Preston's Children and Young People Profile

This profile provides an overview for Preston. 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.



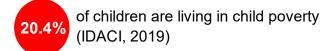
About the population

Age	Area %	Area count	England %
0-4	6%	9455	5.3%
5-9	6.3%	9812	5.8%
10-14	6.2%	9762	6.1%
15-19	6.6%	10271	5.9%

- 25.1% of the population (39,300) are aged between 0-19.
- Children aged 15-19 make up the largest proportion of Preston's child cohort likely due to the university situated in the district.

Source: NOMIS, Mid-year Estimates 2023

Deprivation



- 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	%
Deepdale	49.1
St Matthew's	47.1
Fishwick & Frenchwood	47.1
Plungington	38
Ribbleton	37.9

Source: LG inform

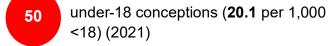
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Childhood poverty can lead to poor health outcomes in later life. Reducing it is key to improving health in adulthood, and increasing healthy life expectancy. Preston has a significantly higher proportion for all 3 indicators.

The table shows the five wards with the highest proportion of children in relative low income families. Out of 16 wards, 9 have a significantly higher rate of children in relative low income (the five listed and Brookfield, City Centre, Lea & Larches, and Ashton. 3 wards are similar to England whilst 4 are significantly better.

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

Maternity and infancy



of deliveries are to teenage mothers .3% (12-17 years) (2016/17-20/21)

of mothers are smoking at the time of delivery (all ages) (2022/23)

4% of term babies were low birth weight (LBW) (2022)

babies (5.3 per 1,000) died before the

age of one (2020-22)

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. For both indicators, Preston is significantly worse than England.

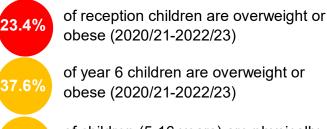
Smoking when pregnant has negative effects for the mother and baby, and in Preston an estimated 10.9% of mothers are smoking at the time of delivery.

The proportion of LBW term babies is higher than for England however the rate of infant mortality is similar. For variation across wards please see the ward profile.

Source: Fingertips, Local Health Profile (district)

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 Preston. 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.



44 00/	of children (5-16-years) are physically
41.9%	active (2022/23)

Comparison w	ith England	
Better	Worse (Similar

Source: Fingertips, Local Health Profiles (district)

Reception: overweight or obese	%
Brookfield	30.9
Ingol & Cottam	27.7
Ribbleton	27.4
City Centre	27.3
St Matthew's	26.7
Year 6: overweight or obese	%
0.11	40.0
St Matthew's	43.6
St Matthew's Lea & Larches	43.6
Lea & Larches	42.2

Source: Fingertips, Local Health Profile (ward)

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

is the average attainment 8 score (15-16-years) (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 (2020/21-2022/23)

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. Preston
has a significantly lower rate of pupil absence
than England and the attainment rate sits in
the 2nd highest 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 long-term 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 Preston wards. City Centre has over twice the England rate (140.7).

For admissions for injuries (<15 years), all wards are significantly worse with the exception of Garrison (83.1), Sharoe Green (94.0), Deepdale (95.2) and Preston Rural East (108.2), which are similar to England.

Emergency admissions under-5	Per 1,000
City Centre	304.9
Brookfield	271.6
Plungington	262.5
Ingol & Cottam	259.8
Preston Rural North	254.8

Emergency admissions injuries <15	Per 10,000
Lea & Larches	161.0
Ingol & Cottam	161.0
Brookfield	160.0
Ashton	157.6
City Centre	156.0

Comparison with England

Better Worse Similar

Source: Fingertips, Local Health Profile (ward)

