

3.3 Children with medical conditions

Although aspiration is a significant barrier to individuals achieving their potential there are a range of other barriers which can prevent or make it more challenging for individuals of all ages to achieve all that they could. These include not only aspects such as living in poverty and educational attainment that , but also developmental needs, medical needs, mental ill health, physical disability including sensory impairment, learning difficulties, being taken into local authority care, being a young carer and being a substance misuser. Many of these issues are discussed in relevant sections of the JSNA.

3.3.1 Speech and language disorders

The ability of a child to articulate and communicate is key to enabling them to achieve their potential. Whether through speech or sign language, communication is a fundamental development skill. An estimated 6.4% of children nationally will develop a clinical speech and language disorder and boys are twice as likely as girls to have disorders. This suggests that approximately 2,878 children and young people (0-19 years) will have a speech and language need, which is comparable to the 2,300 children in local schools with statements of special educational need where speech and language is the primary special need. Local need is also reflected in the data collected nationally on the percentage of children achieving a good level of development the within Early Years Foundation Stage Profile shows that 59.6% of Barking and Dagenham children achieve this, similar to the England levels (60.4%)2013/2014 data, Child Health Profile for Barking and Dagenham, Public Health England¹).

3.3.2 Continence

Education and Resources for Improving Childhood Continence (ERIC) suggests about 1 in 12 young people in the UK struggle with bedwetting, daytime wetting, constipation, and soiling (sometimes called incontinence or continence problems). Incontinence is distressing for children and young people and can be indicative of both physical and emotional problems; it can also lead to bullying at school and cause emotional and behavioural problems.

Modelling of nocturnal bedwetting suggests that over 2,305 children and young people in Barking and Dagenham will have problems with persistent bed-wetting, but only 2% of these (around 46 children and young people) will reach the definition of Diagnostic and Statistical Manual of Mental Disorders (fourth edition) criteria for nocturnal enuresis (wetting at least twice a week).

An estimated 386 children between the ages of 4 and 12 will suffer from faecal incontinence and 6,413 will suffer with constipation. Of these, 5% (321) will suffer with constipation over a period of more than 6 months.

¹ 2013/2014 data, Child Health Profile for Barking and Dagenham, Public Health England
<http://atlas.chimat.org.uk/IAS/dataviews/report/fullpage?viewId=433&reportId=442&geoid=4&geoReportId=4493>
(accessed 16 April 20154)

3.3.3 Children and young people – physical health and medical needs

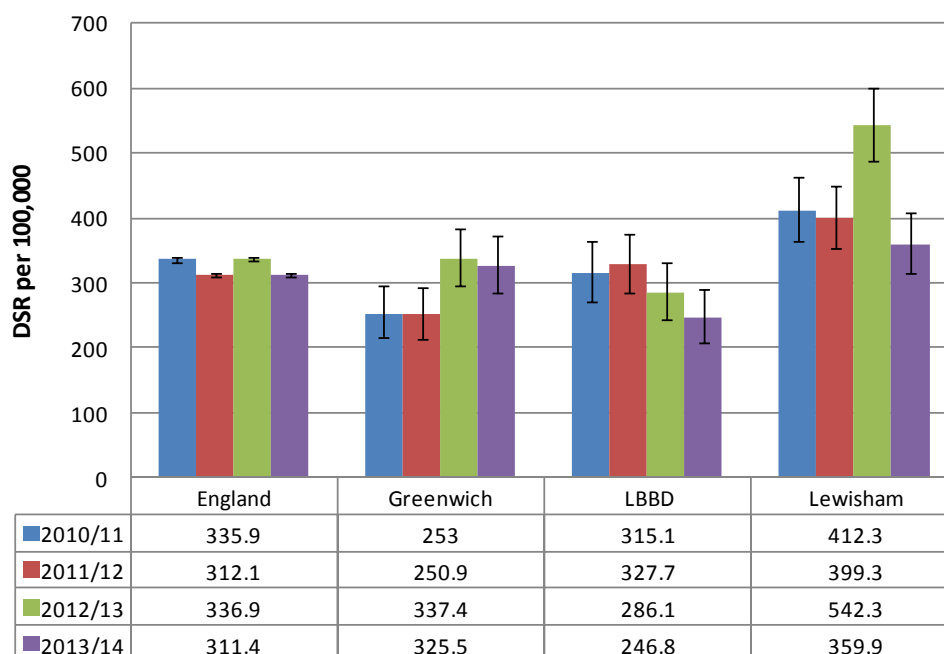
Estimating the needs of children with physical-ill health is complex, primarily because of the broad range of illnesses that can affect children and young people; however, sickness is a significant cause of school absence and a barrier to children and young people achieving their potential.

