



ST HELENS FAMILY HUBS NEEDS ASSESSMENT



MATERNITY AND EARLY YEARS

2024

PUBLIC HEALTH



ST HELENS
BOROUGH COUNCIL

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1. Summary of key findings

Demographic profile

St Helens faces particular challenges in relation to deprivation and is ranked as the 26th most deprived local authority in England, with 43% of the population living in the 20% most deprived areas in the country. Within St Helens, deprivation is widespread with particularly high levels across the south and east of the borough.

The 2021 Census reveals that there are 11,680 children aged 0-5 living in St Helens, and this equates to 6.4% of the total population. Of those children, over half live in the 20% most deprived areas in England. The early years population varies considerably across St Helens, with Parr having the highest proportion of the population aged 0-5 years at 9.6%.

St Helens has a much smaller black and ethnic minority (BME) early years demography (2.4%) compared to England (27.9%) and the North West (23.9%)

See section 4 for more information.

Maternity need and births

There were 1,838 live births in St Helens in 2022, and this is a 1.2% increase from the previous year. The number of births in St Helens over the last 3 years has remained similar. The birth rate in St Helens is 9.9 live births per 1,000 population, however there is considerable variation within the borough, where the highest rate is seen in Peasley Cross and Fingerpost at 15.8, followed by Sutton South East and Parr.

Over the last five years the age profile of mothers giving birth in St Helens has changed, whereby the rate of mothers aged 30-34 and 35-39 years has increased, whilst the rate of 15-19 and 20-24 year old mothers has decreased.

Fertility rates in St Helens over the last four years have remained stable since 2019 and are similar to the England and North West rates, however the general fertility rate in St Helens is higher in areas of deprivation.

Smoking in pregnancy has been declining year on year and is now at an all time low but remains higher than the national average and is the third highest rate in the North West.

The rate of premature birth, and proportion of low and very low birth weight babies are higher in areas of deprivation and there are significant disparities across the borough. The proportion of babies whose first feed is breastmilk is considerably lower in St Helens than England (48.3% compared to 72.3%) and at 6-8 weeks the prevalence of breastfed babies varies from 19.4% in Sutton South East to 44.4% in Windle.

See section 5 for more information.

Staying healthy

Immunisations are one of the best ways to protect a child against a range of diseases. St Helens has higher immunisation coverage rates compared to the North West and England across all age groups (1 year, 2 year and 5 year).

Oral health among 5 year olds in St Helens is poor compared to nationally, with 31.2% having visual tooth decay compared to 23.7% in England.

Obesity among reception aged children in St Helens is high compared to nationally and regionally, with higher prevalence observed in areas of higher deprivation such as Town Centre and Parr.

A&E attendances reduced during the COVID-19 pandemic and since then the number of attendances has risen to above pre-pandemic levels. In the year 2022-23, there was a total of 11,410 A&E attendances among 0-5 year olds, with highest rates coming from Peasley Cross and Fingerpost, Town Centre and Rainhill and areas of higher deprivation. Fever was the most common reason for A&E attendance.

For emergency hospital admissions, the most common reason was due to respiratory system diseases, accounting for almost a third of emergency admissions.

See section 6 for more information.

Early education

A child's development is crucial in the early years and the home learning environment is pivotal to school attainment and a positive education. Data suggests that children who are living in the deprived areas of St Helens need extra support with learning and attainment in early education.

Overall for St Helens, the percentage of 2-2 ½ year olds that meet or are above the expected level of development is 85% and higher than nationally and regionally. However, the wards of Parr and Blackbrook have a lower proportion of children at or above the expected level than the national average. Girls are more likely to be at the expected level of development compared to boys.

Within St Helens, 82.6% of eligible 2-year-olds are taking 15 hours for early years provision and a 94.9% take up for 3–4-year-olds.

See section 7 for more information.

Special Educational Needs and Disabilities (SEND)

Children with SEND, and their parents and carers, face unique challenges and barriers in having their needs met. In 2021-22, there were 535 0-5 year olds receiving SEND support in St Helens (a percentage of 9.9%). A higher proportion of children living in the most deprived areas require SEND support, and speech and language is the most common type of SEND support in St Helens.

There are 56 children aged 0-5 with SEND that receive support for autism spectrum disorder (ASD), or 1.1% of all 0-5 aged children in St Helens.

The percentage of children registered for the 15-hour and 30-hour entitlements who have SEND has increased across all age groups between 2020 and 2023.

See section 8 for more information.

Parental lifestyle

Parental lifestyle factors such as domestic violence, smoking, alcohol and substance misuse and mental health can compromise their ability to care for children and therefore, rendering them susceptible to neglect and abuse.

Health visitor data shows that almost a quarter of mothers from Parr smoke, and this is also high in the Town Centre. Mothers living in the most deprived areas also have a significantly higher rate of admission for perinatal mental health.

There is a higher percentage of adults entering treatment for alcohol and non-opiate drugs that live with children in St Helens compared to England.

Domestic abuse incidents, where children were exposed to the abuse, has increased year on year and almost half of child protection plans in St Helens have a primary category of neglect.

Parental conflict can adversely affect a child's mental health and wider development and data shows that the wards of Blackbrook, Haydock and Parr have the highest rate of contacts in children's services for parental conflict.

See section 9 for more information.

2. Introduction

This Family Hubs Needs Assessment presents an in-depth analysis of the local picture of maternal and early years health and provides an overview of need in St Helens, illustrating trends within the borough and aims to highlight any gaps in the provision of services for young children and their families. The Department for Education (DfE) provided guidelines to inform what to include in this JSNA (Joint Strategic Needs Assessment). The needs assessment brings together a range of data that is themed around the following key areas:

- Demographic profile
- Maternity need and births
- Staying healthy
- Early education and development
- Special Educational Needs and Disabilities (SEND)
- Parental lifestyle

The early years (conception to age 5) are a period of rapid growth and development. Life experience during this time lays the foundations for a child's cognitive, social, emotional, physical and behavioural health and development for the rest of their life. Positive early experiences are vital to make sure children are ready to learn, ready for school and have good life chances. Support must be made available early, including support for parents in the “1001 Critical Days” (from conception to age two) when the foundations for development are laid. This is influenced by background, demographic and socioeconomic factors including educational status and economic prosperity. Children during the early years of life should be provided with the physical, intellectual and social skills necessary to develop into healthy and resilient children and adults. A mother's health is also vital, as well as lifestyle choices leading up to and during pregnancy.

Families with a new baby can face many different challenges and these are often closely connected; holistic care is required to fully meet a family's needs. For example, difficulties with breastfeeding can sometimes be caused by, or result in, perinatal mental health challenges and struggles with attachment and bonding. For parents to provide an environment in which babies can thrive, their own mental health and wellbeing is paramount.

2.1 Family Hubs

A Family Hub brings together several different services together in a ‘one stop shop’ to make it easier to get the help an individual or family needs. They are a place-based way of joining up locally in the planning and delivery of family services. The aim is to bring services together to improve access, improve the connections between families, professionals, services and providers and put relationships at the heart of family support.

Family Hubs enable professionals to work together more effectively to help families overcome any difficulties they might be facing. Previously, such services could be disjointed and hard to navigate but the Family Hub will offer guidance and advice on a range of circumstances including parenting classes, midwifery, health visiting, infant feeding advice and perinatal mental health support.

The hub itself may or may not be a single building – instead, it could be a network of different physical locations in the community, as well as online services.

Family Hubs are for families with babies, children and young people from birth until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities). Additionally, Family Hubs provide a particular focus on investing in babies' emotional wellbeing and development in the first 1001 days, which includes pregnancy and the first two years of a child's life. There is clear, compelling evidence that this is a significant and influential phase in development. What happens during this period lays the foundation and sets the groundwork for children's developing emotional wellbeing, resilience and adaptability, the competencies they need to thrive.

2.2 National context of Family Hubs

The Government's 2019 manifesto included a commitment to champion Family Hubs. A total of 75 councils in England have received funding to open new Family Hubs, or to expand existing hubs with a total investment of £302 million between 2022-2025. The funding will also prioritise the parent-infant relationship and perinatal mental health support, infant feeding, home learning, parenting and engaging families in the development of Family Hubs, with a focus on early years (children aged 0-5).

All families can face challenges from time to time. Family Hubs make it simpler to get the help that the whole family needs. Investing in families and making sure they get the support they need from birth through to adulthood helps with children's educational attainment, wellbeing and life chances, while also improving wider outcomes such as mental health and unemployment.

Family Hubs help to support parents/carers through the early years of a child's life, which can often be challenging for some parents/carers. By helping to establish nurturing, supportive environments for the youngest parents/carers of society, Family Hubs aim to give children the best start in life.

2.3 Regional context of Family Hubs

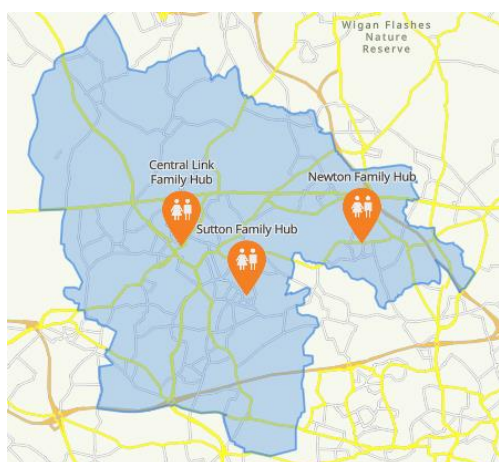
Within the North West, there are twelve local authority areas that were pre-selected for the Family Hubs and Start for Life programme and three of those local authorities were selected as programme trailblazers: Blackpool, Manchester and Salford. All three areas received additional funding in year one of the programme to go further and faster in improving perinatal mental health and parent infant relationship services. Manchester and Salford also received additional funding to improve infant

feeding and parenting support services. In St Helens, we secured two 'go further options', which were support from the Improvement Foundation in the development of our offer and additional funding to support parents with birth registration.

2.4 Family Hubs in St Helens

St Helens Borough Council made the commitment to ensuring children and young people have a positive start in life, which is one of six priorities.¹ Developing Family Hubs within St Helens will help achieve that goal by aligning services in accessible and welcoming locations for children and families. The Local Authority has been allocated over £2 million in funding for Family Hubs development between 2022-2025.

In St Helens, the Sutton Family Hub was the first to open in April 2023, located in the ward of Sutton South East. There are also Family Hubs centres at Central Link located in the Town Centre ward, and Newton Family Hub located in the ward of Newton-le-Willows.



A comprehensive training programme for staff has been developed which includes training for all professionals linked to Family Hub provision, to cover the contents of the full Family Hub service offer and help develop the 'go further' aspects of the 'one workforce', 'tell it once' and 'no wrong front door' ethos and values. In

addition, a third sector organisation is helping to mobilise and support parents and young people.

As well as enhancing some of the services already provided, such as midwifery and health visiting, there are new services focusing more on child development, parenting programmes, and youth and adult support groups. There will also be services provided at other linked centres and a website has been developed, which provides families with all the information they need online with a service directory.²

2.5 Impact of COVID-19

The COVID-19 pandemic has placed additional burden on parents, with evidence suggesting infants and children aged 0-5 being particularly vulnerable to the effects of lockdowns and scaling back of services. Physical health indicators including activity levels, sleep, vaccination coverage and oral health are reported to be adversely affected in 0-4 year olds since the beginning of the pandemic.³ Maternal

¹ St Helens Borough Council – Our Borough Strategy (2021-2030): <https://tinyurl.com/yckkzys5>

² More information can be found at <https://sthelensfamilyhub.sthelens.gov.uk/>.

³ Early Intervention Foundation – Growing up in the Covid-19 pandemic (2021): <https://www.eif.org.uk/files/pdf/growing-up-in-the-covid-19-pandemic-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years.pdf>

mental health has been adversely affected during the pandemic and further exacerbated by widening inequalities within health and wider socio-economic systems.⁴

During the first national lockdown in 2020, early years settings were partially closed with only children of key workers and vulnerable children able to attend. The Child of the North report describes how children in the North were disproportionately affected by the consequences of the pandemic and that parents and carers themselves were also more likely to have often been lonely during the first lockdown (23% in the North compared to 15% in the South).⁵

This means that many children have not benefited from high-quality early education experiences, making the contribution of their home learning environment even more important. However, many families have been and are still wrestling with managing childcare, working at home, caring for others, personal bereavement and trauma, alongside continued disruption caused by COVID-19 related staff absences in schools and nurseries.

This also applies to the practitioner supporting children in education and childcare provision. A report from the Children's Commissioner showed that nationally a high proportion of children were living in adverse conditions during lockdown, experiencing poverty, domestic violence, parental mental health issues and parental substance abuse.

The negative impacts of this, alongside missed education, are only just beginning to be uncovered and must feature in any recommendations for future work. It is also recognised that closing the achievement gap requires resources to respond to the impact of early trauma and disadvantage.

3. Methods

This needs assessment helps understand needs within St Helens Borough. Data from a range of sources have been utilised and are referenced throughout this document, using both nationally published available data and St Helens specific data. Where possible, ward level and deprivation analysis have been carried out using ONS population data.

The borough's priorities and strategies have also been considered within this needs assessment and are referenced throughout.

⁴ Maternal Mental Health Alliance – Maternal mental health during a pandemic (2021): [Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact | Maternal Mental Health Alliance](#)

⁵ NHSA – Child of the North: [Child-of-the-North-Report-FINAL-1.pdf \(thenhsa.co.uk\)](#)

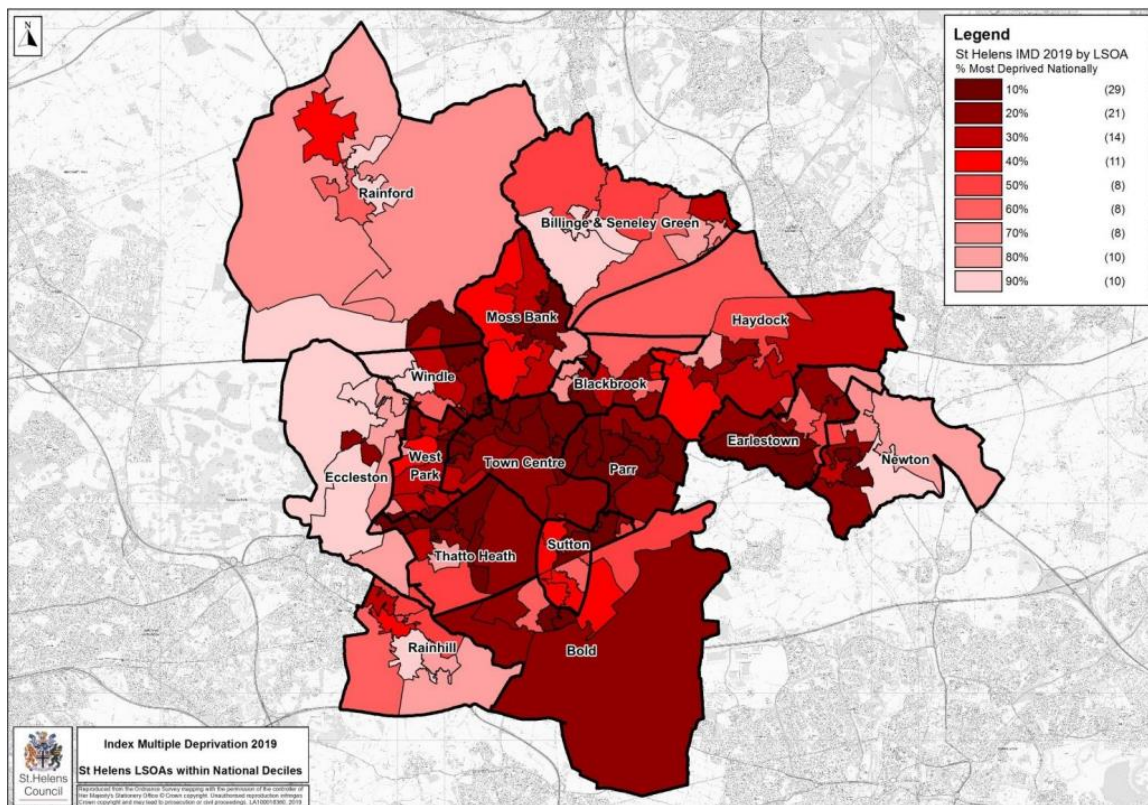
4. Demographic profile

4.1 Deprivation

St Helens is ranked as the 26th most deprived local authority in England out of 317 (Indices of Multiple Deprivation, 2019). Its relative position has deteriorated since the 2015 Index of Deprivation, where St Helens was ranked as the 36th most deprived area (out of then 326 authorities). Overall, 43% of the population of St Helens live in the 20% most deprived areas in England. There are no postcodes in St Helens with an IMD 10 decile (least deprived).

Figure 1 illustrates how the lower super output areas (LSOA) of St Helens sit within the national deciles. There is a total of 29 LSOAs that fall within the 10% most deprived small areas in England. Multiple deprivation is widespread across St Helens, with high levels across the south and east of the borough.

