



Harrow

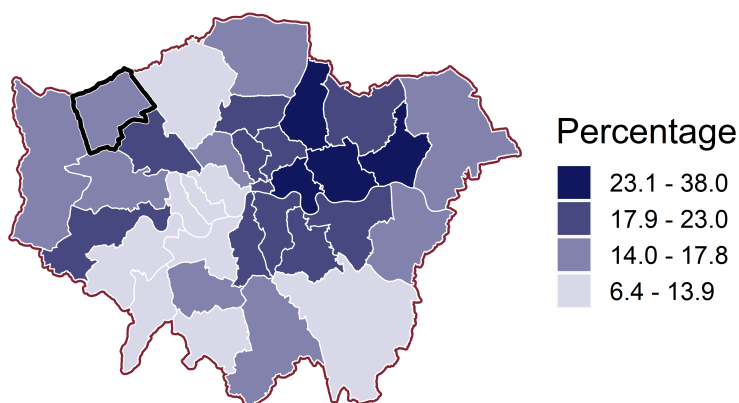
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	Region	England
Live births (2019)	3,526	117,897	610,505
Children aged 0 to 4 years (2019)	17,800 7.1%	606,000 6.8%	3,299,600 5.9%
Children aged 0 to 19 years (2019)	64,000 25.5%	2,214,200 24.7%	13,282,300 23.6%
Children aged 0 to 19 years in 2029 (projected)	61,000 24.2%	2,196,400 23.4%	13,483,800 22.9%
School children from minority ethnic groups (2020)	33,940 90.9%	962,418 75.2%	2,812,226 34.6%
School pupils with social, emotional and mental health needs (2020)	581 1.5%	32,308 2.5%	222,595 2.7%
Children living in poverty aged under 16 years (2018/19)	15.8%	17.6%	18.4%
Life expectancy at birth (2017-2019)	Boys 83.2 Girls 86.2	80.9 84.7	79.8 83.4

Children living in poverty

Map of London with Harrow outlined, showing the relative levels of children living in poverty.



Map contains Ordnance Survey data.

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Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Harrow is better than England.

The infant mortality rate is similar to England with an average of 15 infants dying before age 1 each year. Recently there have been 6 child deaths (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is better than England, with 25 girls becoming pregnant in a year.
- 4.3% of women smoke while pregnant which is better than England.
- 81.5% of newborns received breast milk as their first feed. Data on breastfeeding at 6 to 8 weeks after birth is not available for this area.
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 83.4% of children have had one dose.
- Dental health is worse than England. 42.4% of 5 year olds have experience of dental decay.
- Levels of child obesity are similar to England. 9.5% of children in Reception and 21.0% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 50.5 per 100,000 is better than England. The rate of self-harm (10-24 years) at 180.7 per 100,000 is better than England.

By age two, 88.7% of children have had Dtap/IPV/Hib immunisation, not meeting minimum recommended coverage (95%). 83.3% of children in care are up to date with their immunisations, which is similar to England.

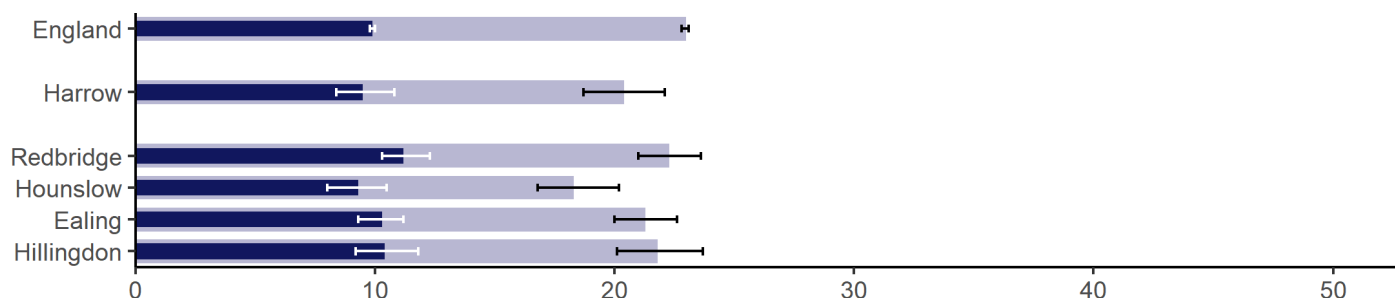
In 2018/19, there were 14,040 A&E attendances by children aged four years and under. This gives a rate which is worse than England.