3.3.4 Long term conditions

Living with a long term condition can have a significant impact on the health and wellbeing of children and young people and impact in the long term on their ability to achieve their potential due to missing school, social isolation, and stigmatisation. There has been limited work looking at pathways of care for children with long term conditions and this is an area for development. Some conditions such as sickle cell disease are increasing in Barking and Dagenham due to the demographic changes (See Section on Sickle Cell Disease)

Unplanned hospital admissions for children under the age of 19 years with asthma, diabetes and epilepsy are included as one of the NHS Outcomes Indicators for Clinical Commissioning Groups. Admission rates for children with asthma, diabetes and epilepsy improved between 2010/11 and 2013/14, is lower than the statistical neighbouring boroughs (Greenwich and Lewisham) and the national average. (Figure 3.3.1).

Table 3.3.1: Unplanned hospitalisation rate (per 100,000) for asthma, diabetes and epilepsy in under 19s, LBBB, Greenwich, Lewisham and England, 2010/11-2013/14²



Source: HSCIC

² HSCIC, June 2015. 'Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s' [online] available from: <https://indicators.ic.nhs.uk/webview/> [accessed 30 Jun. 15]

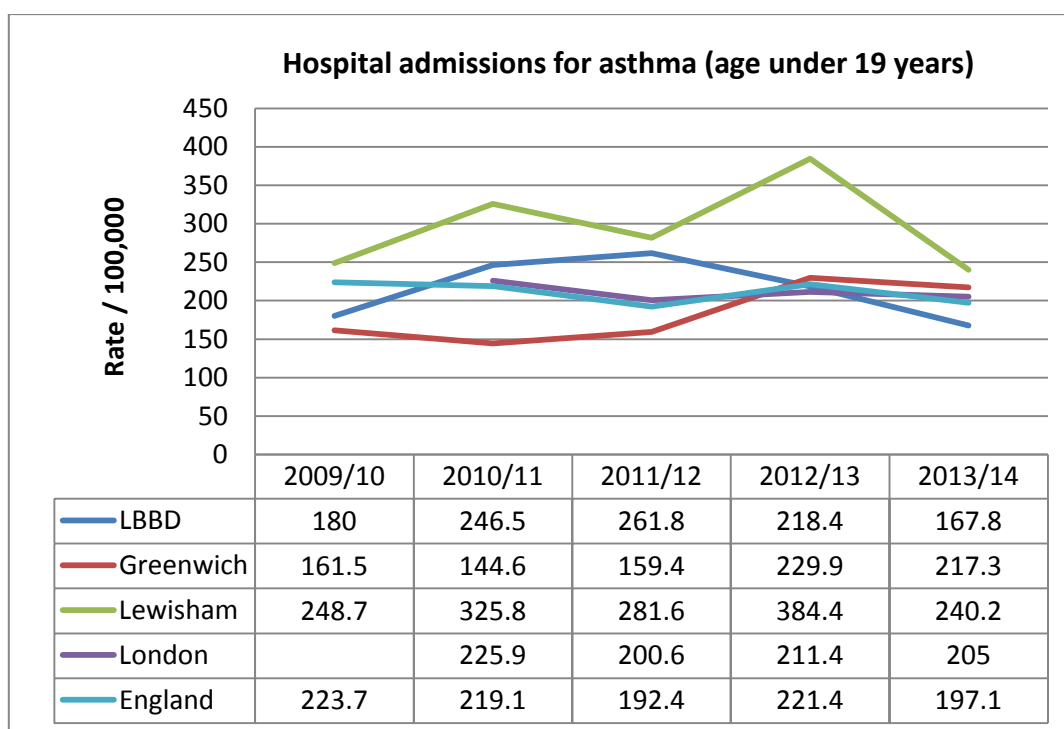
Asthma

According to the data provided by PHE, National Child and Maternal Health Intelligence Network (ChiMat dataset)³ during 2013/14 there were 99 emergency hospital admissions for asthma; 168 admission per 100,000 of children aged below 19 years in Barking and Dagenham. This rate in the same period of time was 205 for London, 197 for England and 217 and 240 for Greenwich and Lewisham (LBBD's two statistical neighbours) in the same order⁴.

Figure 3.3.2. (a, b and c) highlights the comparison for asthma emergency admission (rates per 100,000 of population under 19 years old), bed days (rates per 100,000 of population under 19 years old) and average length of stay (day/s) with two statistical neighbouring boroughs (Greenwich and Lewisham), London and England. The data for bed days and average length of stay for London is not available.

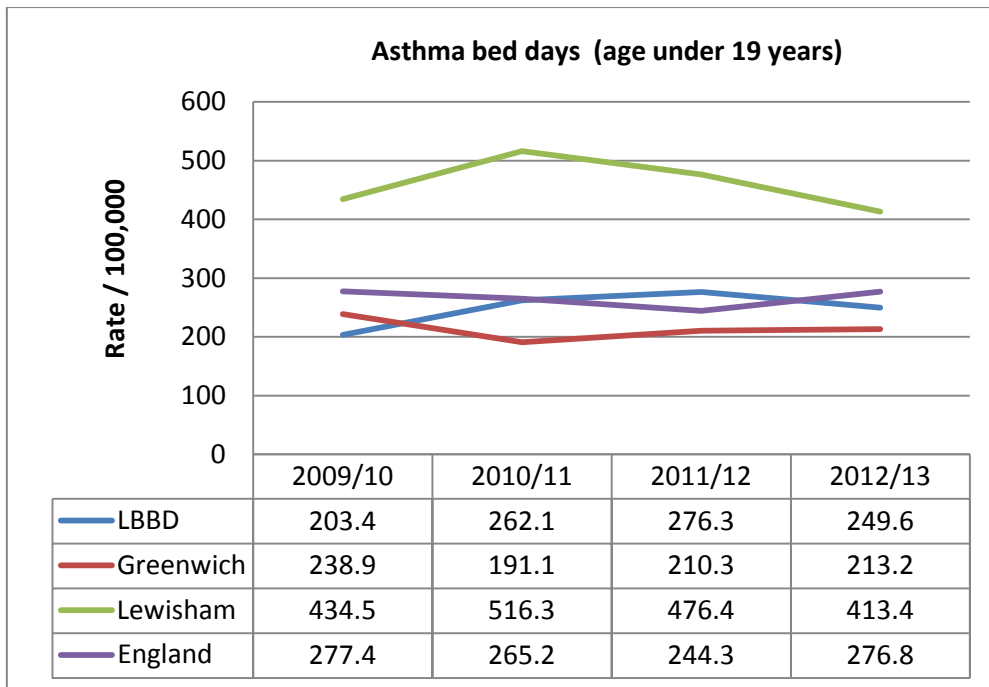
Admission rates have seen a large decline from 2011/12, reducing from 262 to 168 per 100,000 populations under 19. However, the average bed days is higher than the statistical neighbours but lower than the national rate.

