general population living in the most deprived areas.

Indicative Commissioning Needs

-Please refer to the JSNA - children and young people with special educational needs for indicative commissioning needs and recommendations

Supporting Young People
Smoking In Young People

Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults and children and includes a national ambition to reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015.

Prevalence

Current Smokers are defined as those who reported to smoke sometimes, smoke 1-6 cigarettes per week or smoke 6+ cigarettes per week. The prevalence of 'Current Smokers' aged 15 in Wolverhampton (7.6%) is slightly lower compared to England (8.2%) and slightly higher compared to West Midlands (7.0%), though not significantly different to either.

Current Smokers	Persons (%)	Males (%)	Females (%)
England	8.2	6.6	9.8
West Midlands	7.0	-	-
Wolverhampton	7.6	7.9	7.3

Table 1. Percentage of 15 year olds reporting to being current smokers (Source: PHE)

In Wolverhampton, the prevalence of 15 year old males that reported to currently smoking (7.9%) was slightly higher compared to females (7.3%). In England, the opposite is seen, with the prevalence of females (9.8%) reporting to currently smoking higher compared to males (6.6%).

Regular smokers are defined are those who reported to smoke at least 1 cigarette per week. The prevalence of 15 year old 'Regular Smokers' was slightly higher in Wolverhampton (5.9%) compared to England (5.5%) and West Midlands (4.9%). Though none of the differences were statistically significant.

Regular Smokers	Persons (%)
England	5.5
West Midlands	4.9
Wolverhampton	5.9

Table 2. Percentage of 15 year olds reporting to being regular smokers (Source: PHE)

CIPFA Nearest Neighbours

Wolverhampton had the 6th lowest prevalence of 15 year old 'Current Smokers' among its CIPFA Nearest Neighbours. Only one local authority in the group is significantly lower than Wolverhampton: Sandwell. There are two local authorities that are significantly higher than Wolverhampton: Gateshead and Stoke-on-Trent.

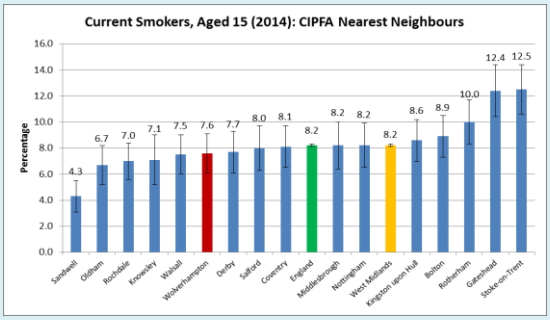


Figure 1. Percentage of 15 year olds reporting to being current smokers, compared to CIPFA neighbours (Source: PHE)

Wolverhampton also had 6th lowest prevalence of 15 year old 'Regular Smokers' among it's CIPFA Nearest Neighbours. The local authorities that have a significantly higher proportion of Regular Smokers compared to Wolverhampton, are the same as with Current Smokers: Gateshead and Stoke-on-Trent. There are no local authorities which have significantly lower proportions of regular smokers.

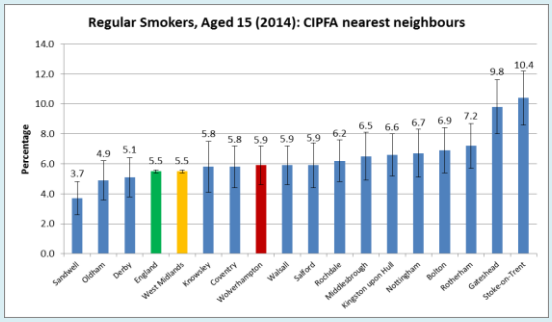


Figure 2. Percentage of 15 year olds reporting to being regular smokers, compared to CIPFA neighbours (Source: PHE)

What does this information tell us?

-The proportion of Current and Regular Smokers in Wolverhampton is not significantly different to the West Midlands or England figures.

Indicative Commissioning Needs

-Partnership approach to promoting the prevention of smoking amongst children and young people and the offer of smoking cessation services to all smokers

Sexual Health
Chlamydia Detection

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).

