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| <b>Meeting name:</b>        | West Yorkshire Integrated Care Board   |
| <b>Agenda item no.</b>      | 6  |
| <b>Meeting date:</b>        | 24 <sup>th</sup> September 2024  |
| <b>Report title:</b>        | Health Inequalities – Children and Young People Deep Dive .  |
| <b>Report presented by:</b> | Sarah Smith – Deputy Director, Population Health, West Yorkshire NHS Integrated Care Board<br>Sayma Mirza – Associate Director for Children, Young People and Families, West Yorkshire NHS Integrated Care Board<br>Richard James – Consultant in Public Health, West Yorkshire Mental Health, Learning Disabilities and Autism Programme. |
| <b>Report approved by:</b>  | Ian Holmes – Director Strategy and Partnerships, West Yorkshire NHS Integrated Care Board  |
| <b>Report prepared by:</b>  | Sarah Smith – Deputy Director, Population Health, West Yorkshire NHS Integrated Care Board<br>Sayma Mirza – Associate Director for Children, Young People and Families, West Yorkshire NHS Integrated Care Board<br>Richard James – Consultant in Public Health, West Yorkshire Mental Health, Learning Disabilities and Autism Programme. |

| <b>Purpose and Action</b>  |   |  |   |
|--|---|--|---|
| Assurance <input type="checkbox"/>   | Decision <input type="checkbox"/><br>(approve/recommend/<br>support/ratify) | Action <input checked="" type="checkbox"/><br>(review/consider/comment/<br>discuss/escalate) | Information <input checked="" type="checkbox"/> |
| <b>Previous considerations:</b>  |   |  |   |
| ICB Board request for Health Inequalities Deep Dives.  |   |  |   |
| <b>Executive summary and points for discussion:</b>  |   |  |   |
| <p>Tackling inequalities in outcomes, experience and access is one of the four key purposes of Integrated Care Systems. This report will focus on approaches to understand and address inequalities for the Children and Young People population cohort.</p> <p>One of the ambitions for the West Yorkshire Health and Care Partnership is ‘we will address the health inequality gap for children living in households with the lowest incomes’.</p> <p>As an Integrated Care Board we have a role in addressing healthcare inequalities for Children and Young People (CYP).</p> <p>A national approach to reducing healthcare inequalities for CYP considers the following clinical areas: epilepsy, diabetes, asthma, mental health and oral health.</p> <p>This paper and accompanying intelligence pack will focus on two of these areas for the population of West Yorkshire:</p> <ul style="list-style-type: none"> <li>• Inequalities related to the treatment and support for children living with Asthma and their families.</li> </ul> |   |  |   |

- Inequalities related to access, experience and outcomes of mental health services for children and young people and their families.

**Which purpose(s) of an Integrated Care System does this report align with?**

- Improve healthcare outcomes for residents in their system
- Tackle inequalities in access, experience and outcomes
- Enhance productivity and value for money
- Support broader social and economic development

**Recommendation(s)**

The West Yorkshire Integrated Care Board is asked to:

- Determine the roles of the sub-committees of the ICB Board in understanding and addressing healthcare inequalities for Children and Young People.
- Increase visibility of CYP health inequalities data/performance at WY ICB Board and facilitate the sharing and analysis of better CYP MH data through adequate infrastructure and investment.
- Continue to endorse CYP transformation priorities including unmet CYP complex needs' and CYP asthma through the WY ICB transformation committee.
- Embed a culture of mutual accountability in addressing health inequalities for CYP across the WY ICB.
- Consider how the voice of CYP can influence decision making relating to health inequalities facing CYP.

**Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:**

This item relates to the following strategic risks on the Board Assurance Framework:

- There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.
- There is a risk that operational pressures and priorities impact our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.
- There is a risk that we ration services due to insufficient resources in a way that does not reduce (or exacerbates) health inequalities.
- There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.

**Appendices**

1. Appendix A: West Yorkshire Health Inequalities Intelligence Pack – Children and Young People

**Acronyms and Abbreviations explained**

CYP – Children and Young People  
 ICB – Integrated Care Board

## What are the implications for?

|   |   |
|---|---|
| <b>Residents and Communities</b>          | Advocating for community involvement in the design and delivery of interventions to ensure cultural competence.   |
| <b>Quality and Safety</b>                 | Supporting reductions in inequalities related to quality and service experience.  |
| <b>Equality, Diversity and Inclusion</b>  | Focus on reducing inequalities in health outcomes for working aged adults.<br>Focus on reducing inequalities related to deprivation, severe mental illness, learning disability, ethnicity and for inclusion health groups. |
| <b>Finances and Use of Resources</b>      | Supporting the allocation of resource based on population need.   |
| <b>Regulation and Legal Requirements</b>  | Integrated Care Boards have a statutory duty to have regard to the need to reduce inequalities between patients in terms of access to and outcomes from health services.  |
| <b>Conflicts of Interest</b>              | None identified   |
| <b>Data Protection</b>                    | None identified   |
| <b>Transformation and Innovation</b>      | Aligns with ICB Transformation Priorities for Secondary Prevention and  |
| <b>Environmental and Climate Change</b>   | Aligns with approaches for improving air quality, the environmental impacts of asthma inhaler usage and impact of the climate emergency on CYP mental health.   |
| <b>Future Decisions and Policy Making</b> | Approach to understanding and reducing inequalities to be embedded into future decisions and policy making.   |
| <b>Citizen and Stakeholder Engagement</b> | Advocating for involvement of children, young people and families living in the communities most impacted by inequalities in the design and delivery of interventions to ensure cultural competence.                        |

## 1. Introduction

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

Tackling inequalities in outcomes, experience and access is one of the four key purposes of Integrated Care Systems. Within the Integrated Care Systems, Integrated Care Boards (ICBs) have a statutory duty to reduce health inequalities in relation access to services, service experience and related service outcomes.

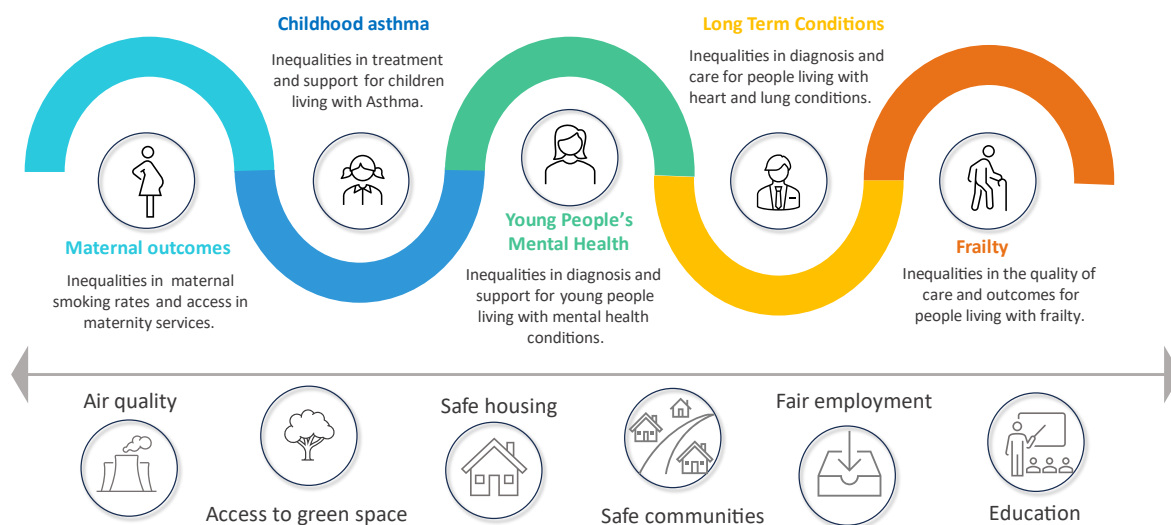
The ICB Board has requested a series of four Health Inequalities Deep Dives over 2024/25. The plan for this deep dive is as follows:

- We will focus on health outcomes that are amenable to health care intervention and specifically where there are unequal or unjust differences in these outcomes across the West Yorkshire Population.
- We will explore the key health inequalities for this cohort that are amenable to healthcare intervention.
- We will discuss areas of focus for the ICB to better understand and address these inequalities based on the available evidence and intelligence.
- Whilst we acknowledge that most of the impact on health comes from factors outside health services alone, however the Deep Dives will focus on areas within the control of the ICB.
- This will be supported by a wider Integrated Care Partnership approach to influence the core determinants and healthy behaviours that prevent ill health.
- We will follow a life course approach – focusing on one life course segment for each Deep Dive.
- This session will cover on Children and Young People with a focus on Childhood Asthma and Mental Health.

The Aims and Objectives of the Deep Dives are to:

- Support the board's understanding of health inequalities across the population of West Yorkshire.
- Provide a focus for ICB action to reduce inequalities across the life course.
- Support the ICB to deliver on one of the core purposes of the organisation, to reduce inequalities in outcomes, experience and access.
- Provide information that will support the ICB to deliver on statutory duties in relation to health inequalities.

To inform the Deep Dive, this cover paper is supported by an intelligence pack Appendix A.



## 2. Children and Young People – Inequalities Overview

### 2.1 Population Overview

2021 [Census information](#) shows that West Yorkshire has proportionally more young people than England as a whole. 1 in 5 people (20%) in West Yorkshire are aged under 16 compared to 18.6% of the England population. Since 2011 the population aged under 16 in West Yorkshire overall grew by 5.6%. The greatest growth in the under 16 population cohorts was seen in Leeds which grew by (11.6% growth) and Wakefield (9.6% growth). Bradford City continues to have the second highest proportion of under 16s of all Towns and Cities in England and Wales (25.0%), behind Oldham.

The ethnic diversity for CYP varies across West Yorkshire. For example overall 22% of the West Yorkshire CYP population are Asian or Asian British ethnicity, however this ranges from 43% of the CYP population of Bradford to 5% of the CYP population of Wakefield.

In 2022/23 Bradford had the highest proportion of Children in Care in West Yorkshire at 113 per 10,000. This is almost double the rate of Children in Care in Kirklees at 60 per 10,000.

Factors driving health inequalities for children and young people are driven by inequalities in protective and risk factors for good health. Some of these factors are due to differences in determinants of health such as education, housing, environment and income. Some risk factors are due to the impact of unhealthy

behaviours such as exposure to smoking and poor diet. All of these factors contribute to inequalities in both physical and mental health outcomes.

In 2022/23 21.9% of Children living in West Yorkshire were recorded as living in Absolute Low Income, this is a significantly higher proportion than the national average. These figures range from 31.2% in Bradford to 15.4% in Wakefield. This is relevant as poverty is a significant driver of inequalities in the health of children and young people.

This deep dive will focus on what is within the direct control of the ICB board but it aligns with wider health and partnership working to reduce inequalities for children and young people focusing on determinant of health. For example some of these wider approaches as highlighted in the [CORE20Plus5](#) framework, were shared with West Yorkshire Health and Wellbeing Board Chairs and include:

- Prevention strategy focusing on obesity in CYP
- Strategies to improve air quality
- Criteria to recommend rehousing
- Influencing education to make all schools asthma friendly
- Strategy for oral health improvement in CYP
- Influencing planning committee decisions about 'fast food outlets near schools'

## 2.2 Health Inequalities focus for the ICB

For the Children and Young People cohort this Deep Dive will focus on inequalities that are within the direct control of the control of the ICB Board.

The [CORE20Plus5](#) framework is a national healthcare inequalities strategy which sets out five clinical areas of focus for Integrated Care Board (ICB) and Integrated Care Partnerships to achieve system change and improve care for children and young people. The following are recommended areas of focus which we are working towards as an ICB.

- 1. Asthma** - Addressing over reliance on reliever medications; and decreasing the number of asthma attacks.
- 2. Diabetes** - Increasing access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increasing the proportion of those with Type 2 diabetes receiving recommended NICE care processes.
- 3. Epilepsy** - Increasing access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
- 4. Oral health** – Reducing tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.
- 5. Mental health** - Improving access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

For the purpose of this board deep dive, we will focus on two of these areas: inequalities in Asthma and Mental Health for Children and Young People. However, an overview of the key inequality areas related to CORE20Plus5 for Children and Young People is included in the intelligence pack, Appendix A.

### 3. Childhood Asthma

#### 3.1 Overview of Key Inequalities

Asthma is the most common long-term condition in children in the United Kingdom (UK); it is [estimated that 1 in 11 children in the UK have asthma](#), although recorded prevalence of the condition is much lower, suggesting a cohort of undiagnosed asthmatic children. The proportion of children with asthma in West Yorkshire varies by ethnicity and deprivation, with higher rates observed in more socioeconomically deprived and Minority Ethnic Groups.

Managing asthma appropriately (through prescribed medication and its optimal use) in the community can improve CYP's quality of life and avoid the need for emergent treatment. However, people who experience socioeconomic deprivation and Minority Ethnic Groups face multiple barriers which may impact their ability to access care and self-manage long term health conditions. This is observed in higher rates of ambulance calls, attendances, and subsequent admissions to hospital for the most socioeconomically deprived CYP and those CYP of Minority Ethnic Groups in West Yorkshire, as evidenced in the intelligence pack (appendix A).

Feedback from staff and local communities includes:

*"We have black mould in the bedrooms. My parents are really worried, they clean it off every couple of months but it comes back. It affects our skin and we breathe it in... the whole family has eczema now".*

*'Overcrowded, damp or unsuitable housing amongst our patients is the rule rather than an exception'*

#### 3.2 Examples of existing action at System, Place and Neighbourhood

The following examples provide an overview of some of the existing action taking place across West Yorkshire to reduce the identified health inequalities in childhood asthma. This is set out describing action at System, Place and Neighbourhood level. The work is based on the [National Asthma Care Bundle](#) which was published in 2021, to support Integrated Care Systems to deliver the highest quality of care for children and young people with asthma.

#### System Actions

##### *3.2.1 Health, Housing and Asthma Ambitions for Children and Young People in West Yorkshire*

Given the high prevalence of childhood asthma and related inequalities set out in this paper, a West Yorkshire Health and Care Partnership Housing and Health Group has been established. This group have been working collaboratively to influence organisations to adopt a 'health in all policies' approach. The group which includes representatives from Children's NHS Healthcare, Local Authority Strategic Housing Leads and West Yorkshire Housing Providers have designed some common principles to guide decision making in relation to housing and health. These support the newly introduced [Awaab's Law](#), which was introduced in the landmark Social

Housing Regulation Act 2023, and requires landlords to investigate and fix reported health hazards within specified timeframes.

Some of the common principles include clear reporting pathways and housing point of contact for children's hospital teams and frontline staff to escalate serious asthma cases with the local authority. Furthermore, the common principles include a clear reporting pathway for residents to report issues and a triage system of support to be made available for families such as managing the environment and signposting to appropriate services, including fixing problems within the property. Where poor housing conditions impacting health cannot be rectified, options to rehouse the family should be considered, and clear safeguarding pathways in place supporting children to live in safe and healthy homes. Finally ensuring the housing workforce is trained on the impacts of poor indoor air quality on health and available options to remove risk.

Some Places have already introduced pathways that support these principles. For example Leeds City Council and Leeds Health and Care Partnership have worked with asthma clinicians to develop a set of RAG rated pathways with clear referral templates and housing responses for structural housing issues and environmental issues e.g. condensation, damp, mould and external pollution. Additionally, Leeds environmental health working in partnership with UK Health Security Agency and tertiary care, have developed damp and indoor air pollution resources. In Wakefield, work has been undertaken to establish a housing and health pathway to support local communities with damp and cold housing and fuel poverty amongst other areas of support. And in Kirklees, a housing improvement project for children and young people has been developed.

### *3.2.2 Asthma Friendly Schools*

The [West Yorkshire Asthma Friendly Schools](#) (AFS) initiative aims to improve the care of pupils with asthma by raising awareness through information, training and support for school staff as well as pupils, parents and carers. Out of 950 primary and secondary schools in the West Yorkshire region, 160 are now signed up to the ASF initiative' many of which are located in areas of multiple deprivation. A plethora of [asthma training resources](#) that enable schools to achieve the AFS status have been designed and shared including regular webinars. With [1 in 5 children often missing school due to asthma related symptoms](#) schools are recognising the benefits of becoming an AFS which include additional support with health, safety and wellbeing of pupils, increased attendance, improved asthma awareness, improved support in an inclusive environment, and community awareness of the schools commitment to asthma friendly strategies.

The multi-agency approach to this system led initiative has strengthened the working relationships between public health, primary care and secondary care, 0-19 school nursing teams, housing, air quality and schools. An example of this includes work led by Calderdale Place to work alongside the 0-19 school nursing team to align the AFS initiative with the Healthy Schools Awards.



### *3.2.3 Data to support local plans for improvement in childhood asthma*

A West Yorkshire ICB Children and Young People's Multi-Agency Asthma Network has been established. A data driven approach means health and care professionals have access to ICB level data to aid local improvements in managing childhood asthma. This includes access to the national respiratory audit programme, Core20Plus5 health inequalities data from NHSE broken down by IMD and ethnicity, emergency department attendances and hospital admissions. The Campaign to Help Improve Prescribing (CHIRP) data is now also available for CYP in primary care and primary care networks in West Yorkshire, particularly as we have established a register for patients >6 and <18yrs that have an official asthma diagnosis. Wakefield Place are using their CHIRP data to undertake a pilot to inform local approaches to targeted improvement for local communities.

Reviewing the numbers accessing Tier 1-3 asthma training resources for healthcare professionals is now also possible at an ICB level. So far a total of 1971 staff across health, local authority and the voluntary, community and social enterprise sector have completed training across tiers 1-3. The [West Yorkshire Healthier Together](#) websites' asthma pages have been accessed 2612, in addition to the numbers accessing the West Yorkshire Health and Care Partnership's Asthma Friendly Schools pages too. Furthermore, work has taken place to collaboratively design a West Yorkshire Asthma Pathway Guidance document that aids clinical decisions making between primary, secondary and tertiary levels of care.

## **Place Actions**

### *3.2.5 48hr Asthma Review Pilot - Leeds*

Work across Leeds has included the introduction of a 48hr telephone review model following an asthma related attendance or admission. The aim of the 48hr review model is to reduce risk of re-admission and ensure adequate discharge information has been provided to manage care at home as appropriate. 34% of children in Leeds live in the lowest IMD areas and 7.38% of these children have at least one long term health condition. Over half of these children have a prescribed reliever medication. The highest proportion of paediatric asthma attendance is from the most deprived quintile, particularly in the 0-4 and 5-8 year age groups.

Evaluation of the 48hr review service includes the model is useful in supporting the care of children in the form of education but also in terms of assurance that they are accessing the appropriate level of care should they require it. For 309 patients out of 463 reviewed during the pilot, the greatest benefits seen were in terms of advice and education, on areas such as wheeze plans, inhaler techniques and usage, directed to primary care for annual reviews and signposting to useful resources. Additionally, the ability to give direct and more tailored support from a trained asthma practitioner allowed for other subtleties to be noticed, such as issues with housing, allowing for personalised signposting to support like breathe easy homes.

The 48h review pilot also strengthening partnership working across primary and secondary care following an admission for exacerbation of asthma. Key points of noting from this pilot included some patients presenting with asthma symptoms but

without an asthma diagnosis and some data sharing challenges including significant delay in information being shared between primary and secondary care particularly within the 48hr review window.

### *3.2.6 Bradford Ambulatory Care Experience model*

Across the Bradford District and Craven Place, there has been investment into a temporary children's asthma nurse to work closely with local education providers. This has been a key role to strengthen links between health and education and to improve the provision of asthma care. Training resources and face to face sessions for education have been delivered. Across Craven, there is a Place lead in General Practice for CYP asthma. This means Craven Place now has a clinical lead in both primary and secondary care to champion CYP asthma work. Given Bradford District and Craven have the highest proportion of children in absolute low-income families in West Yorkshire, and the correlation between deprivation and higher prevalence of unplanned asthma attendances and admissions, it is pertinent that we continue to focus on improving the provision of asthma care.