Figure 1: St Helens Indices of Multiple Deprivation (IMD) decile by Lower Super Output Area (IMD 2019)



Source: Indices of Multiple Deprivation (2019)

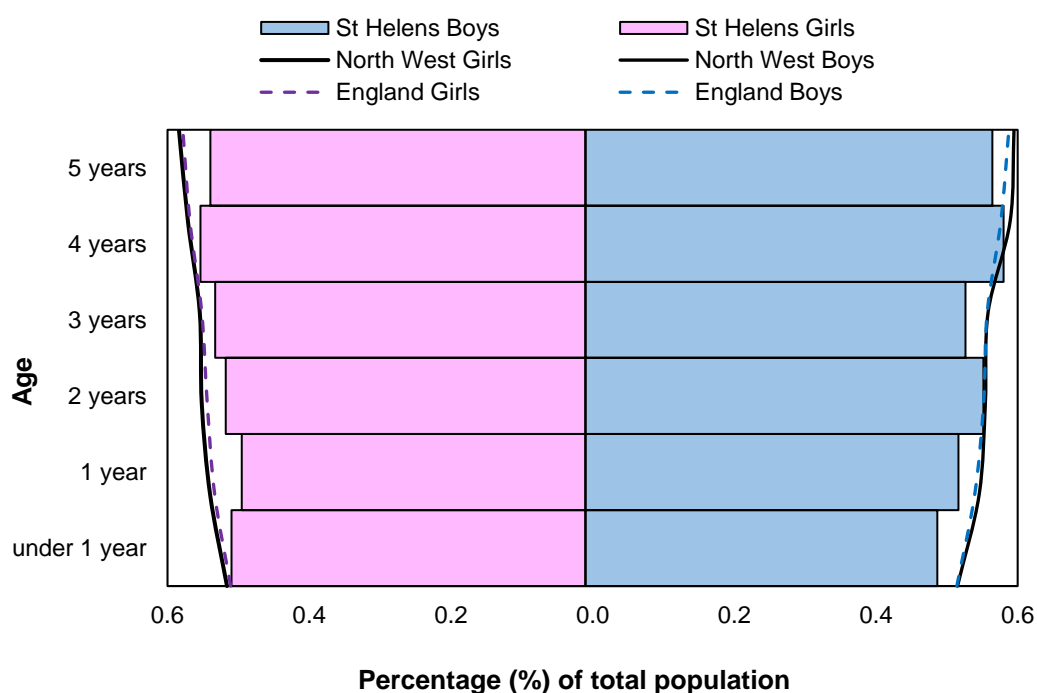
4.2 Early years population

Population data from the 2021 Census shows that within St Helens, there are 11,680 children aged 0-5 years, making up 6.4% of the total population. In St Helens, there is a slightly higher proportion of boys compared to girls at 51.5% and 48.5% respectively.

St Helens has a slightly smaller proportion of the total population that are 0-5 years compared to England and the North West, where 6.6% and 6.7% respectively are within the early years age group.

When we consider the early years population by single year of age in St Helens, there is a smaller proportion of 1 year, 3 year and 5-year-olds compared to England and the North West. Figure 2 illustrates the percentage of the early years population in St Helens by sex and single year of age compared to England and the North West.

Figure 2: Percentage of early years population (0-5 years) in St Helens, England and North West (2021)

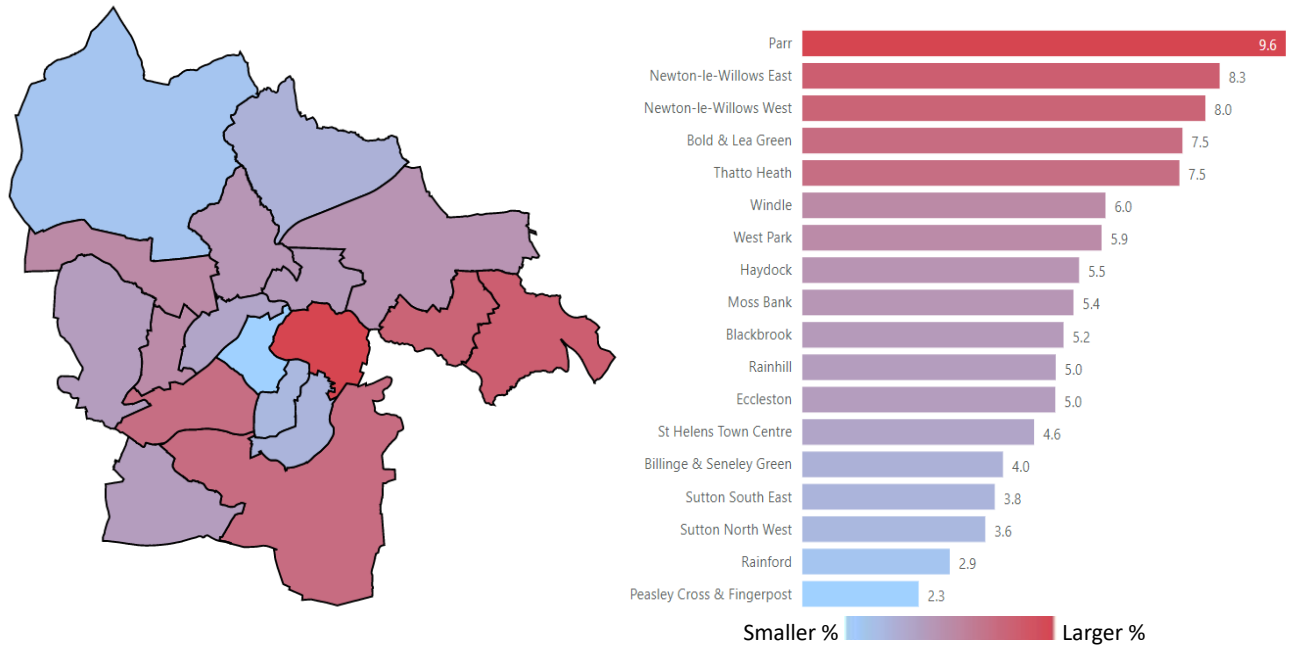


Source: ONS – sex by single age

The early years population varies considerably across the wards within St Helens, with Parr having the highest proportion of the population aged 0-5 at 9.6%, followed by Newton-le-Willows East at 8.3% and Newton-le-Willows West at 8.0%. In contrast, Peasley Cross and Fingerpost has only 2.3% of the population that are aged 0-5 years. Figure 3 illustrates the early years population differences across St Helens.

With Parr also being the most deprived ward in St Helens according to IMD 2019 data, it is of note that these children are more likely to have been exposed to avoidable risks before birth, are more likely to get off to a less healthy start from birth and to experience poorer outcomes by the time they start school, compared with children who live in less deprived areas.

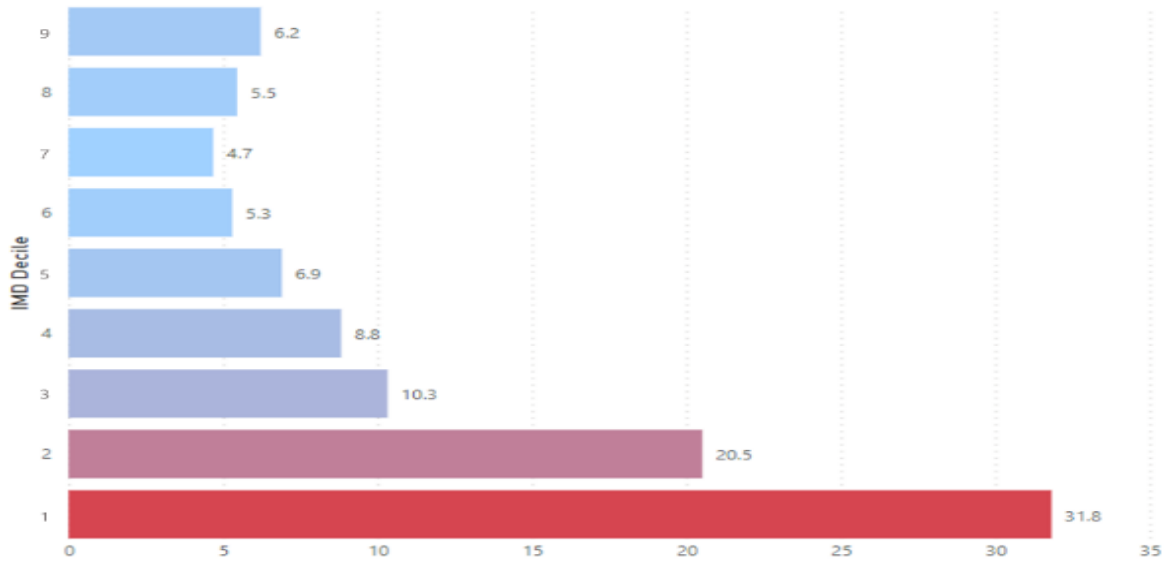
Figure 3: Percentage of early years population (0-5 years) in St Helens by ward (2021)



Source: ONS – age by single year

Figure 4 shows the percentage of the 0-5 year population living in each deprivation decile in St Helens, illustrating that over half (52.3%) of 0-5 year olds in St Helens live in the 20% most deprived areas nationally (decile 1 and 2).

Figure 4: Percentage of 0-5 year olds in St Helens by deprivation decile (2021)

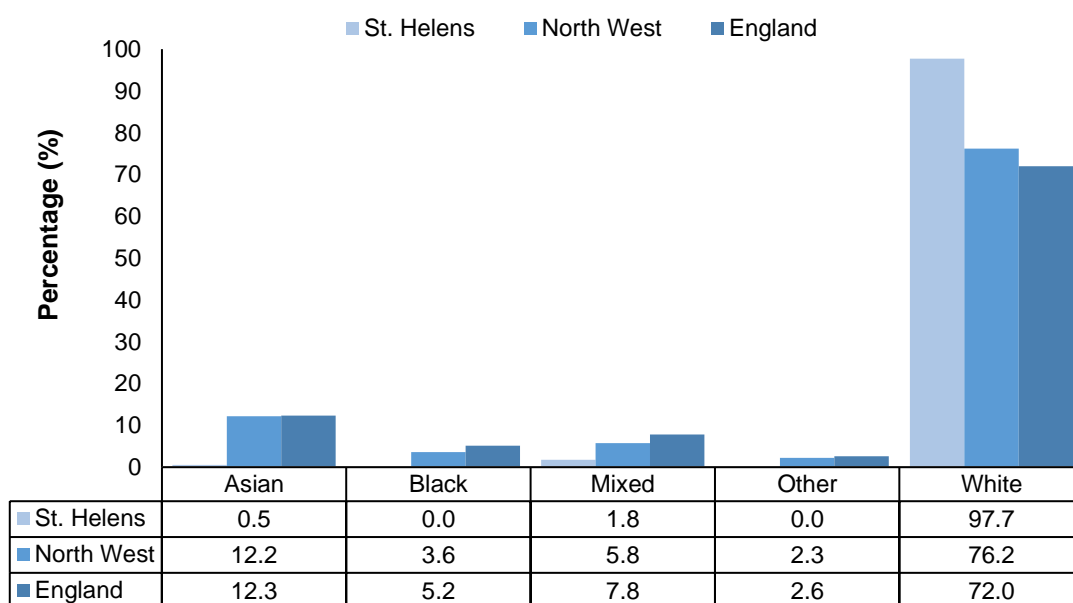


Source: ONS – age by single year

4.3 Ethnic population

According to the 2021 Census, 97.7% of children aged 0-5 years in St Helens identified as White and this is an increase compared to the 2011 Census where 96.7% were White. In 2021 there were 255 children aged 0-5 years in St Helens who were either Black, Asian, Mixed or Other Minority Ethnic.⁶ This represents 2.4% of the total 0-5 year population. As illustrated in Figure 5, St Helens has a smaller ethnic early years demography compared to England and the North West.

Figure 5: Resident distribution by ethnic group (%) for early years population (0-5 years) in St Helens



Source: ONS – ethnic group by age and sex, Census 2021

5. Maternity need and births

Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start in life. The prevention of adverse health factors in pregnancy is vital. Premature and small babies are more likely to have poorer outcomes. Early experiences, starting in the womb, help to shape a baby’s brain development.

⁶ Ethnic analysis should be interpreted with caution throughout this needs assessment. Published data from Census 2021 suppresses low numbers (10 and below) therefore certain ethnic populations could be underrepresented and thus causing higher rates in some instances.

5.1 Number of births

There were 1,838 live births to St Helens residents in 2022 according to local births data; this is more than a 1.2% increase since 2021 when there were 1,817 live births. The number of births in St Helens has fluctuated since 2013 as shown in Table 1.

Table 1: Number of live births in St Helens and percentage (%) change, 2013 – 2022

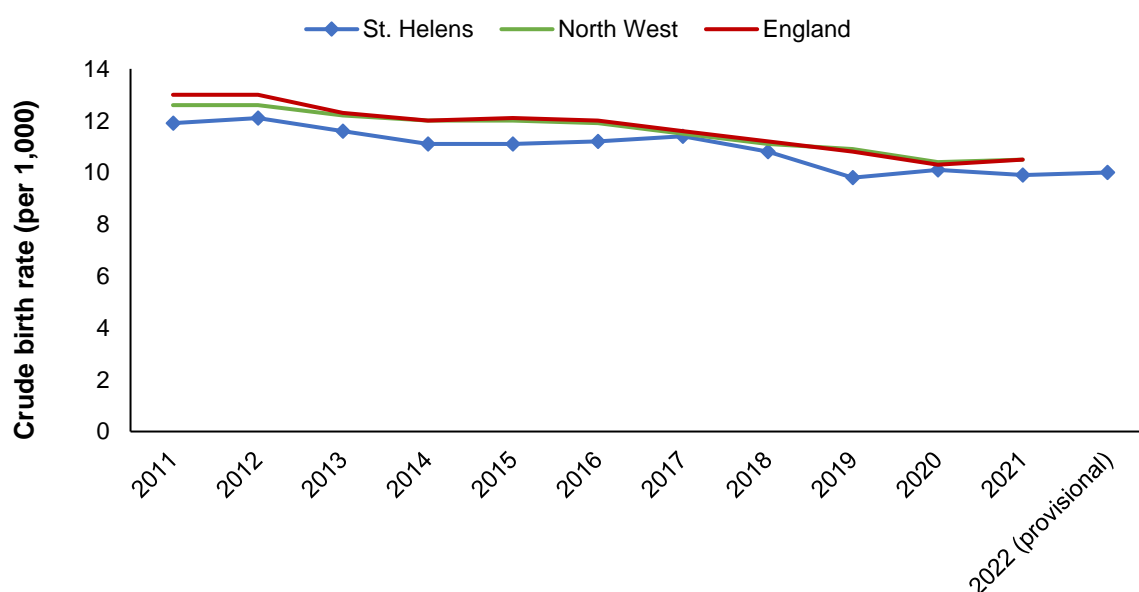
Year	Live births	% Change
2013	2,049	-
2014	1,968	-4.0
2015	1,980	0.6
2016	1,994	0.7
2017	2,050	2.8
2018	1,949	-4.9
2019	1,776	-8.9
2020	1,822	2.6
2021	1,817	-0.3
2022	1,838	1.2

Source: 2013 – 2022 Nomis, 2023 Public Health Birth File

5.2 Birth rate

The most recent published birth rate in St Helens (2021) is 9.9 live births a year per 1,000 population. This is almost in-line with the North West and England averages of 10.5 live births per 1,000 population (Figure 6).

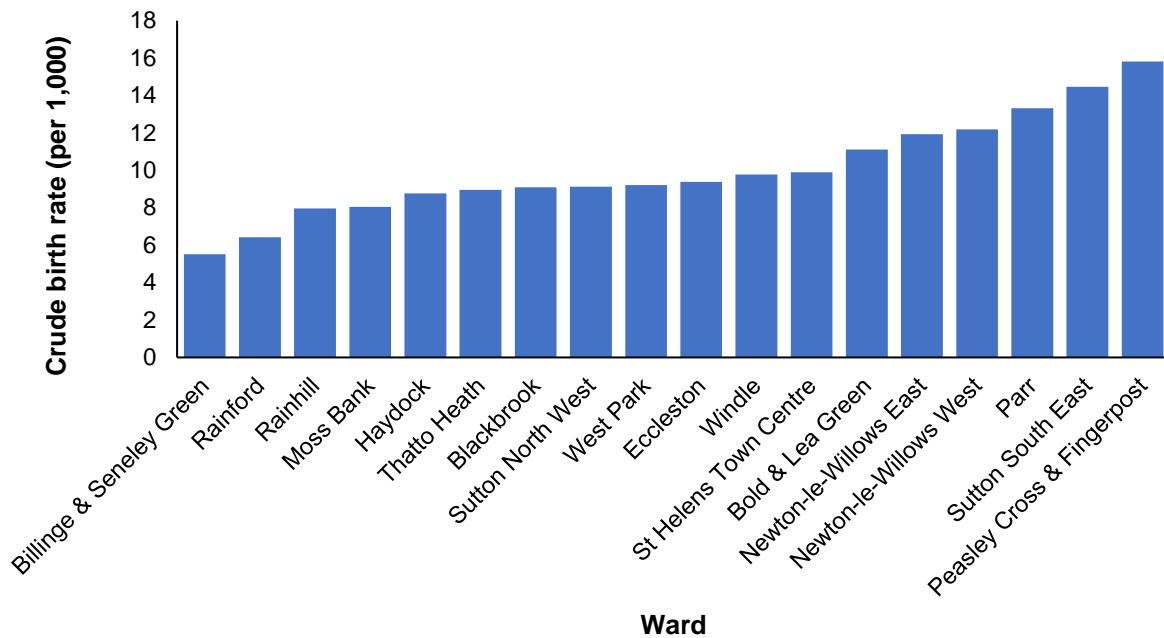
Figure 6: Crude birth rate trend (per 1,000 population) in St Helens, North West and England (2011 – 2021)



Sources: NOMIS, St Helens Public Health Intelligence, Public Health Birth File

Analysis by ward shows that Peasley Cross and Fingerpost had the highest birth rate at 15.8 per 1,000 followed by Sutton South East and Parr with 14.5 and 13.3 per 1,000 respectively between 2020 and 2022 (Figure 7).

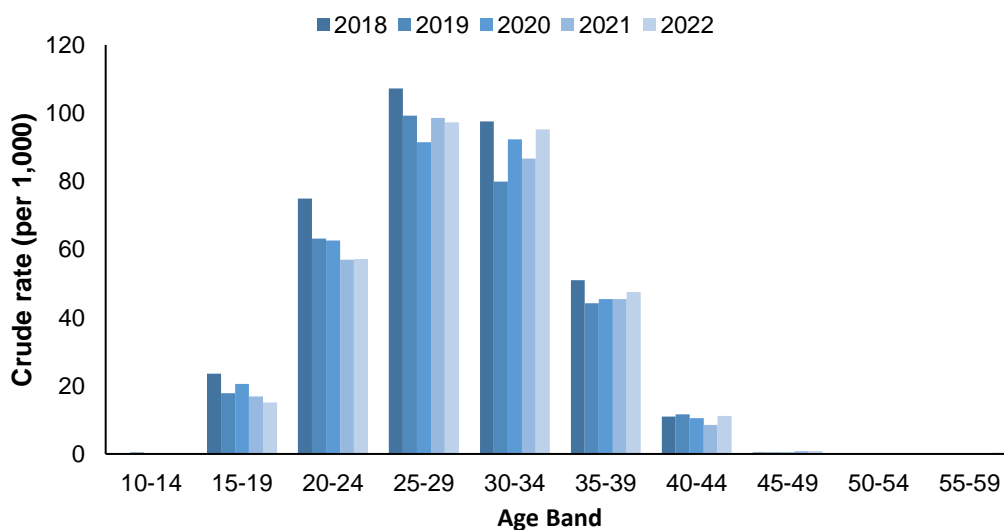
Figure 7: Crude birth rate (per 1,000 population) in St Helens by ward (2020-2022)



Sources: St Helens Public Health Birth File, ONS Population Estimates

Figure 8 shows the age profile of mothers in St Helens giving birth over time between 2018 and 2022. Overall, the highest birth rate is among those aged 25-29 years, however the rate in this age group has decreased from 107.2 births per 1,000 to 97.3 per 1,000 between 2018 and 2022. There has been a decrease in the birth rate among younger mothers in the 15-19 and 20-24 age groups.