Chlamydia Detection

Crude Rate per 100,000	2012	2013	2014	2015
England	2,095	2,088	2,035	1,887
West Midlands	1,886	1,935	1,854	1,678
Wolverhampton	1,213	2,062	2,547	1,816

Table 1. Rate of Chlamydia detection in pepole aged 15-24 (Source: PHE)

In 2015, the chlamydia detection rate for young people aged 15-24 years in Wolverhampton is slightly lower (1,816 per 100,000) compared to the national figure of 1,887 per 100,000 but slightly higher than the West Midlands rate of 1,678 per 100,000.

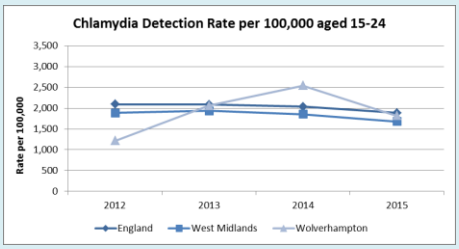


Figure 1. Rate of Chlamydia detection in pepole aged 15-24 (Source: PHE)

Regional and national rates decreased slightly between 2012 and 2015, whereas the Wolverhampton rate increased significantly, from 1,213 per 100,000 in 2012 to 1,816 per 100,000 in 2015. The Wolverhampton rate peaked in 2014, with a figure of 2,547 per 100,000.

In terms of numbers, there were 417 cases of Chlamydia detected in 2012, which increased by 45% to 604 in 2015.

Chlamydia Detection is more prevalent in females than males, in Wolverhampton, England and West Midlands.

In 2015, the Chlamydia detection rate in males in Wolverhampton was 1,180 per 100,000. The Chlamydia detection rates in males followed a similar trend to the overall rates, however, the size of the increase was much smaller. The Chlamydia detection rate in males increased by 28% since 2012 (from 919 per 100,000 in 2012 to 1,180 per 100,000 in 2015).

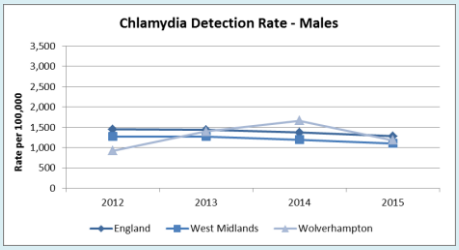


Figure 2. Rate of Chlamydia detection in males aged 15-24 (Source: PHE)

Chlamydia detection rates in females aged 15-24 are higher compared to males. In 2015, the detection rate in Wolverhampton (2,448 per 100,000) was higher compared to the West Midlands rate and only slightly lower compared to the England figure.
Over the past 4 years, there has been a substantial increase of 61% in the chlamydia detection rate in females (from 1,517 per 100,000 in 2012 to 2,448 per 100,000 in 2015). The scale of increase was much higher than the increase in males.

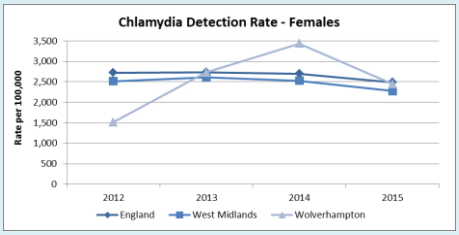


Figure 3. Rate of Chlamydia detection in females aged 15-24 (Source: PHE)

Comparison to CIPFA nearest neighbours

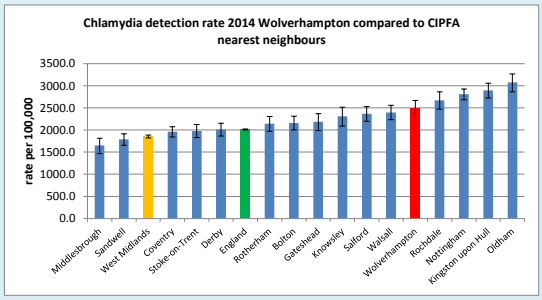


Figure 4.Chlamydia detection comparison to CIPFA neighbours (Source: PHE)

The rate of chlamydia detection (overall, males and females) in Wolverhampton is higher compared to 11 of the CIPFA nearest neighbours.

