# Lancaster Children and Young People Profile

This profile provides an overview for Lancaster. 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 district and ward profiles have a fuller range of indicators around these themes.

About the population Area England Area % count % 5.3% 6,644 4.6%

5.8%

6.1%

5.9%

Source: NOMIS, Mid-year Estimates 2023

5%

5.4%

7.4%

- 22.3% of the population in Lancaster (32,455) are aged between 0-19.
- Lancaster has a higher proportion of 15-19 year olds in it's population than England, likely due to the presence of Lancaster University.

## Deprivation

of children are living in child poverty (IDACI, 2019)

7,216

7,809

10,786

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

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

Children in Relative Low Income	%
Poulton	45.9
Heysham North	38.3
Westgate	32.9
Scale Hall	32.7
Skerton	28.2

Source: LG inform

Age

0-4

5-9

10-14

15-19

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. Lancaster has a higher proportion of children in relative low income families but a similar proportion in absolute low income.

The table shows the five wards with the highest proportion of children in relative low income families. 9 of the 27 wards have a higher proportion of children living in relative low income than England (the 5 listed and West End, Marsh, Heysham, and Bulk) Four wards are similar to England, 14 are significantly better.

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

# under-18 conceptions (14.2 per 1,000 31 <18) (2021) of deliveries are to teenage mothers 0.9% (12-17 years) (2016/17-20/21) of mothers are smoking at the time of 10.5% delivery (all ages) (2022/23) of term babies were low birth weight 3.3% (LBW) (2022) babies (2.9 per 1,000) died before the age of one (2020-22) Source: Fingertips, Local Health Profile (district)

## Maternity and infancy

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. Lancaster had a similar under 18 conception rate but the proportion of births to teenage mothers over the 5 year period was higher.

Smoking when pregnant has negative effects for the mother and baby, and in Lancaster an estimated 10.5% of women were smoking at time of delivery, significantly higher than England.

The proportion of LBW term babies is similar to England, as is the rate of infant mortality. For variation across wards please see the ward profile.

Comparison with England

Better

Worse Similar

## 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 Lancaster. 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.

22.8%	of recention children are even wight or	Reception: overweight or obese	%
	of reception children are overweight or	Skerton East	30.0
	obese (2020/21-2022/23)	Kellet	30.0
37%	of year 6 children are overweight or	Skerton West	28.6
	obese (2020/21-2022/23)	Heysham Central	26.3
	obese (2020/21-2022/23)	Heysham North	26.1
52.7%	of children (5-16-years) are physically	Year 6: overweight or obese	%
	active (2022/23)	Westgate	47.1
		Heysham Central	46.4
		Overton	46.2
Comparison with England  Better  Vorse  Similar		John O'Gaunt	43.8
- Belle	r 🛑 Worse 😑 Similar	Heysham North	42.9
Source:	ingertips, Local Health Profiles (district)	Source: Fingertips, Local Health Profile (w	ard)

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

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

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

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

Emergency admissions under-5	Per 1,000						
Overton	287.9						
Skerton East	263.9						
Skerton West	235.2						
Torrisholme	224.7						
Kellet	221.4						
Emergency admissions injuries <15	Per 10,000						
Silverdale	189.0						
Heysham North	165.5						
Westgate	162.8						
Heysham Central	151.3						
Poulton	150.4						

Comparison with England

7.6%

44.5

192.4

131.2

31.9

) 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. Lancaster has a similar rate of pupil absence to England, the average attainment 8 score is in the second worst quintile nationally.

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 17 wards, with the table showing the rates for the top five. The other 10 wards are similar.

For admissions for injuries (<15 years), 15 wards are significantly worse, with the top five having rates over 150 (per 10,000). The lowest three, Upper Lune Valley (83.9), Halton with Aughton (84.0) and Lower Lune Valley (84.2) are similar to England.