Figure 8: Crude birth rate trend (per 1,000) in St Helens by age group of mother (2018-2022)



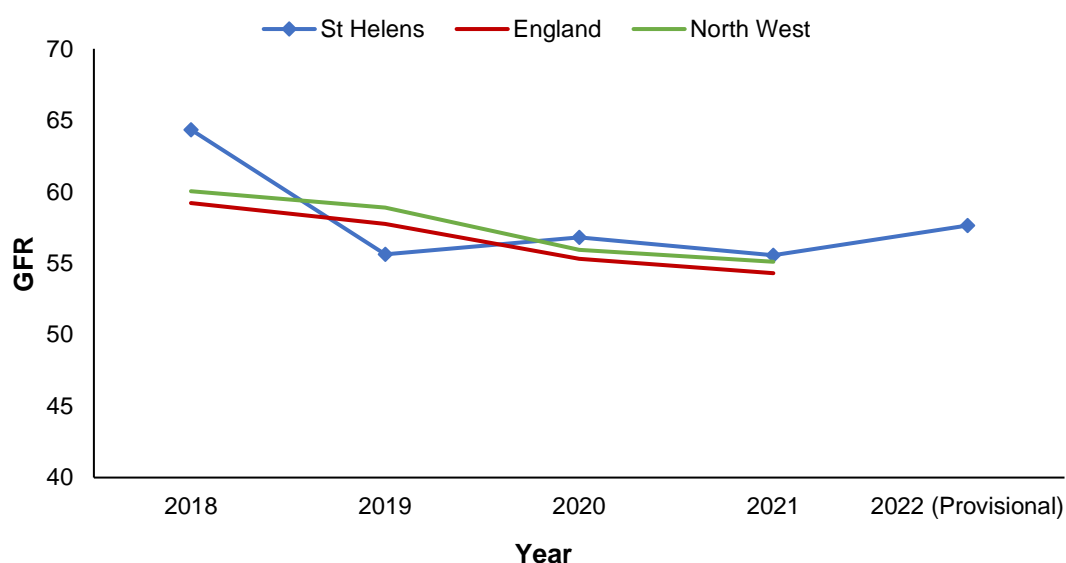
Sources: St Helens Public Health Birth File, ONS population estimates

5.3 General fertility rate

General fertility rates (GFR) are closely tied to growth rates and are an excellent indicator of future population growth or decline. GFRs are calculated using the number of births divided by the female population aged 15-44 years.

Using local births data, the most recent GFR in St Helens is 57.6 births per 1,000 aged 15-44 years. The GFR trend has remained fairly stable over the 5 year period covering 2018 to 2022, reducing by around 7 live births per 1,000 between this period (Figure 9). Comparator data is available up to 2021.

Figure 9: Trend of general fertility rate (per 1,000 aged 15-44) in St Helens (2018-2022)

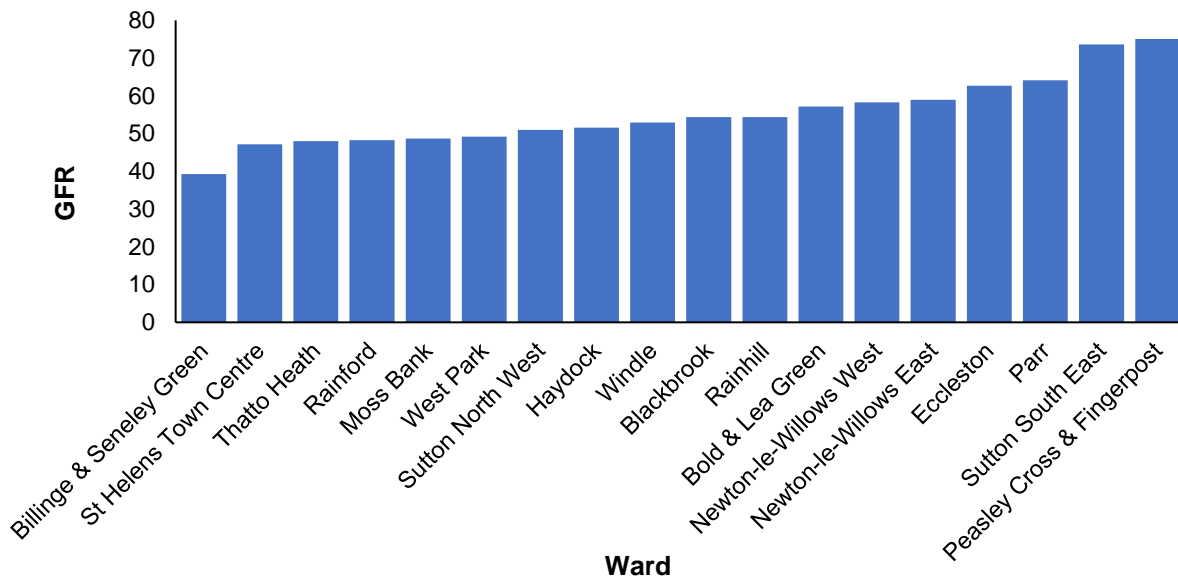


Sources: St Helens Public Health Birth File, ONS Population Estimates, Fingertips

Analysis by ward reveals that Peasley Cross & Fingerpost, Sutton South East and Parr had the three highest GFRs in 2020-2022 (combined). Whereas Billinge & Seneley Green, Town Centre and Thatto Heath had the lowest GFRs (Figure 10).

Both Peasley Cross & Fingerpost and Parr are situated in the Central Locality of St Helens. Sutton South East also borders this area, signifying an area with high birth numbers.

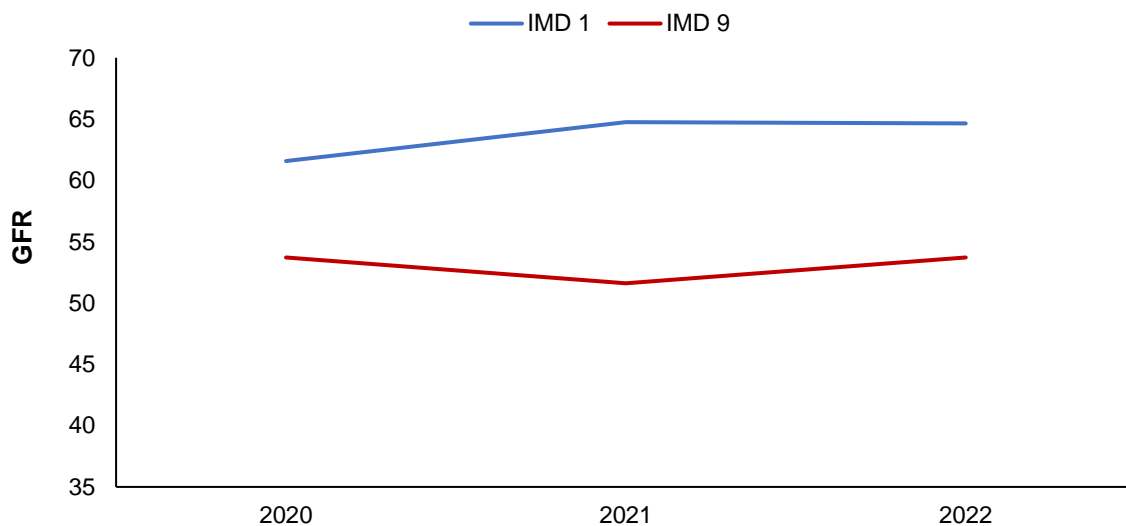
Figure 10: General fertility rate (per 1,000 aged 15-44) in St Helens by ward (2020 – 2022)



Sources: St Helens Public Health Birth File, ONS population estimates

The GFR in St Helens is higher in the most deprived areas of the borough compared to the least deprived areas (Figure 11) thus further highlighting that more parents, carers and families live in our more deprived areas.

Figure 11: General fertility rate trend (per 1,000 aged 15-44) in St Helens by IMD 1 and IMD 9 (2020-2022)



Sources: St Helens Public Health Birth File, ONS population estimates

5.4 Maternal obesity

Obesity in pregnancy is defined as a maternal BMI of 30 or more, usually at the time of the first antenatal consultation. Obesity in pregnancy carries significant additional risks for both mother and baby. Compared to women with a healthy BMI, women with obesity are at an increased risk of miscarriage, gestational diabetes, pre-eclampsia,

venous thromboembolism, induced labour, dysfunctional labour, caesarean section, anaesthetic complications, postpartum haemorrhage and wound infections and they are less likely to initiate or maintain breastfeeding. Babies of mothers with obesity are at increased risk too - these risks include stillbirth, congenital anomalies, prematurity, macrosomia and neonatal death. Intrauterine exposure to maternal obesity is also associated with an increased risk of the infant developing obesity and metabolic disorders in childhood.⁷

At a national level, data on maternal obesity is not routinely collected, but a Public Health England paper in 2019 suggested that 18% of women were obese at the time of booking for their first pregnancy compared to a subsequent pregnancy, when levels of obesity rise to 23%. The highest percentages of obese women were seen in the 20-24 age group and those aged 40 or over.⁸

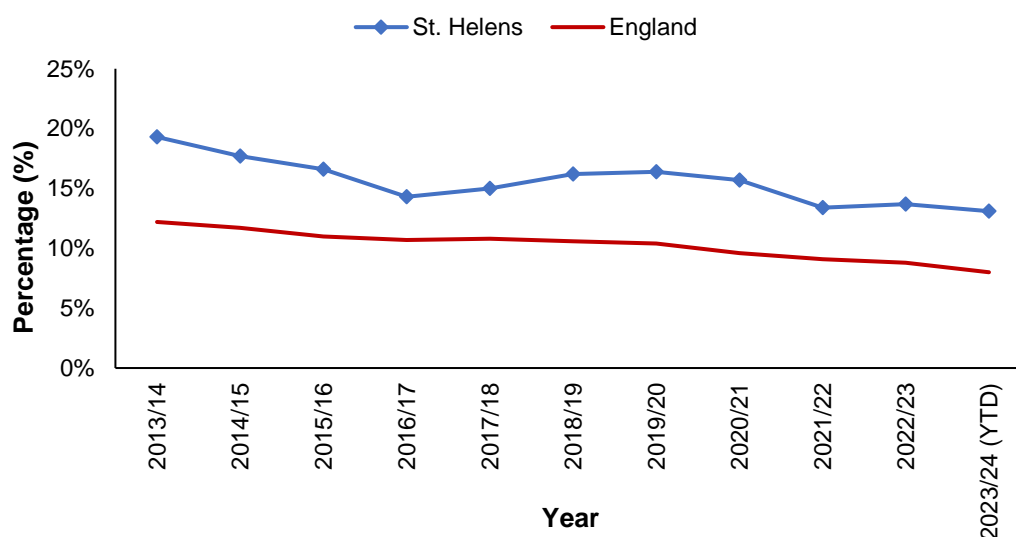
At the time of writing, local data on maternal obesity was unavailable.

5.5 Smoking in pregnancy

Smoking in pregnancy is known to increase the risks of miscarriage, and increase the risk of premature birth, stillbirth and low birthweight. Babies that are exposed to tobacco smoke in the womb are at higher risk of infant mortality and respiratory illnesses.

In St Helens during 2022-23, 13.7% of women were known to be smoking at the time of delivery, this was an increase from 13.4% in the previous year. The year to date (YTD) figure for 2023-24 (up to quarter 2 2023-24) is 13.1% (Figure 12). The rate in St Helens remains above the England average and the national ambition of 6%.

Figure 12: Percentage of mothers known to be smoking at time of delivery, 2010-11 - 2021-22



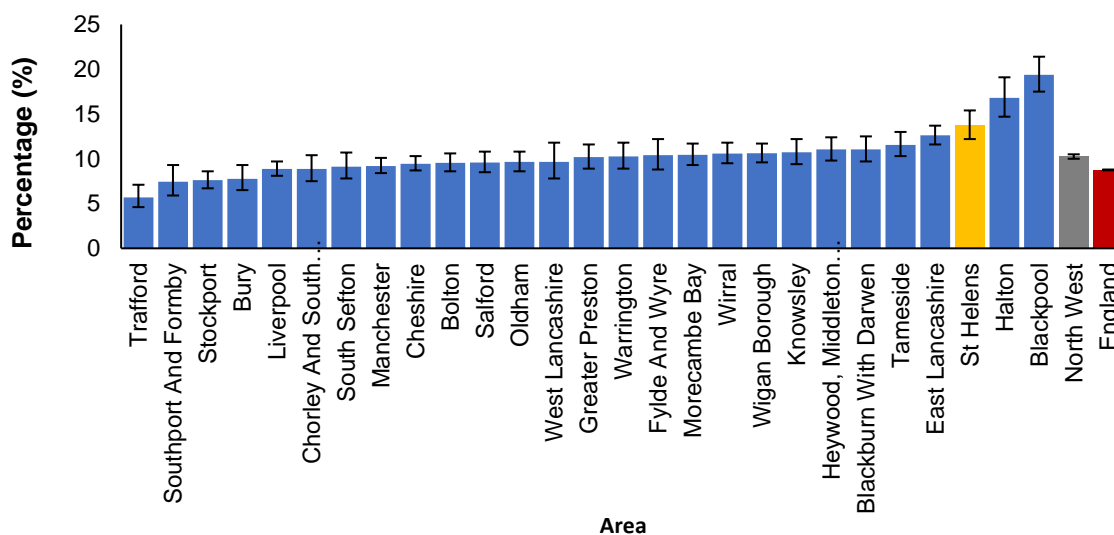
Source: NHS Digital

⁷ [Maternal Obesity in the UK.pdf \(hscni.net\)](#)

⁸ [Health of women before and during pregnancy: health behaviours, risk factors and inequalities \(publishing.service.gov.uk\)](#)

When compared to all other North West local authority areas, in 2022-23 St Helens ranked as having the third highest percentage of mothers known to be smoking at the time of delivery, and this was statistically significantly higher than 23 other areas, as illustrated in Figure 13. Only Halton and Blackpool had a higher prevalence in the North West.

Figure 13: Percentage (%) of mothers known to be smoking at time of delivery – North West Sub ICB locations, 2022-23



Source: NHS Digital

5.6 Still births

A still birth is when a baby dies after 24 weeks of pregnancy and before or during birth. The causes of all still births are not currently known, and it is thought some may not be preventable. However, there are some risk factors which can be avoided.⁹

Antenatal appointments can help identify potential problems, therefore attendance at these appointments will help mothers receive relevant information as the pregnancy progresses. In addition, healthy eating and avoiding smoking, substance use and alcohol use can help keep a baby healthy and minimise the risk of still birth.⁷

Table 2 shows the still birth rate (per 1,000 births) in St Helens between 2020 and 2022 which has slightly decreased each year. Between 2020 and 2022 there were 22 still births in St Helens.

Table 2: Still Birth Rate (per 1,000 births) in St. Helens (2020-2022)

Year	Still Birth Rate	Number of Still Births
2020	4.4	8
2021	3.9	7
2022	3.8	7

Source: St Helens Public Health Birth File

⁹ NHS, 2021: <https://www.nhs.uk/pregnancy/keeping-well/reducing-the-risk-of-stillbirth/>

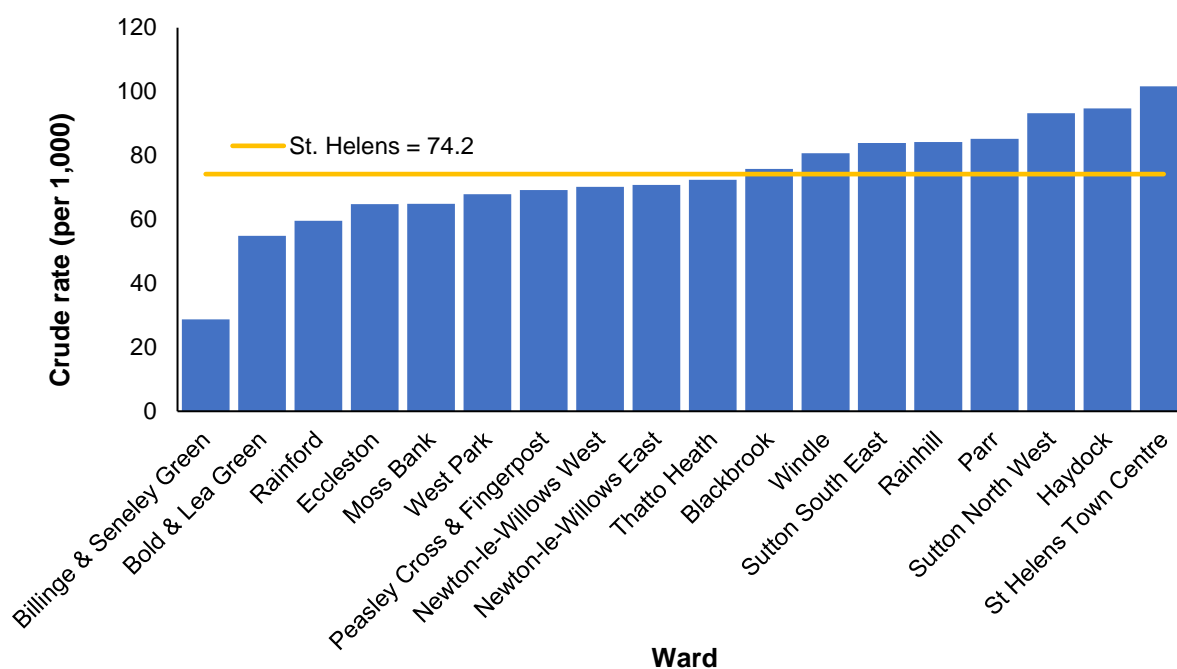
5.7 Preterm births

Evidence shows that being born prematurely is associated with a higher risk of poor outcomes across children's development, including physical illness and disability, neurodevelopmental delay, disability behavioural difficulties and cognitive developmental delay.