Figure 3.3.2: Emergency hospital admissions 2009/10 – 2013/14, Bed days and Average Length of Stay (2009/10 – 2013/14): children with asthma under 19 years, LBBD, Greenwich, Lewisham, London (only admissions data is available for London) and England

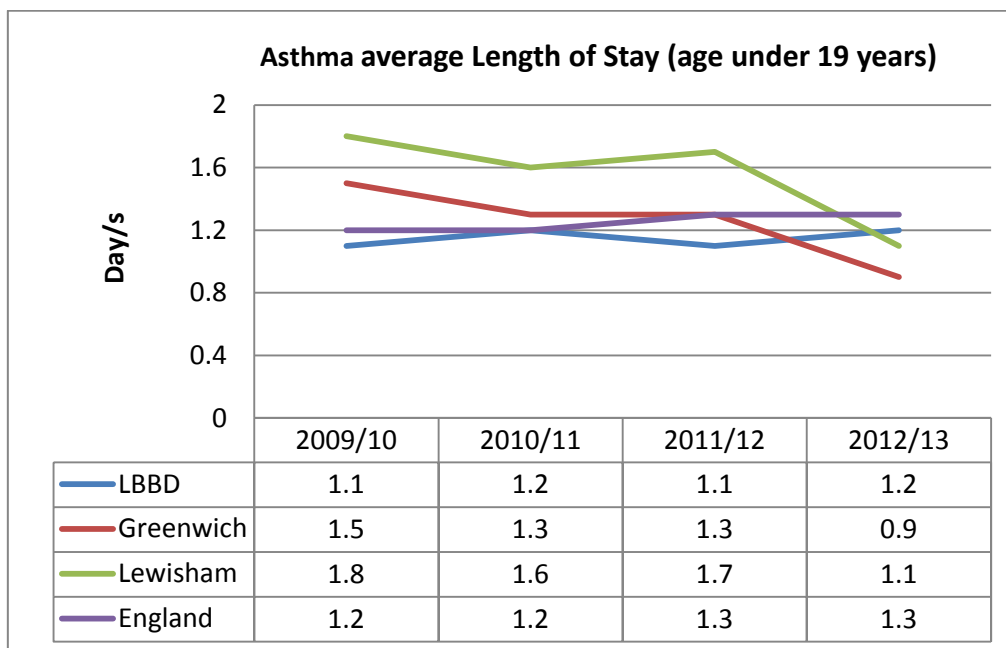


(a)

³ PHE-National Child and Maternal Health Intelligence Network, 2015 'Children with long term conditions' [online] available from: <http://atlas.chimat.org.uk/IAS/bytheme?themeld=571> [accessed: 7 July 2015]



(b)



(c)