### *3.2.7 Seacroft Leeds model*

This model was introduced across the Seacroft PCN using funding from the CORE20PLUS5 initiative and focusing on those from the most deprived communities. The work has involved targeted interventions to improve asthma care including environmental impacts. The work has included tailored approaches to improve access for clinic appointments and annual asthma reviews for instance in school or home, development of a housing and health pathway, raising awareness amongst housing officers of the impact of poor air quality, “#AskAboutAsthma” public health campaign to raise awareness of poor air quality and air pollution, and strengthened links with the voluntary, community and social enterprise sector to raise awareness and support local communities. This includes involvement with the ‘Breeze in the Park’ event at Seacroft Village Green to share self- management approaches for childhood asthma.

Using a RAG rated pathway, this model has enabled support for individuals at risk of fuel poverty. Families have been offered assistance in the form of fuel vouchers for those on low combined household income and provided targeted interventions such as hypoallergenic bedding where mould has been found in the house. Additionally, this model has seen the reduction of corticosteroids and reliever inhaler use and enabled strengthened links between health and education.

In Wakefield a [housing and health pathway](#) has also been recently introduced. A dedicated paediatric asthma clinical nurse specialist role was established which enabled targeted interventions such as home visits to review conditions within the home for patients with repeat admissions to hospital with exacerbation of asthma. Referral to the housing and health service has supported local communities with fuel poverty, high energy bills, cold and damp housing, broken heating systems, poor or hazardous housing conditions and problems with private landlords. This has been achieved through grants and loans to improve insulation and reduce energy costs and assistance with fuel debt.

All Places also introduced Acute Respiratory Infection (ARI) hubs using winter access funding although funding constraints have meant there have been challenges to extend this service model. Some areas do have plans to introduce primary care diagnostic hubs including children.

## **Neighbourhood Actions**

### *3.2.8 Kirklees asthma champions – making asthma care more accessible*

Mid Yorkshire Teaching Hospitals Trust has been working on a community project to tackle language, literacy, and cultural barriers for patients with asthma where English is not their first language. This community level work has supported inhaler techniques, and the importance of attending annual reviews. Whilst this work has predominantly been focused on adults there are shared opportunities for children and young people.

### *3.2.9 Groundworks Green Doctor Service helping residents stay warm, stay well, and save money on household bills.*

Affordable warmth services such as the Green Doctors (part of Groundwork, a federation of charities used in Bradford and Leeds amongst other areas) are helping people save energy by putting reflective panels behind radiators to keep warm, blocking up draughts around doors and windows, and accessing the Warm Homes Discount [Clare's story](#). Additionally, they have helped families with advice on paying off debt with energy or water companies, or spotting concerns for referrals to other services.

## **3.3 Recommendations for the ICB Board**

- Support the common principles to guide decision making in relation to housing and health.
- Support the data driven approach across the West Yorkshire ICB to enable health and care professionals to have access to ICB level data to aid local improvements including data sharing between primary and secondary care
- Increase visibility of CYP health inequalities data/performance at WY ICB Board.

## 4.0 Children and Young People's Mental Health

### 4.1 Overview of Key Inequalities

#### 4.1.2 Headline Figures

Overall, [around 1 in 5 children and young people \(CYP\) have a probable mental health condition](#), although this varies by age and gender. Further inequalities in prevalence exist from wider intelligence and research, as demonstrated by the data pack, including for care experienced CYP, CYP with learning disabilities and autism, CYP who are LGBTQ+, CYP from inclusion health groups, CYP living in poverty. Prevalence of mental health conditions in CYP also varies by ethnicity.

In the UK around 8% of children were referred to Child and Adolescent Mental Health Services (CAMHS) in 2022-2023, with additional referrals being made to CYP mental health (MH) offers sitting outside of CAMHS. Approximately a third received support, a third had referrals closed before accessing support, and a third are still on waiting lists. There is [geographic variation in waiting times](#), with WY comparing favourably in terms of median waits. However, we know there is [variation nationally around waiting times by age, gender, ethnicity, and primary referral reason](#), with over 40,000 children waiting more than two years to access support. We also know that much of the waiting times data relates to the first point of contact with CYP MH services, and the variations seen in waiting times may not correlate to inequalities in eventual outcomes.

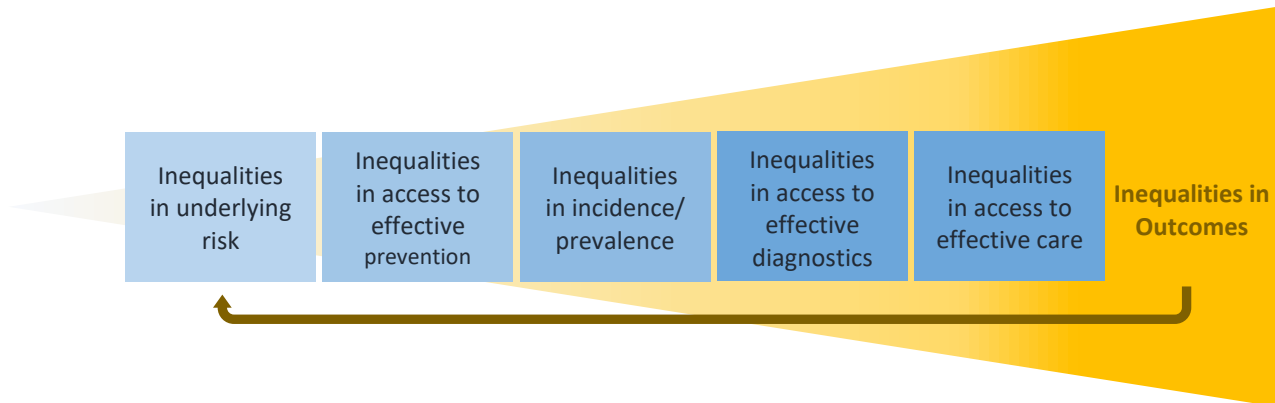
Whilst many of the inequalities facing CYP in accessing the MH support they need are similar to those faced by adults, others are population specific. For example:

- CYP may have limited autonomy with which to access services, and be dependent on parents/carers. This can make it especially challenging for CYP living in cultures where mental health is stigmatised, and services are mistrusted (e.g. inclusion health populations).
- CYP may have limited financial means to access services, which is likely to widen existing inequalities given that CYP with mental health conditions are [three times more likely than CYP without mental health conditions](#) to have a parent or carer unable to afford transport to places they need to be.
- Some CYP populations, such as care-experienced CYP, [face significant inequalities](#) in terms of the prevalence of mental health conditions, access to services, and the incidence of suicide.

Further to this, the assumption that inequalities remain constant across the life-course can mean well-meant initiatives fail to address inequalities across especially diverse CYP populations. For example, in WY we see different demographic patterns of suicide incidence in under 30s to that in over 30s. Where national data allows us to drill down to even narrower 1-2 year age bands, we continue to see significant differences in the patterns of MH incidence, that could inform action around inequalities. However, existing MH data flows have data quality issues, and sharing arrangements often prevent the intersectional analysis required to fully understand the nuanced inequalities in access to MH services facing CYP in WY.

### 4.1.2 Wider Context

Variations in health outcomes are the products of complex pathways and cycles in which inequality accumulates across many different stages, as demonstrated by the figure below.



The wider socio-economic determinants of health impact across all stages of this pathway, meaning those facing the greatest systemic inequalities are both more likely to have need of health and care services, and less likely to be able to access effective care and support (a phenomenon known as the “inverse care law”).

ICBs, as outlined in frameworks such as CORE20 PLUS 5, have the ability to reduce inequalities by making services accessible, acceptable, and effective for everyone.

However, they also have the ability to influence elsewhere across this pathway.

- To prevent inequalities developing in the first place (as per the example around perinatal mental health below), with a focus on prevention and mental health promotion, as outlined in models such as the [THRIVE framework](#).
- To offer alternative models of care for those whose needs might not be best met by secondary MH services (as per the examples in 4.2), including avoidance of inappropriate over-medicalisation of mental distress and neurodiversity (noting that ADHD and autism are not mental health conditions, but are associated with mental health inequalities).
- To ensure that once children and young people have a diagnosis, the wider health and care system is able to offer care reflective of that person’s specific needs, and even where children and young people do not yet have a diagnosis, health and care services are able to offer personalised care that meets their needs.

### 4.1.3 Perinatal Mental Health

Perinatal mental health provides an excellent example of where the ICB may be able to reduce inequalities in the incidence of CYP MH conditions. Around 1 in 5 women develop a mental health problem around pregnancy, and suicide is a leading cause of death for women during pregnancy. Poor perinatal mental health outcomes [cost the](#)

[average ICS £190m](#), with nearly three quarters of these costs relating to the child. The [maternal mental health alliance](#) has highlighted the potential for perinatal mental health conditions to have a disproportionate impact on mothers (and therefore the children of mothers) from racialised communities, asylum seekers and refugees, single mothers, young mothers, women living in poverty, women experiencing domestic abuse, LGBTQ+ parents, women experiencing multiple adversities such as addiction, homelessness, and exploitation, neurodiverse people, and care experienced mothers. It is [estimated that it would cost](#) £400 per birth to address gaps in existing care, generating estimated savings of £2100 per birth to health and care services, and £10,000 to society as a whole.

## **4.2 Examples of existing action at System, Place and Neighbourhood**

The following examples give an idea of how some of the inequalities described above are being addressed through action in communities and neighbourhoods, at a place level, and at a systems level.

### *4.2.1 Co-Production work with Thrive by Design and Leeds GATE*

This project aims to build trust, relationships, awareness, and confidence around perinatal and maternal services in Gypsy and Traveller communities. Working in partnership with Leeds GATE, the project involves a range of co-production activities to help better understand need, and co-define opportunities to increase the accessibility and inclusivity of services.

### *4.2.2 Healthy Minds Apprentices (Bradford)*

The [healthy minds apprentices](#) are cohorts of young people working across the Bradford and Craven district to support children and young people, communities, and schools, with their mental health and wellbeing.

The project, funded by place, is now working with its fifth cohort of 406 young people, and has developed links to 120 schools with a reach of 17,000 students. Many of the previous apprentices have gone on to work in healthcare.

### *4.2.3 Digital Access Solutions*

In Wakefield "[Lumi Nova](#)" has been used to provide NICE recommended digital therapy for childhood anxiety (primarily for children aged 7-12). In the first 10 months 408 children and families were provided access, with two thirds of parents reporting subsequent improvements in their child. Around three quarters of users met criteria for clinical support, highlighting the potential for digital solutions to meet need unmet through existing services.

Access by people with disabilities was around double what might be expected given prevalence in the general population. Further, demographic information around gender and ethnicity suggests the demographics of users are broadly similar to those of the local population, in contrast to the disproportionate representation of some populations (e.g. males) in more traditional services.

In Bradford [Kooth](#) has been used to promote mental wellbeing. This includes a wide variety of different digital offers, around different aspects of mental health and

wellbeing. Usage data highlights the different issues facing different ethnic groups, ages, and genders, as well as preferences in accessing different types of support through the app.

#### *4.2.4 Mental Health Support Teams (MHSTs)*

Following the government's 2017 paper on "[Transforming Children and Young People's Mental Health](#)", NHSE has worked in partnership with DFE to lead the [delivery of MHSTs in education settings](#). The MHSTs programme aims to offer evidence-based interventions, improve access to services and support (including some of the other examples given in this paper), and support a "whole school" approach. This [video](#) provides more information.

NHSE has rolled MHSTs in waves, with approximately half of WY now having coverage. In WY, roll-out has prioritised coverage in areas of deprivation. However, this still means there are schools, and children and young people, missing out on the offer, and nationally there is currently some uncertainty around what future roll-out for these groups will look like.

#### *4.2.5 Patient and carer race equality framework (PCREF)*

[PCREF](#) was published by NHSE outlining regulations, legislation, and practical steps around anti-racism to address known racial inequalities in mental health outcomes. The framework involves sections around: leadership and governance; organisational competencies; and patient and carer feedback mechanisms. Mental health Trusts and Providers are working to implement PCREF by the end of the 2024/25 financial year (and are working together through the WY MHLDA programme to support implementation).

#### *4.2.6 Data and Intelligence Improvements*

Additional temporary capacity provided through a graduate management training placement within the ICB supported work with places and providers to map data flows around specific areas (learning disabilities, neurodiversity, and suicide prevention), and start to improve data quality and sharing arrangements, so that we may be able to use existing data to support work on inequalities. However, this was time-intensive work requiring data and intelligence expertise, and the placement has now finished. Excellent work has been done at Place in Bradford in bringing existing data together into a high-level MH dashboard, and at a WY level, work has been done to improve data quality and create dashboards showing inequalities data in other areas such as maternity. However, there is not currently a WY equivalent for broader mental health, or CYP mental health inequalities data.

## 4.3 Recommendations for the ICB Board

### 4.3.1 Principles behind recommendations

This report has highlighted existing inequalities, and the potential to address them where health and care is:

- *Informed by **data and intelligence***
- *Designed through **co-production***
- *Maximising opportunities for **prevention**, mental health promotion, and early intervention*
- *Delivered through “**proportionate universalism**” (i.e. aiming to improve the health outcomes of everyone, but with a greater focus on those facing the greatest need/those with the poorest health outcomes)*
- *Delivered as a **system**, in the knowledge that mental and physical health do not exist in isolation, and children’s health and the health of families and communities do not exist in isolation*
- *Delivered in the understanding that children’s emotional wellbeing and mental distress are the **responsibility of all services** coming into contact with CYP, not solely secondary mental health services*

### 4.3.2 Recommendations to ICB Board

Accordingly, the following recommendations are made to the ICB Board:

1. Increase visibility of **CYP health inequalities intelligence** at WY ICB Board and facilitate the sharing and analysis of better CYP mental health inequalities intelligence through adequate infrastructure around, investment in, and interrogation of mental health data across the ICB.
2. Determine the **roles of the sub-committees** of the ICB Board in understanding and addressing healthcare inequalities for Children and Young People.
3. Continue to **endorse CYP transformation priorities** including unmet CYP complex needs through the WY ICB transformation committee.
4. Embed a **culture of mutual accountability** in both addressing existing mental health inequalities and preventing future inequality for CYP across the WY ICB.
5. Consider how the **voice of CYP** can influence decision making relating to health inequalities facing CYP.

Consolidated recommendations have been made at the end of the report.



## **5. Consolidated Recommendations:**

The ICB Board is asked to:

- Determine the roles of the sub-committees of the ICB Board in understanding and addressing healthcare inequalities for Children and Young People.
- Increase visibility of CYP health inequalities data/performance at WY ICB Board and facilitate the sharing and analysis of better CYP MH data through adequate infrastructure and investment.
- Continue to endorse CYP transformation priorities including unmet CYP complex needs' and CYP asthma through the WY ICB transformation committee.
- Embed a culture of mutual accountability in addressing health inequalities for CYP across the WY ICB.
- Consider how the voice of CYP can influence decision making relating to health inequalities facing CYP.

**Appendices – Appendix A – Children and Young People Health Inequalities Deep Dive Intelligence Pack.**

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# Health Inequalities Intelligence Pack - Children & Young People

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August 2024

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Health and Care Partnership



# Scope

| Life Course Segment             | Focus   | Related Partnership Ambition   |
|---------------------------------|---|--|
| Children and Young People (CYP) | Factors driving inequalities in mental health outcomes.                                 | We will reduce suicide rates.  |
|                                 | Factors driving inequalities in physical health conditions – focus on childhood asthma. | We will address the health inequality gap for children living in households with the lowest incomes. |

# Contents

|   |           |
|---|-----------|
| ➤ <u>Children &amp; Young People's Population</u> | <u>4</u>  |
| ➤ <u>Determinants of Health</u>                   | <u>8</u>  |
| ➤ <u>Risk Factors for Poor Health</u>             | <u>18</u> |
| ➤ <u>Core20PLUS5 Approach</u>                     | <u>23</u> |
| • <u>Diabetes</u>                                 | <u>26</u> |
| • <u>Epilepsy</u>                                 | <u>27</u> |
| • <u>Oral Health</u>                              | <u>28</u> |
| ➤ <u>Asthma</u>                                   | <u>29</u> |
| ➤ <u>Mental Health</u>                            | <u>37</u> |
| ➤ <u>Local Data</u>                               | <u>47</u> |