Understanding the proportion of infants in the population who are born premature, can help with forecasting the proportion of families who would benefit from targeted support in the early years as those children develop.

Figure 14 shows the crude rate per 1,000 for premature births was highest in the Town Centre ward with 101.7, which is 27.5 per 1,000 higher than the St Helens average crude rate of 74.2 per 1,000. For context, Billinge & Seneley Green has a rate of 28.7 per 1,000, the Town Centre ward has a rate almost four times higher than this.

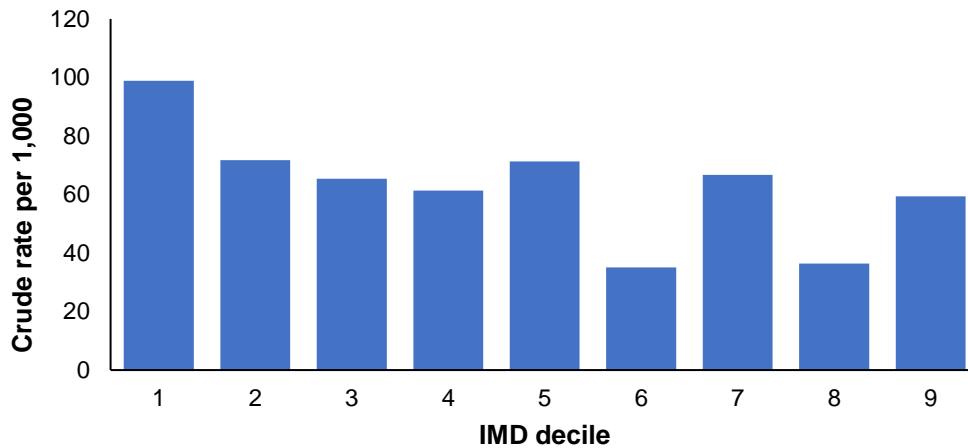
Figure 14: Premature birth by ward (under 37 weeks gestation) crude rate per 1,000 (2020-2022)



Source: St Helens Public Health Intelligence - Public Health Birth File

Figure 15 shows premature birth crude rates per 1,000 are highest in the most deprived areas of St Helens (IMD decile 1) with a rate of 98.8, which is 39.4 per 1,000 higher than the least deprived areas of St Helens.

Figure 15: Premature birth by IMD decile (under 37 weeks gestation) crude rate per 1,000 (2020-2022)



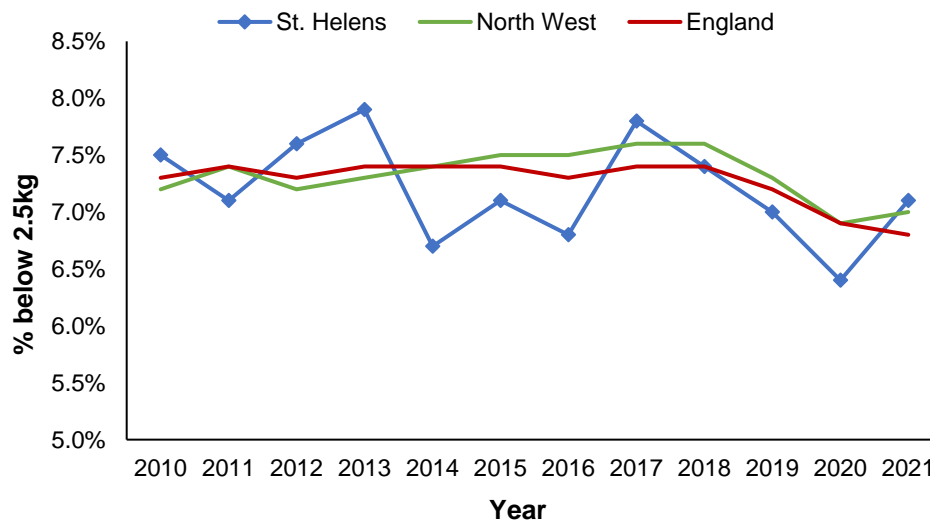
Source: St Helens Public Health Intelligence - Public Health Birth File

5.8 Low birth weight

Infants born weighing less than 2.5 kilograms (kg) or 2500 grams (g) are more likely to suffer from inhibited growth and cognitive development as well as chronic diseases later in life. The mother’s exposure to certain risk factors, such as poor nutrition, smoking and alcohol abuse greatly contribute to the likelihood of a child being born and weighing less than 2.5kg.

In 2021, 7.1% of live births in St Helens were of low birth weight, which is slightly higher than the North West and England averages (7.0% and 6.8% respectively), though these differences are not statistically significant. The percentage of babies born with a low birth weight in the borough has remained similar to the national average over recent years, as illustrated in Figure 16.

Figure 16: Trend of low birth weight babies (below 2.5kg) in St Helens, England and North West, 2010 – 2021

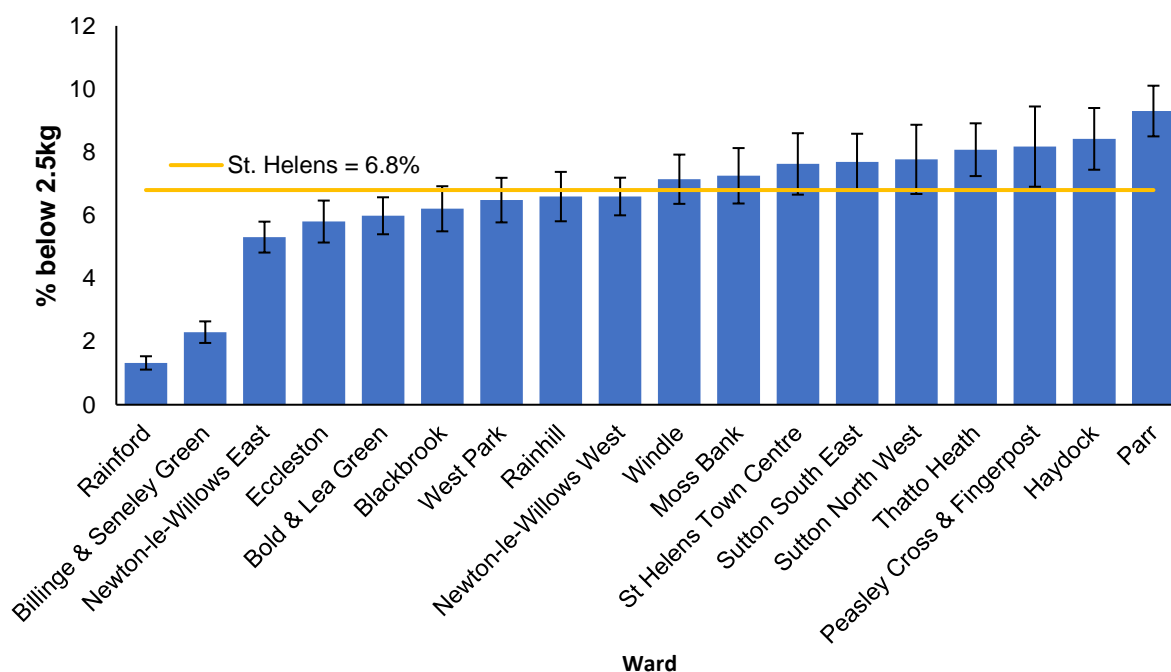


Source: Fingertips

Premature birth influences birth weight, so it is also worthwhile to look at births born at term (37 weeks gestation or longer). Lower weight in a high proportion of these births might indicate an effect due to lifestyle factors. In 2021, 2.5% of births at term in St Helens had a weight of less than 2.5kg, (43 births). This is slightly lower than the regional and national rates (2.6% and 2.8% respectively), though the difference is not statistically significant.¹⁰

Within St Helens, there are some significant disparities in low birth weight babies at ward level. The 2020-2022 data shows that the ward of Parr has the highest percentage of low birth weight babies in the borough at 9.3%, with Haydock and Peasley Cross & Fingerpost wards featuring close behind with 8.4% and 8.2% (Figure 17).

Figure 17: Percentage of low birth weight babies (below 2.5kg) by ward, 2020-22

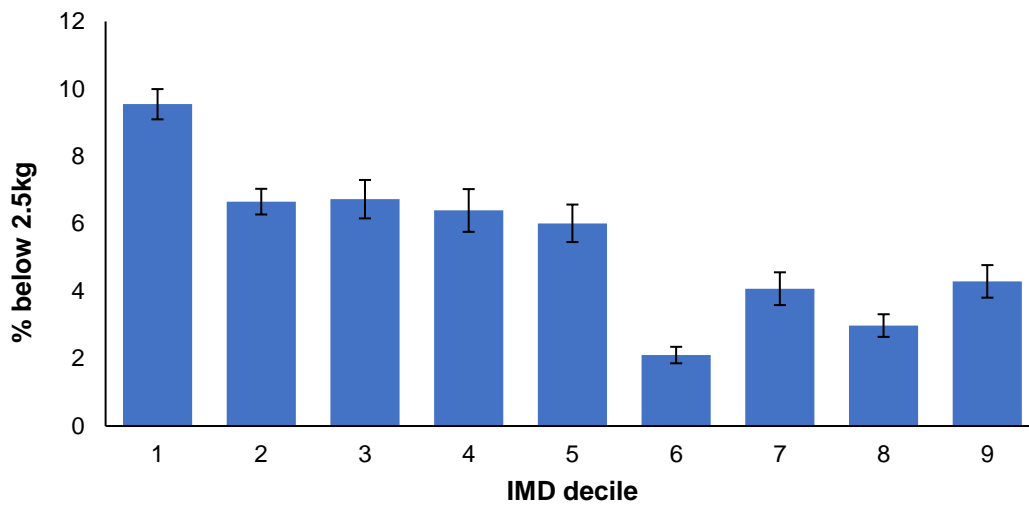


Source: St Helens Public Health Intelligence - Public Health Birth File

Analysis by deprivation decile reveals that the percentage of babies born with a low birth weight in the most deprived decile is more than double than those being born in decile 9 (9.5% and 4.3% respectively), as illustrated in Figure 18.

¹⁰ OHID Public Health Profiles, Low Birth Weight of Term Babies [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Figure 18: Low birth weight babies (below 2.5kg) in St Helens by IMD decile, 2020-2022



Source: St Helens Public Health Intelligence - Public Health Birth File

5.9 Very low birth weight

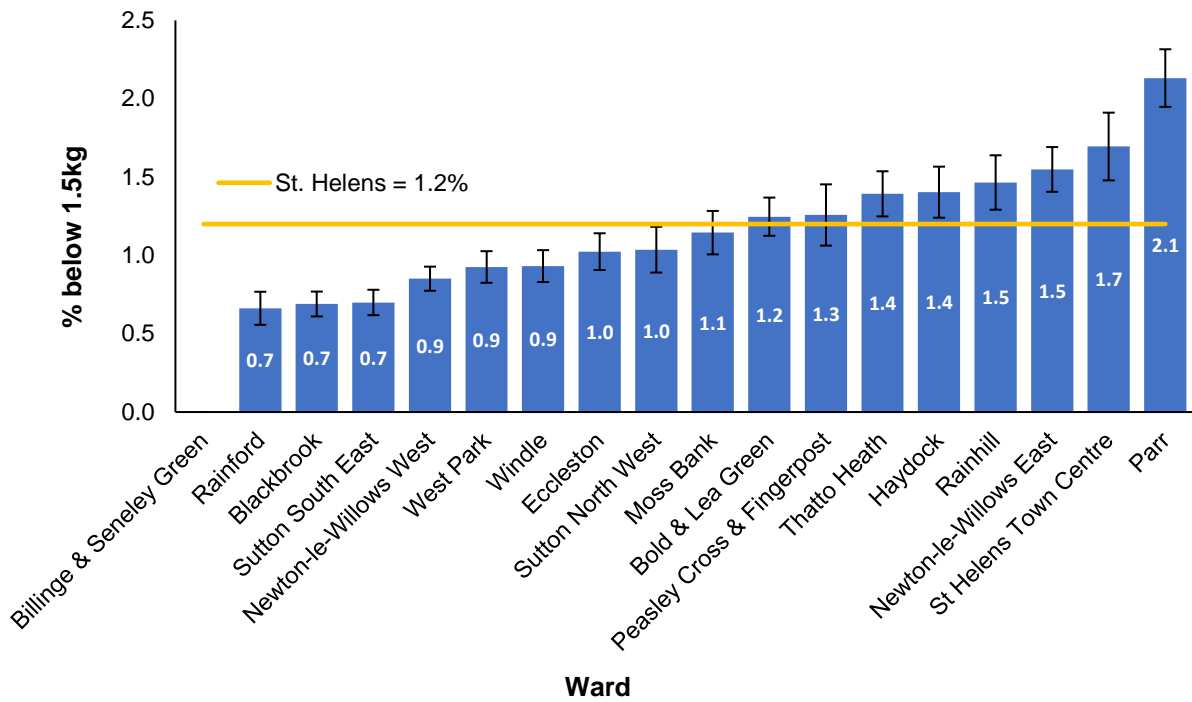
Infants who weigh less than 1.5kg (or 1500g) when they are born are classed as having very low birth weight. Risk factors for babies having a very low birth weight include poor diet from the mother, smoking and substance misuse during pregnancy, younger mothers (under the age of 17) and black ethnic mothers.¹¹

Like those infants born at low birth weights, infants born with a very low birth weight are at greater risk of developing problems, such as difficulty with the following: eating, gaining weight, fighting infection and maintaining body temperature. There is also an increased risk of other complications such as breathing difficulties, nervous system problems, digestive issues and developmental delay.

In St Helens, Thatto Heath, Haydock, Rainhill, Newton-le-Willows East, Town Centre and Parr all have a percentage of very low birth weight babies that is significantly higher than the St Helens average. Parr had the highest rate with 2.1%, whereas Billinge & Seneley Green had no very low birth weight babies born between 2020 and 2022. Data for all wards can be seen in Figure 19.

¹¹ Stanford Medicine – Very Low Birth Weight: <https://www.stanfordchildrens.org/en/topic/default?id=very-low-birthweight-90-P02424>

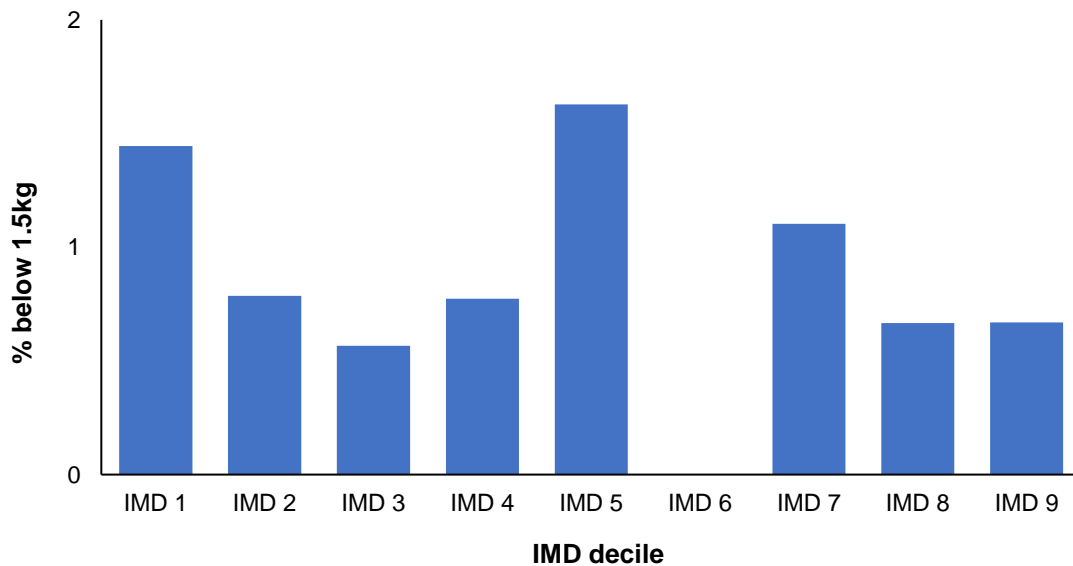
Figure 19: Percentage of very low birth weight (below 1.5kg) babies by ward, 2020-2022



Source: St Helens Public Health Intelligence - Public Health Birth File

Analysis by deprivation decile does not show a clear association with very low birth weight babies (under 1.5kg) and higher levels of deprivation (Figure 20).

Figure 20: Percentage of very low (below 1.5kg) birth weight babies in St Helens by deprivation decile (2020-2022)

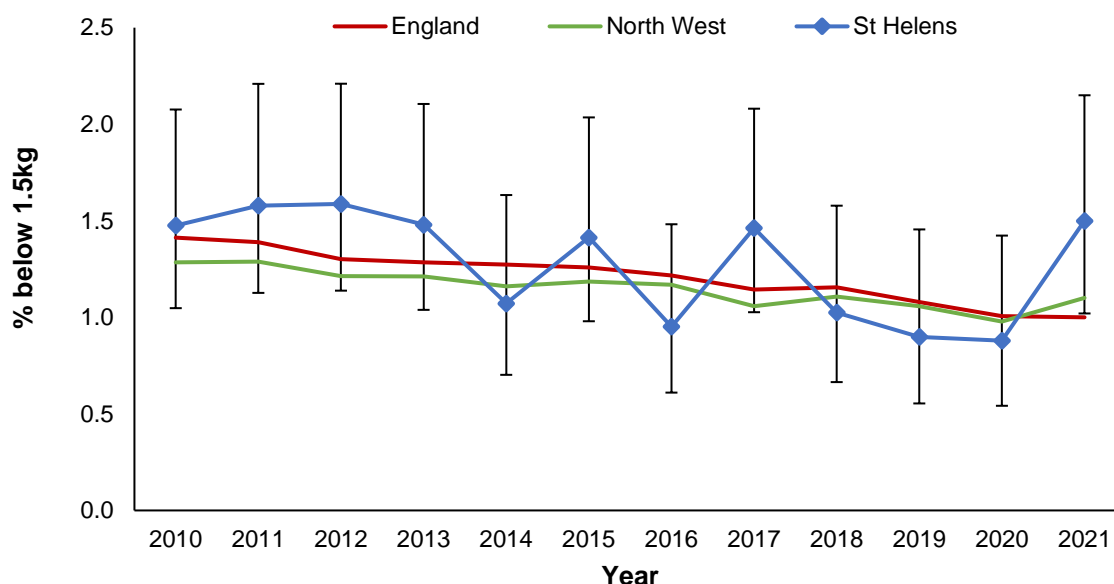


Source: St Helens Public Health Intelligence - Public Health Birth File

Comparable data for very low birth weight babies is available up to 2021 and this shows that the trend in St Helens has fluctuated since 2020 (due to small numbers).