Childhood obesity

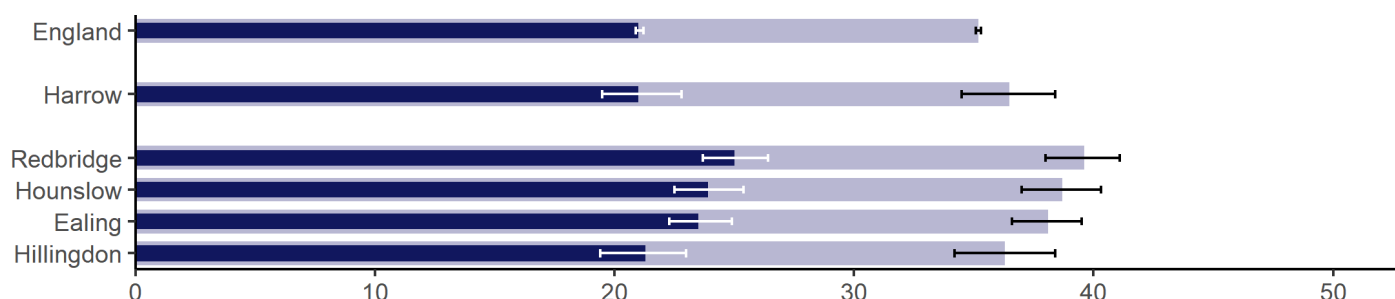
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Harrow with its statistical neighbours, and the England average. Compared with the England average, this area has a better percentage of children in Reception (20.4%) and a similar percentage in Year 6 (36.5%) who have excess weight.

■ Obese ■ All children with excess weight, some of whom are obese

Children aged 4-5 years who have excess weight, 2019/20 (percentage)



Children aged 10-11 years who have excess weight, 2019/20 (percentage)

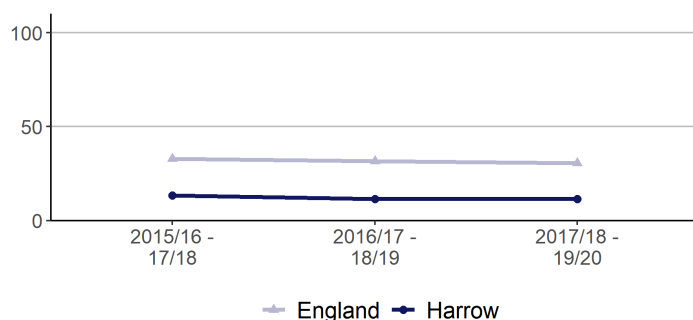


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. This is not the case in Harrow, where there is no significant trend. The admission rate in the latest period is better than the England average.

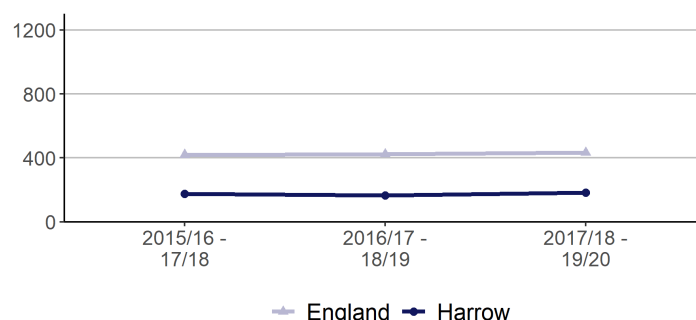
Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in Harrow, where there is no significant trend. The admission rate in the latest pooled period is better than the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)

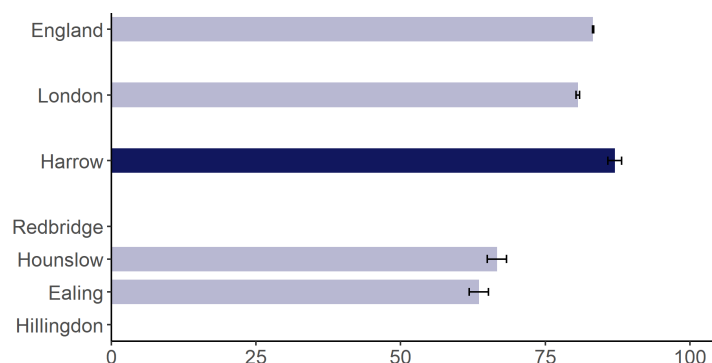


*Information about admissions in the single year 2019/20 can be found on page 4

These charts compare Harrow with its statistical neighbours, and the England and regional averages.