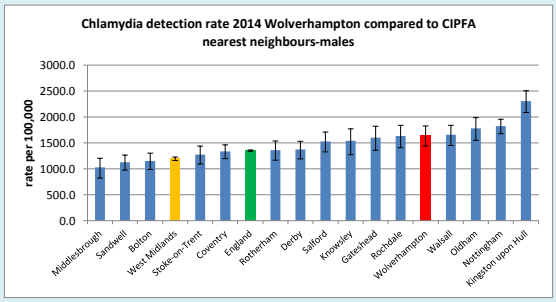


Figure 5. Chlamydia detection males - comparison to CIPFA neighbours (Source: PHE)

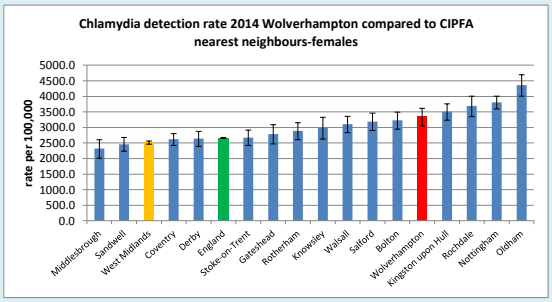


Figure 6. Chlamydia detection females - comparison to CIPFA nearest neighbours (Source: PHE)

Chlamydia Screening

%	2012	2013	2014	2015
England	26.9	25.5	24.5	22.5
West Midlands	24.3	22.1	20.7	18.7
Wolverhampton	12.2	21.2	24.8	18.5

Table 2. Proportion of population aged 15-24 that have been screened for Chlamydia (Source: PHE)

The Chlamydia Screening indicator measures the proportion of the 15-24 year aged population that have been screened for Chlamydia.

In 2015, the proportion of 15-24 year old population screened for Chlamydia in Wolverhampton (18.5%) is very similar compared to the West Midlands (18.7%) but significantly lower compared England (22.5%).

Over the past four years the percentage of 15-24 year olds in Wolverhampton increased, from 12.2% in 2012 to 18.5% in 2015, spiking at 24.8% in 2014. This is in contrast to West Midlands and England where the the proportion of 15-24 year olds being screened for Chlamydia has decreased. However the gap between Wolverhampton and England has reduced since 2012.

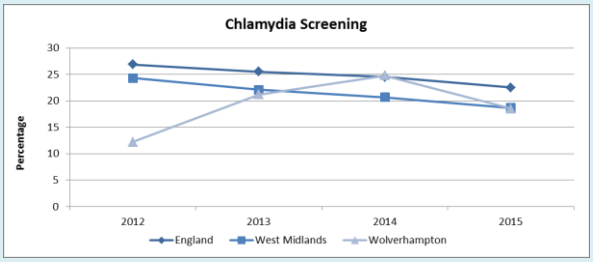


Figure 7. Proportion of population aged 15-24 that have been screened for Chlamydia (Source: PHE)

In terms of number, in 2012 there were 4,208 young people in Wolverhampton screened for Chlamydia, which increased to 6,142 young people in 2015 and peaked in 2014 at 8,261.

Comparison to CIPFA nearest neighbours

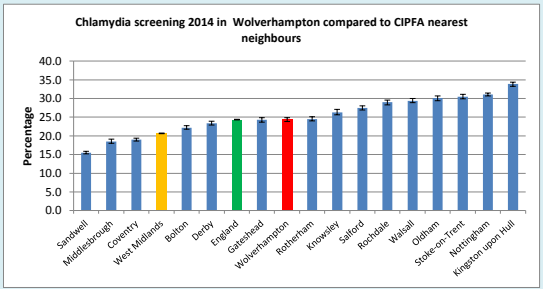


Figure 8. Chlamydia screening in Wolverhampton compared to CIPFA neighnours

The proportion of 15-24 year olds being screened for chlamydia is lower in Wolverhampton compared to 9 of the 15 CIPFA nearest neighbours.

What does this information tell us?

-Chlamydia detection rates in Wolverhampton are improving. These rates are significantly higher in females compared to males.
-Chlamydia screening is improving in Wolverhampton; however this is in contrast to West Midlands and England where the proportion of 15-24 year olds being screened for Chlamydia is decreasing
-Both Chlamydia detection and screening peaked in 2014 in Wolverhampton, before falling in 2015.