The highest percentage was observed in 2011 at 1.6%, with the most recent for 2021 being 1.5% which is statistically significantly higher than the England average of 1.0% (Figure 21).

Figure 21: Trend of very low birth weight (below 1.5kg) in St Helens, North West and England, 2010-2021



Source: Fingertips

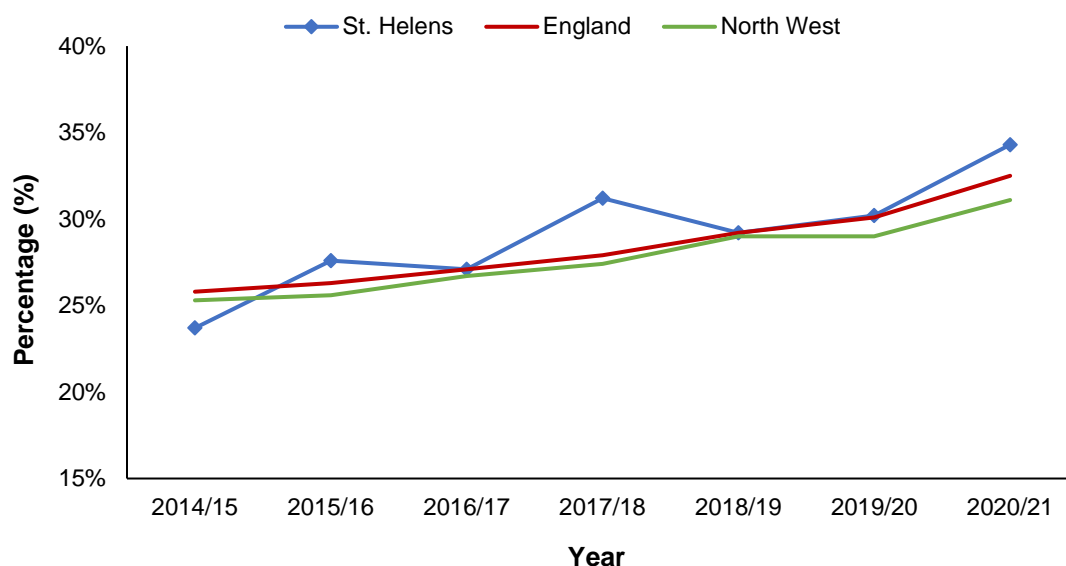
5.10 Caesarean section

A caesarean section (or c-section) may be carried out for a range of reasons, including when a vaginal birth is considered a risk for the mother or baby. The World Health Organisation (2021) report that as with all surgeries, caesarean sections have risks, and these include the potential for heavy bleeding or infection, slower recovery times after childbirth, delays in establishing breastfeeding and skin-to-skin contact and increased likelihood of complications in future pregnancies.¹²

In 2020-21, over a third of childbirths in St Helens took place by caesarean section (34.3%) and this was higher than the England and North West averages of 32.5% and 31.1% respectively, as illustrated in Figure 22. This was also an increase on the previous year (30.1% in 2019-20). Since 2014-15, the number of caesareans in St Helens has increased by 33.7% from 445 to 595. Given the significant increase in numbers of caesarean sections being carried out, it would be helpful to have an increased understanding as to the causal links, given the impact for both mother and child.

¹² World Health Organisation 2021 [Caesarean section rates continue to rise, amid growing inequalities in access \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/caesarean-section)

Figure 22: Percentage of caesareans in St Helens, England and North West, 2014-15 - 2020-21



Source: Fingertips

5.11 Infant feeding

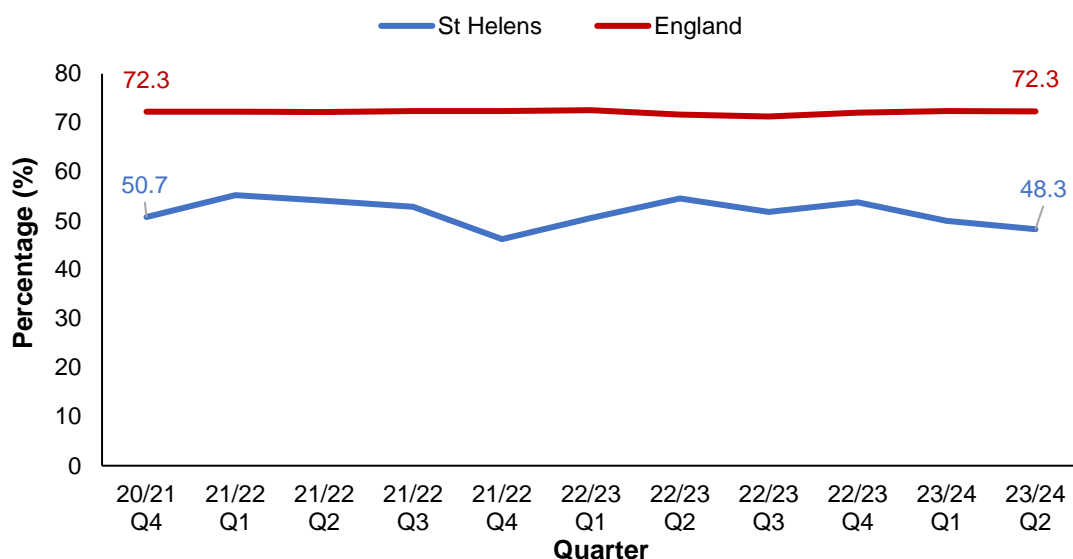
Breast milk provides perfectly balanced nutrition, the composition of which changes during each feed and over time as the baby matures. There are many benefits from breastfeeding for both mothers and babies, including both short and long-term benefits such as protection against infections; reduced incidence of diabetes, obesity and cardiovascular disease; and a reduction in the risk of Sudden Infant Death Syndrome (SIDS).¹³

5.11.1 First feed breastmilk

Data on babies' first feed is captured within the NHS Maternity Services Dataset. Figure 23 shows that nationally, the percentage of babies' first feed being breastmilk has remained above 70% since quarter 4 2020-21. St Helens has consistently had a lower percentage of babies' first feed being breastmilk (consistently more than 20% lower), the most recent being 48.3%.

¹³ UNICEF UK Baby Friendly Initiative: <https://tinyurl.com/nrstpew3>

Figure 23: Babies' first feed breast milk quarterly rates (%) in St Helens and England (2021-2023)



Source: NHS - Maternity Services Dataset

5.11.2 Breastfeeding at 6-8 weeks

The most recent data on breastfeeding prevalence at 6-8 weeks relates to 2022-23; St Helens has the 9th lowest prevalence in the North West at 31.5%. St Helens has experienced an increasing trend since 2017-18 (Table 3).

Table 3: Breastfeeding prevalence at 6-8 weeks (2015-16 – 2022-23)

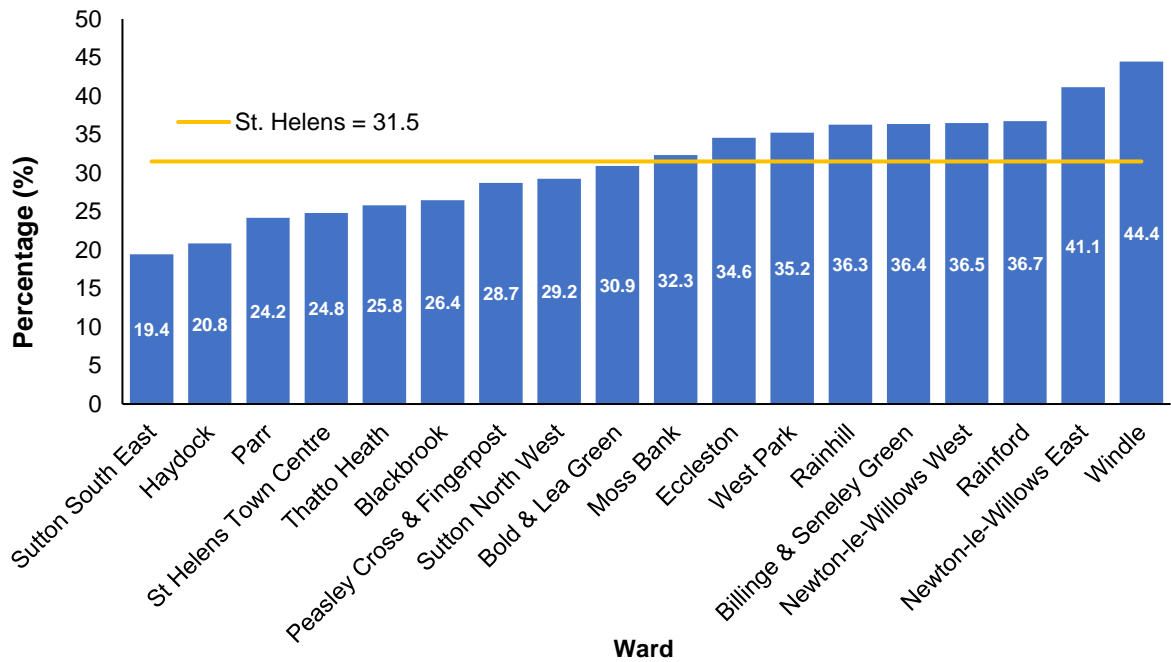
Year	St Helens	Halton	Knowsley	Liverpool	Sefton	North West	England
2015-16	22.2%	21.8%	18.0%	31.5%	*	*	43.2%
2016-17	22.4%	22.0%	19.3%	33.5%	29.6%	*	44.4%
2017-18	21.8%	20.2%	18.9%	35.2%	31.7%	*	43.1%
2018-19	24.3%	22.3%	21.3%	36.8%	31.2%	38.9%	46.2%
2019-20	27.9%	25.1%	22.7%	37.7%	31.8%	*	48.0%
2020-21	28.9%	*	*	*	34.9%	*	47.6%
2021-22	31.3%	*	*	41.3%	36.5%	*	49.3%
2022-23	31.5%	25.7%	*	44.6%	36.1%	*	49.2%

Source: Fingertips

*value not published for data quality reasons, or suppressed due to incompleteness of source data

Using 2022-23 data from the health visitor service, indications are that breastfeeding prevalence rates vary considerably across the borough (Figure 24). The lowest prevalence was observed in the ward of Sutton South East at 19.4% and the highest in the ward of Windle at 44.4% (a gap of 25 percentage points across the borough).

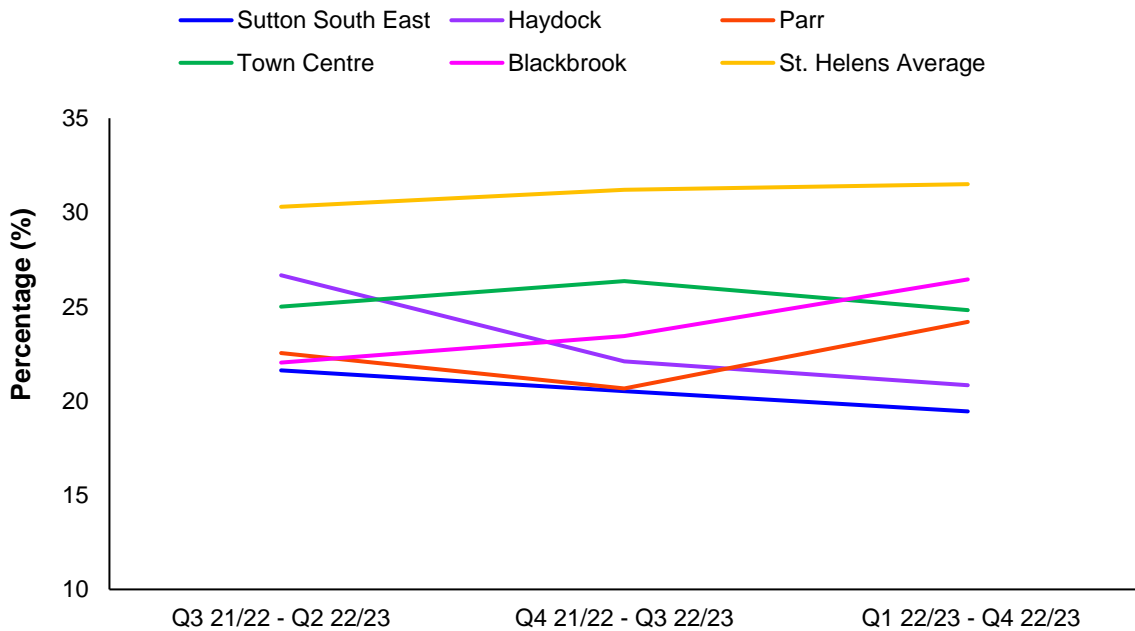
Figure 24: Prevalence of breastfeeding at 6-8 weeks by ward in St Helens 2022-23



Source: Local health visitor data

Figure 25 shows the rolling annual trend of breastfeeding prevalence among the five lowest performing wards in St Helens. Rates have improved slightly in Blackbrook and Parr. However, rates have declined in Haydock and Sutton South East.

Figure 25: Prevalence of breastfeeding at 6-8 weeks - annual rolling trend of 5 lowest performing wards in St Helens (2021-2023)

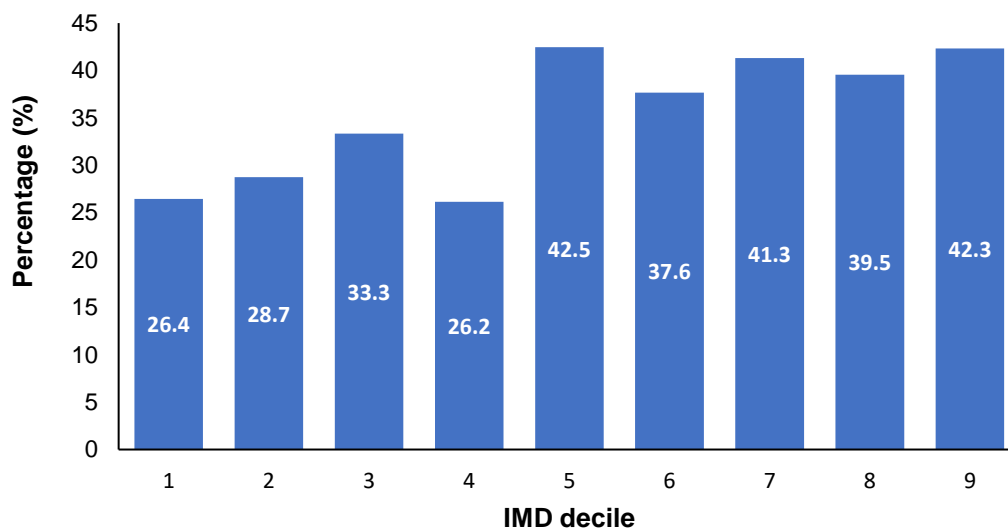


Source: Local health visitor data

Evidence suggests that breastfed babies born into the most deprived areas have better health outcomes than formula fed babies born into the least deprived areas.¹⁴

Deprivation analysis using the health visitor data reveals a gap of 15.9 percentage points in the prevalence between the most deprived areas (decile 1) and least deprived areas (decile 9) in St Helens. The prevalence in decile 1 is 26.4% compared to 42.3% in decile 9. The highest breastfeeding prevalence is among mothers who reside in areas within decile 5 at 42.5% (Figure 26).

Figure 26: Prevalence of breastfeeding at 6-8 weeks by IMD decile in St Helens (2022-23)

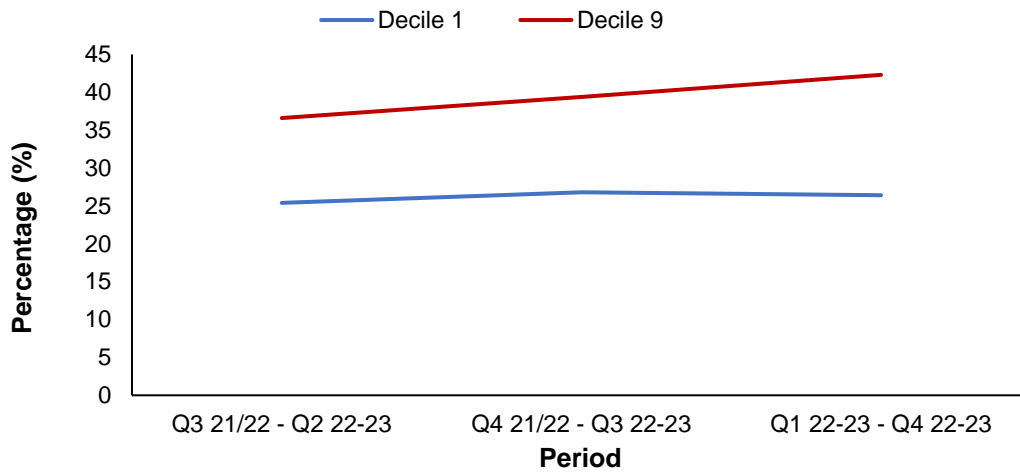


Source: Local health visitor data

The rolling annual trend of breastfeeding prevalence in decile 1 and decile 9 shows that the gap has been increasing between these areas, and this has been driven by an increase in prevalence within decile 9 (Figure 27). This therefore demonstrates a need to target areas of deprivation within the borough, supporting parents' and carers' understanding of the benefits for the child and mother through breastfeeding and where possible, addressing any barriers.

