Fylde Children and Young People Profile

This profile provides an overview for Fylde. It includes demographics and key indicators which are directly related to health, or have an impact on children's health. The **statistical significance** comparisons are with England (see key on right). These are a snapshot, the <u>district</u> and <u>ward</u> profiles have a fuller range of indicators around these themes.



About the population

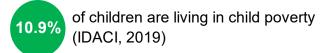
Age	Area %	Area count	England %
0-4	3.9%	3,261	5.3%
5-9	4.6%	3,839	5.8%
10-14	5.1%	4,295	6.1%
15-19	4.6%	3,871	5.9%

 18.2% (15,266) of the population in Fylde are aged between 0-19, much lower than observed for England (23.1%)

Fylde's 0-19 population makes up just 5.3% of Lancashire's total 0-19 population with the second lowest number of children in the county.

Source: NOMIS, Mid-year Estimates 2023

Deprivation



- of children are in relative low income families (under-16) (2022/23)
- 19.7% of children are in absolute low income families (under-16) (2022/23)

Children in Relative Low income	%
Kilgrimol	28.2
Heyhouses	25.7
Staining	24.1
Rural East Fylde	21.1
Ashton	20.3

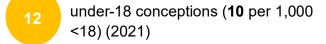
Source: LG inform

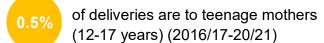
Childhood poverty can lead to poor health outcomes in later life. Reducing it is key to improving health in adulthood, and increasing healthy life expectancy. Fylde has a lower proportion of children living in poverty for all 3 indicators when compared with England.

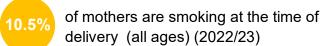
At ward level, the table shows the five wards with the highest proportion of children in relative low income families. 3 wards are significantly worse than England, whilst 4 are similar. The remaining 10 Fylde wards have lower proportions of children living in low income families than England.

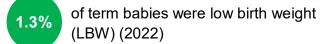
Additional indicators around deprivation, with England values and comparisons, are in the district profile.

Maternity and infancy









babies (2.3 per 1,000) died before the age of one (2020-22)

Source: Fingertips, Local Health Profile (district)

Becoming pregnant at a young age and/or being a teenage parent is linked to poorer outcomes, such as living in poverty, for both mother and baby. The rate of under 18 conceptions and teenage mothers in Fylde was similar to England.

Smoking when pregnant has negative effects for the mother and baby, and in Fylde an estimated 10.5% of mothers are smoking at the time of delivery.

The proportion of LBW term babies is lower than England, infant mortality is similar. For variation across wards please see the <u>ward profile</u>.

Children's health and wellbeing

A healthy childhood lays the foundations for a healthy adulthood and these indicators provide a useful overview of children's health in Fylde. While some are 'health' indicators, others are focused on the wider determinants of health (education, schooling). Where available, ward rankings have been provided, showing the five areas with the highest proportion or rates.

21.1%

of reception children are overweight or obese (2020/21-2022/23)

of year 6 children are overweight or obese (2020/21-2022/23)

of children (5-16-years) are physically active (2022/23)

Comparison with England

📗 Better 🏻 🛑 Worse 🛑 Similar

Source: Fingertips, Local Health Profiles (district)

Reception: overweight or obese	%
Heyhouses	31.8
St Leonards	29.2
Ashton	25.0
Newton and Treales	23.1
Kilnhouse	23.1
Year 6: overweight or obese	%
Staining and Weeton	45.0
Heyhouses	38.5
Central	38.1
Warton and Westby	37.8
St Johns	37.5

Source: Fingertips, Local Health Profile (ward)

of half days missed due to pupil absence (5-15-years) (2022/23)

45.3

is the average attainment 8 score (15-16years) (2022/23)

221.1

emergency hospital admissions (per 1,000 children) for under-fives (2016/17-20/21)

103.0

emergency hospital admissions (per 10,000) for injuries (<15) (2016/17-20/21)

admission episodes (per 100,000) for alcohol-specific conditions in children <18 (2020/21-2022/23)

Emergency admissions under-5	Per 1,000
Ribby-with-Wrea	283.0
Elswick and Little Eccleston	279.3
Staining and Weeton	276.3
Singleton and Greenhalgh	275.9
Fairhaven	264.9

Emergency admissions injuries <15	Per 10,000
Warton and Westby	168.1
St Leonards	143.1
Medlar-with-Wesham	121.6
Ribby-with-Wrea	120.3
Kirkham North	111.6

Comparison with England

Better Worse Similar

Source: Fingertips, Local Health Profile (ward)

Improving attendance at school can increase a child's opportunities and future life chances. A child who has consistent attendance will be more likely to achieve academically. Fylde is similar to England for pupil absence and the attainment 8 score sits in the middle quintile for England.

Emergency hospital admissions are an important indication of wider determinants of poor health. These can include respiratory conditions caused by cold, damp homes, or smoking around children for example.

Emergency admissions for injuries are a major cause of premature mortality for children and young people, and can be a source of longterm issues, including mental health related to the experience.

Looking at the available ward data, emergency admissions for under-fives is significantly worse than England in all wards, with the exception of Ansdell, Central, and Heyhouses, which are similar

For admissions for injuries (<15 years), in the top five wards, only two are significantly worse. All other wards in the district are similar to England.

District profile

Please see the district profile below which highlights key indicators for [DISTRICT]. While some may not be specific to children and young people, they provide an oversight to health and wellbeing for people in the area.