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# CYP – Population

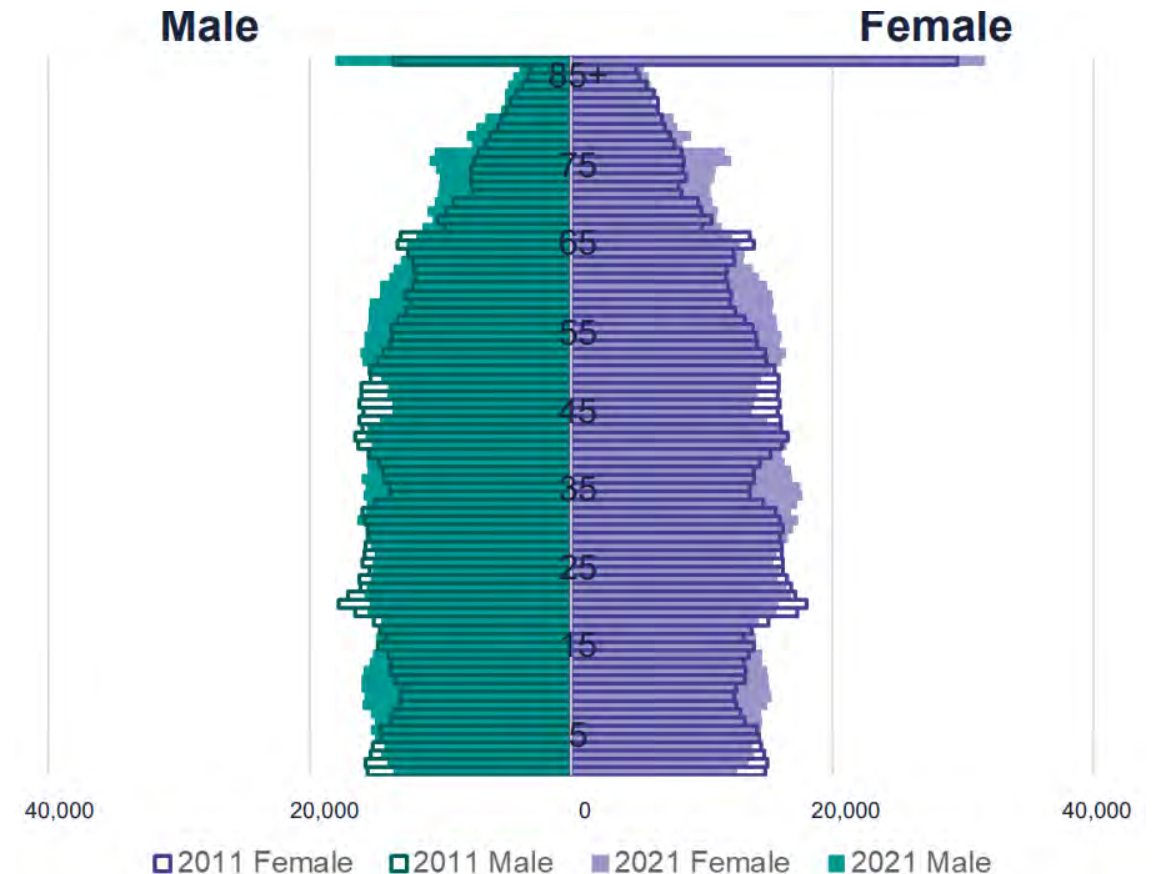


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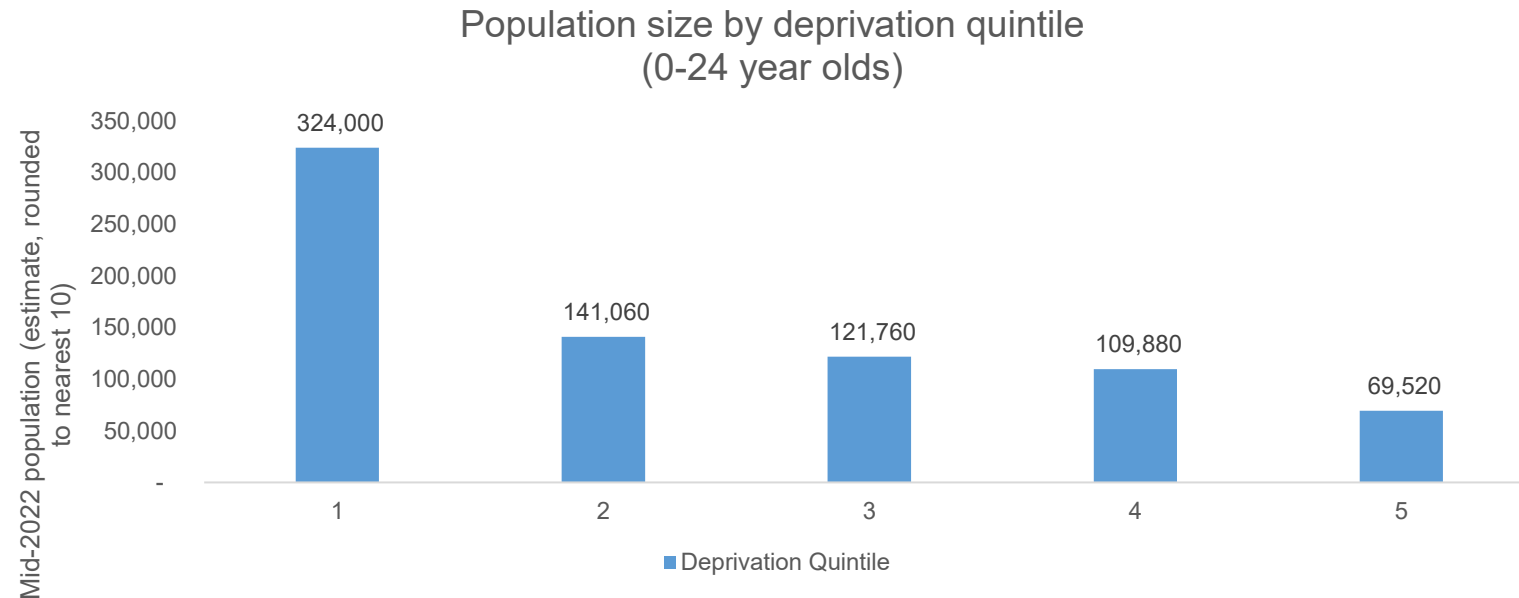
# CYP population in West Yorkshire

- 1 in 5 people (20%) in West Yorkshire (WY) are aged under 16 compared to 18.6% of the England population
- Since 2011 the population aged under 16 in West Yorkshire overall grew by 5.6%
- The greatest growth in the under 16 population cohorts was seen in Leeds which grew by 11.6% and Wakefield (9.6% growth).
- Bradford City continues to have the second highest proportion of under 16s of all Towns and Cities in England and Wales (25.0%), behind Oldham



Source: Census 2021 via [West Yorkshire Combined Authority](https://www.wyca.gov.uk/)

# CYP population in WY – Deprivation



- A significantly higher number of CYP in West Yorkshire are from the most deprived quintile, compared to the least.
- 42% of CYP in West Yorkshire are from the most deprived quintile, compared to 24% nationally.
- 9% of CYP in West Yorkshire are from the least deprived quintile, compared to 18% nationally.

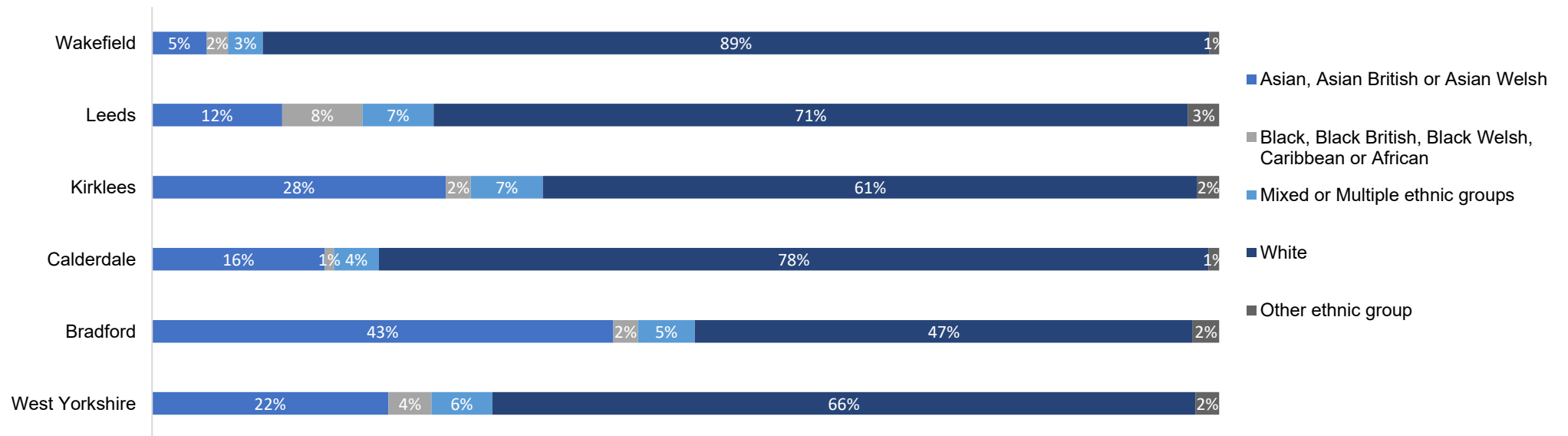
Source: [Mid-year population estimates \(2022\), Office for National Statistics](#)



# CYP population in WY – Ethnicity

- CYP population (0-24 years olds) more ethnically diverse than general population of West Yorkshire.
- Demographics vary by place, with Bradford having a larger Asian population and Wakefield a predominantly white population.

CYP Population by Broad Ethnic Group (0-24 year olds)



Source: [Census 2021, via NOMIS](#)



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# CYP – Determinants of Health

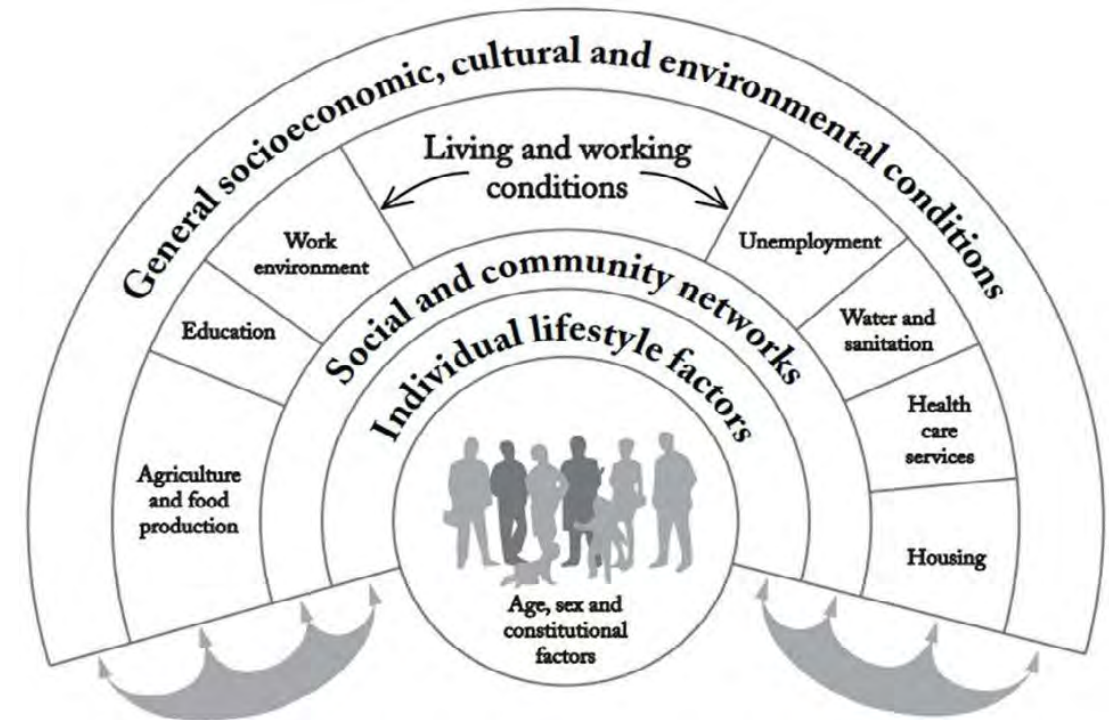
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# Determinants of Health

- Factors driving health inequalities for children and young people are driven by inequalities in protective and risk factors for good health.
- Some of these factors are due to differences in determinants of health such as education, housing, environment and income.
- Some risk factors are due to the impact of unhealthy behaviours such as exposure to smoking and poor diet.
- All these factors contribute to inequalities in both physical and mental health outcomes. A summary of some of the key factors are listed in the following slides.



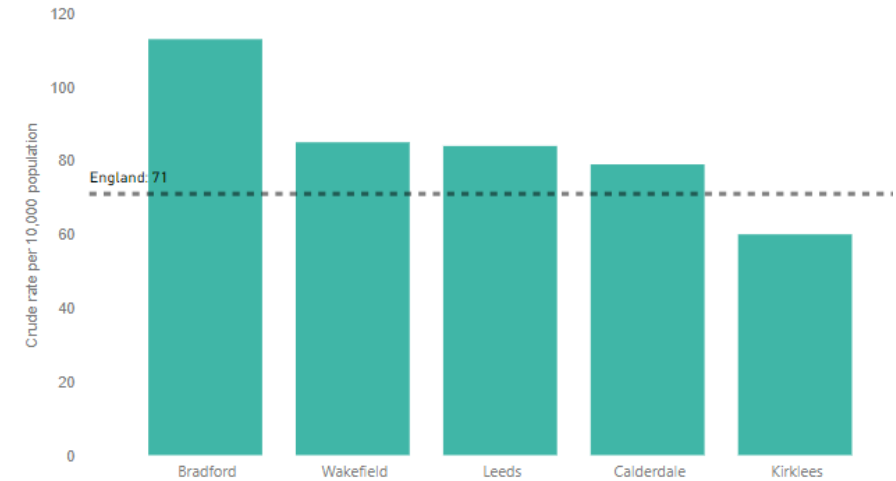
Source: the Dahlgren and Whitehead model of the main determinants of health



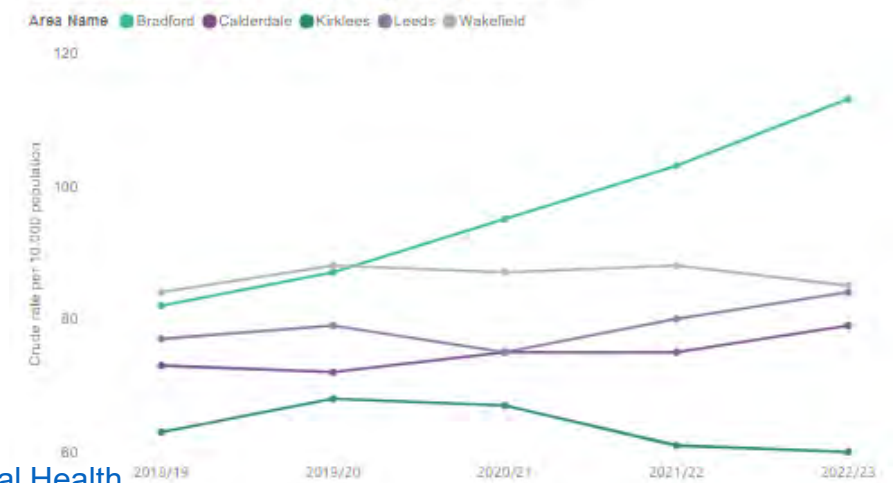
# Children in Care

- Children and young people in care are among the most socially excluded children in England.
- There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.
- Kirklees was the only place in West Yorkshire with lower rates of children in care than England in 2022/23.
- Bradford had the highest rate of children in care across West Yorkshire in 2022/23 (113 per 10,000), with rates increasing year-on-year between 2018/19 and 2022/23.

Children in Care - Crude Rate per 10,000 Population 2022/23



Children in Care - Crude Rate per 10,000 Population



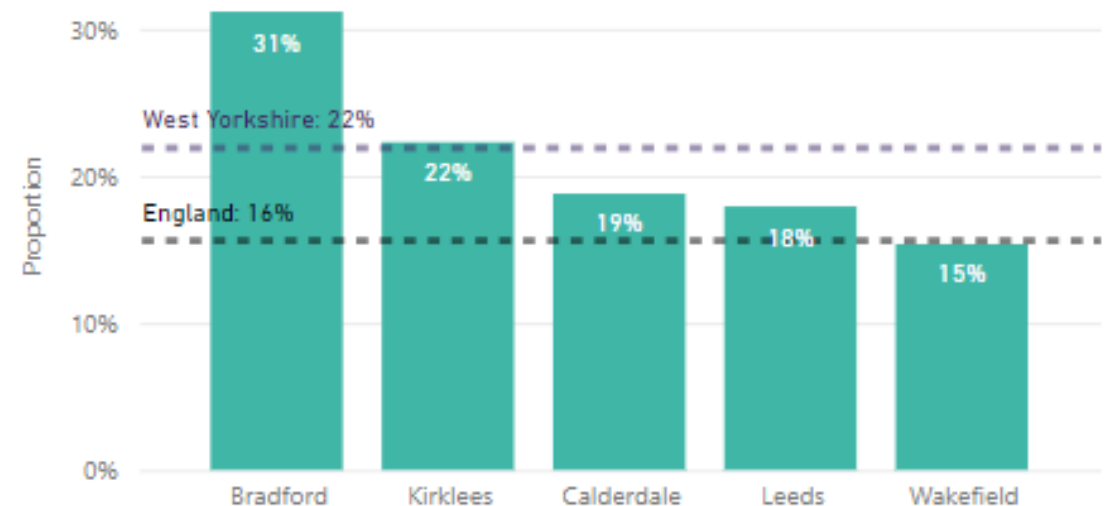
Source: Office for Health Improvement and Disparities, [Child and Maternal Health](#)



# Poverty

- The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults.
- West Yorkshire have a higher proportion of children in absolute low-income families (under 16s) than other ICBs in the region and nationally.
- Bradford have the highest proportion of children in absolute low-income families in West Yorkshire, with 31.2%, which is double the national figure of 15.6%.

**Children in absolute low income families (under 16s) - 2022/23**



Source: Office for Health Improvement and Disparities, [Child and Maternal Health](#)



# Housing - Summary

- Across West Yorkshire, rates of home ownership, security of tenure, homelessness and other housing metrics differ when considering the influence of inequalities.
- This impacts on housing stability and access to accommodation – for example, research suggests that ethnic minority communities are disproportionately represented in areas of high deprivation.
- Evidence also indicates that minority communities are more likely to experience housing deprivation than white households.
- For example, Gypsy and Traveller households are 7.5 times more likely to experience housing deprivation, and many sites allocated to accommodate Gypsy and Traveller communities suffer disproportionately from issues such as noise and air pollution.

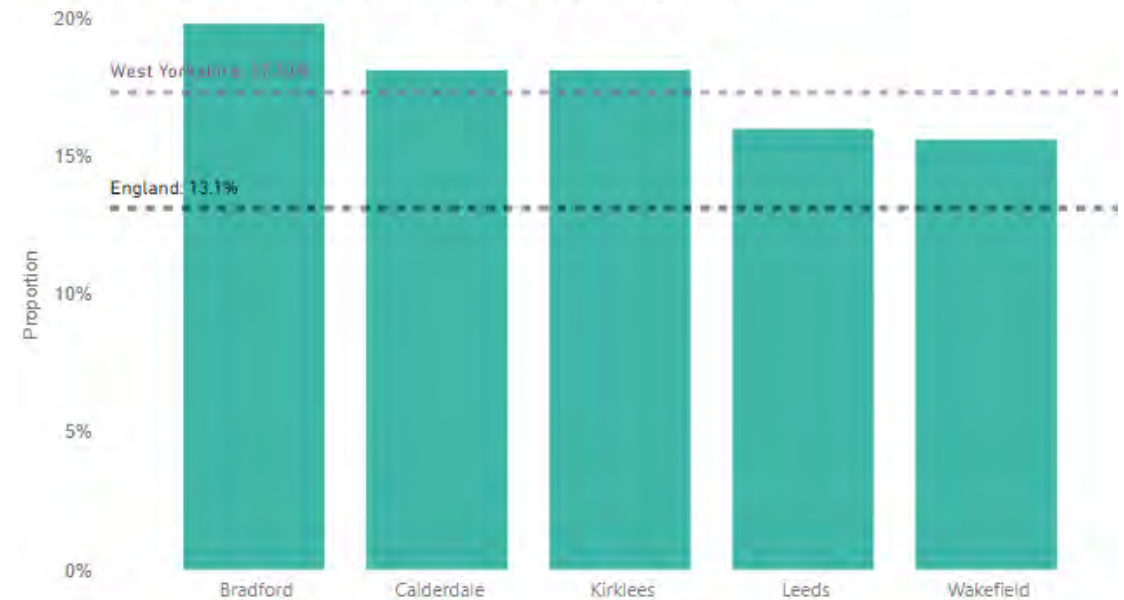
Source: [West Yorkshire Combined Authority Housing Strategy](#)



# Housing – Fuel Poverty

- There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes.
- Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups.
- West Yorkshire have the highest rate of fuel poverty (17.3%) in the region as at the latest data point (2022). This is also higher than the England value of 13.1%.
- Each place within the ICB has a higher proportion of households experiencing fuel poverty than the national value.
- Bradford have the highest proportion of fuel poverty at 19.8%, and Wakefield the lowest at 15.6%.

Proportion of households experiencing fuel poverty - 2022

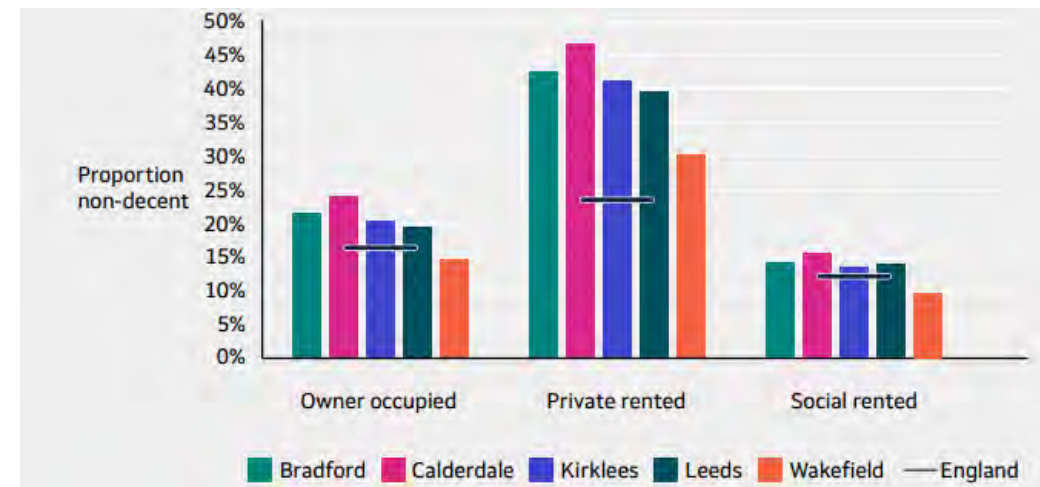


Source: [Cold comfort](#) / [UCL Institute of Health Equity](#) / [Office for Health Improvement and Disparities](#)



# Housing – Decent Homes

- National statistics show that there is a strong relationship between energy efficiency and housing quality, and over half of homes with poor energy efficiency do not meet the Decent Homes Standard.
- Official estimates indicate that one in every five homes (21%) across West Yorkshire does not meet the Decent Homes Standard, which is higher than the national average (17%).
- Non-decent homes may not meet statutory minimum safety standards for housing or may be in a state of disrepair.