District profile

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

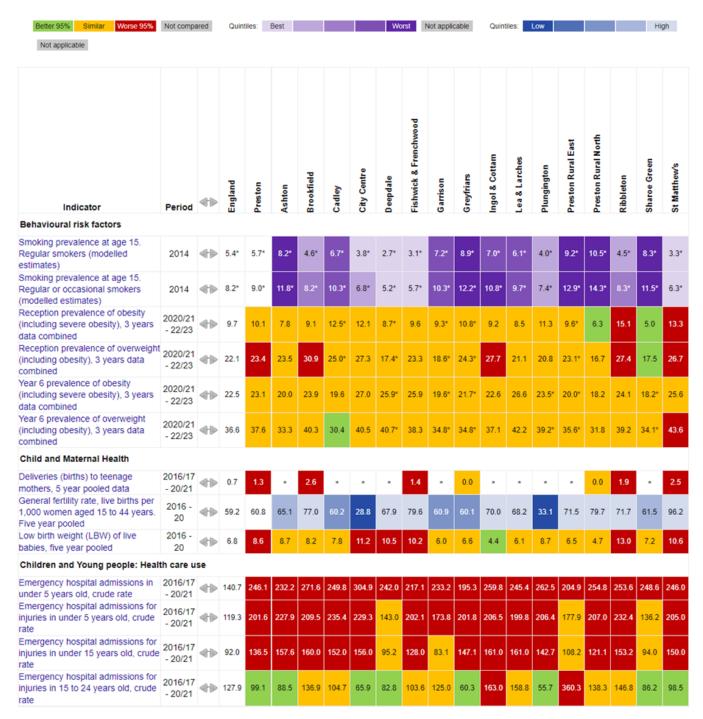
	tter getting	Decreasing & getting worse		Decreasing & getting better		asing	Decreasir	Benchmark Value	
						W	orst/Lowest	25th Percentile 75th Percentile	Best/Highest
		Preston		Lancs Engla		ı	England		
Indicator	Period	Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highes
Life expectancy at birth (Male, All ages, 1 year range)	2022	-	-	76.2	78.1	79.3	73.8		83.8
Life expectancy at birth (Female, All ages, 3 year range)	2020 - 22	-	-	80.7	81.8	82.8	79.0		86.3
Life expectancy at birth (Male, All ages, 3 year range)	2020 - 22	-	-	75.7	77.8	78.9	73.4		83.7
Life expectancy at birth (Female, All ages, 1 year range)	2022	-	-	82.0	82.1	83.2	79.2	•	87.0
nequality in life expectancy at birth (Male, All ages)	2018 - 20	-	-	10.6	10.6	9.7	17.0		0.7
nequality in life expectancy at birth (Female, All ages)	2018 - 20	-	-	7.6	8.3	7.9	13.9	(D)	-1.8
Children in relative low income families (under 16s) (Persons, <16 yrs)	2022/23	-	8,708	29.1%	25.5%	19.8%	43.2%		5.2%
Children in absolute low income families (under 16s) (Persons, <16 yrs)	2022/23	-	6,646	22.2%	19.7%	15.6%	35.8%		4.29
Children in low income families (all dependent children under 20) (Persons, 0-19 yrs)	2016		5,735	17.9%	15.1%	17.0%	32.5%		2.89
Under 18s conception rate / 1,000 (Female, <18 yrs)	2021	-	50	20.1	15.5	13.1	31.5		1.1
Under 18s conceptions leading to abortion (%) (Female, <18 yrs)	2021	-	25	50.0%	59.8%	53.4%	25.0%		91.79
Smoking status at time of delivery (Female, All ages)		-	159	10.2%	10.9%	8.8%	19.4%		3.4%
Low birth weight of term babies (Persons, >=37 weeks gestational age at birth)		-	63	4.0%	2.9%	2.9%	10.2%	•	0.6%
Infant mortality rate (Persons, <1 yr)		-	28	5.3	3.9	3.9	8.3	O	1.1
Reception prevalence of overweight (including obesity) (Persons, 4-5 yrs)		-	360	22.2%	22.9%	21.3%	29.6%		14.49
Reception prevalence of overweight (including obesity), 3 years data combined (Persons, 4-5 yrs)	2020/21 - 22/23	-	-	23.4%	23.6%	22.1%	28.7%	•	13.9%
Year 6 prevalence of overweight (including obesity) (Persons, 10-11 yrs)	2022/23	•	670	40.0%	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	-	-	37.6%	36.7%	36.6%	46.3%	d	20.3%
Percentage of physically active children and young people (Persons, 5-16 yrs)	2022/23	-	-	41.9%	44.8%	47.0%	25.3%	<u> </u>	66.1%
Pupil absence (Persons, 5-15 yrs)	2022/23	•	443,883	6.6%	7.1%	7.4%	10.0%		5.2%
Average Attainment 8 score (Persons, 15-16 yrs)	2022/23	-	-	47.5	44.7	46.2	36.1	0	58.4
Hospital admissions caused by unintentional and deliberate injuries in children (aged to 4 years) (Persons, 0-4 yrs)	2022/23	+	130	142.0	145.1	92.0	205.9		38.9
Hospital admissions caused by unintentional and deliberate injuries in children (aged to 14 years) (Persons, <15 yrs)	2022/23	+	280	99.5	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	-	195	85.2	93.0	94.1	266.9	Þ	33.6
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	2020/21 -	-	20	20.2	27.9	26.0	75.5		3.
Admission episodes for alcohol-specific conditions - Under 18s (Male, <18 yrs)	2020/21 - 22/23	-	-	*	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	31.3	38.1	34.7	115.0		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 Preston. 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