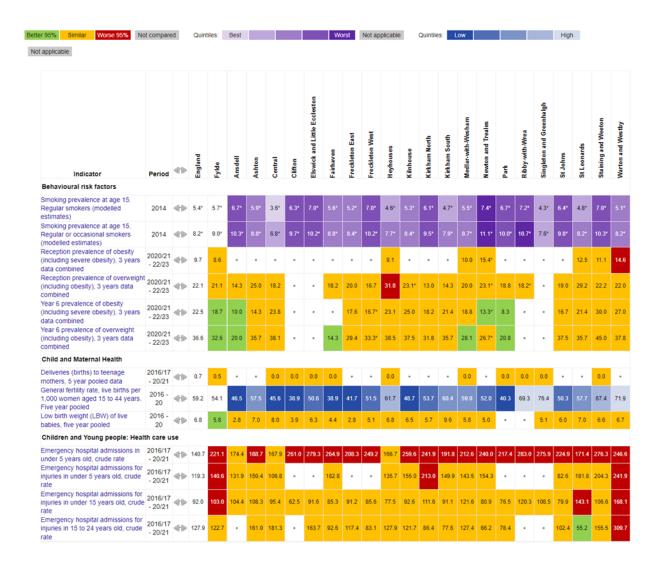
Recent trends: — Could not be → No significant ↑ Increasing & ↑ Increasing & calculated change getting worse getting better		asing & g worse	Decreasing & getting better		♠ Incre	asing \	Decreasir	ng Benchmark Value	
						W	orst/Lowest	25th Percentile 75th Percentile	Best/Highes
			Fylde		Lancs	England		England	
Indicator		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highes
Life expectancy at birth (Male, All ages, 1 year range)		-	-	78.4	78.1	1 79.3	3 73.8	0	83.8
Life expectancy at birth (Female, All ages, 3 year range)	2020 - 22	-	-	82.7	81.8	82.8	79.0		86.
Life expectancy at birth (Male, All ages, 3 year range)	2020 - 22	-	-	78.7	77.8	78.9	73.4		83.
Life expectancy at birth (Female, All ages, 1 year range)	2022	-	-	83.3	82.1	83.2	79.2	0	87.
Inequality in life expectancy at birth (Male, All ages)	2018 - 20	-	-	11.1	10.6	9.7	17.0	0	0.
Inequality in life expectancy at birth (Female, All ages)	2018 - 20	-	-	8.4	8.3	7.9	13.9		-1.
Children in relative low income families (under 16s) (Persons, <16 yrs)		•	2,072	16.9%	25.5%	19.8%	43.2%		5.29
Children in absolute low income families (under 16s) (Persons, <16 yrs)		-	1,536	12.5%	19.7%	15.6%	35.8%		4.29
Children in low income families (all dependent children under 20) (Persons, 0-19 yrs)		-	1,495	11.5%	15.1%	17.0%	32.5%		2.89
Under 18s conception rate / 1,000 (Female, <18 yrs)		-	12	10.0	15.5	13.1	31.5		1.
Under 18s conceptions leading to abortion (%) (Female, <18 yrs)		-	10	83.3%	59.8%	53.4%	25.0%		91.79
Smoking status at time of delivery (Female, All ages)		-	52	10.5%	10.9%	8.8%	19.4%		3.49
ow birth weight of term babies (Persons, >=37 weeks gestational age at birth)		-	7	1.3%	2.9%	2.9%	10.2%		0.69
nfant mortality rate (Persons, <1 yr)		-	4	2.3*	3.9	3.9	8.3		1.
Reception prevalence of overweight (including obesity) (Persons, 4-5 yrs)		-	130	21.5%	22.9%	21.3%	29.6%		14.49
Reception prevalence of overweight (including obesity), 3 years data combined (Persons, 4-5 yrs)		-	-	21.1%	23.6%	22.1%	28.7%		13.99
Year 6 prevalence of overweight (including obesity) (Persons, 10-11 yrs)		•	250	36.0%	36.8%	36.6%	47.1%		19.79
Year 6 prevalence of overweight (including obesity), 3 years data combined (Persons, 10-11 yrs)	2020/21 - 22/23	-	-	32.6%	36.7%	36.6%	46.3%		20.3%
Percentage of physically active children and young people (Persons, 5-16 yrs)	2022/23	-	-	*	44.8%	47.0%	25.3%		66.19
Pupil absence (Persons, 5-15 yrs)	2022/23	•	198,208	7.1%	7.1%	7.4%	10.0%		5.29
Average Attainment 8 score (Persons, 15-16 yrs)	2022/23	-	-	45.3	44.7	46.2	36.1		58.
lospital admissions caused by unintentional and deliberate injuries in children (aged 0 o 4 years) (Persons, 0-4 yrs)		-	30	90.3	145.1	92.0	205.9	One of the control of	38.
dospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) (Persons, <15 yrs)		→	120	104.9	117.3	75.3	169.6		30.
ospital admissions caused by unintentional and deliberate injuries in young people aged 15 to 24 years) (Persons, 15-24 yrs)		→	60	86.2	93.0	94.1	266.9	D	33.
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	2020/21 -	-	10	24.2	27.9	26.0	75.5	□ <mark>▷</mark>	3.
Admission episodes for alcohol-specific conditions - Under 18s (Male, <18 yrs)	2020/21 -	-	-	*	18.1	17.8	-	Insufficient number of values for a spine chart	-
Admission episodes for alcohol-specific conditions - Under 18s (Female, <18 yrs)	2020/21 - 22/23	-	10	49.0	38.1	34.7	115.0	<u> </u>	0.

Source: Fingertips, Local Health Profile (district)

[—] the recent trend cannot be calculated for this value.

Ward profile

Please see the ward profile below for [DISTRICT]. Please note, not all indicators in the district profile are available at ward level. Not all available indicators will have a value.



No data

* Value suppressed for disclosure control reasons

Source: Fingertips, Local Health Profile (ward)

Business Intelligence, Lancashire County Council, October 2024