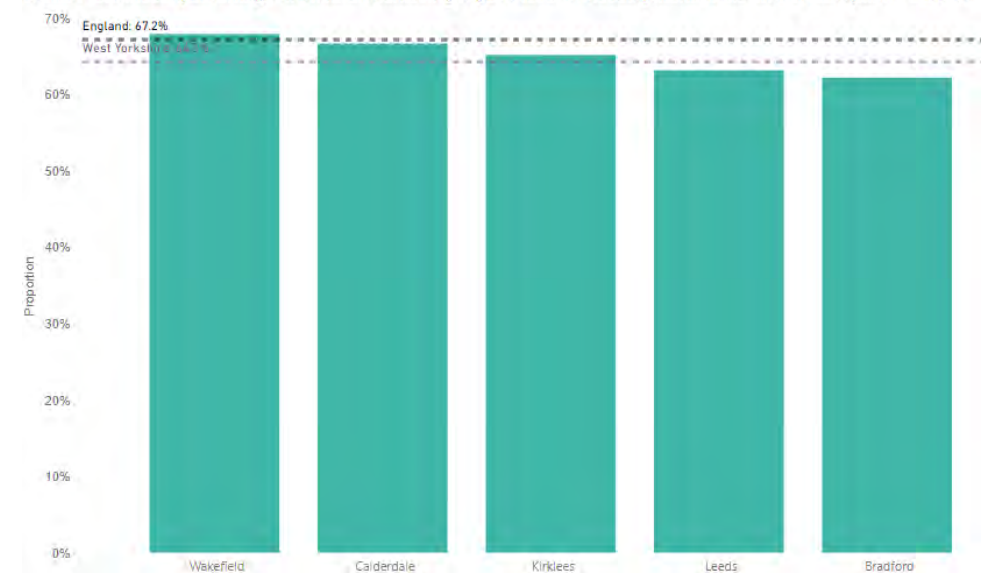
Source: [West Yorkshire Combined Authority Housing Strategy](#)



# School Readiness / Education

- Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.
- There are consistently lower levels of school readiness (good level of achievement at end of Reception) in West Yorkshire compared to nationally.
- Overall, 64.3% of children in West Yorkshire achieved a good level of development at the end of reception in 2022/23.
- This figure drops to 48.2% for West Yorkshire for those eligible for free school meals.

School readiness: percentage of children achieving a good level of development at the end of Reception - 2022/23



Source: Office for Health Improvement and Disparities, [Child and Maternal Health](#)

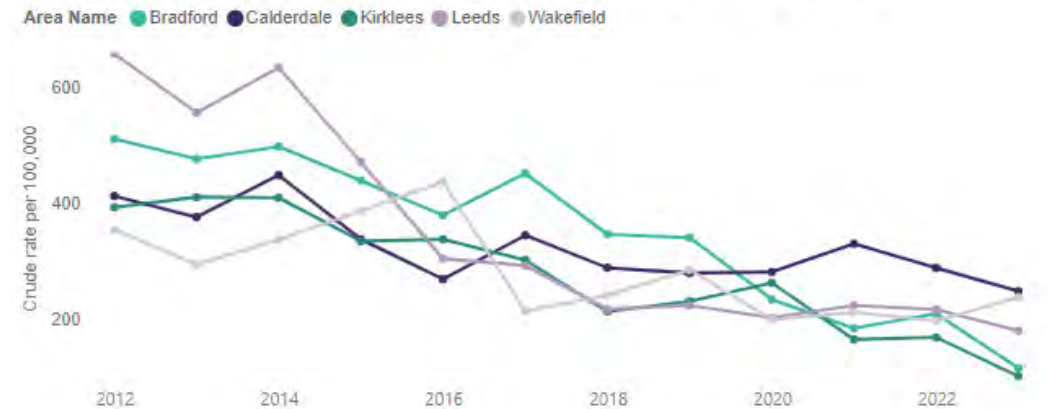




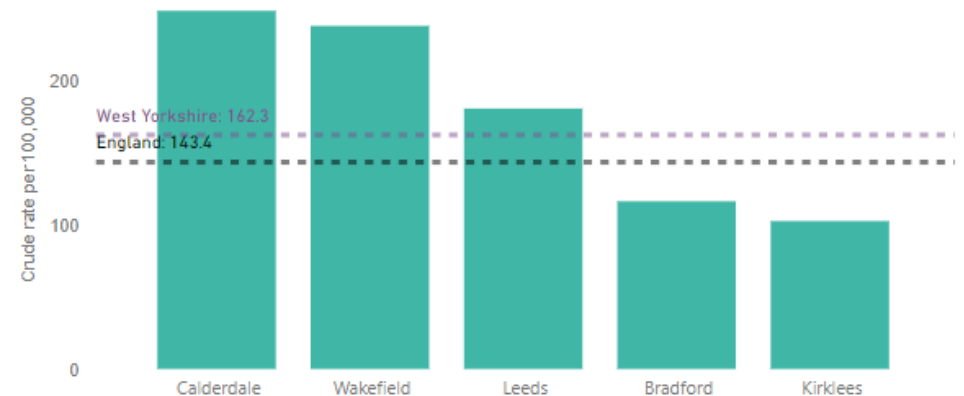
# Criminal Justice

- Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.
- Children and young people at risk of offending or within the youth justice system often have greater mental health needs than other young persons.
- Decreasing rates of first-time entrants to the youth justice system across West Yorkshire, and each place, between 2012 and 2023
- As at latest data point, 2023, there is variation in rates across West Yorkshire.

First Time Entrants to the Youth Justice System - Crude Rate per 100,000



First Time Entrants to the Youth Justice System - Crude Rate per 100,000 (2023)

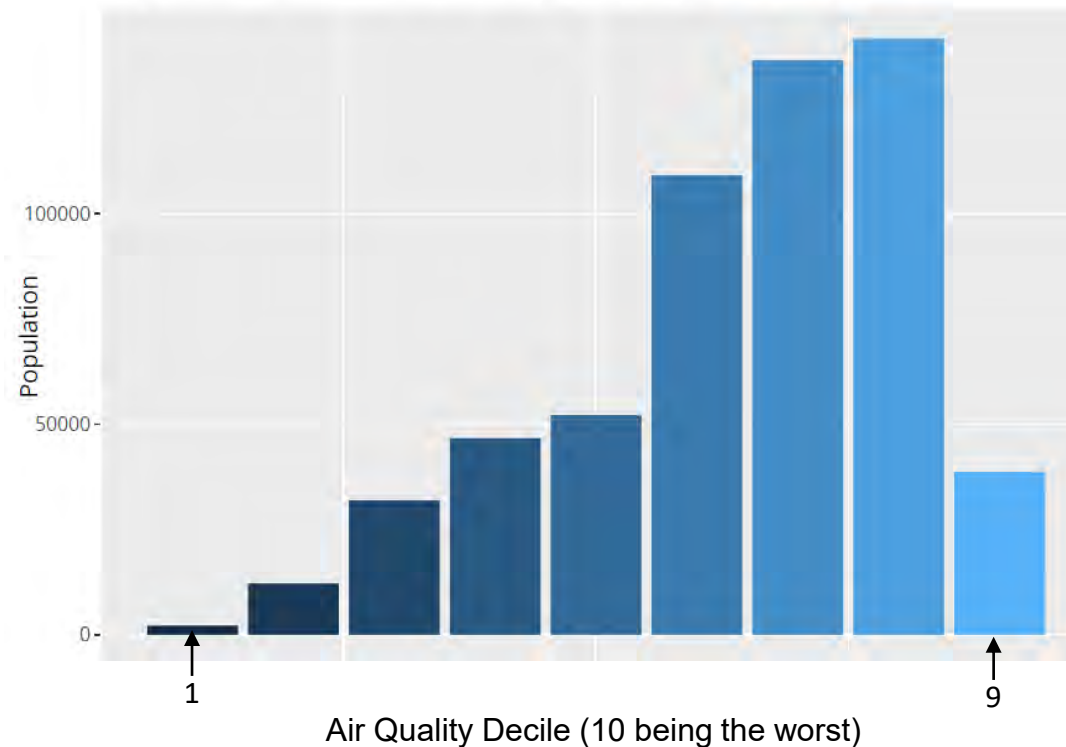


Source: Office for Health Improvement and Disparities, [Child and Maternal Health](#)



# Environment - Air quality

Population of Children and Young People by Air Quality Decile



- Research shows a link between poor air quality and respiratory diseases, including asthma.
- In West Yorkshire, although very few CYP live in the worst air quality decile (10), a significant proportion of the CYP population live in very poor air quality areas.
- 75% of CYP in West Yorkshire live in higher air pollution areas (deciles 6-10), equating to approximately 425,000 people, compared to 25% in less polluted areas (deciles 1-5).

Source: [NHS Digital](#) / Liverpool University, Access to Health Assets & Hazard Datasets [AHAH,2016](#) via North East and Yorkshire Analytics Team, NHS England

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# CYP – Risk Factors for Poor Health

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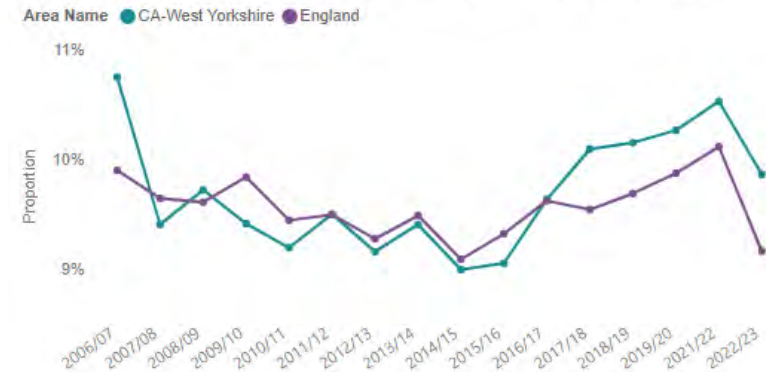
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# Obesity – Reception

- There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood.
- The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older.
- Prevalence of obesity in reception age children remains fairly stable over time with between 9-11% prevalence in West Yorkshire.
- 2020/21 data has been removed for data quality reasons.

Reception prevalence of obesity (including severe obesity) (4-5 yrs)



Reception prevalence of obesity (including severe obesity) 4-5 yrs (2022/23)



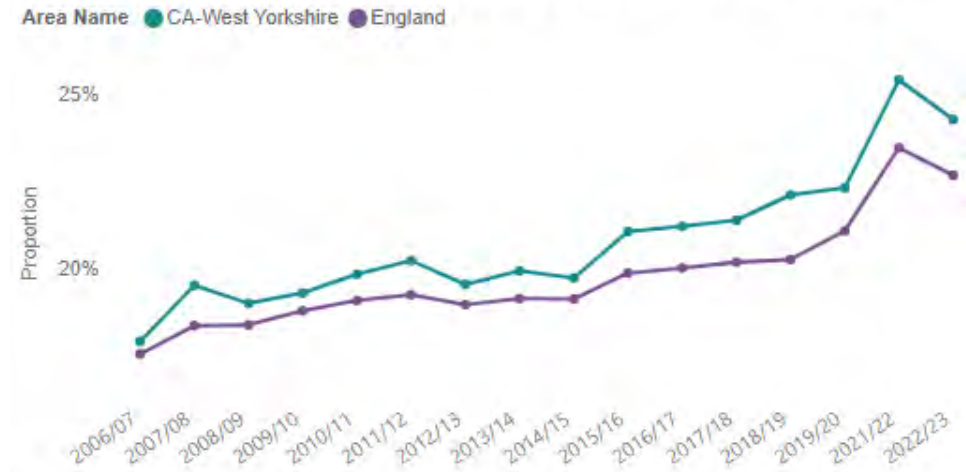
Source: Office for Health Improvement and Disparities, [Child Health Profiles](#)



# Obesity – Year 6

- There is a much higher prevalence of obesity once children reach year 6 compared with reception rates.
- An increasing proportion of 10–11-year-olds classed as obese or severely obese over time, with an increase of 6.4 percentage points over the last 18 years (17.9% in 2006/07 vs 24.3% in 2022/23)
- West Yorkshire prevalence is consistently higher than England.
- 2020/21 data has been removed for data quality reasons.

Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)



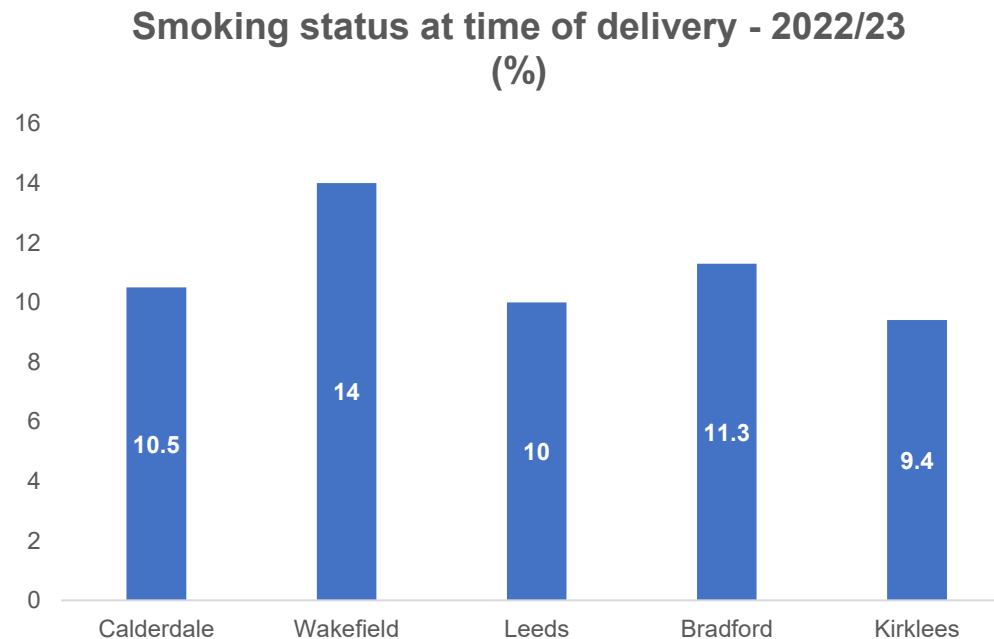
Year 6 prevalence of obesity (including severe obesity) 10-11 yrs (2022/23)



Source: Office for Health Improvement and Disparities, [Child Health Profiles](#)



# Smoking at time of delivery



Smoking during pregnancy can cause serious pregnancy-related health problems.

- In 2022/23, 11% of women were known to smoke at time of delivery in West Yorkshire, which is above national average (8%)
- All ICB sub locations in West Yorkshire are above the England average
- The national ambition is 6%

Source: [NHS Digital](#)

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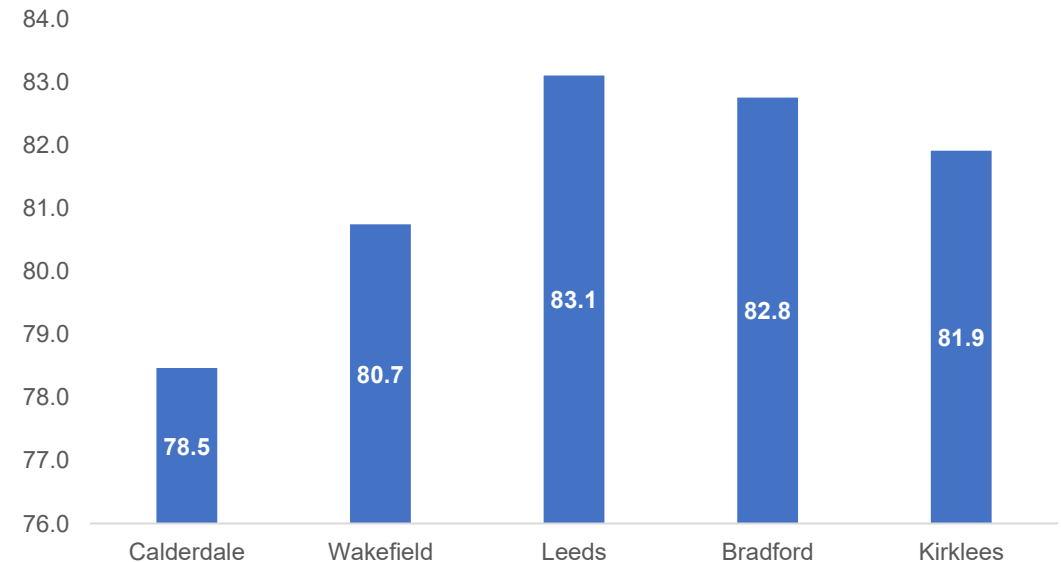


# Second hand smoking

Many young people start to smoke at an early age, and teenage smoking is known to increase the risk of persisting asthma.

- In 2022/23, 82.1% of patients aged 6-19 with asthma in West Yorkshire had a second-hand smoking status recorded, greater than the region (79.8%) and England (78.7%) average
- Calderdale sub ICB location had the lowest recorded status is this year at 78.5%

Patients with Asthma (6-19 yrs): Second-hand smoking status recorded in the last 12 months (denominator incl. PCAs)  
(%)



Source: [Quality & Outcomes Framework](#)

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# Core20PLUS5 Approach



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# REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

## CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

## PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

# CORE20 PLUS 5

Key clinical areas of health inequalities

1

## ASTHMA

Address over-reliance on reliever medications and decrease the number of asthma attacks



2

## DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks



3

## EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism



4

## ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s



5

## MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



# Core20PLUS5 Approach

The focus of the data & intelligence pack will be the [children and young people's Core20PLUS5 programme](#), with a deep-dive into mental health and asthma:

## 1. Asthma

- Address over reliance on reliever medications; and
- Decrease the number of asthma attacks.

## 2. Diabetes

- Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and
- Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.

## 3. Epilepsy

- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.

## 4. Oral health

- Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.