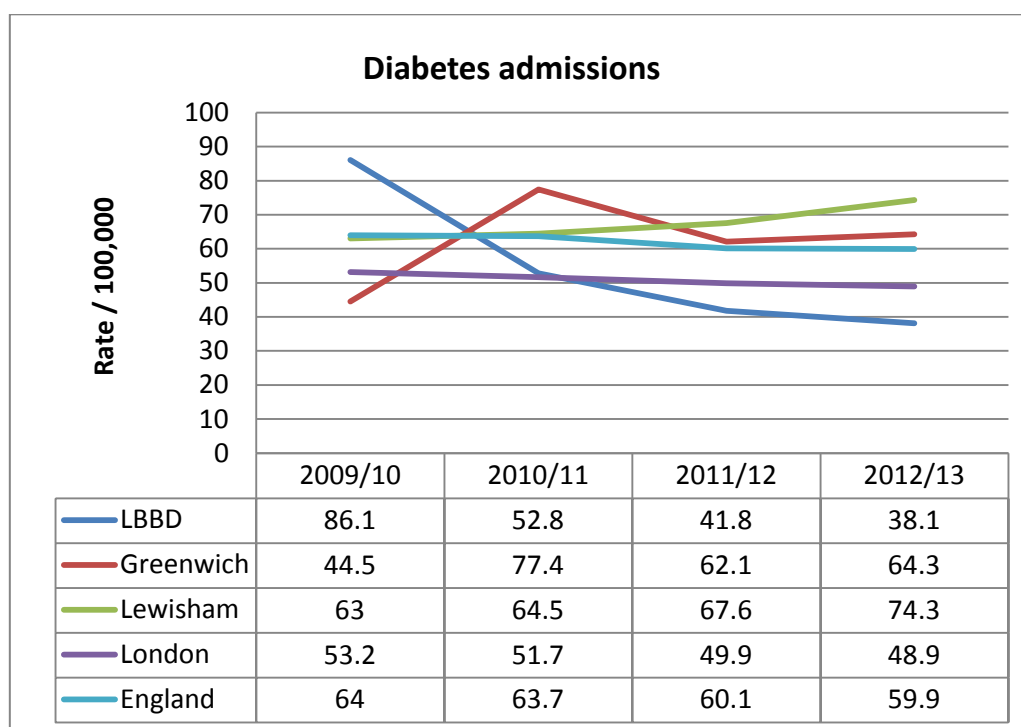
Source: ChiMat_DMIT

Diabetes

There has been a downward trend in diabetes related emergency admissions for children in the borough since 2009/10. During 2012/13 there were 22 diabetes emergency admissions for children under the age of 19 years⁵. The admission rate during 2012/13 was 38 per 100,000 population compared to 86 during 2009/10. The current rates are below regional and national averages as shown in the chart below (Figure 3.3.3). The downward trend for diabetes related emergency hospital admissions is significant in the rankings compared to the 221 CCGs where Barking and Dagenham ranks 29 (where 1= best).

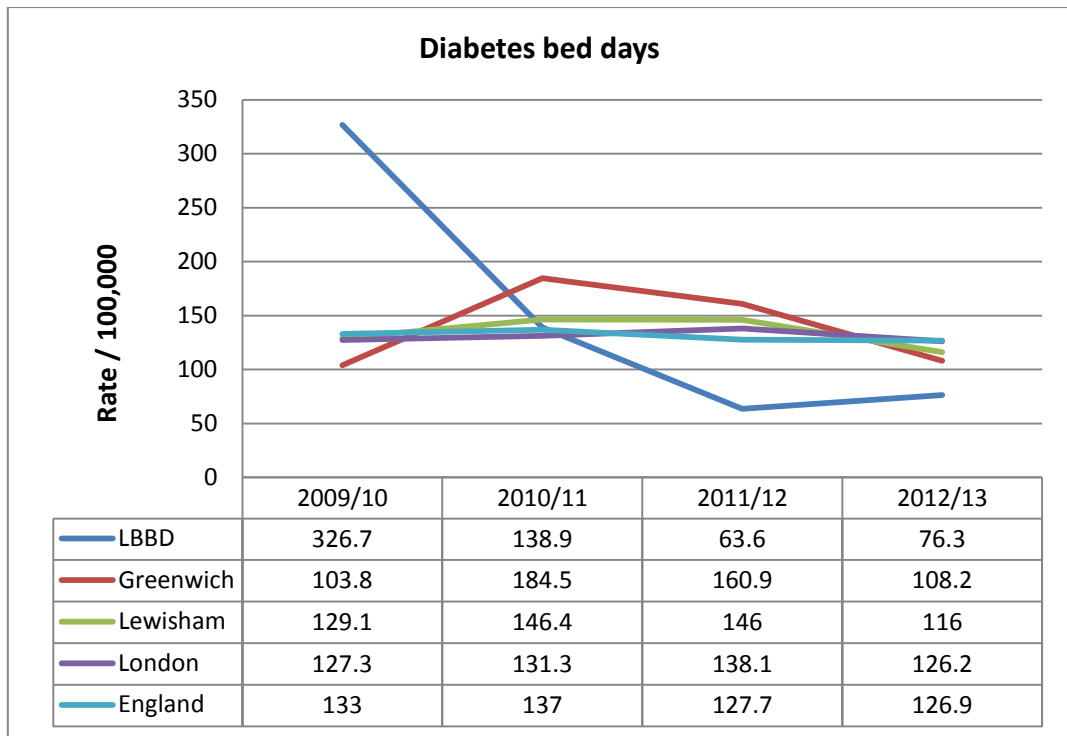
Following a sharp decline in diabetes hospital emergency admission, the number of bed days also declined significantly, from 327 in 2009/10 to 76 in 2012/13 and average length of stay in hospital also declined from 3.6 to 2.1 days. The average length of stay is higher than the Greenwich, Lewisham and national average of 1.6 and 2 days but lower than the London average of 2.5 days.