Child development at 2-2½ years

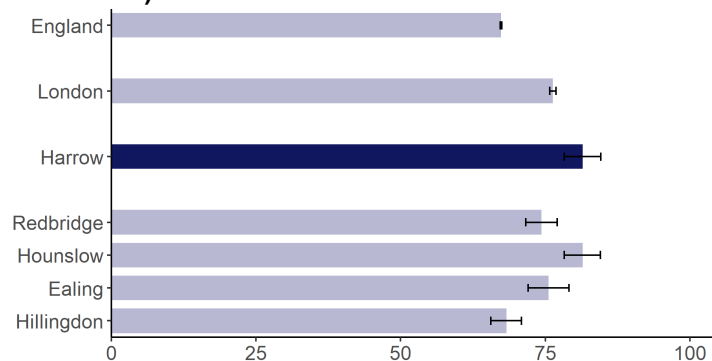
Children at or above expected level of development in all five areas at 2-2½ years, 2019/20 (percentage of children reviewed)



87.0% of children aged 2-2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in 2019/20. This is better than the England average. A better proportion of children were at or above the expected level of development for communication skills (91.2%) and a better proportion for personal-social skills (96.3%) when compared with England (88.9% for communication and 92.9% for personal-social skills).

Breastfeeding

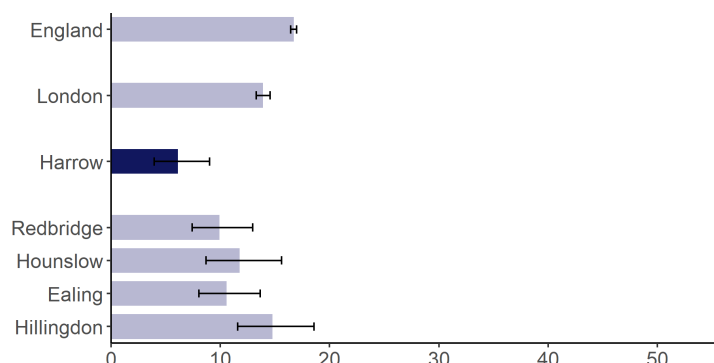
First feed breast milk, 2018/19 (percentage of newborns)



81.5% of newborns received breast milk as their first feed. Data on breastfeeding at 6 to 8 weeks after birth is not available for this area.

Young people's sexual and reproductive health

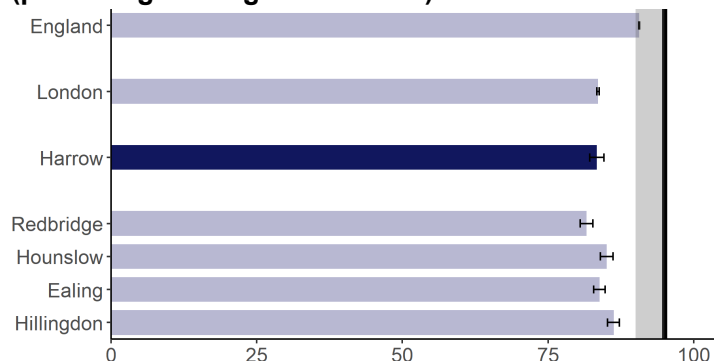
Teenage conceptions in girls aged under 18 years, 2018 (rate per 1,000 female population aged 15-17 years)



In 2018, approximately 6 girls aged under 18 conceived, for every 1,000 girls aged 15-17 years living in this area. This is lower than the regional average and lower than the England average. Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicate improved screening activity; it is not a measure of prevalence. In 2019, the detection rate in this area was 2,492 per 100,000 which is higher than the minimum recommended rate of at least 2,300.

Measles, mumps and rubella (MMR) vaccination

MMR vaccination coverage by age 2 years, 2019/20 (percentage of eligible children)