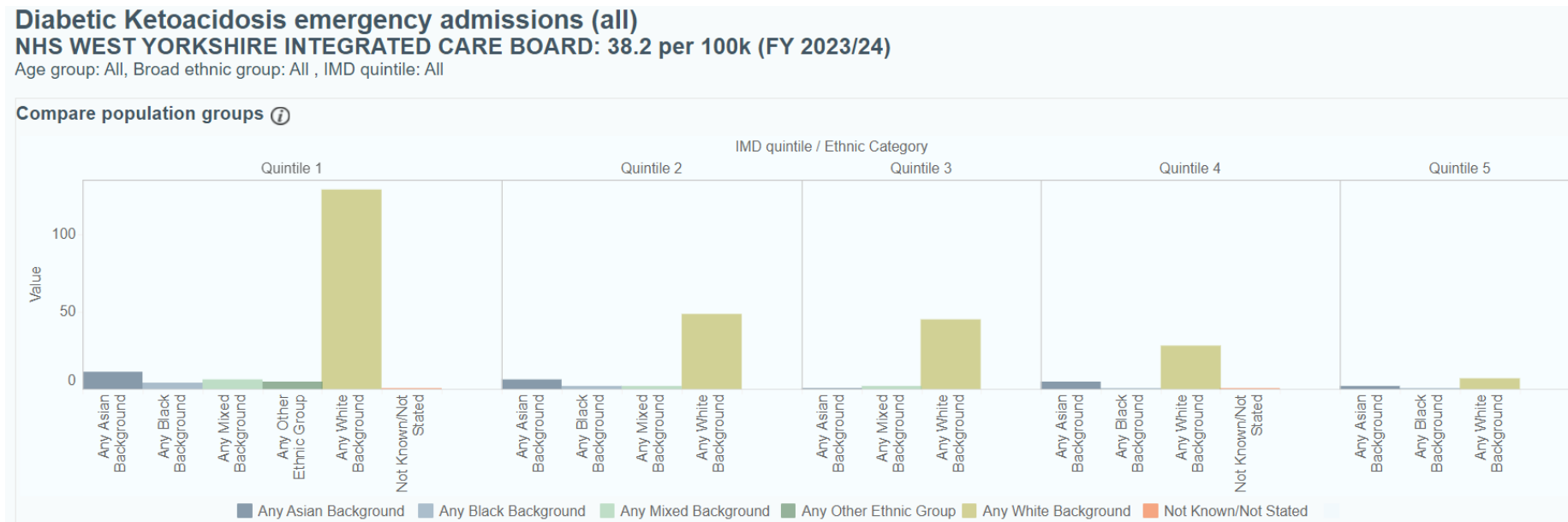
## 5. Mental health

- Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.



# Diabetes

- Children and young people with diabetes do not always have equitable access to diabetes care or outcomes, with unwarranted variation seen related to age, socioeconomic status and ethnicity.
- People who experience socioeconomic deprivation face multiple challenges and barriers which may impact on their ability to access care and self-manage long term health conditions.
- In 2023/24 the most socioeconomically deprived CYP (0-24) had the highest rate of emergency hospital admissions with diabetic ketoacidosis in West Yorkshire.
- There were consistently higher admission rates across all ethnic groups the more deprived the cohort.



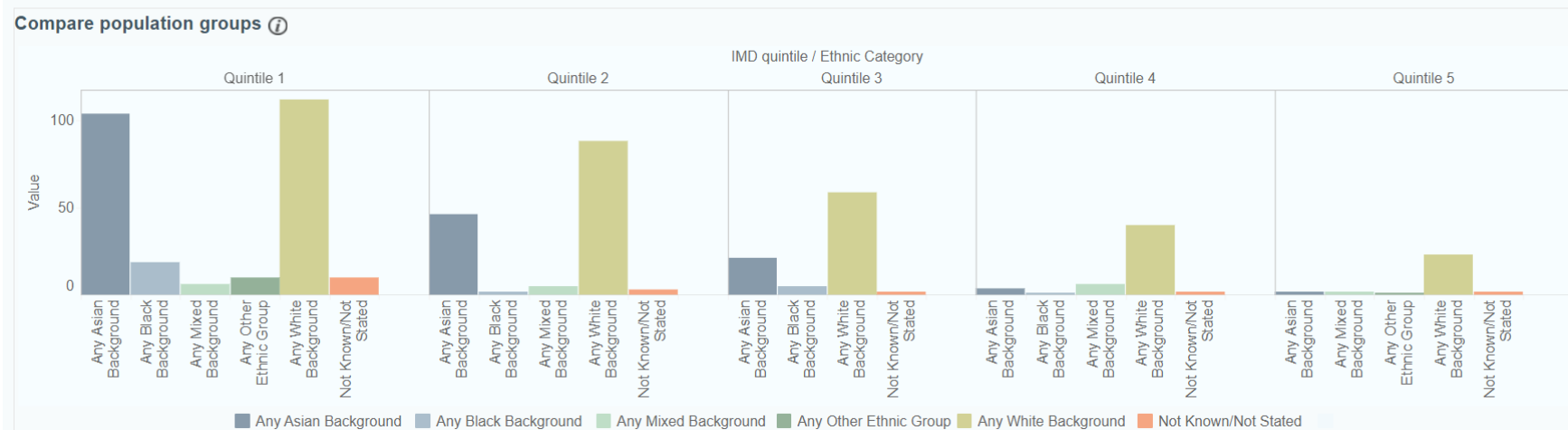
Source: [NHS England](https://www.nhs.uk) / Secondary Use Services via Children & Young People Transformation Programme dashboard



# Epilepsy

- Epilepsy is one of the most common long-term conditions for children and young people (CYP), affecting approximately 112,000 children and young people within the UK.
- Children and young people in the most deprived areas of England are more likely to have epilepsy than those in less deprived areas.
- In 2023/24 the most socioeconomically deprived CYP (0-24) had the highest rate of unplanned hospital admissions in West Yorkshire with a primary diagnosis of epilepsy.
- The highest rate was for those of white ethnicity in deprivation quintile 1 (i.e. most deprived) with 112 admissions per 100,000 population, compared to the ICB overall rate of 71.3 per 100,000.
- There were also high rates of admission for those of Asian ethnicity from the most deprived quintile.

**Unplanned hospital admissions for CYP with a primary diagnosis of epilepsy**  
**NHS WEST YORKSHIRE INTEGRATED CARE BOARD: 71.3 per 100k (FY 2023/24)**  
 Age group: All, Broad ethnic group: All, IMD quintile: All



Source: [NHS England](https://www.nhs.uk) / Secondary Use Services via Children & Young People Transformation Programme dashboard



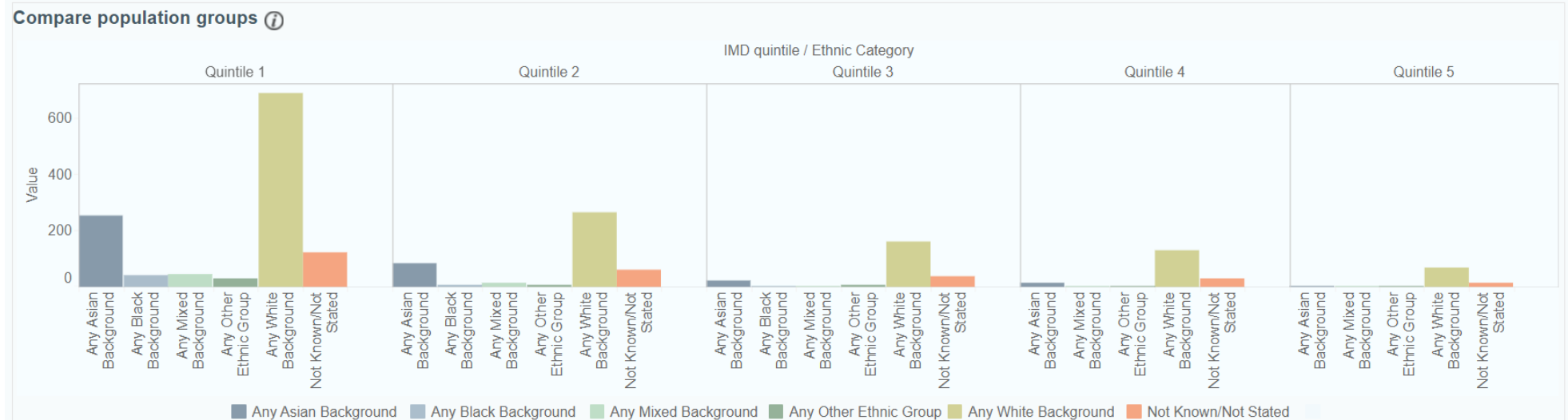
# Oral Health

- Evidence suggests that there are significant inequalities in oral health, with children in more deprived communities having poorer oral health than those living in less deprived communities.
- The most socioeconomically deprived CYP (0-24) had the highest rate of elective hospital-based tooth extractions due to tooth decay, with the highest rate for those of white ethnicity in deprivation quintile 1 with 688 admissions per 100,000 population, compared to the ICB overall rate of 266.6 per 100,000.

## Episodes of hospital based tooth extractions - due to dental caries (decay)

NHS WEST YORKSHIRE INTEGRATED CARE BOARD: 266.6 per 100k (FY 2023/24)

Age group: All, Broad ethnic group: All, IMD quintile: All



Source: [NHS BSA Child Insights Report](#), Secondary Use Services via Children & Young People Transformation Programme dashboard



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# Asthma

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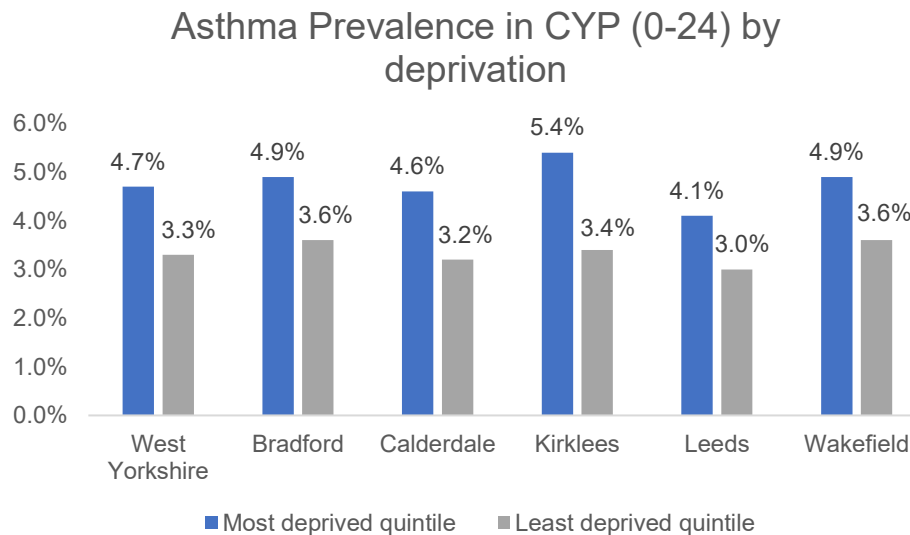
# Asthma - Introduction

- Asthma is the most common long-term medical condition in children in the UK
- The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe
- Outcomes are worse for children and young people living in the most deprived areas

Source: [NHS England](#)



# Asthma - prevalence by deprivation



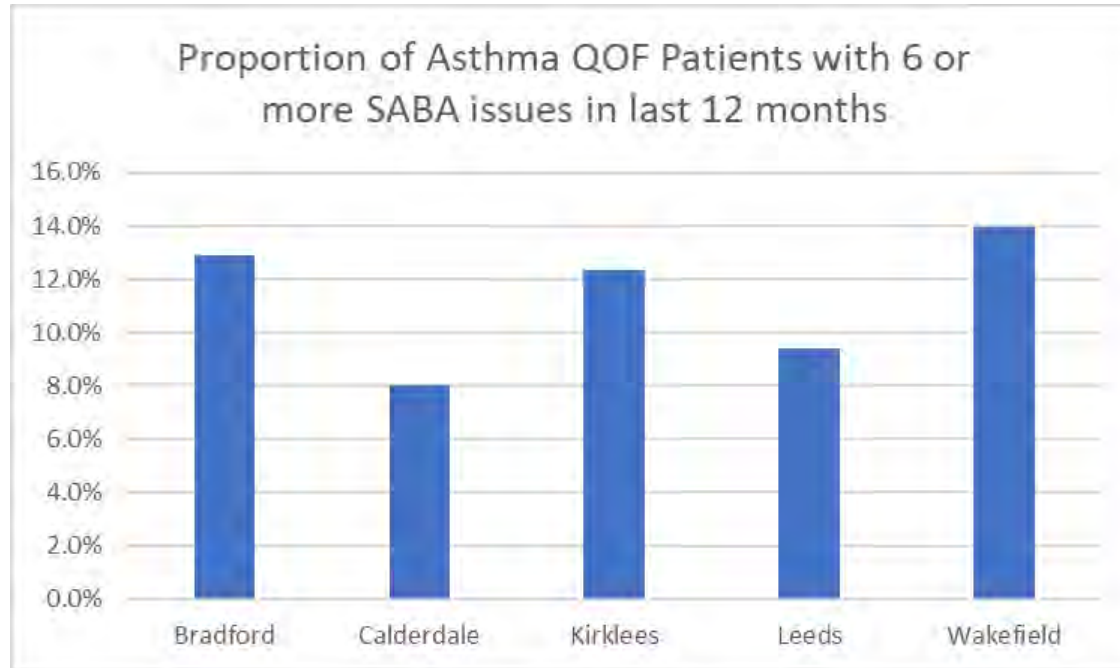
- It's estimated that 1 in 11 CYP are affected by asthma, however this is not reflected in prevalence data, which may indicate that there are CYP with undiagnosed asthma.
- Overall prevalence of asthma for CYP (<24) is 4.2% for West Yorkshire ICB, higher than the England average of 3.9%.
- Prevalence varies by place between 3.6% and 4.7% and is higher amongst the most deprived cohorts when compared with the least across all places.
- Prevalence varies by ethnicity, with those of Asian or Asian British ethnicity from the most deprived quintile having the highest prevalence of asthma (5.7%).

Source: Population and Person Insights via North East and Yorkshire Analytics Team, NHS England





# Asthma - prescribing

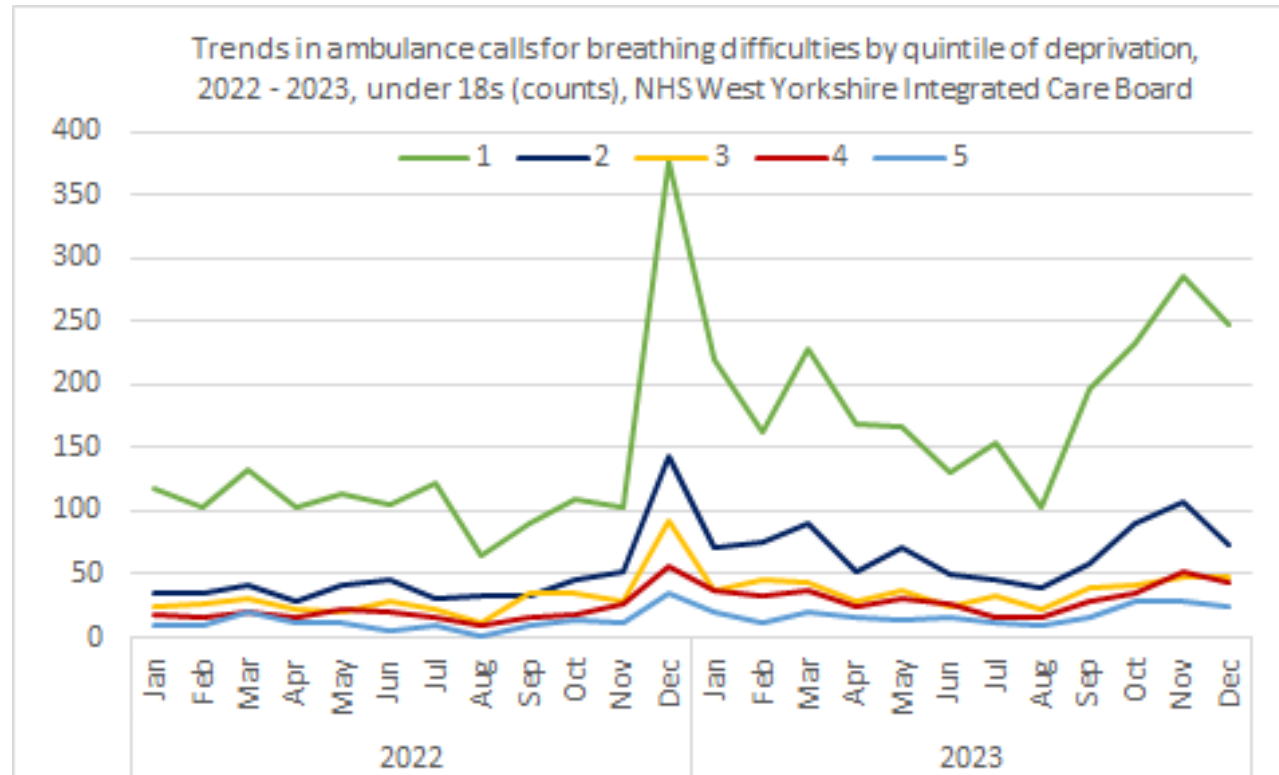


- Managing asthma appropriately (through prescribed medication and its optimal use) in the community can avoid A&E attendances and hospital admissions.
- People who experience socioeconomic deprivation face multiple challenges and barriers which may impact on their ability to access care and self-manage long term health conditions.
- West Yorkshire have high rates of prescribing for long-term management of asthma.
- The proportion of child asthma patients (<18s) with 6 or more SABA issues in the last 12 months varied by place.
- Excessive use of SABA 'rescue' inhalers (e.g. salbutamol) can indicate poor asthma management
- "More than 6 SABA prescriptions per year should prompt urgent review" - [West Yorkshire prescribing guidance](#)

Source: [CHIRP \(Campaign to Help Improve Respiratory Prescribing\)](#)



# Asthma – Ambulance Data



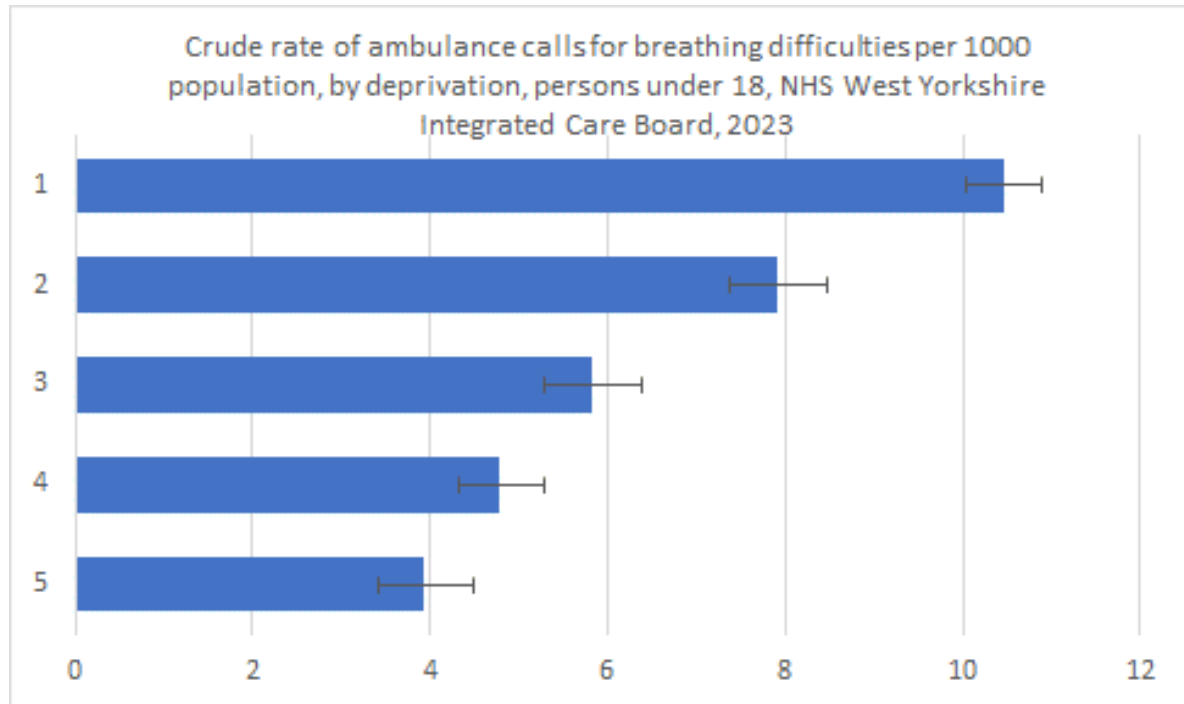
- Breathing difficulties are one of the most common reasons for calling an ambulance and one of the reasons that shows the highest levels of inequality.
- Calls for breathing difficulties for under 18s increased for all quintiles between 2022 and 2023, with the highest increase was seen in the most deprived group.
- Young people were more likely to be conveyed to hospital with 85% of this group conveyed and only 14% treated on scene\*

\*Figures re conveyance vs treated on scene relate to YAS as a whole i.e. are not specific to West Yorkshire population.