¹⁴ NHS: <https://www.nhs.uk/news/pregnancy-and-child/breastfeeding-doesnt-boost-childrens-intelligence/>

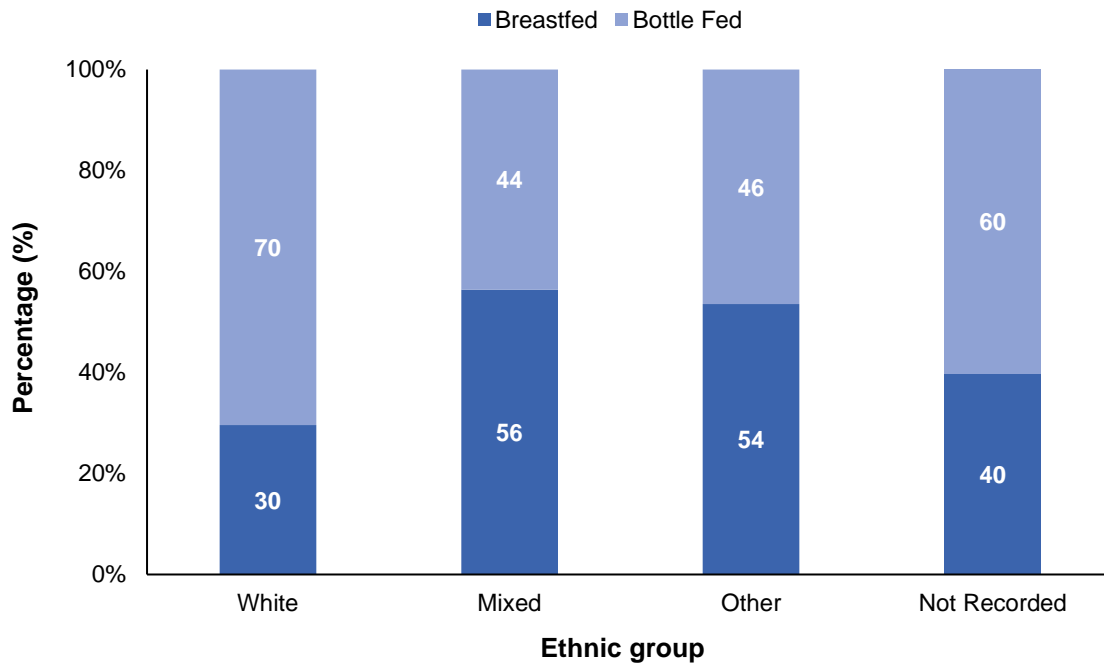
Figure 27: Gap in breastfeeding prevalence at 6-8 weeks between decile 1 and 9 in St Helens, annual rolling trend (2021-2023)



Source: Local health visitor data

Analysis by ethnicity (where recorded) shows that there was a higher proportion of mothers from ‘mixed’ or ‘other ethnicities’ who were breastfeeding at 6-8 weeks compared to mothers of white ethnicity (Figure 28).

Figure 28: Type of infant feeding at 6-8 weeks by ethnicity (where recorded) in 2022-23



Source: Local health visitor data

6. Staying healthy

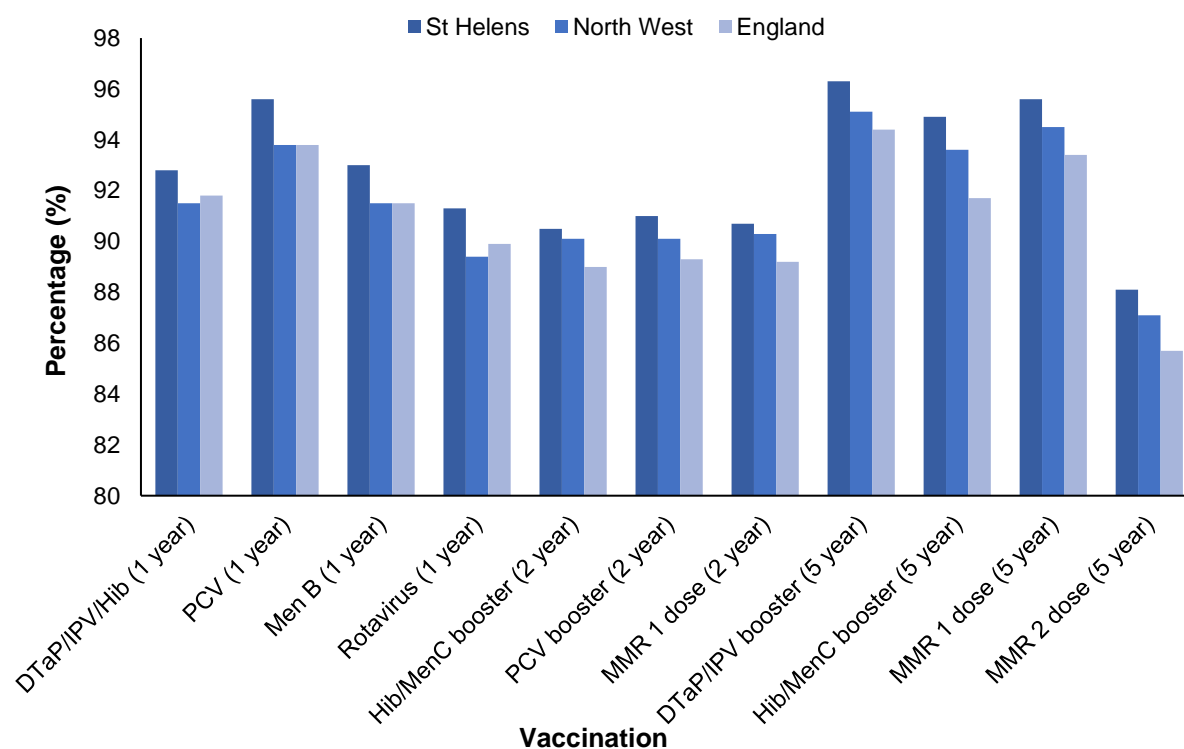
This section considers a number of indicators which relate to staying healthy during the early years of childhood, such as immunisations, oral health, obesity and admission to hospital.

6.1 Immunisations

Immunisations are one of the best ways to protect a child against a range of diseases such as measles, meningitis, tetanus and rubella. These vaccinations are given by GPs and are free of charge in the UK. Immunisations protect the receiver as well as others around them through reducing the spread of disease.

The most recent annual data relates to 2021-22 and shows that St Helens has higher immunisation cover rates compared to North West and England in all age groups (Figure 29).

Figure 29: Childhood immunisation in St Helens, North West and England 2021-22



Source: NHS Digital COVER statistics

6.2 Oral health

Good oral health at a young age is important as teeth are more sensitive and prone to decaying. Tooth decay can lead to children having difficulty sleeping through pain,

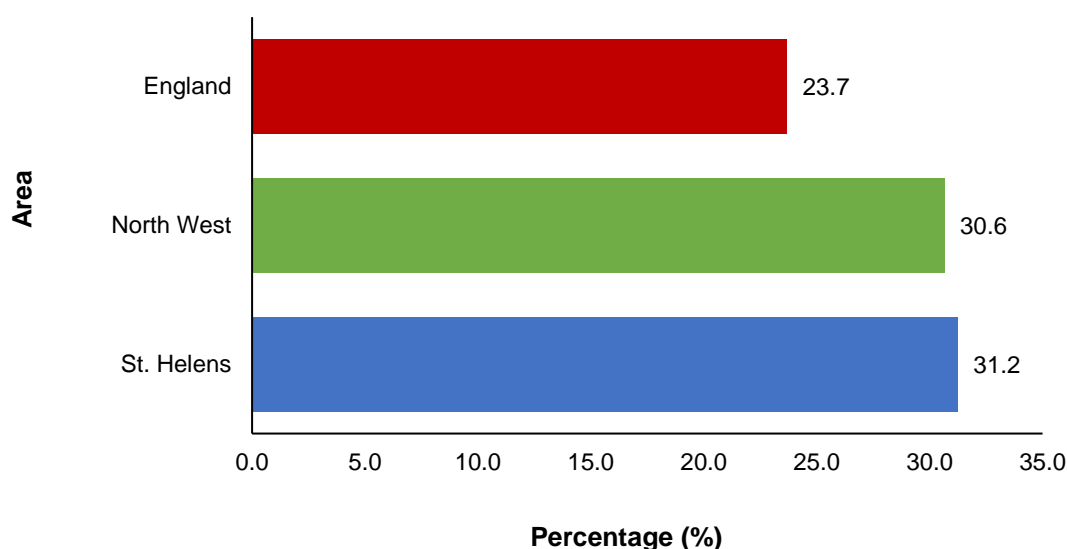
which can negatively impact daytime activity and therefore developmental and school attainment.¹⁵

6.2.1 Dental decay

In England there is an association between deprivation and dental decay among children. In 2022, children aged 5 living in the most deprived areas were almost three times more likely to experience dental decay compared to those living in the least deprived areas. In addition, children who are overweight or obese are also at risk of dental caries compared to non-obese children.¹⁶

In St Helens, the percentage of 5-year-olds with any experience of tooth decay is worse than the England average. In 2021-22, 31.2% of 5 year olds in the borough had visual tooth decay compared to 23.7% in England and 30.6% in the North West (Figure 30). St Helens ranks as 31st highest in England and 13th highest in the North West.

Figure 30: Percentage of children with any tooth decay experience (2021-22)



Source: Oral health survey of 5 year old children 2022

Most recent hospital admission data shows that between 2018 and 2023, there were 100 planned admissions for dental caries in St Helens, accounting for 3.5% of all planned admissions over the 6 year period (see Section 9.5).

6.2.2 Tooth extractions due to caries

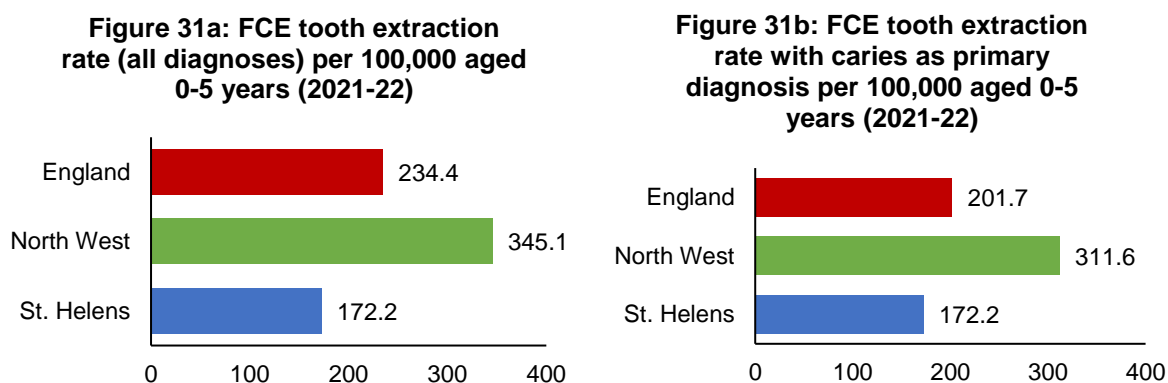
Dental caries (or cavities) are caused by tooth decay and the main risk factors of caries include high consumption of foods and drinks that cling to teeth for a long time, such as milk, ice cream, sugar and fizzy drinks. Breastfeeding is encouraged to

¹⁵ Abed et al (2020): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6981411/>

¹⁶ [Caries obesity Evidence SummaryOCT2015FINAL.pdf \(publishing.service.gov.uk\)](#) [Accessed: July 2023]

prevent tooth decay as bottles filled with milk or formulas can remain on teeth for hours when children sleep.

Data on finished consultant episodes (FCE)¹⁷ on tooth extractions in 2021-22 shows that St Helens has a lower rate (per 100,000 aged 0-5 year olds) to the North West and England averages for all diagnoses (Figure 31a) and where tooth caries was the primary diagnosis (Figure 31b).



Source: OHID - hospital tooth extractions in 0-19 year olds 2022

6.3 Obese Reception aged children

Healthy weight is one of St Helens Borough Council's priorities and the St Helens Active Lives Strategy (2022-2027) has childhood obesity as a key performance indicator.¹⁸

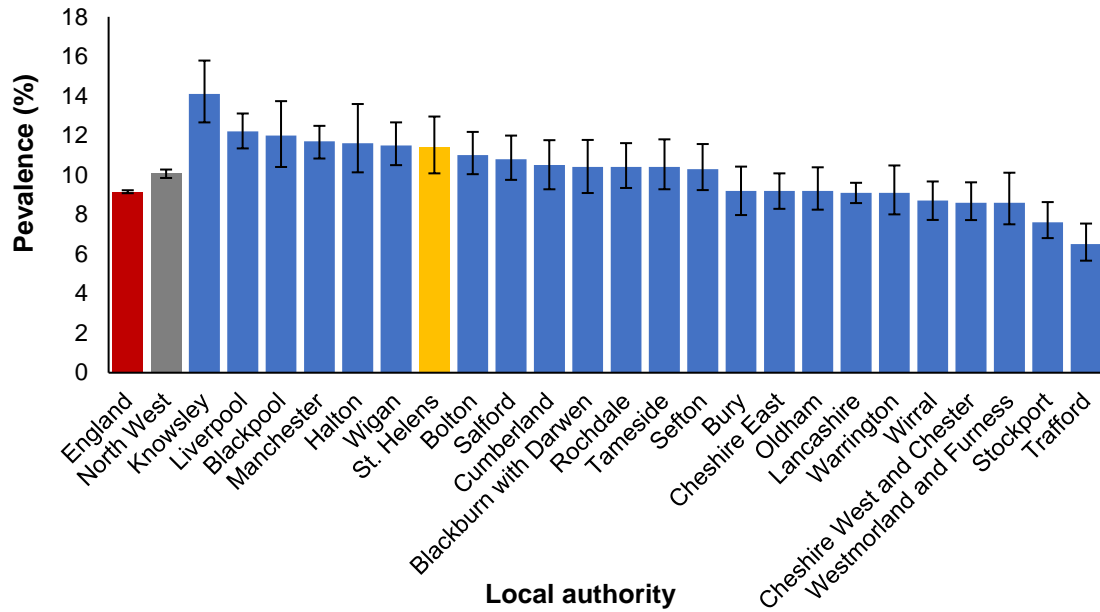
The most recent data published from the National Child Measurement Programme (NCMP) relates to 2022-23. This shows that St Helens has a prevalence of 11.4% of obese children in Reception, which is higher than both the North West and England rates of 10.1% and 9.2%.

The prevalence in St Helens is statistically significantly higher than England and is ranked as being the 7th highest across the North West region (Figure 32), this is an improvement from 2021-22 when St Helens had the highest rate. Nationally, St Helens is ranked as 23rd highest.

¹⁷ A finished consultant episode (FCE) is a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay in hospital or in different stays in the same year.

¹⁸ St Helens Council – Active Lives Strategy (2022-2027): <https://sthelens.moderngov.co.uk/documents/s126107/Appendix%201.pdf%C2%A0>

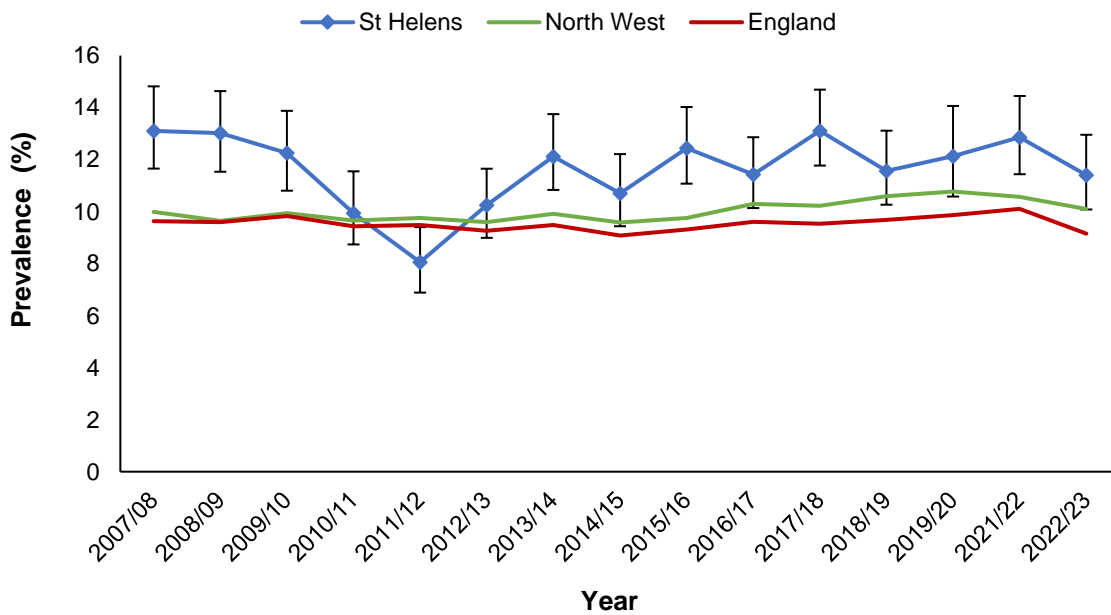
Figure 32: Prevalence (%) of obesity in Reception aged children in 2022-23 by upper tier local authority in the North West



Source: NHS Digital

Trend data shows that St Helens has had a higher prevalence of obesity among Reception aged children compared to England and the North West since 2012-13. However, the most recent rate for 2022-23 is a reduction from the previous year, a reduction which was mirrored in England and the North West (Figure 33).