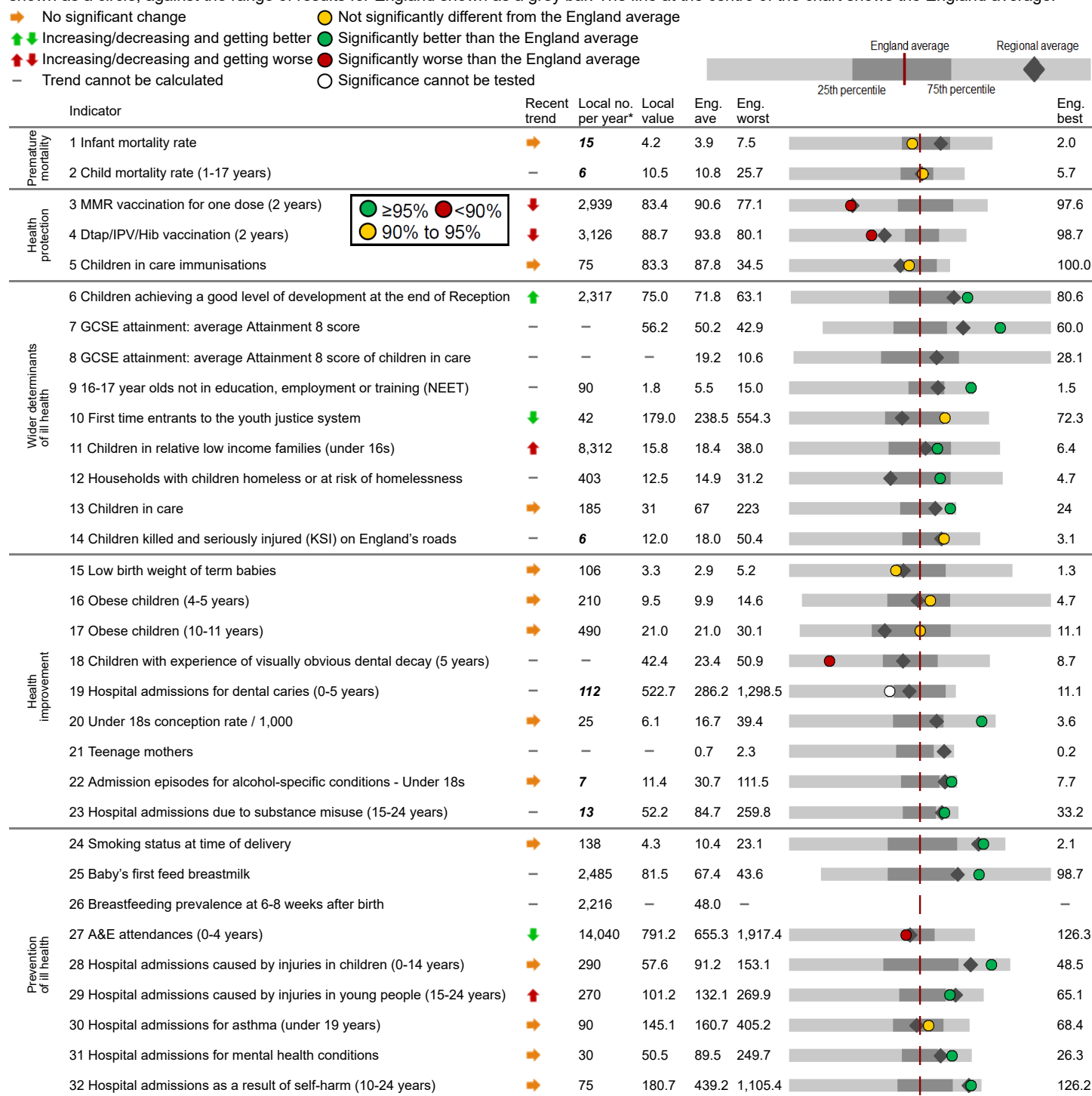


The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Less than 95% (the minimum recommended coverage level) of children have received their first dose of MMR immunisation by the age of two in this area (83.4%). By the age of five, only 80.0% of children have received their second dose of MMR immunisation.

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.



*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure
Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

- Mortality rate per 1,000 live births (aged under 1), 2017-2019
- Directly standardised rate per 100,000 children aged 1-17, 2017-2019
- % children immunised against measles, mumps and rubella (first dose by age 2), 2019/20
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2019/20
- % children in care with up-to-date immunisations, 2020
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
- GCSE attainment: average attainment 8 score, 2019/20
- GCSE attainment: average attainment 8 score of children looked after, 2019
- % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2019
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
- % of children aged under 16 living in relative low income families, 2018/19
- Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2019/20
- Rate of children looked after at 31 March per 10,000 population aged under 18, 2020
- Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2017-2019
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2019
- % school children in Reception year classified as obese, 2019/20
- % school children in Year 6 classified as obese, 2019/20
- % children aged 5 with visually obvious dental decay, 2018/19
- Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2017/18-2019/20
- Under 18 conception rate per 1,000 females aged 15-17, 2018
- % of delivery episodes where the mother is aged less than 18, 2019/20
- Hospital admissions for alcohol-specific conditions – under 18, crude rate per 100,000 population, 2017/18-2019/20
- Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2017/18-2019/20
- % of mothers smoking at time of delivery, 2019/20
- % of newborns who receive breast milk as first feed, 2018/19
- % of mothers breastfeeding at 6-8 weeks, 2019/20
- Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
- Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2019/20
- Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2019/20
- Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2019/20
- Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2019/20
- Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2019/20