## **District profile**

Please see the district profile below which highlights key indicators for Lancaster. 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 & ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	•	asing & I worse		asing & I better	1ncrea	asing 🖣	Decreasi	<b>ng</b> Benchmark Value	
						W	orst/Lowest	25th Percentile 75th Percentile	Best/Highest
		L	ancaste	r	Lancs	England		England	
Indicator	Period	Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Life expectancy at birth (Male, All ages, 1 year range)	2022	-	-	77.4	78.1	79.3	73.8		83.8
Life expectancy at birth (Female, All ages, 3 year range)	2020 - 22	-	-	81.7	81.8	82.8	79.0		86.3
Life expectancy at birth (Male, All ages, 3 year range)	2020 - 22	-	-	77.8	77.8	78.9	73.4		83.7
Life expectancy at birth (Female, All ages, 1 year range)	2022	-	-	81.7	82.1	83.2	79.2		87.0
inequality in life expectancy at birth (Male, All ages)	2018 - 20	-	-	10.0	10.6	9.7	17.0		0.7
nequality in life expectancy at birth (Female, All ages)	2018 - 20	-	-	9.8	8.3	7.9	13.9		-1.8
Children in relative low income families (under 16s) (Persons, <16 yrs)	2022/23	-	4,958	21.4%	25.5%	19.8%	43.2%		5.2%
Children in absolute low income families (under 16s) (Persons, <16 yrs)	2022/23	-	3,596	15.5%	19.7%	15.6%	35.8%	$\diamond$	4.2%
Children in low income families (all dependent children under 20) (Persons, 0-19 yrs)	2016	+	3,910	14.7%	15.1%	17.0%	32.5%	$\bigcirc$	2.8%
Under 18s conception rate / 1,000 (Female, <18 yrs)	2021	+	31	14.2	15.5	13.1	31.5	C	1.1
Under 18s conceptions leading to abortion (%) (Female, <18 yrs)	2021	-	20	64.5%	59.8%	53.4%	25.0%		91.7%
Smoking status at time of delivery (Female, All ages)	2022/23	-	126	10.5%	10.9%	8.8%	19.4%		3.4%
Low birth weight of term babies (Persons, >=37 weeks gestational age at birth)	2022	-	38	3.3%	2.9%	2.9%	10.2%		0.6%
Infant mortality rate (Persons, <1 yr)	2020 - 22	-	11	2.9*	3.9	3.9	8.3		1.1
Reception prevalence of overweight (including obesity) (Persons, 4-5 yrs)	2022/23	-	290	21.6%	22.9%	21.3%	29.6%		14.4%
Reception prevalence of overweight (including obesity), 3 years data combined (Persons, 4-5 yrs)	2020/21 - 22/23	-	-	22.8%	23.6%	22.1%	28.7%	0	13.9%
Year 6 prevalence of overweight (including obesity) (Persons, 10-11 yrs)	2022/23	+	560	39.2%	36.8%	36.6%	47.1%		19.7%
Year 6 prevalence of overweight (including obesity), 3 years data combined (Persons, 10-11 yrs)	2020/21 - 22/23	-	-	37.0%	36.7%	36.6%	46.3%	<b>O</b>	20.3%
Percentage of physically active children and young people (Persons, 5-16 yrs)	2022/23	-	-	52.7%	44.8%	47.0%	25.3%		66.1%
Pupil absence (Persons, 5-15 yrs)	2022/23	+	431,429	7.6%	7.1%	7.4%	10.0%		5.2%
Average Attainment 8 score (Persons, 15-16 yrs)	2022/23	-	-	44.5	44.7	46.2	36.1	$\bigcirc$	58.4
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) (Persons, 0-4 yrs)	2022/23	+	80	120.0	145.1	92.0	205.9		38.9
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) (Persons, <15 yrs)	2022/23	+	215	98.9	117.3	75.3	169.6		30.3
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) (Persons, 15-24 yrs)	2022/23	+	165	67.5	93.0	94.1	266.9		33.8
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	2020/21 - 22/23	-	25	31.9	27.9	26.0	75.5	$\bigcirc$	3.8
Admission episodes for alcohol-specific conditions - Under 18s (Male, <18 yrs)	2020/21 - 22/23	-	10	25.1	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	-	15	39.0	38.1	34.7	115.0	C	0.0

- 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.