Source: Yorkshire Ambulance Service



# Asthma – Ambulance Data



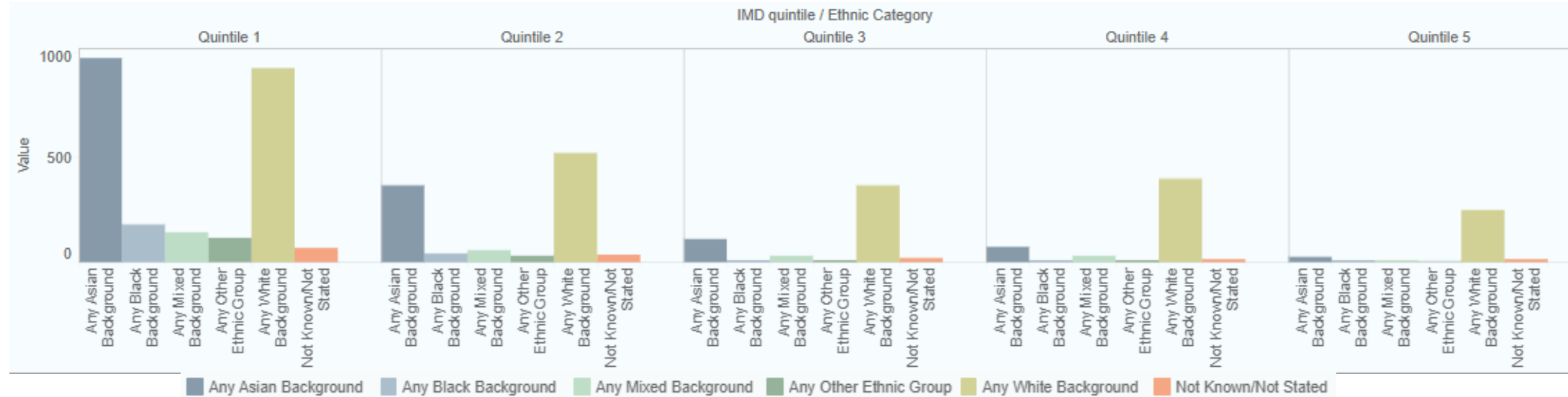
- More than 40% of West Yorkshire's CYP population are from the most deprived quintile which may go some way to explain the reason for the high volume of calls from this decile seen in the previous slide from this quintile.
- However, when the number of calls for breathing difficulties are standardised to per 1,000 population those from quintile 1 represent the highest rate of callers, with decreasing rates of calls the less deprived the cohort.

Source: Yorkshire Ambulance Service



# Asthma – attendances by IMD / Ethnicity

Number of emergency attendances for <24 year olds in West Yorkshire with primary diagnosis of asthma per 100,000 population (2023/24)



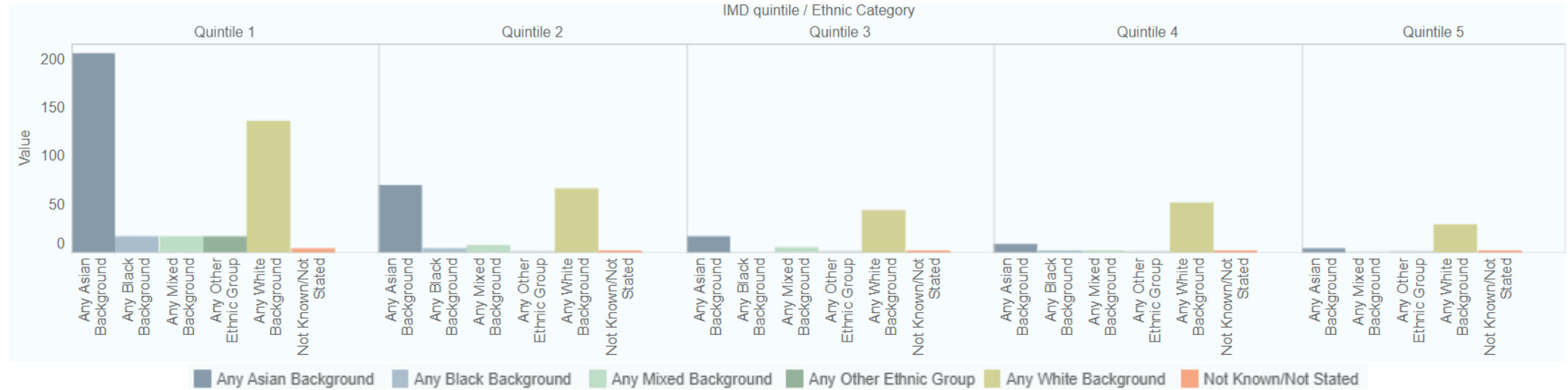
- In 2023/24 the highest rate of emergency attendance with a primary diagnosis of asthma was for those of Asian ethnicity in the most deprived quintile, with a rate of 974 per 100,000 population compared to West Yorkshire’s overall rate of 605.8 per 100,000.
- There were higher rates of attendance for those in the most deprived quintile across all ethnicities.

Source: Secondary Use Services via Children & Young People Transformation Programme dashboard



# Asthma – admissions by IMD / Ethnicity

Number of non elective inpatient admissions for <24 year olds in West Yorkshire with primary diagnosis of asthma per 100,000 population (2023/24)



- In 2023/24 the highest rate of non elective inpatient admissions with a primary diagnosis of asthma was for those of Asian ethnicity in the most deprived quintile, with a rate of 210.5 per 100,000 population compared with West Yorkshire's overall rate of 134.8 per 100,000 population.
- There were higher rates of admission for those in the most deprived quintile across all ethnicities.

Source: Secondary Use Services via Children & Young People Transformation Programme dashboard



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# Mental Health

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# Mental Health - Introduction

- The demand for children and young people's (CYP) mental health services is greater than ever.
- One in five children and young people in England aged eight to 25 had a probable mental disorder in 2023.
- Access to mental health services is more difficult for people from certain backgrounds, and recovery outcomes are poorer.

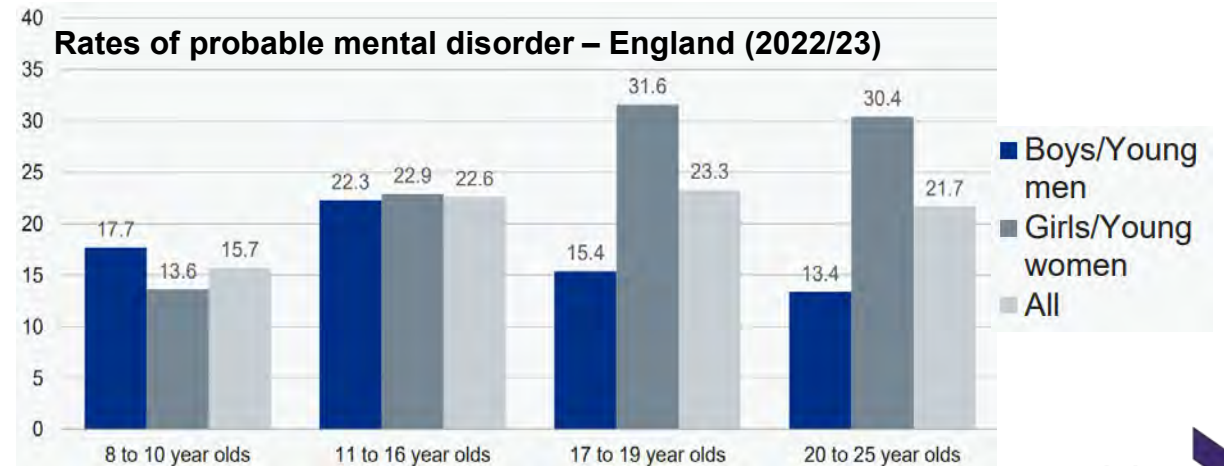
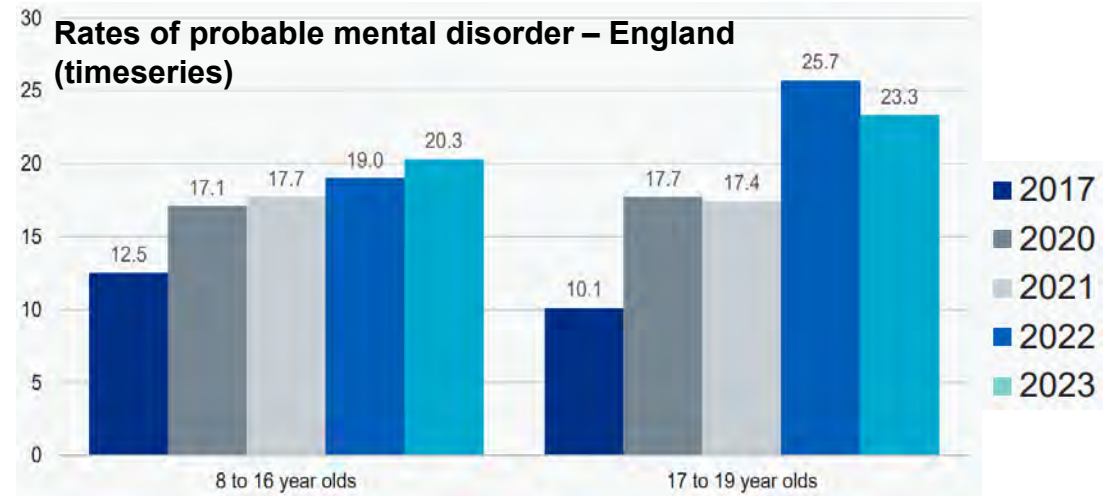
Source: [NHS Digital](#), [NHS England](#)



# Mental Health - Prevalence

- After a rise in prevalence between 2017 and 2020, rates of probable mental disorder remained stable in all age groups between 2022 and 2023.
- In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder.
- Rates of probable mental disorder for 8 to 16 year olds were similar for boys and girls, while for 17 to 25 year olds, rates were twice as high for young women than young men.

Source: [NHS Digital](https://www.nhs.uk)



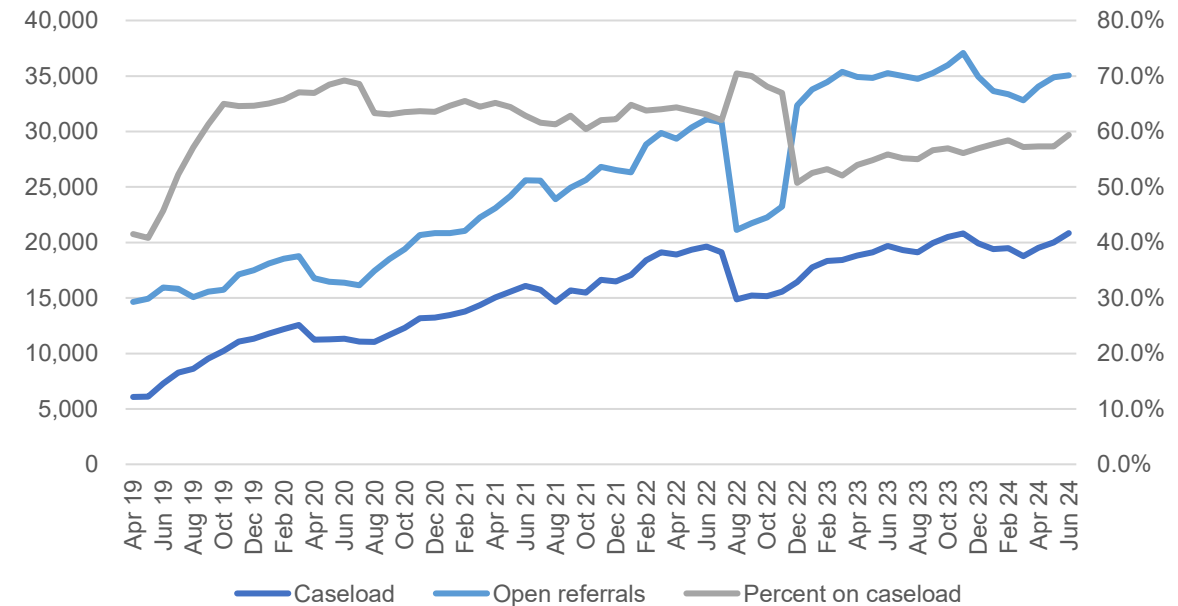


# Mental Health – Demand & Access

Demand for CYP mental health services has increased significantly over time:

- There are more CYP in contact with MH services, with 3,000 more CYP having at least one contact with MH services in the 12 months to April 2024 compared with the 12 months to March 2021.
- Despite the increase in CYP accessing services, open referrals and caseload are over twice as high in June 2024 than those in April 2019.

Children & Young People Caseload  
West Yorkshire

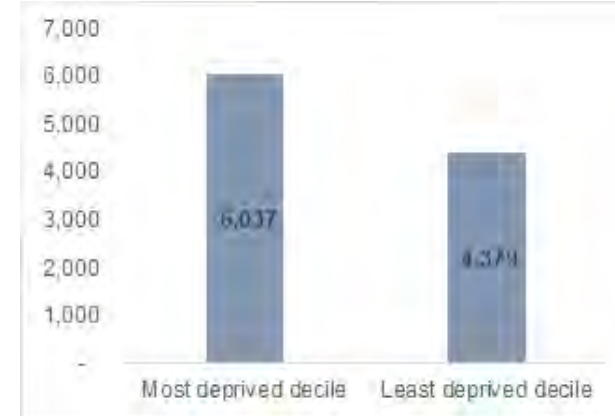


Source: Mental Health Services Data Set via NHS England, Children & Young People Caseload Dashboard



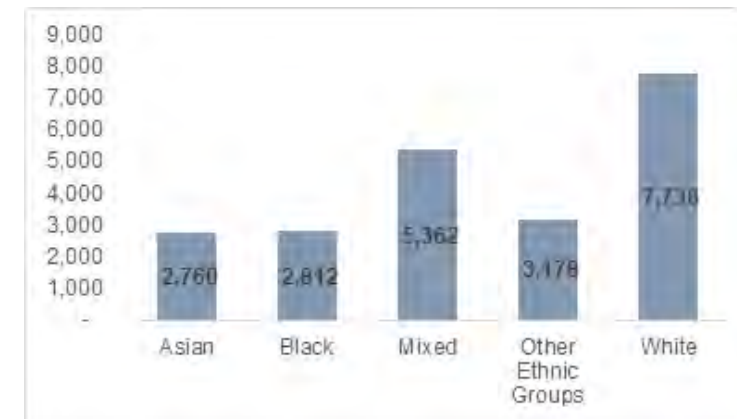
# Mental Health - Demand & Access

Crude rate of CYP (<18) supported through NHS funded mental health with at least one contact per 100,000 population in 2022/23, by deprivation decile – West Yorkshire



- During 2022/23 there were 36,340 reported children and young people aged under 18 supported through NHS funded mental health with at least one contact within West Yorkshire Integrated Care Board (ICB), equating to a rate of 6,767 per 100,000 population aged 0-17.
- The rate for those living in the most deprived decile is greater than the rate in the least deprived decile with a difference of approximately 1,658 per 100,000 population aged 0-17.
- The rate for those from Minority Ethnic Groups was lower than the rate for those of white ethnicity.

Crude rate of CYP (<18) supported through NHS funded mental health with at least one contact per 100,000 population in 2022/23, by ethnicity – West Yorkshire



Source: [Mental Health Bulletin](#)



# Mental Health – Waiting Times

- There is geographic variation in waiting times as a whole and by age, gender, ethnicity, and primary referral reason, with over 40,000 children waiting more than two years to access support nationally.
- In June 2024, 61% of referrals with 1+ contacts recorded had their first contact within 4 weeks in West Yorkshire.
- As of June 2024, over 10,000 referrals were still awaiting a first contact and had been waiting over 12 weeks in West Yorkshire.
- Waiting times data relates to the first point of contact with CYP MH services, and the variations seen in waiting times may not correlate to inequalities in eventual outcomes.

Time to first contact

*lighter colour = shorter wait*

Still waiting for first contact

*lighter colour = shorter wait*

Source: Mental Health Services Data Set via NHS England, Children & Young People Caseload Dashboard

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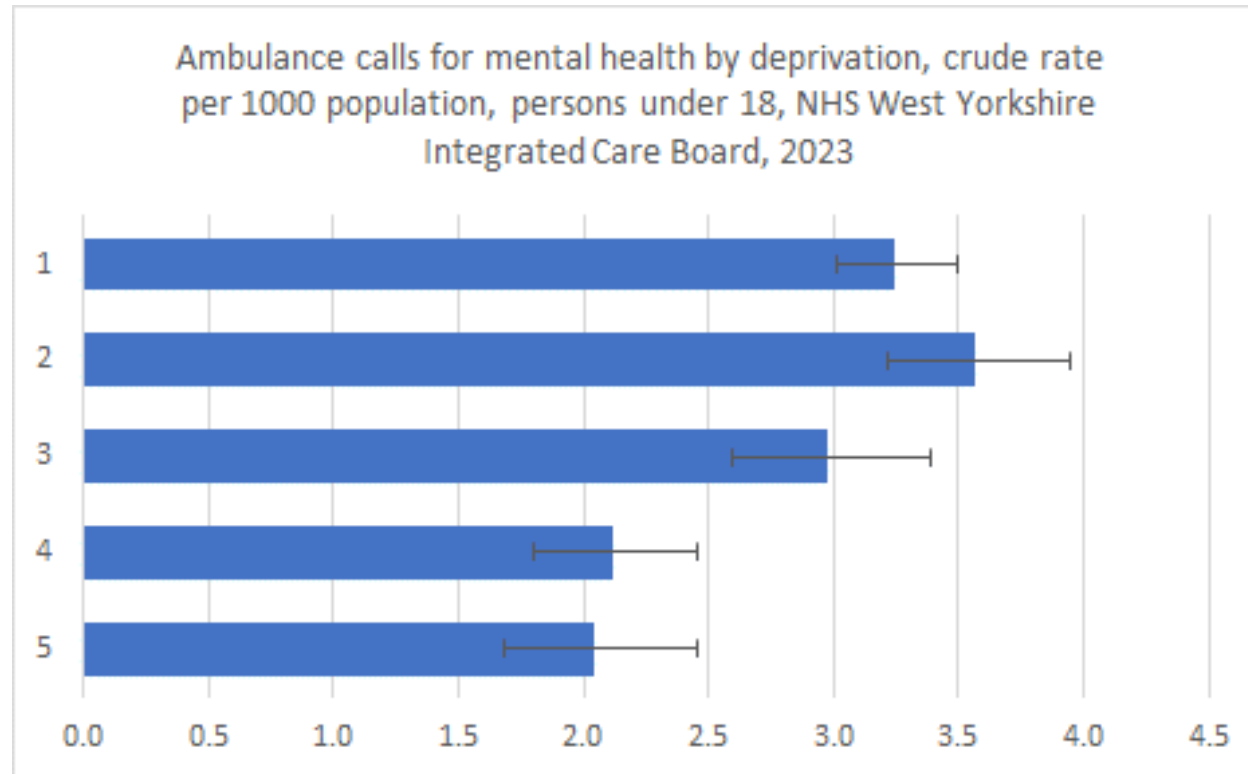
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# Mental Health – Ambulance Data