Figure 3.3.3: Emergency hospital admissions, Bed days and Average Length of Stay: children with diabetes under 19 years, LBBD, Greenwich, Lewisham, London (only admissions data is available for London) and England, 2009/10 – 2013/14

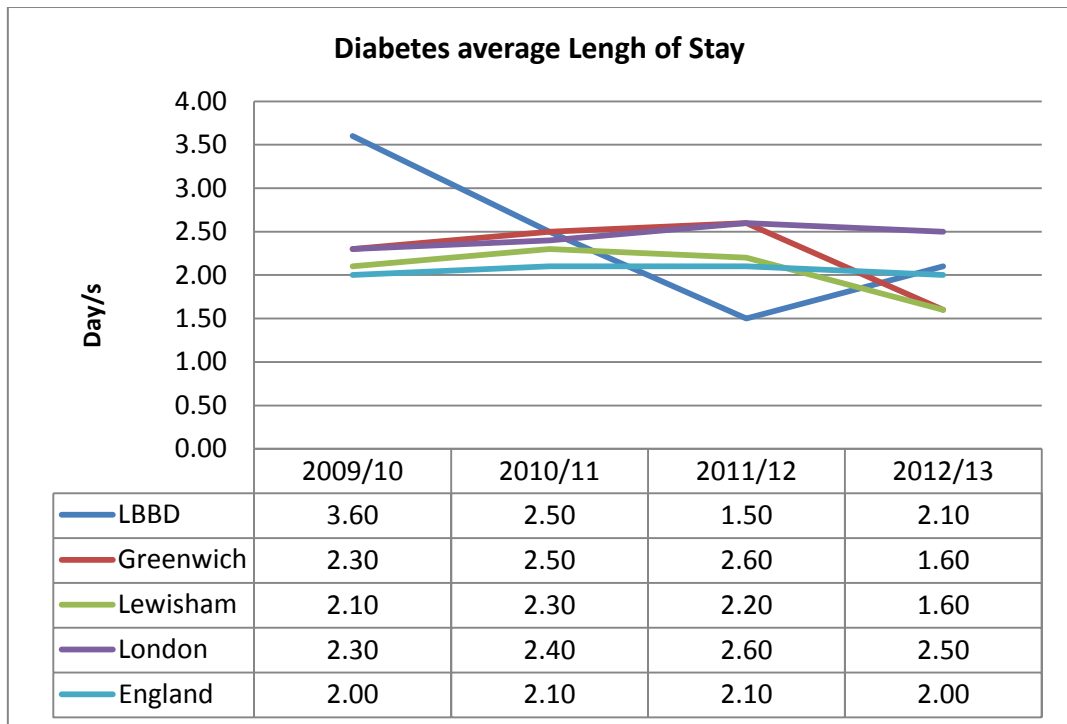


(a)

⁵ PHE-National Child and Maternal Health Intelligence Network, 2015 'Children with long term conditions' [online] available from: <http://atlas.chimat.org.uk/IAS/bytheme?themeld=571> [accessed: 7th July 2015]



(b)