Indicative Commissioning Needs

-Embeded offer of chlamydia screening in the offer of sexual health services for young people

Sexual Health
Teenage Conceptions

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

Conception Rates

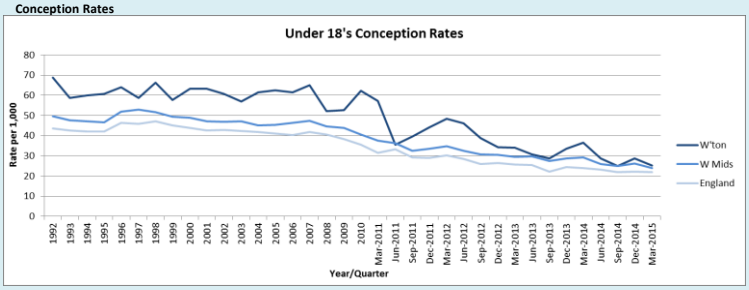


Figure 1. Annualised trend of conceptions in under 18's. (Source: PHE)

As of March 2015, Under 18 conceptions are more prevalent in Wolverhampton (25.2 per 1,000 15-17 year olds) compared to West Midlands (24.0 per 1,000) and England (21.8 per 1,000).

The under 18 conception rate in Wolverhampton has fallen over the 20+ years. In March 2015 (25.2 per 1,000) under 18 conceptions was less than half the rate prior to 2010. The rates in the West Midlands and England decreased alongside Wolverhampton, albeit with less variation.

In terms of numbers, in 2014, there were 137 conceptions in teenage females aged 15-17, in Wolverhampton. This is almost half the number in 2010, during which there were 270 conceptions.

Quarter	W'ton	W Mids	England
Mar 2011	57.3	37.6	31.4
Jun 2011	35.6	36.2	33.2
Sep 2011	39.5	32.5	29.3
Dec 2011	44.0	33.6	29.0
Mar 2012	48.4	34.7	30.3
Jun 2012	46.2	32.4	28.4
Sep 2012	38.8	30.6	25.9
Dec 2012	34.3	30.4	26.3
Mar 2013	34.0	29.5	25.6
Jun 2013	30.8	29.8	25.3
Sep 2013	28.8	27.5	22.2
Dec 2013	33.5	28.8	24.3
Mar 2014	36.6	29.1	23.9
Jun 2014	28.6	25.8	23.2
Sep 2014	25.0	24.9	21.9
Dec 2014	28.7	26.1	22.1
Mar 2015	25.2	24.0	21.8

Table 1. Annualised trend of conceptions in under 18's. (Source: PHE)

Ethnicity

In between 2010-2014, around 85% of teenage conceptions in Wolverhampton were with females from a white ethnic background. The Asian ethnic group has the lowest share of under 18 conceptions in Wolverhampton.

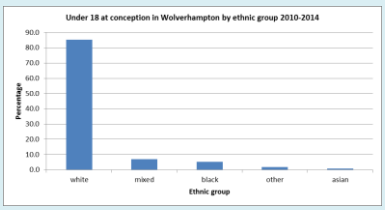


Figure 2. Ethnicity distribution of conceptions in under 18's. (Source: PHE)

Deprivation

The chart shows a clear trend in which the highest proportion of teenage conceptions are in the most deprived quintile. Around three-quarters of all teenage conceptions are in females living in the most deprived areas of Wolverhampton. Around 15% of all teenage conceptions were in females that lived In the second most deprived quintile in Wolverhampton. Only 2.5% of all under 18 conceptions are found in the most affluent quintile.

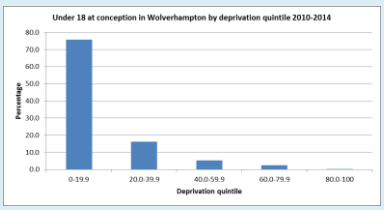


Figure 3. Proportion of conceptions in under 18's, by IMD decile. (Source: PHE)

CIPFA Nearest Neighbours

In 2014, Wolverhampton had the 4th lowest rate of teenage conceptions compared to it's CIPFA Nearest Neighbours. There are 12 CIPFA Nearest Neighbours, with higher rates of teenage conceptions compared to Wolverhampton, but only Stoke-on-Trent has a significantly higher rate. All of the CIPFA Nearest Neighbours in the list have higher rates of Teenage Conceptions compared to England.