- Around 3,300 of the ambulance calls for mental health in 2023 were for young people under the age of 18.\*
- 44% of all these calls were from the most deprived quintile. This compares to 9% in the least deprived.\*
- There are more calls from the most deprived areas than the least where data are standardised\*\*.
- Females between 10 and 24 were more likely than males to have an ambulance call for mental health, and 15% of all calls were for these young females.\*

\*Data relates to all YAS calls i.e. not specific to West Yorkshire

\*\*Data relates to West Yorkshire only

Source: Yorkshire Ambulance Service

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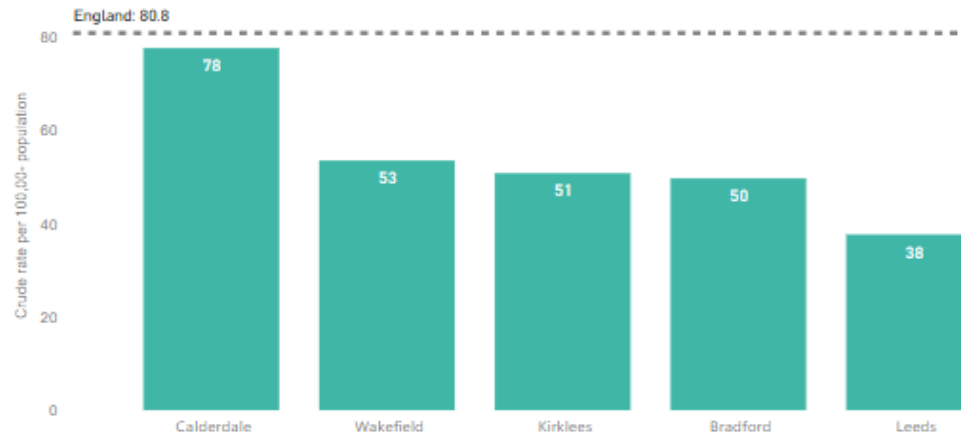
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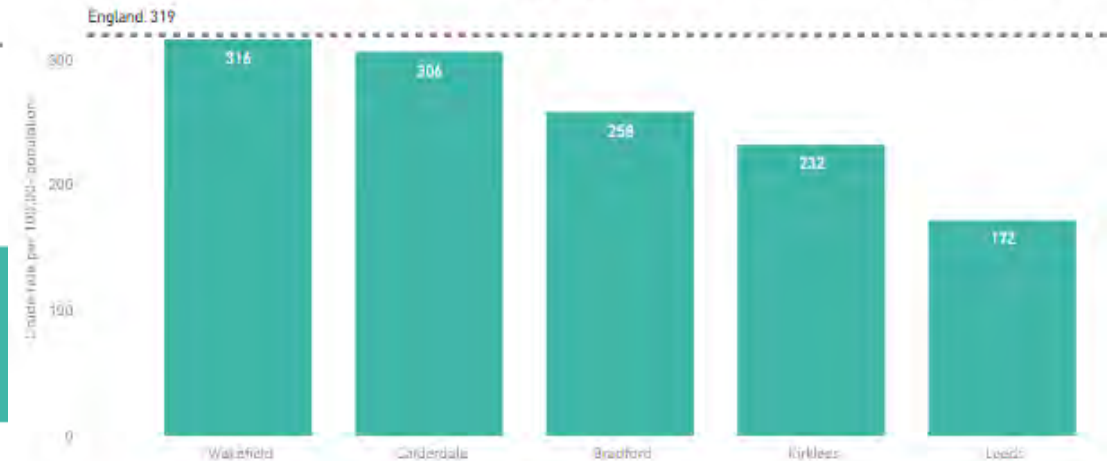


# Mental Health - Hospital Admissions

Hospital admissions for Mental Health conditions <18, crude rate per 100,000 - 2022/23



Hospital admissions as a result of self-harm (10-24 years) 2022/23 - directly standardised rate per 100,000



- There was variation in mental health and self-harm admissions across West Yorkshire in 2022/23.
- All places show a decrease in admissions as a result of self-harm and little to no change in the number of admissions for Mental Health conditions over time.
- All places within West Yorkshire have lower admission rate for both metrics than the national average.

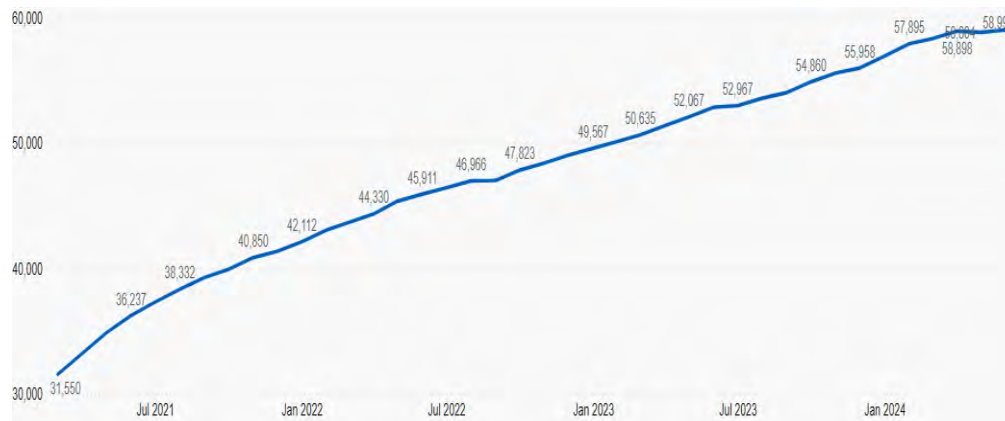
Source: Office for Health Improvement and Disparities, [Children and Young People's Mental Wellbeing](#)



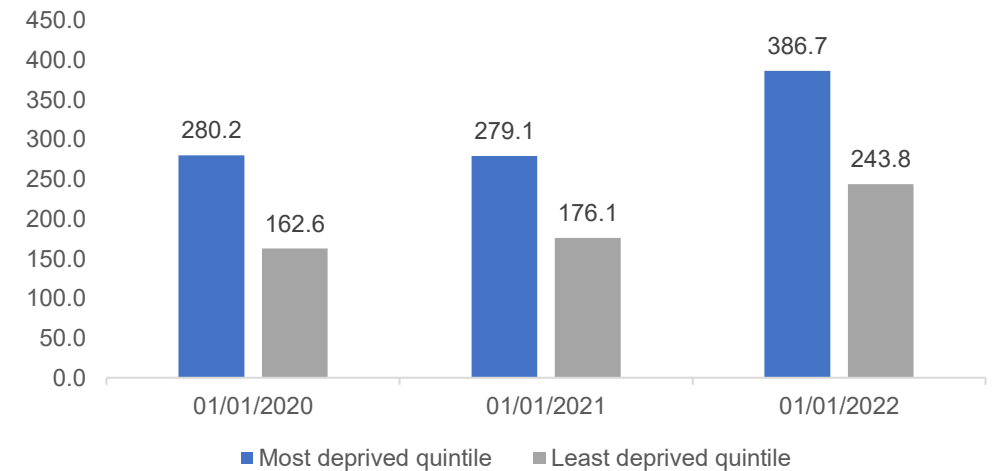
# Mental Health - Perinatal

- Around 1 in 5 women develop a mental health problem around pregnancy, and suicide is a leading cause of death for women during pregnancy.
- There have been an increasing number of women accessing perinatal mental health support, with a higher rate from the most deprived quintile accessing services.

People in contact with specialist perinatal mental health community services over the past 12 months - England



Crude rate of people in contact with Specialist Perinatal Mental Health Community Services per 100,000 females - England



Source: [NHS Digital Mental Health Services Monthly Statistics Dashboard](#) / [Mental Health Bulletin](#)

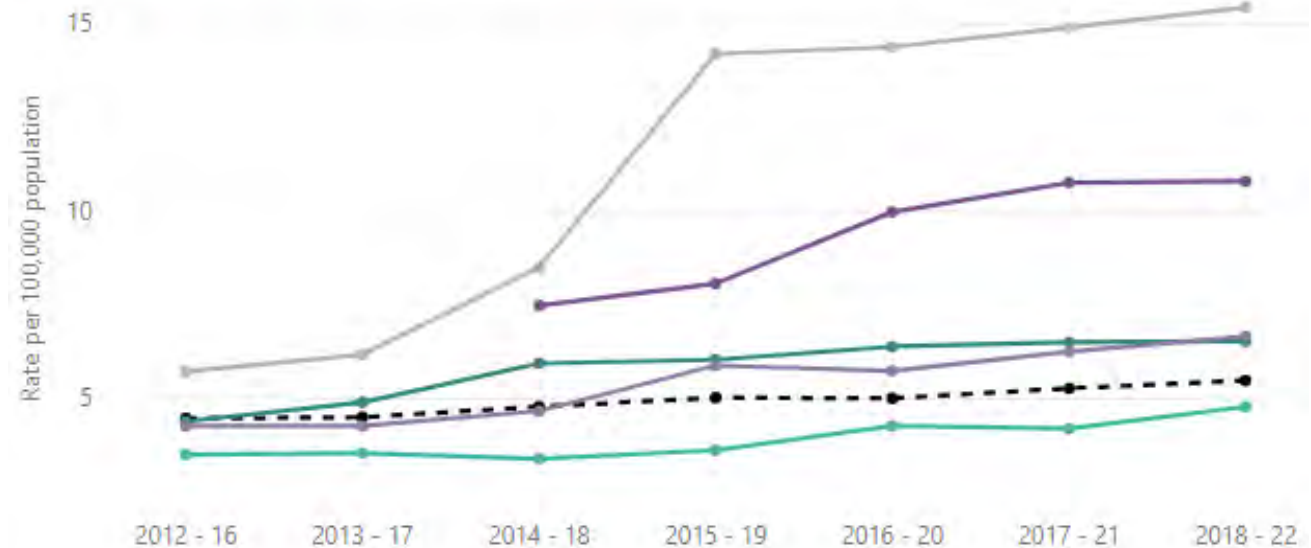


# Suicide Rates

- Increasing rates of suicide amongst CYP within West Yorkshire over time, with the highest rate nationally in Wakefield for the latest data point (2018-2022).
- No health inequalities lens applied to this data due to data availability.

Age-sex standardised rate for suicide - 10-24 year olds

Area Name ● Bradford ● Calderdale ● England ● Kirklees ● Leeds ● Wakefield



Source: [Office for Health Improvement and Disparities](#)

\*\*Calderdale rate cannot be calculated for 2012-16 and 2013-17 time periods as number of cases are too small



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# Local data

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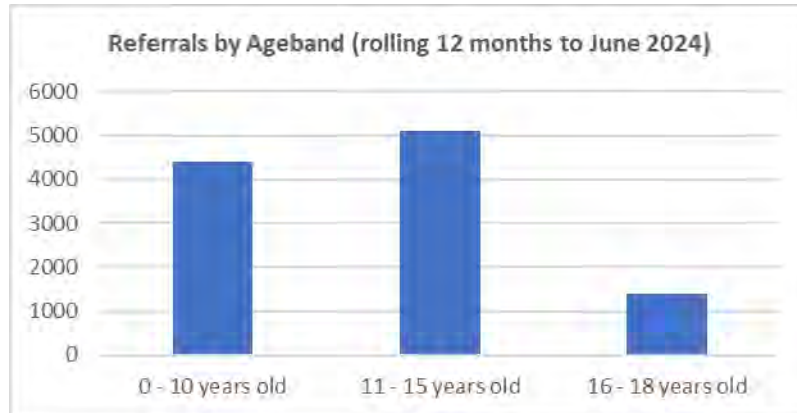
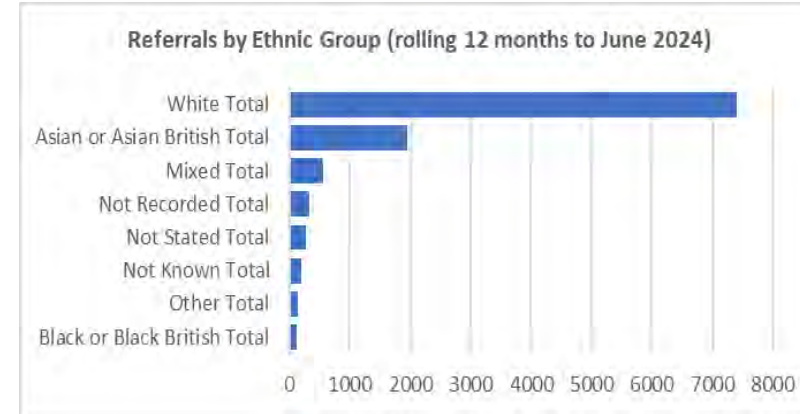
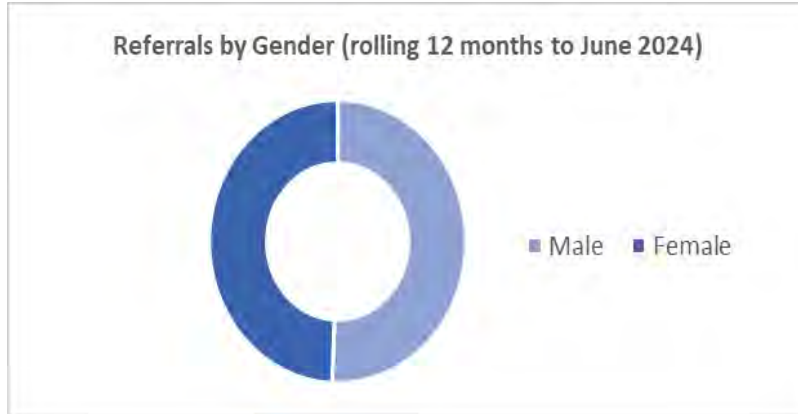




# Bradford

10,913 New CAMHS Referrals – 12 months to Jun 24

8,546 Referral Unique Clients – 12 months to Jun 24



Source: Bradford Business Intelligence Team / BDCFT Data team

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# Leeds – A&E Attendances

**Key Insights ED Attendances by IMD -**  
At **39% IMD 1** decile has highest Attendances. The postcodes with the highest number of CYP attending are 5086 (LS8) and 4851 (LS9), of which LS8 has 45% Age 0-5 yrs old attending ED.

CYP Postcode Attending ED by IMD decile

IMD\_Decile ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ● 10



of all children and young people aged 0-18 attending A&E were from the most deprived areas (IMD 1)



of all children aged 0-5 attending A&E were from the most deprived areas (IMD 1), with highest percentage attending from **Burmantofts, Harehills and Richmond Hill PCN** followed by **Beeston PCN**



IMD 1 A&E attendances Rate\*



IMD 2 - 10 A&E attendances Rate\*

The Top 3 reasons for CYP attending A&E for year 2023-24 was Breathing Difficulties (10%) followed by Injury to upper extremity (9.5%) and Fever (8.9%).  
At **(741) Bramley, Wortley and Middleton PCN** had highest ED CYP attendances Rate\* followed by **Armley PCN (375)** and **York Road PCN(359)** for CYP ages 0-18 across all IMD deciles.

Source: Leeds Health & Care Partnership

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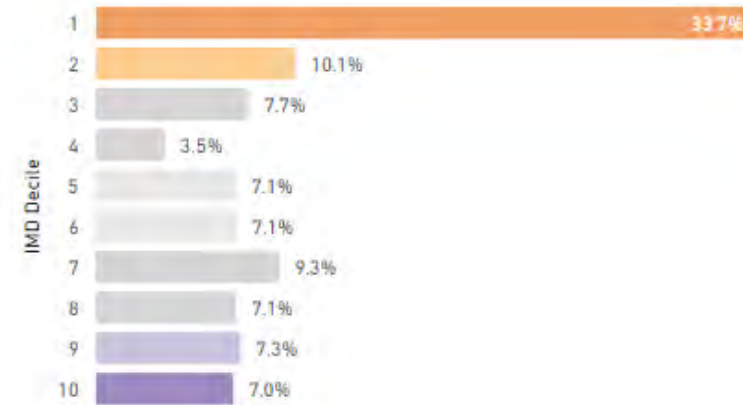
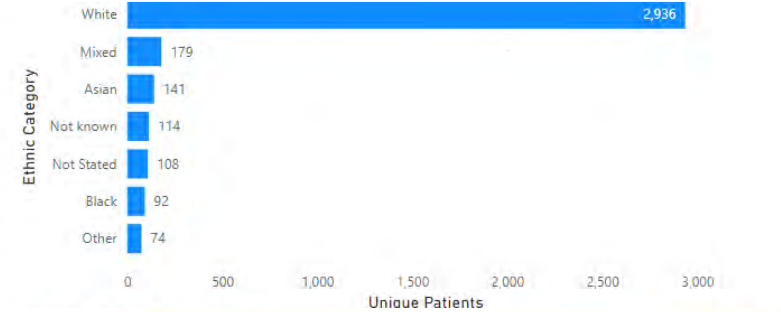
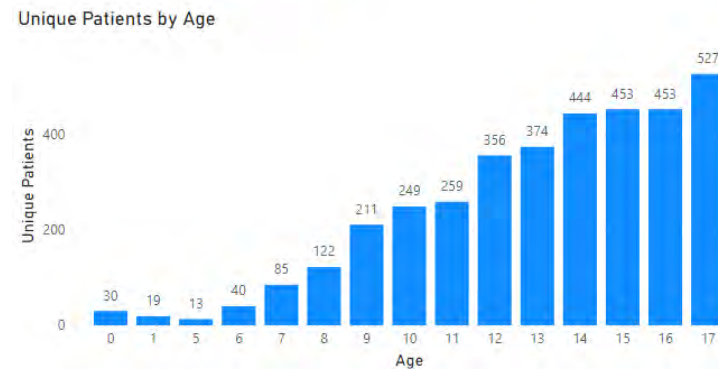
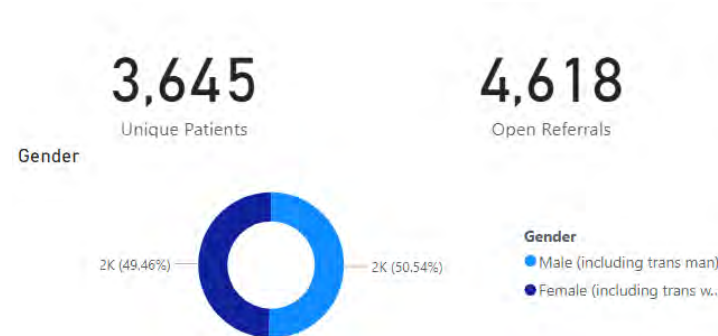
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# Leeds – CYP Mental Health



Source: Leeds Data Hub – Children & Young People's Mental Health / Leeds Population Profile

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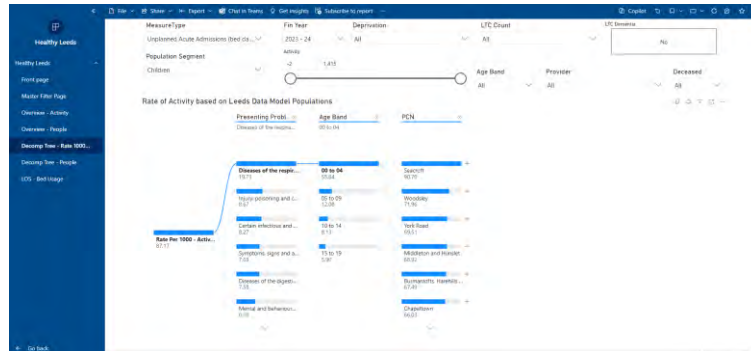
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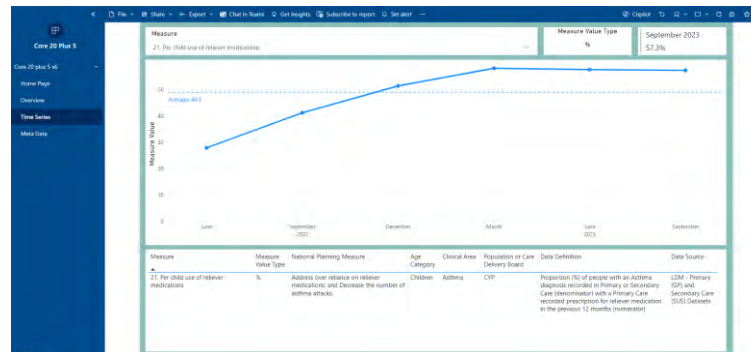


# Leeds - Asthma

Healthy Leeds tool:



Core20PLUS5:



Source: Leeds Data Hub – Healthy Leeds / Core20PLUS5

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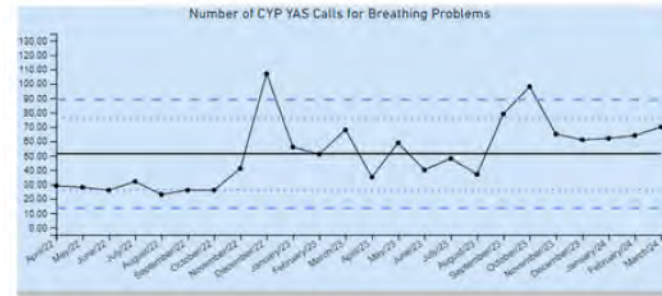
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## CYP Respiratory Urgent Care Calls and Attendances



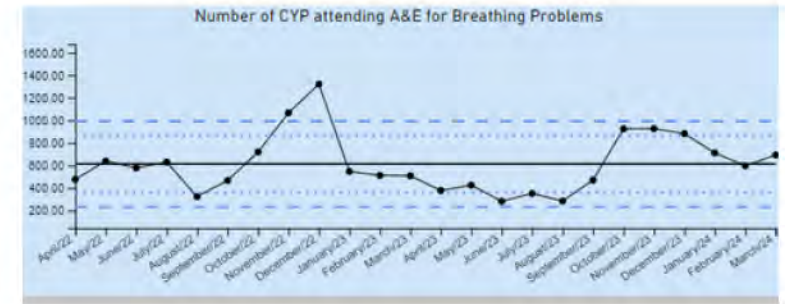
**Key insights YAS Calls**– Number of YAS Calls for Breathing problems trended up, resulting in a 141.38% increase between April, 2022 and, March, 2024.