Figure 33: Prevalence (%) trend of obesity in Reception aged children 2007-2023



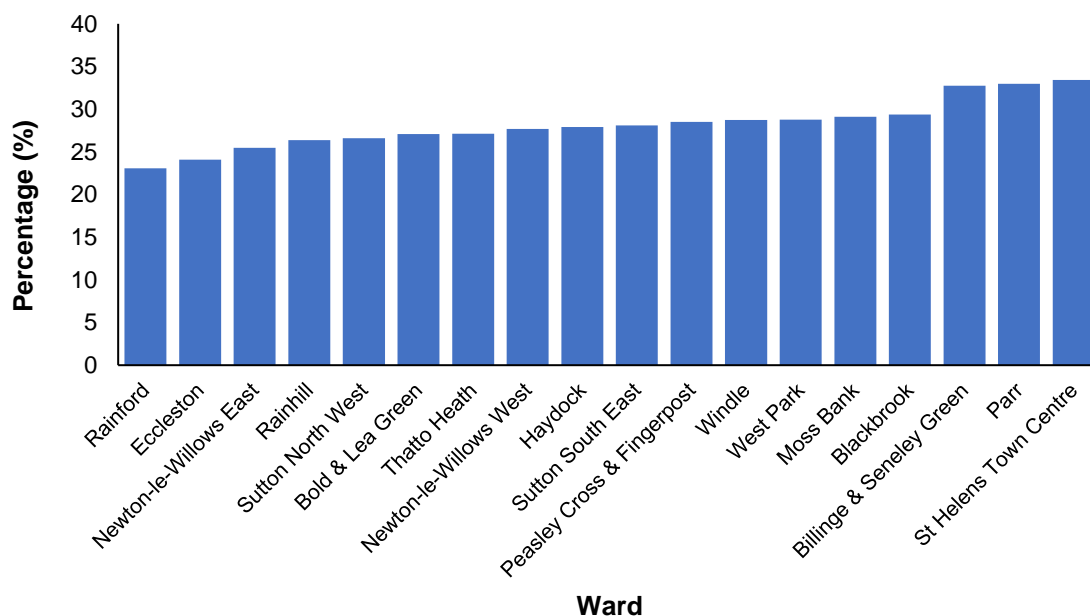
Sources: Fingertips, NHS Digital

6.4 Overweight or very overweight reception aged children

Using local data captured by school nurses for the NCMP, additional analysis on ward of residence and deprivation can be carried out. It must be noted that this data does not include any children who reside in the borough but are educated in another local authority area.

Analysis on the data for 2016-2022 combined (excluding 2021 due to data quality) at ward level shows that the highest proportion of overweight or very overweight Reception aged children is highest in Town Centre at 33.4%. This contrasts with Rainford which has the lowest prevalence at 23.1% (Figure 34). One thing that may be worth noting is that the Town Centre has the highest number of takeaways totalling 120, and this is more than double the amount for Newton-le-Willows West, which had the second highest number of takeaways, totalling 46.

Figure 34: Percentage of overweight or very overweight children in Reception educated and residing in St Helens by ward (2016-22)¹⁹

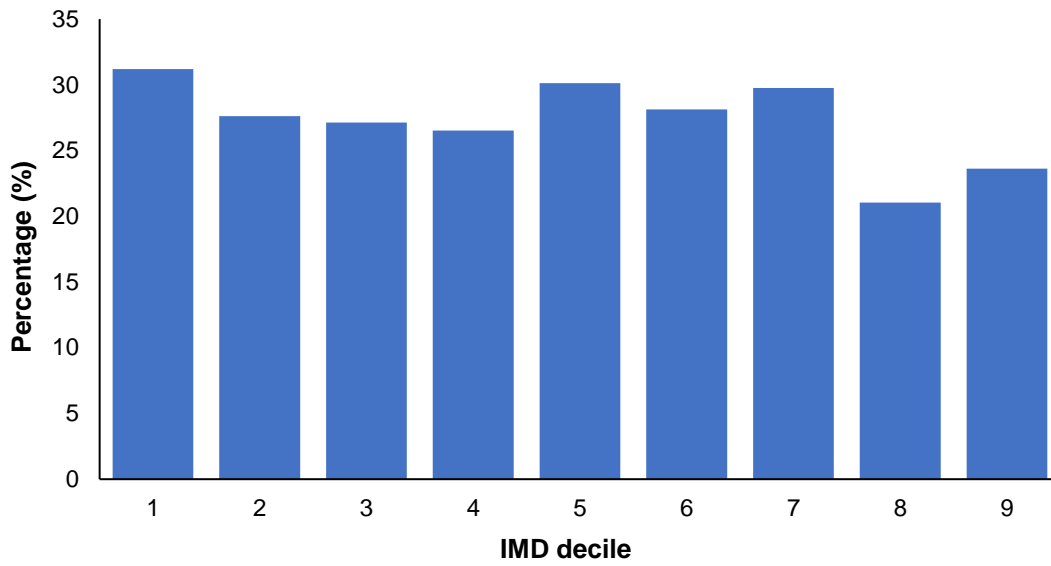


Source: Local National Child Measurement Programme data

Analysis by deprivation decile reveals that there is a slight correlation between deprivation and overweight or very overweight children in St Helens, with 31.2% in decile 1 compared to 23.6% in decile 9 (Figure 35). However, the percentage remains high across each decile and therefore suggests a borough wide issue.

¹⁹ Excludes 2021 data due to data quality concerns during the COVID-19 pandemic

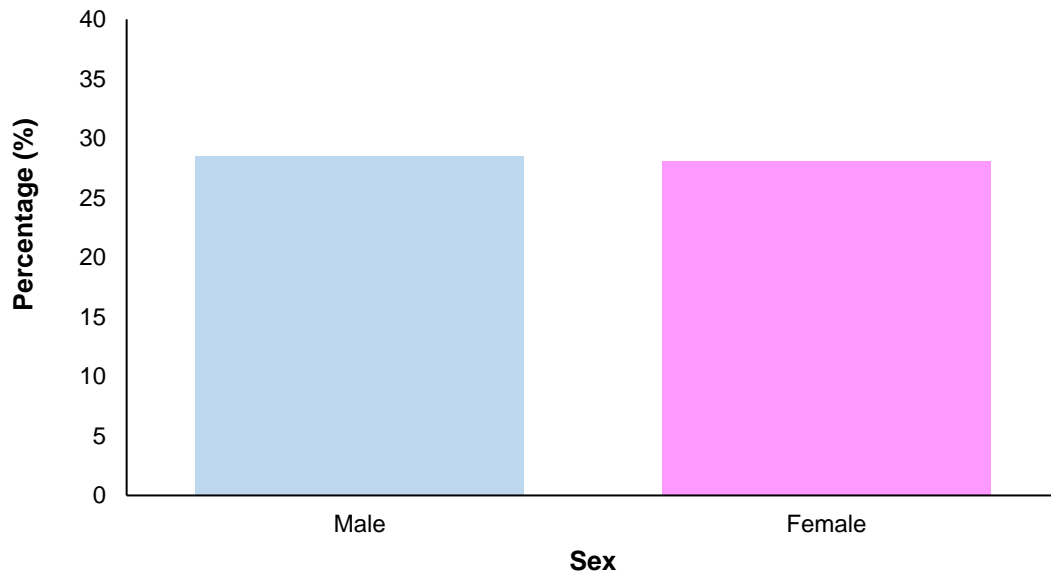
Figure 35: Percentage of overweight or very overweight children in Reception educated and residing in St Helens by IMD decile (2016-22)¹⁹



Source: Local National Child Measurement Programme data

The percentage of overweight and very overweight Reception aged boys and girls is similar at 28.5% and 28.1% respectively (Figure 36).

Figure 36: Percentage of overweight or very overweight children in Reception educated and residing in St Helens by sex (2016-22)²⁰



Source: Local National Child Measurement Programme data

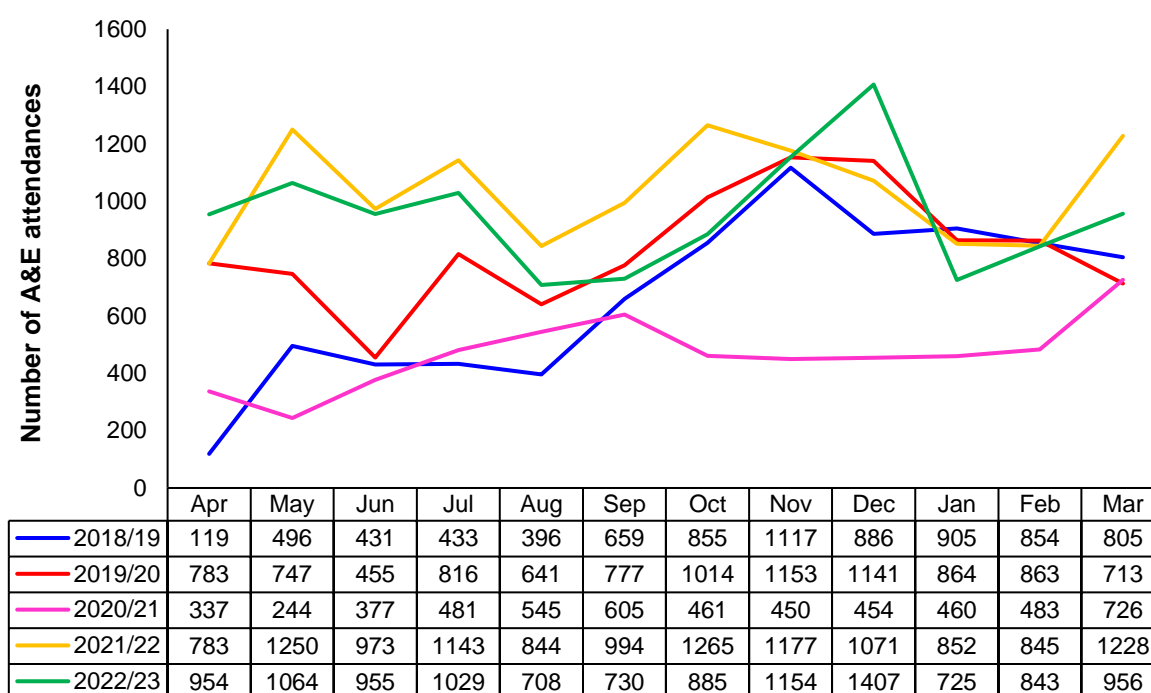
²⁰ Excludes 2021 data due to data quality concerns during the COVID-19 pandemic

6.5 A&E attendances

This section presents data on A&E (Accident & Emergency) attendances and planned and unplanned hospital admissions among 0-5 year olds in St Helens. Trend data and the top causes for admission are outlined.

Figure 37 shows the number of A&E attendances among 0-5 year olds in St Helens by month for the last 5 years. During the COVID-19 pandemic in 2020-21, there was a reduction in the number of A&E attendances, however since then the numbers have risen to above pre-pandemic levels. The number of attendances generally increase into the colder months.

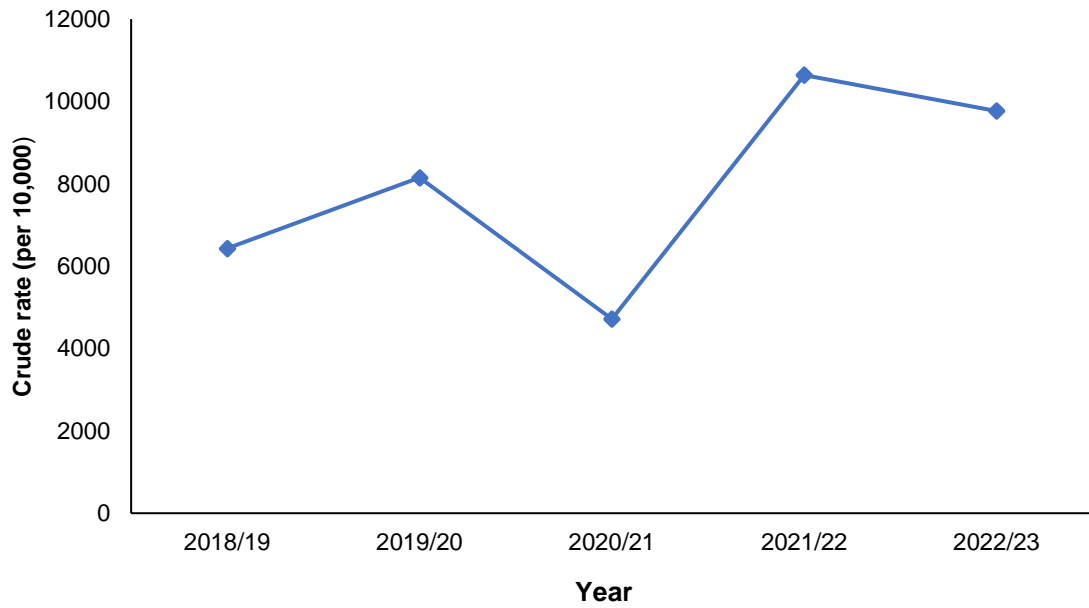
Figure 37: Number of Accident & Emergency attendances for children aged 0-5 in St Helens by calendar month (2018-2023)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

The crude rate of A&E attendances among 0-5 year olds in St Helens has on the whole increased since 2018-19. The most recent rate for 2022-23 was 9,770 attendances per 10,000 which relates to a total of 11,410 attendances (Figure 38).

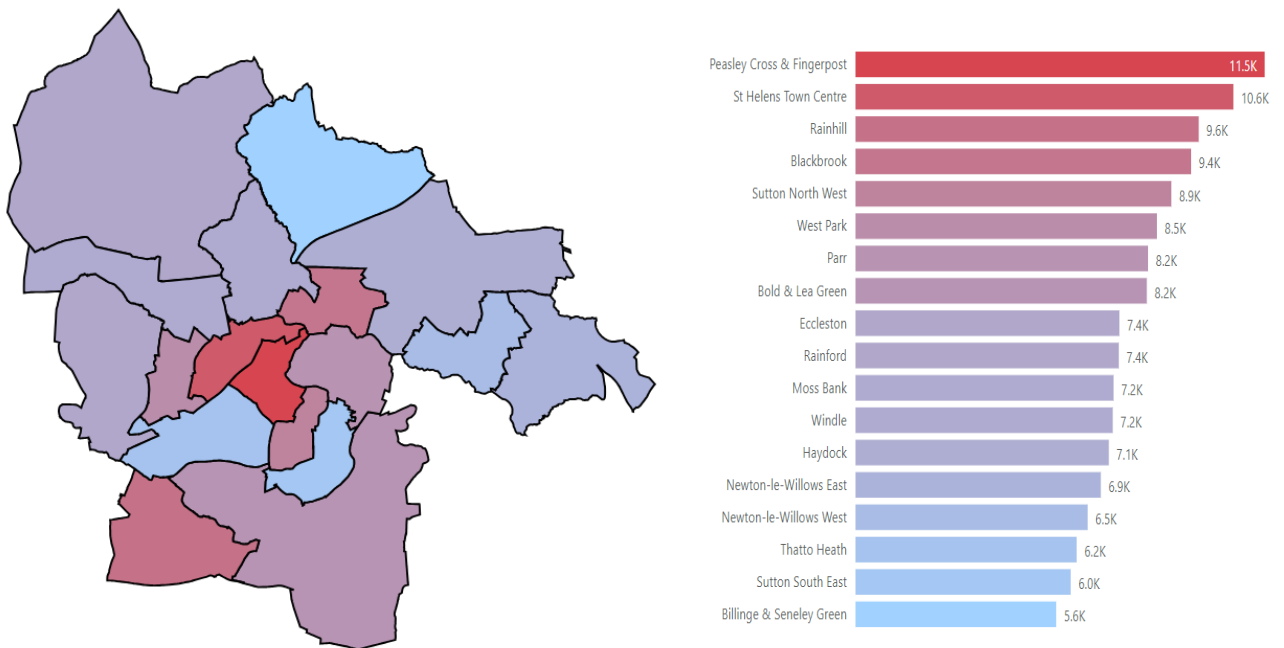
Figure 38: Accident & Emergency attendances for children aged 0-5 in St Helens, crude rate per 10,000 (2018-19 to 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Ward level analysis for A&E attendances over the 5 year period show that the highest rate is in Peasley Cross & Fingerpost at around 11,500 attendances per 10,000, this is followed by Town Centre and Rainhill. Billinge & Seneley Green has the lowest rate at around 5,600 per 10,000 (Figure 39).

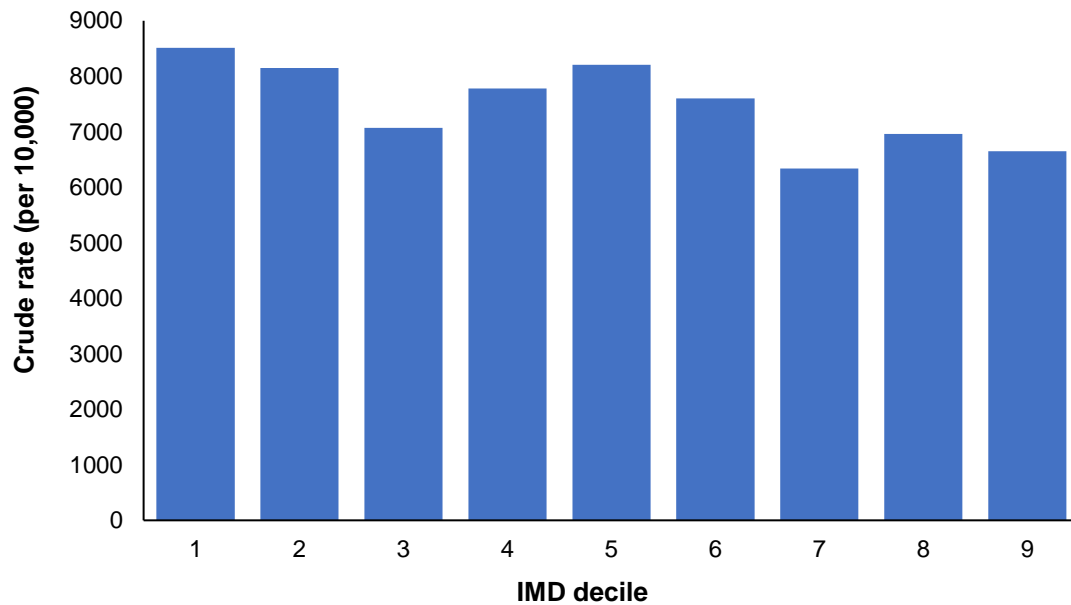
Figure 39: Accident & Emergency attendances for children aged 0-5 in St Helens by ward, crude rate per 10,000 (2018-19 -2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Deprivation analysis shows a slight association between deprivation and A&E attendance rates among 0-5 year olds in the borough (Figure 40). There was a difference of 1861.5 attendances per 10,000 between the most and least deprived deciles.