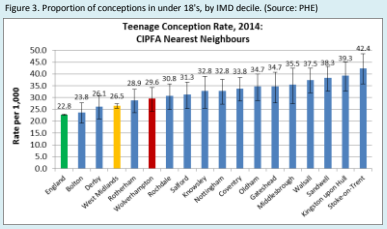


Figure 4. Rate of conceptions in under 18's, compared to CIPFA neighbours. (Source: PHE)

Geographical Trend

The highest rates of Teenage Conceptions in Wolverhampton are found in Park Ward (85.2 per 1,000), Bilston East Ward (72.3 per 1,000) and Bilston North Ward (69.3 per 1,000). Rates are also elevated in the Central and Northern wards of Wolverhampton, which includes wards such as Bushbury North, St Peter's and East Park. The lowest rates of Teenage Conceptions were seen in Penn Ward (14.0 per 1,000) and in the Two Tettenhall wards.

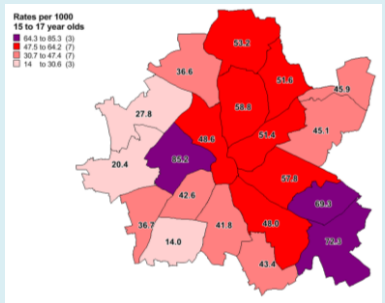


Figure 4. Rate of conceptions in under 18's, geographic distribution by wards in Wolverhampton. (Source: WCC Public Health)

Under 18 Conceptions Leading to Abortions

In 2014, the percentage of under 18 conceptions which lead to abortions was lower in Wolverhampton (45.3%) compared to England (51.1%) and West Midlands (49.7%). The figures in Wolverhampton have been significantly lower compared to England, in three of the last six data points (2009, 2010 and 2013).

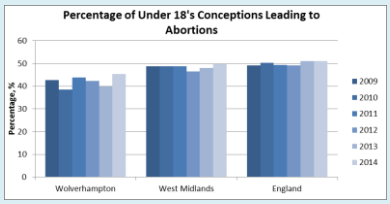


Figure 5. Proportion of conceptions in under 18's which lead to abortions. (Source: PHE)

What does this information tell us?

-Rates of teenage conceptions in Wolverhampton have halved in the 5 year period between 2010 and 2014; however it is still higher compared to England and West Midlands.
-Wolverhampton has the 4th lowest rate of tennage conceptions compared to the CIPFA neighbours
-Rates of teenage conception are higher in more deprived areas of Wolverhampton and in females of white ethnic background. There are clear goegraphical variations as well.
-Percentage of under 18s conceptions leading to abortions is lower in Wolverhampton compared to England and West Midlands.

Indicative Commissioning Needs

-Partnership approach in the offer of accessible contraceptive services and advice

Education
GCSE Attainment

Educational attainment is influenced by both the quality of education children receive and their family's socio-economic circumstances.
Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

GCSE Attainment

In 2014/15, the proportion of all pupils achieving at least 5 A*-C's (including English and Mathematics) was significantly lower in Wolverhampton (51.6%) compared to England (53.8%) and West Midlands (55.1%). The proportion of Males achieving at least 5 A*-C's was also significanly lower (44.2%) compared to England (50.2%) and West Midlands (49.0%). However, the proportion of Females achieving the same level of GCSE attainment was not significantly different (59.0%) compared to England (58.9%) and West Midlands (60.2%).

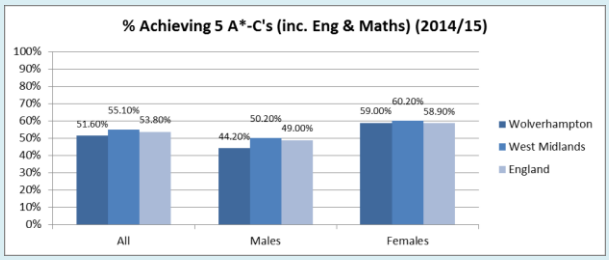


Figure 1. Percentage of Pupils achieveing 5 A*-C's (including English and Mathematics) (Source: Department of Education)

Time Trend

The proportion of Wolverhampton pupils achieving at least 5 A*-C's (including English and Mathematics) has been lower compared to England over the past 6 years, with the exception of 2012/13. In 2012/13, 61% of Wolverhampton's year 11 pupils achieved at least 5 A*-C's (including English and Mathematics), which was higher compared to both West Midlands (59.9%) and England (59.2%).