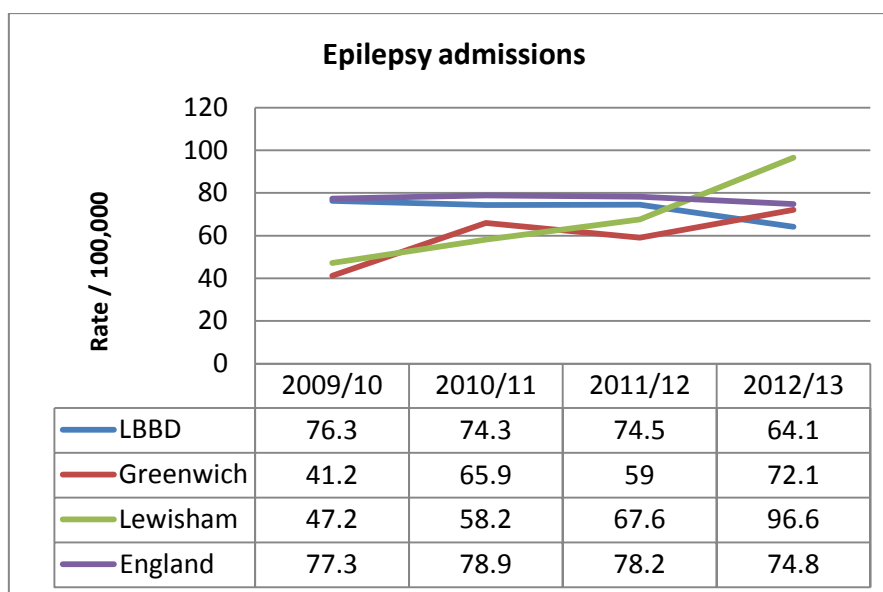
(c)

Epilepsy

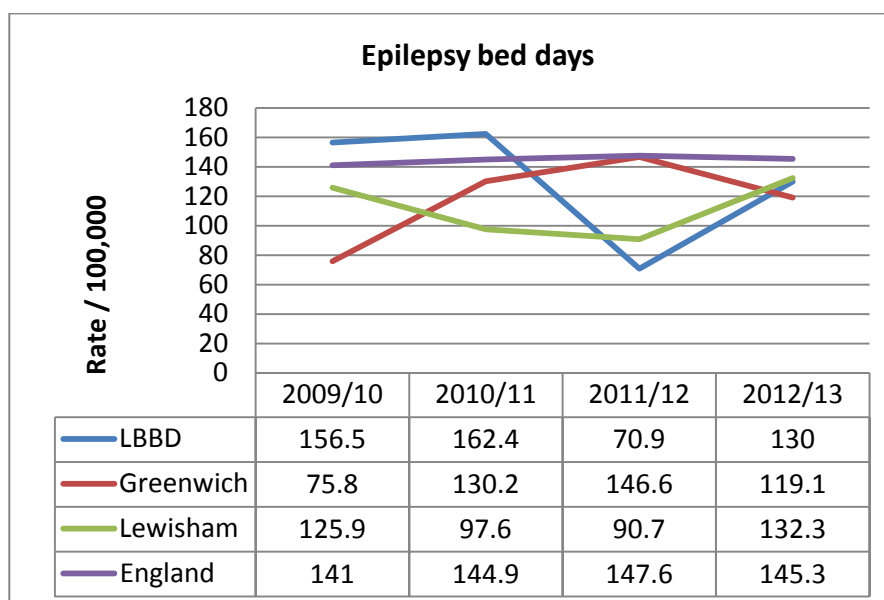
There were 37 emergency hospital admissions for epilepsy during 2012/13 for Barking and Dagenham children which accounted for 75 bed days equating to average length of hospital stay of 2 days.