Better 95% Similar Not applicable	Worse	95%	No	ot com	pared		Quinti	les:	Best	1					W	orst	Not	applic	able	C	Quintik	es:	Low						Hi	igh	
Indicator	Period	4>	England	Lancaster	Bare	Botton & Styne	Bulk	Camforth & Millhead	Castle	Ellel	Halton-with-Aughton	Harbour	Heysham Central	Heysham North	Heysham South	John 0'Gaunt	K ellet	Lower Lune Valley	Marsh	Overton	Poulton	Scotforth East	Scotforth West	Silverdale	Skerton East	Skerton West	Torrisholme	University & Scotforth Rural	Upper Lune Valley	Warton	Westgate
Behavioural risk factors																															
Smoking prevalence at age 15. Regular smokers (modelled estimates)	2014	∢⊳	5.4*	5.7*	6.3*	8.7*	3.7*	6.5*	4.2*	7.1*	8.7*	3.6*	4.6*	3.4*		7.5*	8.2*	7.6*		3.5*	3.6*	6.8*		8.6*	3.7*	5.9*	8.9*	7.5*	8.6*		3.7
Smoking prevalence at age 15. Regular or occasional smokers modelled estimates)	2014	∢⊳	8.2*	9.0*	9.9*	12.2*	6.8*	9.9*	7.3*	10.5*	12.2*	6.8*	7.8*	6.3*	9.4*	11.0*	11.0*	11.1*		6.6*	6.7*	10.0°		11.9*	7.0*	9.4*	12.6*	11.0*	11.8*	10.3*	7.1
Reception prevalence of obesity including severe obesity), 3 years data combined	2020/21	∢⊳	9.7	9.0	9.1*		10.3*	10.0*			÷	11.4"	10.5*	13.0*	12.1*	7.7*		11.8"	12.0*	•	9.5*			•	13.3"	8.6*		÷	÷	÷	12.1
Reception prevalence of overweight including obesity), 3 years data combined	2020/21	∢⊳	22.1	22.8	18.2*	18.2*	24.1*	25.0*	20.0*	15.8*		25.7*	26.3*	26.1*	24.2*	19.2*	30.0	23.5*	24.0*	18.2*	23.8*	20.0*	17.4*		30.0*	28.6*	18.8"				21.2
/ear 6 prevalence of obesity including severe obesity), 3 years data combined	2020/21	♠	22.5	21.7	16.7	11.1	20.0	21.4	16.7	19.0	9.5	25.5	25.0	25.7	25.5	21.9	18.2	16.7	19.5	30.8	28.9	20.0	20.0		29.8	25.0	17.6*		18.2*		29.
/ear 6 prevalence of overweight including obesity), 3 years data combined	2020/21 - 22/23	♦	36.6	37.0	33.3	27.8	32.0	38.1	27.8	28.6	28.6	39.2	46.4	42.9	38.3	43.8	27.3	33.3	31.7	46.2	39.5	28.0	34.3		42.6	38.5	41.2*		27.3*	30.0	47.3
Child and Maternal Health													_																		_
Deliveries (births) to teenage nothers, 5 year pooled data	2016/17	∢⊳	0.7	0.9	•	0.0	•	0.0	•	0.0	0.0	2.2	0.0	·	2.6	0.0	0.0		0.0		2.8	0.0	0.0	0.0	•	2.1	0.0	0.0	•	0.0	2.5
Seneral fertility rate, live births per 1,000 women aged 15 to 44 years. Five year pooled	2016 - 20	⊲⊳	59.2	48.5	56.1	50.7	42.5		20.5	52.8	56.2	67.5	69.7	69.6	64.0	32.0	62.7	52.7		73.7	70.2	44.6	36.4	42.5	72.7	69.6	65.4	4.7	51.7	44.0	70.
ow birth weight (LBW) of live babies, five year pooled	2016 - 20	∢⊳	6.8	8.0	7.8	5.8	6.4	8.4	10.0	6.0	2.8	10.0	9.5	9.3	8.1	8.0	•	6.2	5.3	7.6	10.2	9.5	6.3	11.6	9.2	10.0	9.2	•		7.8	7.1
Children and Young people: Heal	th care u	se																													
Emergency hospital admissions in inder 5 years old, crude rate	2016/17 - 20/21	∢⊳	140.7	192.4	153.7	160.0	185.2	188.9	172.4	164.8	145.6	196.6	164.9	180.7	199.9	199.2	221.4	170.9	175.4	287.9	176.7	162.1	171.2	204.9	263.9	235.2	224.7	220.1	123.5	118.6	220
Emergency hospital admissions for njuries in under 5 years old, crude ate	2016/17 - 20/21	∢⊳	119.3	170.5	160.8	116.5	167.3	265.4	128.6	111.6		173.5	140.3	170.9	154.0	221.4		150.2	67.4	186.9	182.2	231.9	147.5	473.9	251.7	173.0	133.5	•	·	·	208
Emergency hospital admissions for hjuries in under 15 years old, crude ate	2016/17 - 20/21	∢⊳	92.0	131.2	135.3	131.4	134.2	143.2	100.6	102.5	84.0	126.2	151.3	165.5	127.1	114.1	126.7	84.2	102.2	134.7	150.4	146.7	104.5	189.0	142.8	142.5	108.4	139.9	83.9	130.8	162
Emergency hospital admissions for njuries in 15 to 24 years old, crude ate	2016/17	୶	127.9	101.3	116.0	170.5	100.0	134.7	49.9	69.4	97.2	241.2	186.1	224.3	191.3	56.5	378.8	79.5	130.9	222.4	197.0	97.5	63.7	125.9	136.1	176.8	78.2	31.3	136.7		185

No data

\* Value suppressed for disclosure control reasons

Source: Fingertips, Local Health Profile (ward)