The figures in Wolverhampton increased between 2009/10 and 2012/13, but fell by 14.6 percentage points in 2013/14, before increasing again in 2014/15 to the current levels.

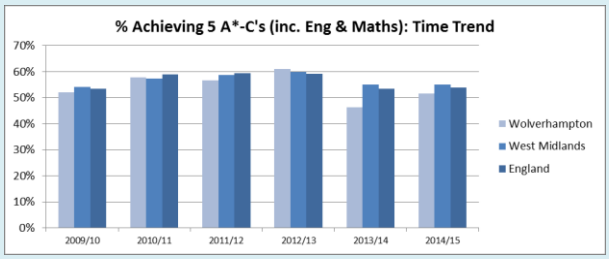


Figure 2. Percentage of Pupils achieveing 5 A*-C's (including English and Mathematics), Time Trend (Source: Department of Education)

Ethnicity

In Wolverhampton, pupils of a Chinese ethnic origin are the highest proportion of those achieving at least 5 A*-C's (including English and Mathematics) (71.4%) however, there are less than 20 pupils of this ethnicity in 2014/15. Asian pupils, in Wolverhampton, achieving at least 5 A*-C's (including English and Mathematics) (65.6%) was the only ethnicity that performed better compared to it's equivelent in England (61.9%) (not significantly) or West Midlands figures (58.3%) (significantly).

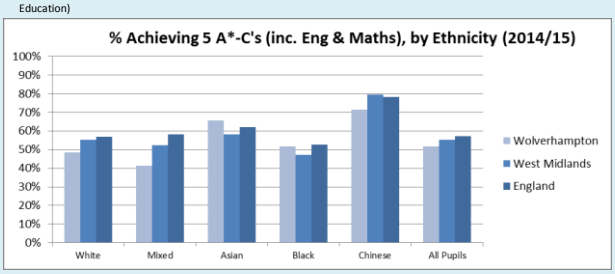


Figure 3. Percentage of Pupils achieveing 5 A*-C's (including English and Mathematics), by ethnicity (Source: Department of Education)

First Language

In 2014/15, the proportion of Wolverhampton's year 11 pupils whose first language was English and that achieved at least 5 A*-C's (including English and Mathematics) (50.5%) was lower compared to England (57.5%) and West Midlands (55.6%). In Wolverhampton, pupils whose first language was not English had better GCSE attainment figures (55.9%) compared to pupils whose first language was English (50.5%) in 2014/15, though not statistically significantly better.

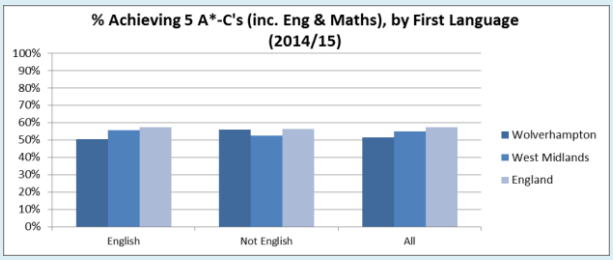


Figure 4. Percentage of Pupils achieveing 5 A*-C's (including English and Mathematics), by first language (Source: Department of Education)

Free School Meals

Year 11 pupils that are eligible for Free School Meals had significantly lower GCSE attainment figures than those who are not eligible. The proportion of eligible pupils that achieved at least 5 A*-C's (including English and Mathematics) (28.4%) is also significantly lower than the eqivelant England (33.3%) and West Midlands figures (33.4%).