**SEACROFT PCN** had the highest Rate\* of calls, followed by **CROSSGATES PCN** and **YORK ROAD PCN**.

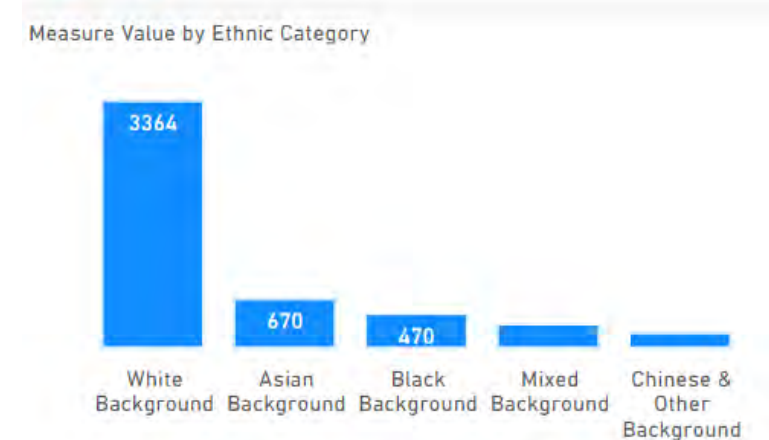
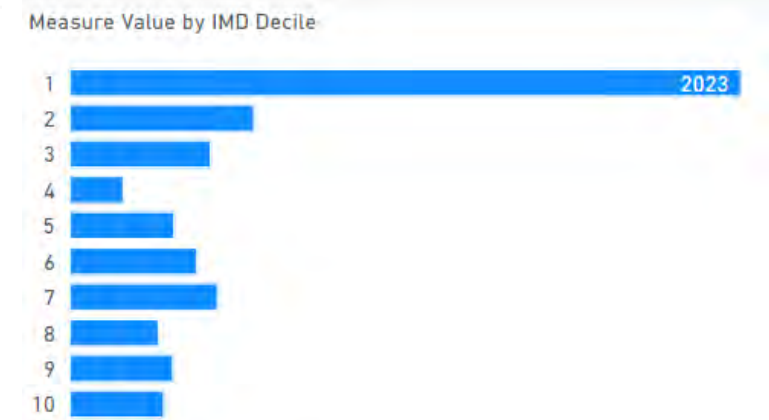
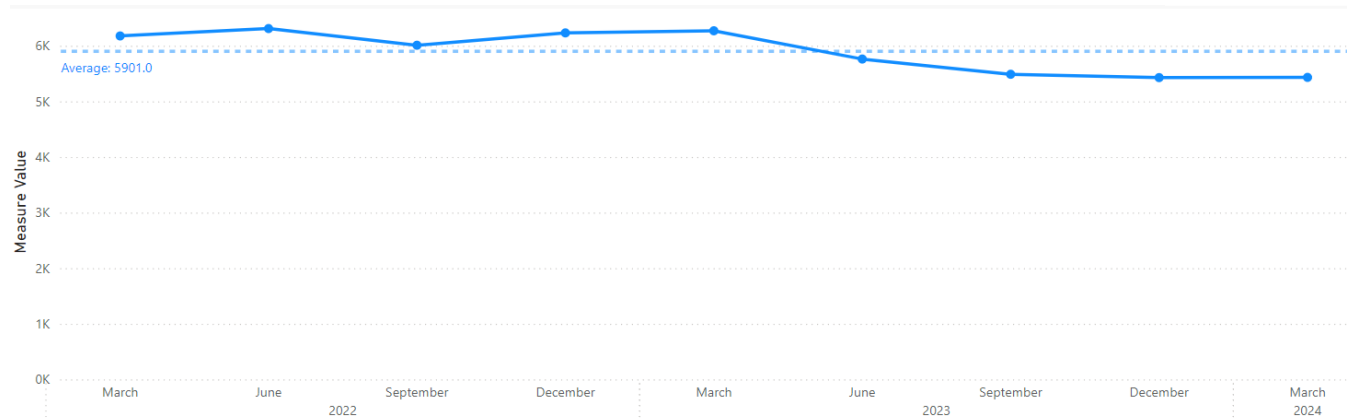
Of the total YAS calls made for/by 0–18 years old , 0–5 yrs old account for 65%.



**Key Insights ED Attendances**  
– Rate per 1000 Pop trended up, resulting in a 54.93% increase in ED attendances for Breathing problems between April 2022 and March 2024 for IMD 1 Vs 33.76% increase between April 2022 and March 2024 for IMD 2-10.



# Leeds - Asthma



- The above line chart shows A&E attendances with asthma symptoms for 0-17 year olds.
- The two bar charts show the same data as at the latest data point (March 2024)
- Although the proportion of CYP with asthma who are prescribed reliever medication is similar across ethnicities and levels of deprivation, 50% of attendances and 54% of admissions are those from the most deprived quintile (i.e. deciles 1 & 2).

Source: Leeds Data Hub – Core20PLUS5

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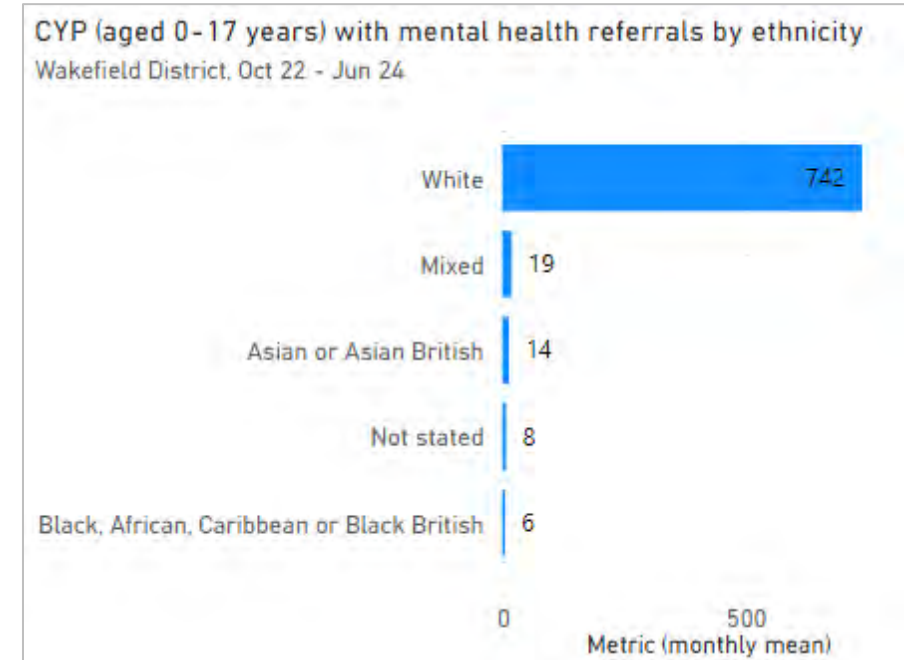
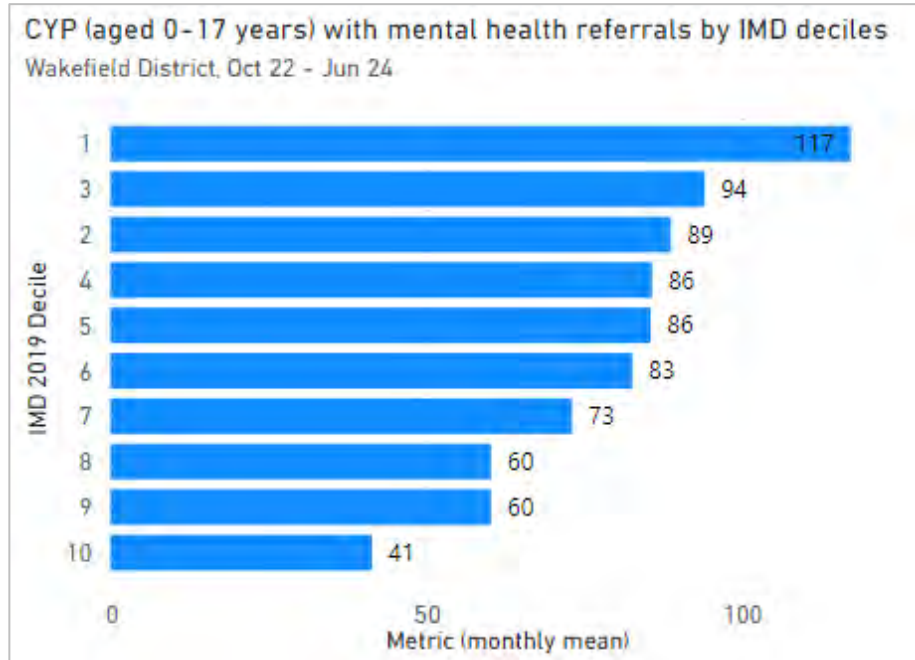
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# Wakefield – CYP Mental Health Referrals

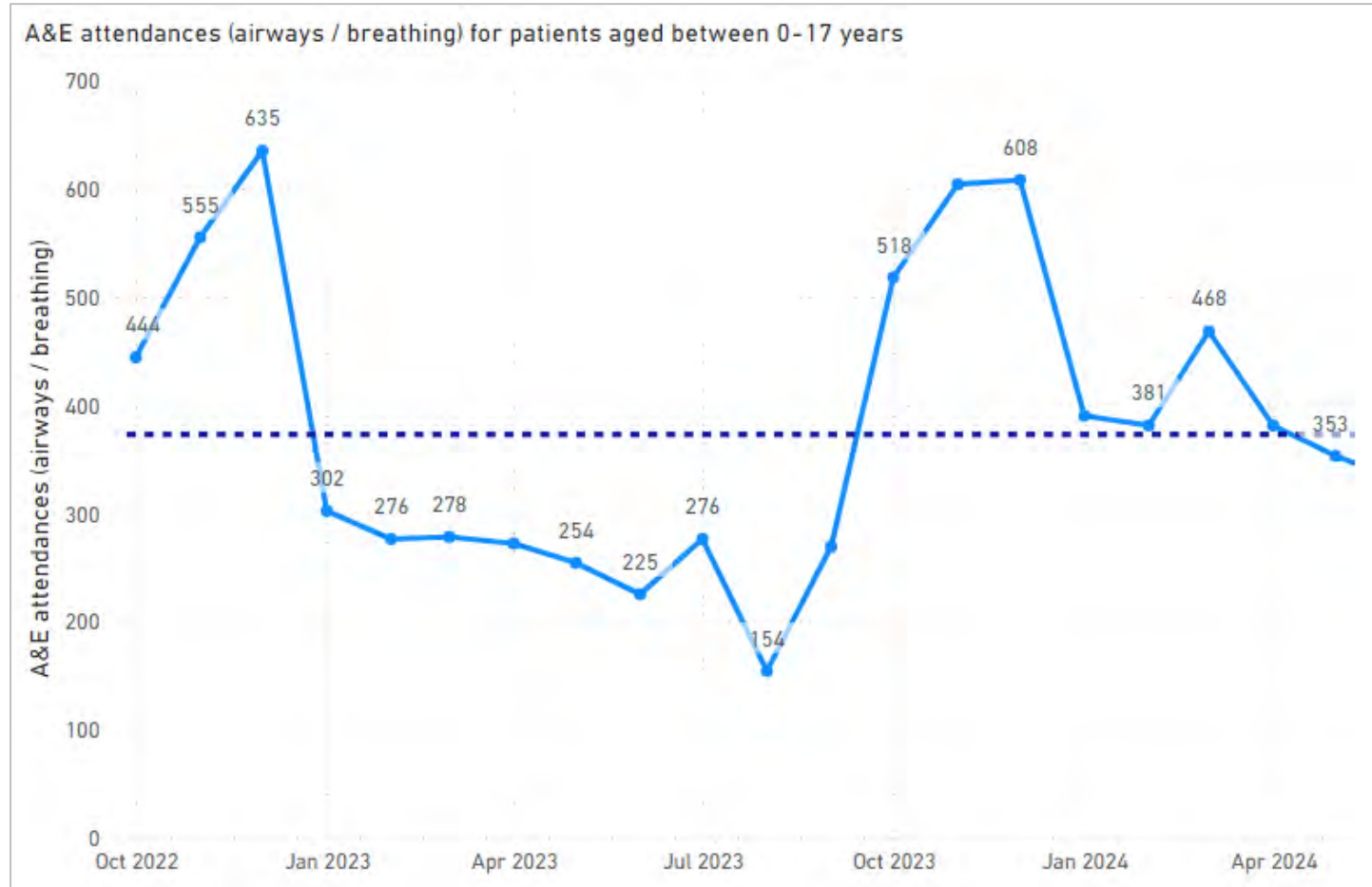
Across Oct 22 – Jun 24, there were 790 mental health referrals each month for CYP patients. The charts above show the number of mental health referrals broken down by IMD deciles (left) and ethnicity (right).



Source: Wakefield District Health & Care Partnership



# Wakefield – A&E attendances



The chart illustrates the number of A&E attendances for airway / breathing chief complaint groups for Wakefield patients aged between 0-17 years.

Charts showing these attendances by IMD deciles and ethnicity are shown in the following slide.

Source: Wakefield District Health & Care Partnership

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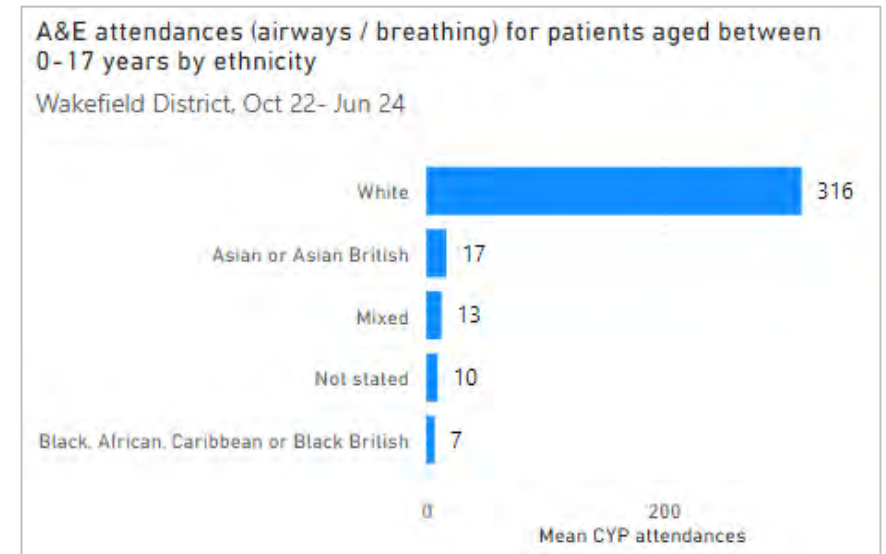
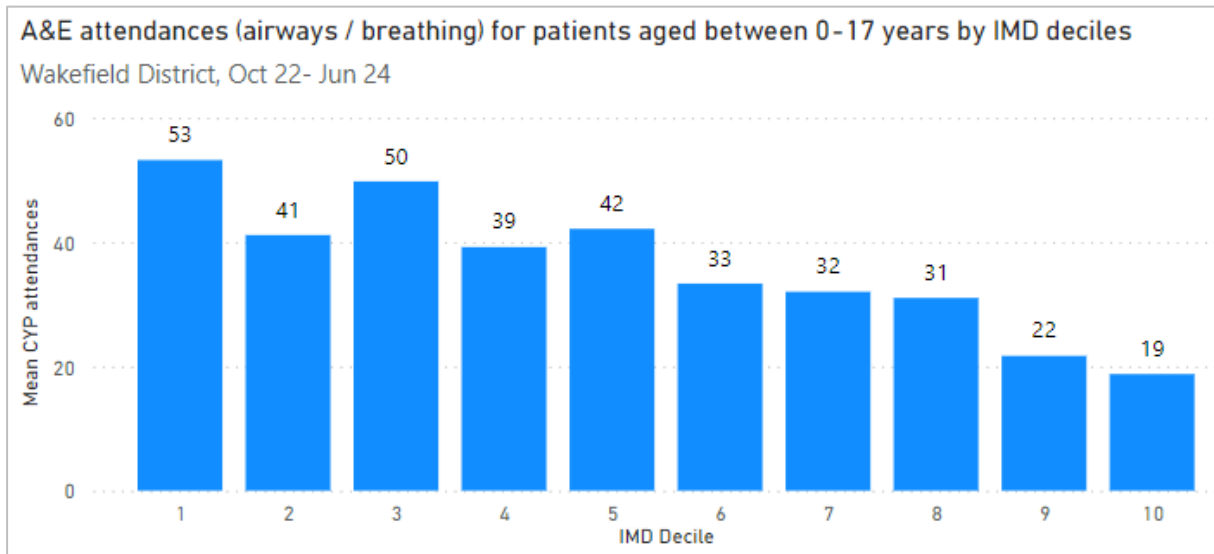
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# Wakefield – A&E attendances

The charts below show the number of A&E attendances for airways and breathing related issues from Wakefield patients (0-17 years) broken down by IMD deciles (left) and ethnicity (right).



Source: Wakefield District Health & Care Partnership

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