The borough shows a downward trend since 2011/12. The admission rate during 2012/13 is 64 per 100,000 population compared to the rate of 75 during 2011/12 (Figure 3.3.4)⁶. The borough is ranked 81 out of 221 CCGs (1= best)

Figure 3.3.4: Emergency hospital admissions, Bed days and Average Length of Stay: children with epilepsy under 19 years, LBB, Greenwich, Lewisham and England, 2009/10 – 2013/14

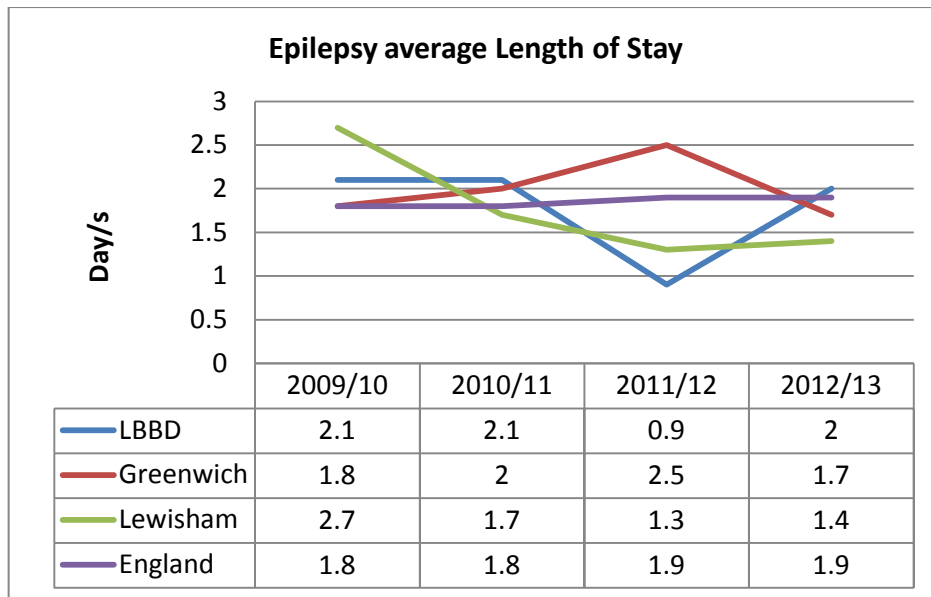


(a)



(b)

⁶ PHE-National Child and Maternal Health Intelligence Network, 2015 'Children with long term conditions' [online] available from: <http://atlas.chimat.org.uk/IAS/bytheme?themeld=571> [accessed: 7 July 2015]



(c)

Source: ChiMat_DMIT

3.3.5 Cancer in childhood

Childhood cancers are those found in children under the age of 15, and are generally very different to those seen in adults. Around 1,500 new cases of childhood cancer are diagnosed each year in the whole of the UK, with around 1 in 500 children developing cancer by the age of 14. The commonest diagnoses are for leukaemia, lymphoma and malignant brain tumours and there have been significant improvements in outcomes for childhood cancers over the last 20 years. There is limited local data available on the incidence of childhood cancers and this is an area where specific work is needed to explore whether incidence varies locally compared to the regional and national average.

3.3.6 Infectious diseases in children and young people

There is a broad range of infectious diseases that can affect children and young people; most affect adults too but the consequences of infections in childhood can be serious and, in some cases, fatal. Infectious diseases are covered in section 7 of the JSNA; however, it is important to highlight that while many conditions such as measles, mumps and rubella are preventable through immunisation in childhood, others are prevented through simple household steps like hand-washing and good food hygiene (Table 3.3.1).

Figure 3.3.1: Some examples of childhood infections and actions to prevention infection

Infection	Prevention/Intervention
Measles	MMR immunisation in childhood
Mumps	
Rubella	
Tetanus	DTP immunisation in childhood
Meningitis C	Men C immunisation in childhood (protects against Men C type of meningitis but vaccine is not available for other types)
Tuberculosis (TB)	Neonatal BCG – TB has serious consequences for small babies therefore the focus is on immunisation soon after the baby is born.
HPV (causes cervical cancer)	HPV immunisation in secondary school
Viral infections e.g. rotavirus	Hand-washing and good home hygiene
E.Coli	Environmental health good practice and hand-washing and home hygiene

Immunisation uptake in Barking and Dagenham remains below the level that is necessary to effectively protect children, and is covered in section 2.7 of the JSNA. However, not all infectious disease can be prevented through immunisation; many viral and bacterial infections are prevented through good hygiene.