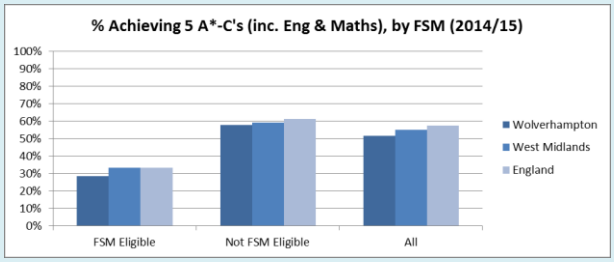


Figure 5. Percentage of Pupils achieveing 5 A*-C's (including English and Mathematics), Time Trend (Source: Department of Education)

'Floor Standard'

Floor Standard' is a measurement of poor performance in GCSE attainment. For a school to achieve below the floor standard, the proportion of it's pupils achieving at least 5 A*-C's (inc. Eng and Maths) needs to be less than 40%.

In Wolverhampton, there are 14 schools in total, of which 3 Schools (21.4%) perform below the floor standard of 40%, which is almost double compared to England (11.7%)and West Midlands (12.%).

	Number of Schools	% Below Floor Standard
Wolverhampton	14	21.40%
West Midlands	321	12.80%
England	2,663	11.70%

Table 1. Number and percentage of schools with attainment levels below the floor standard (Source: Department of Education)

What does this information tell us?

-In general, GCSE attainment is worse in Wolverhampton than across the West Midlands and England, except in girls, who perform similarly in Wolverhampton compared to the national average.

-Pupils of an Asian ethnic origin in Wolverhampton, have a significantly higher rate of GCSE attainment than the equivalent West Midlands average.

-Pupils who are eligible for free school meals have significantly lower GCSE attainment than those who are not eligible, a trend which is seen locally in Wolverhampton and nationally.

-21.4% schools in Wolverhampton perform below the floor standard. This is double compared to England.

Indicative Commissioning Needs

-No indicative commissioning needs have been identified by the Education department.

Education

Pupil Absence

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Education attainment is influenced by both the quality of education they receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.
Improving attendance (i.e. tackling absenteeism) in schools is crucial to the Government's commitment to increasing social mobility and to ensuring every child can meet their potential. Improving school attendance will require all services that work with young people to agree local priorities.

Prevalence

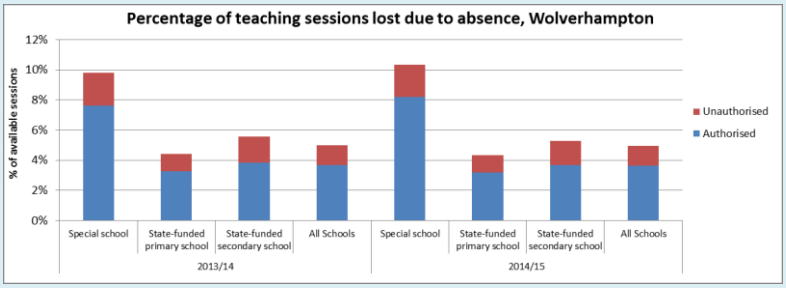


Figure 1. Percentage of teaching sessions lost due to pupil absence by type of absence, Wolverhampton (Source: WCC Education)

Type of School	2013/14 Sessions Lost to Pupil Absence	2013/14 Authorised	2013/14 Unauthorised	2014/15 Sessions Lost to Pupil Absence	2014/15 Authorised	2014/15 Unauthorised
Special school	9.78%	7.62%	2.17%	10.34%	8.20%	2.14%
State-funded primary school	4.41%	3.29%	1.12%	4.35%	3.19%	1.16%
State-funded secondary school	5.55%	3.86%	1.69%	5.28%	3.68%	1.60%
All Schools	4.99%	3.69%	1.29%	4.94%	3.63%	1.31%

Table 1. Percentage of teaching sessions lost due to pupil absence by type of absence, Wolverhampton (Source: WCC Education)

On average in Wolverhampton, 4.94% of available teaching sessions across all schools were missed due to pupil absence in 2014/15. The highest levels of pupil absence are seen in Special Schools, with 10.34% of avalable sessions lost to absence in the 2014/15 academic year. In Special Schools, 8.20% of available sessions were lost to authorised absence and 2.14% was lost to unauthorised absence in 2014/15. In Primary Schools, 4.35% of available sessions were lost to absence, of which 3.19% were due to authorised absence and 1.16% were due to unauthorised absence. In Secondary Schools, 5.28% of all available teaching sessions were missed due to pupil absence, which was comprised of 3.68% authorised absences and 1.60% unauthorised absences.

In 2013/14, the percentages of sessions lost to pupil absence were slightly higher than in 2014/15, except in Special Schools where figures were lower. The proportion of sessions lost to pupil absence in Secondary School and Primary School decreased slightly between the two years, by 0.27% and 0.06%, respectively. Similar changes were also seen in the proportion of authorised absences. In Special Schools, the percentage of sessions lost to pupil absence increased from 9.78% in 2013/14 to 10.34% in 2014/15, which comprised of a 0.58% increase in the percentage of authorised absences and a 0.03% decrease in unauthorised absences.

In comparison to England level figures, the percentage of sessions lost to pupil absence in Wolverhampton in 2014/15 were: Special Schools was higher, by around 1%; Secondary Schools was the same around 5.3% and Primary Schools was higher by 0.9%.

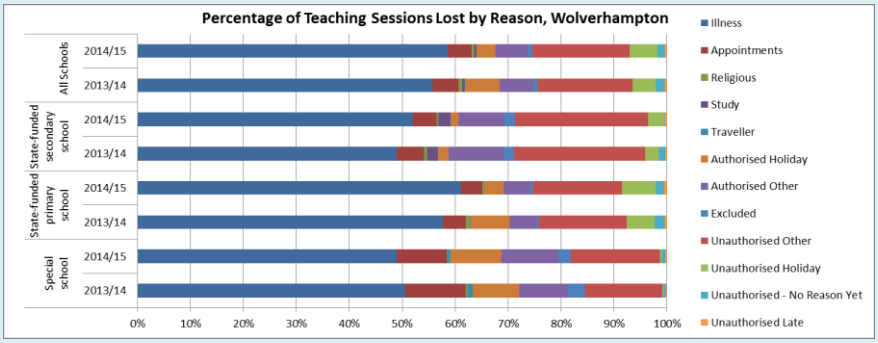


Figure 2. Percentage of teaching sessions lost due to pupil absence by reason for absence, Wolverhampton (Source: WCC Education)

Illness is the main reason behind at least 50% of sessions lost due to pupil absences in schools in Wolverhampton, with the exception of Special Schools in 2014/15 and Secondary Schools in 2013/14, when percentage of sessions lost due to Illness was just below 50%, at 48.94% and 49.00%, respectively. The second most common reason behind pupil absense was recorded as 'Unauthorised Other'. The percentage of sessions lost due to pupil absence in Special Schools was more than double the percentage in Primary and Seconday Schools, at 9.44% comapared to 3.96% in Primary Schools and 4.54% in Secondary Schools.

Persistent Absenteeism

Persistent absentees are those whose number of sessions missed due to absence is over a given threshold of 56 sessions for 5-14 year olds and 46 sessions for 15 year olds.

Special schools and secondary schools have the highest levels of sessions lost due to persistant absentees. In 2014/15 the percentage of sessions lost due to persistant absenteeism was 27.86% in Special School and 28.00% in secondary schools. However, the percentage of authorised absence was significantly higher in special schools than in secondary schools, at 21.10% and 15.84%, respectively.

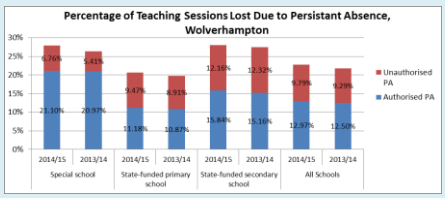


Figure 3. Percentage of teaching sessions available to persistant absentees, lost due to persistant absence by type of absence, Wolverhampton (Source: WCC Education)

What does this information tell us?

-Percentage of sessions lost due to pupil absence are higher in Wolverhampton for special schools and primary schools compared to England.
-Percentage of sessions lost due to pupil absence has decreased over the last years for secondary schools and primary schools, whereas they have increased for special schools in Wolverhampton.
-Illness is the main cause of pupil absenteeism followed by 'Unauthorised Other'.
-The percentage of sessions lost in special schools is around two times the percentages in primary and secondary schools.

Indicative Commissioning Needs

-No Indicative commissioning needs have been identified by the Education department