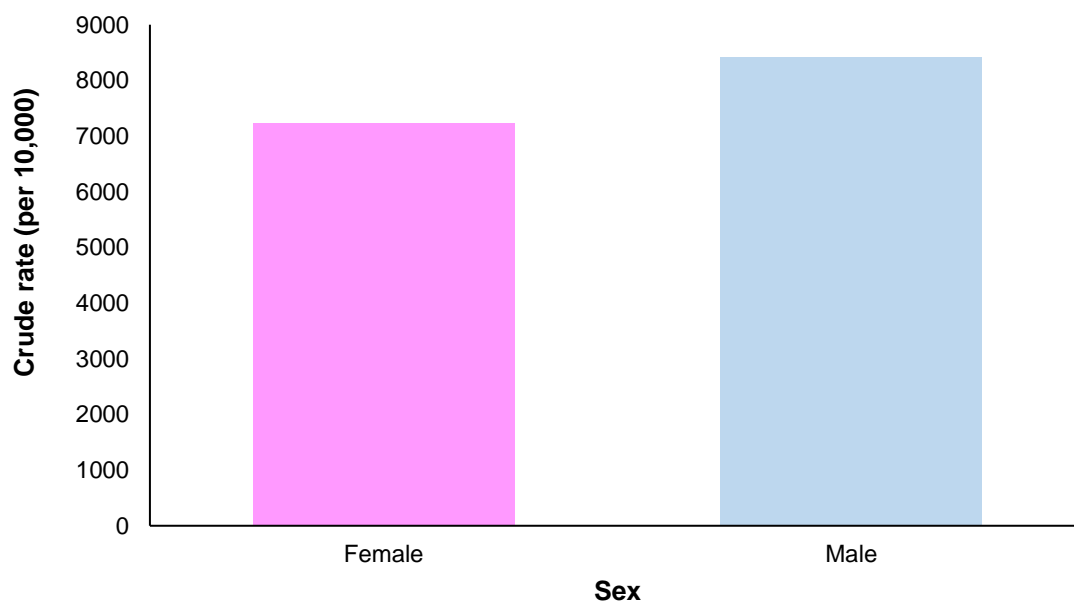
Figure 40: Accident & Emergency attendances for children aged 0-5 in St Helens by IMD decile, crude rate per 10,000 (2018-2023)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

The rate of A&E attendance is higher among boys than girls as illustrated in Figure 41.

Figure 41: Accident & Emergency attendances for children aged 0-5 in St Helens by sex, crude rate per 10,000 (2018-2023)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

6.5.1 Reason for A&E attendance

The most common reason for A&E attendance among 0-5 year olds in St Helens between 2018-19 and 2022-23 was due to fever, accounting for 11.4% of all A&E attendances. Table 4 shows the top 10 A&E attendance descriptions for 0-5 year olds.

Table 4: Top 10* Accident and Emergency attendances by chief complaint description (0-5 year olds) in St Helens, number and percentage (%) (2018-19 – 2022-23)

Chief complaint description	Number	% of total
Fever (finding)	5423	11.4
Difficulty breathing (finding)	3181	6.7
Injury of head (disorder)	2094	4.4
Hospital admission, emergency, direct (procedure)	1958	4.1
Dyspnea (finding)	1665	3.5
Vomiting (disorder)	1369	2.9
Eruption of skin (disorder)	1075	2.3
Injury of upper extremity (disorder)	969	2.0
Crying infant (finding)	941	2.0
Stridor (finding)	667	1.4

Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

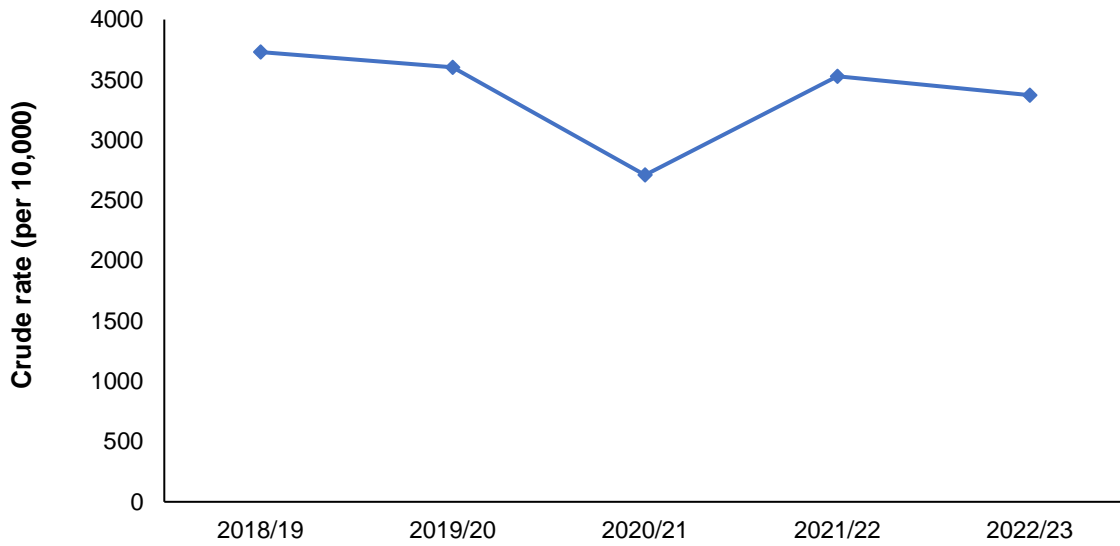
**There were 20,025 attendances (42.3%) recorded as NULL during this period so this was excluded from the analysis as the top complaint description.*

6.6 Hospital admissions

Hospital admissions can either be planned (where a GP makes a referral to hospital for an appointment) or unplanned. For planned admissions, parents/carers receive a letter confirming the date, time and location of the appointment. If a child needs urgent treatment, then they would be admitted via an unplanned hospital appointment.

On average there are 4,063 hospital admissions (both planned and unplanned) per year among 0-5 year olds in St Helens. Between 2018-19 and 2022-23, the crude rate of admission has decreased slightly (Figure 42). There was a marked decrease during 2020-21 coinciding with the COVID-19 pandemic. The most recent rate of admission is 3,373.6 per 10,000 children aged 0-5, pertaining to 3,940 admissions.

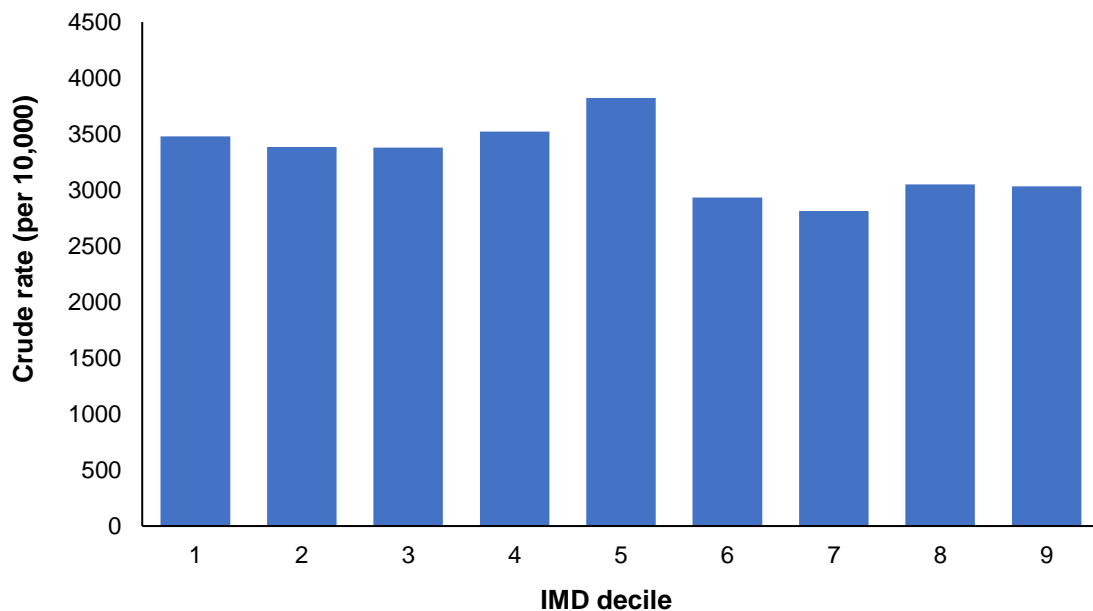
Figure 42: Hospital admissions in children aged 0-5 – crude rate per 10,000 by year (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Deprivation analysis does not show a strong correlation with hospital admission and deprivation decile among 0-5 year olds. The highest rate is for those living in decile 5 (Figure 43).

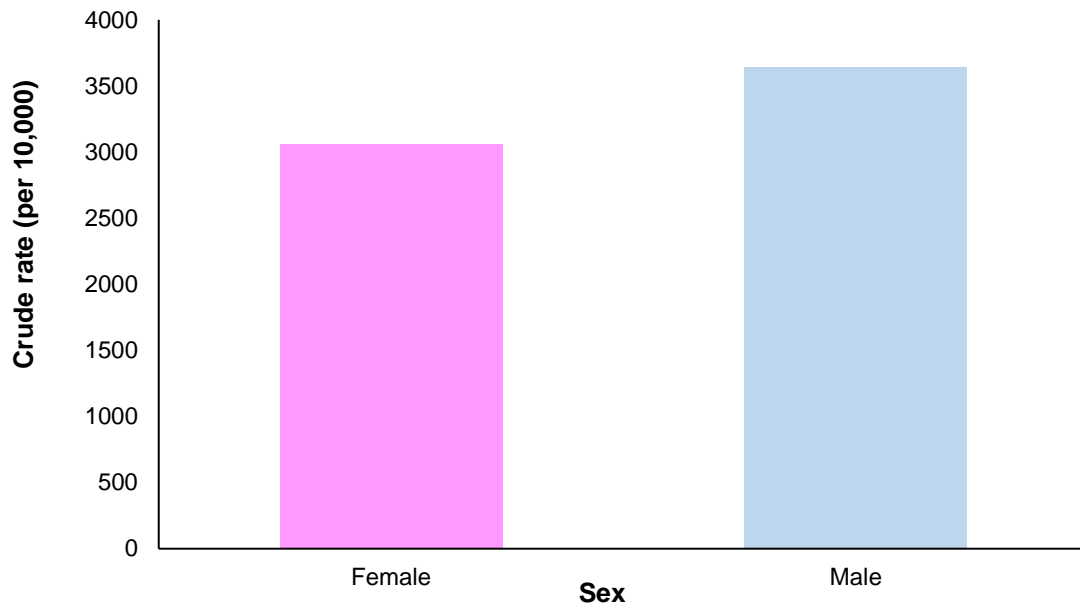
Figure 43: Hospital admissions in children aged 0-5 in St Helens by IMD decile, crude rate per 10,000 (2018-2023)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Boys have a higher admission rate compared to girls at 3,643.3 and 3,062.7 per 10,000 respectively (Figure 44), this is consistent with A&E admissions.

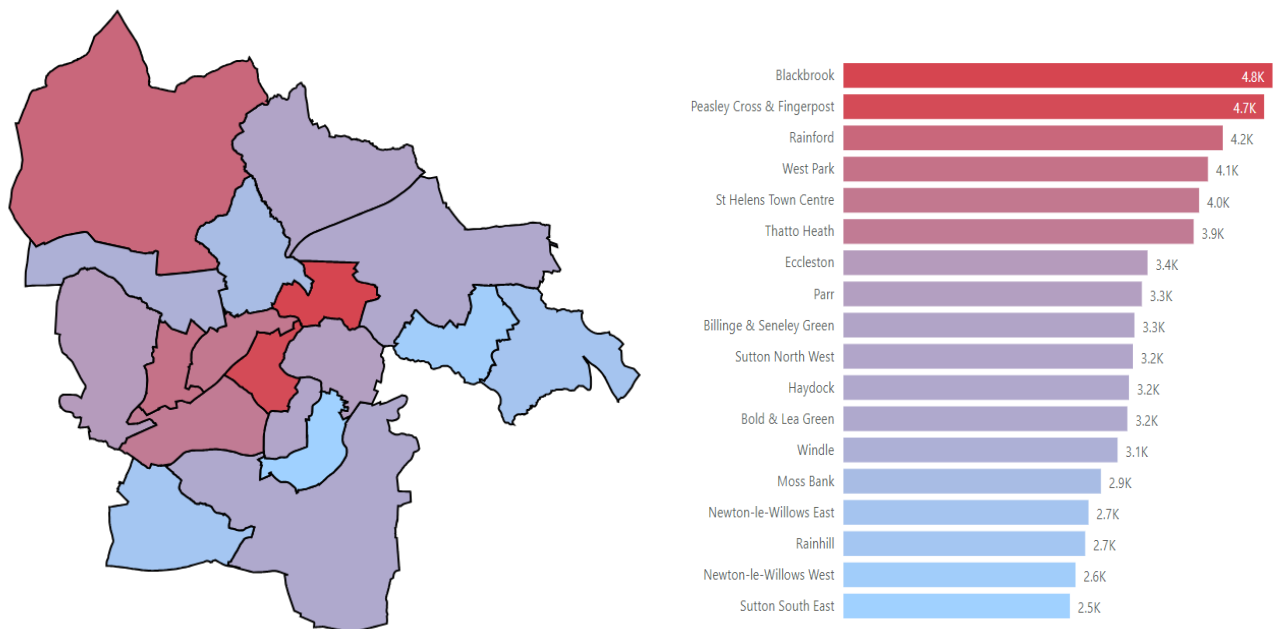
Figure 44: Hospital admissions in children aged 0-5 in St Helens by sex, crude rate per 10,000 (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Over the period 2018-19 – 2022-23, the ward of Blackbrook had the highest crude rate of hospital admissions among 0-5 year olds at 4,800 per 10,000. The rates by ward are illustrated in Figure 45.

Figure 45: Hospital admissions in children aged 0-5 in St Helens by ward, crude rate per 10,000 (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

6.6.1 Reasons for hospital admissions

Tables 5 and 6 outline the top 10 causes of all (planned and emergency) hospital admissions among 0-5 year olds in St Helens by primary ICD-10 chapter and by primary ICD-10 description.

During early years of life, pregnancy related problems, infections, injuries and genetic problems are the main cause of admission to hospital.

Table 5: Top 10 hospital admissions (all) by diagnosis chapter description (0-5 year olds) in St Helens (2018-19 – 2022-23)

Primary diagnosis chapter description	Number	% of total
Factors influencing health status and contact with health services	4947	24.4
Certain conditions originating in the perinatal period	4170	20.5
Diseases of the respiratory system	3165	15.6
Certain infectious and parasitic diseases	1855	9.1
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1345	6.6
Congenital malformations, deformations and chromosomal abnormalities	858	4.2
Injury, poisoning and certain other consequences of external causes	780	3.8
Diseases of the digestive system	680	3.3
Neoplasms	645	3.2
Diseases of the skin and subcutaneous tissue	584	2.9

Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Table 6: Top 10 hospital admissions (all) by primary diagnosis description (0-5 year olds) in St Helens (2018-19 – 2022-23)

Primary diagnosis description	Number	% of total
Singleton, born in hospital	4509	22.2
Viral infection, unspecified	941	4.6
Neonatal jaundice, unspecified	709	3.5
Acute bronchiolitis, unspecified	570	2.8
Acute tonsillitis, unspecified	539	2.6
Acute upper respiratory infection, unspecified	489	2.4
Other low birth weight	454	2.2
Bacterial sepsis of newborn, unspecified	449	2.2
Unspecified acute lower respiratory infection	374	1.8
Acute bronchiolitis due to respiratory syncytial virus	303	1.5

Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

6.6.2 Reasons for planned hospital admissions

Tables 7 and 8 outline the top 10 causes of planned hospital admissions among 0-5 year olds in St Helens by primary ICD-10 chapter and by primary ICD-10 description.

Neoplasms made up just under a fifth of planned admissions (19.5%), and when broken down further, acute lymphoblastic leukaemia was the most common reason for planned admissions in 0-5 year olds, accounting for 8% of planned admissions.

Table 7: Top 10 hospital admissions (planned) by diagnosis chapter description (0-5 year olds) in St Helens (2018-19 – 2022-23)

Primary diagnosis chapter description	Number	% of total
Neoplasms	552	19.5
Congenital malformations, deformations and chromosomal abnormalities	480	16.9
Diseases of the respiratory system	221	7.8
Factors influencing health status and contact with health services	219	7.7
Diseases of the digestive system	209	7.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	209	7.4
Diseases of the skin and subcutaneous tissue	166	5.8
Endocrine, nutritional and metabolic diseases	160	5.6
Injury, poisoning and certain other consequences of external causes	147	5.2
Diseases of the ear and mastoid process	139	4.9

Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Table 8: Top 10 hospital admissions (planned) by primary diagnosis description (0-5 year olds) in St Helens (2018-19 – 2022-23)

Primary diagnosis description	Number	% of total
Acute lymphoblastic leukaemia [ALL]	227	8.0
Malignant neoplasm of kidney, except renal pelvis	102	3.6
Dental caries, unspecified	100	3.5
Neuronal ceroid lipofuscinosis	92	3.2
Hypertrophy of tonsils with hypertrophy of adenoids	87	3.1
Personal history of leukaemia	59	2.1
Malignant neoplasm: optic nerve	58	2.0
Acute tonsillitis, unspecified	54	1.9
Aplastic anaemia, unspecified	48	1.7
Chronic kidney disease, stage 4	36	1.3

Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

6.6.3 Reasons for emergency hospital admissions

Tables 9 and 10 outline the top 10 causes of emergency hospital admissions among 0–5 year olds in St Helens by primary ICD-10 chapter and by primary ICD-10 description.

Diseases of the respiratory system had the highest number of emergency admissions, accounting for 31.2% of all emergency admissions among 0–5 year olds. Viral infections (10.1%) were the most common emergency admission description, followed by acute bronchiolitis (6.1%).

Table 9: Top 10 hospital admissions (emergency) by diagnosis chapter description (0–5-year-olds) in St Helens (2018-19 – 2022-23)

Primary diagnosis chapter description	Number	% of total
Diseases of the respiratory system	2915	31.2
Certain infectious and parasitic diseases	1841	19.7
Certain conditions originating in the perinatal period	1121	12.0
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1045	11.2
Injury, poisoning and certain other consequences of external causes	618	6.6
Diseases of the digestive system	439	4.7
Diseases of the skin and subcutaneous tissue	394	4.2
Factors influencing health status and contact with health services	143	1.5
Congenital malformations, deformations and chromosomal abnormalities	119	1.3
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	102	1.1

Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Table 10: Top 10 hospital admissions (emergency) by primary diagnosis description (0-5 year olds) in St Helens (2018-19 – 2022-23)

Primary diagnosis description	Number	% of total
Viral infection, unspecified	940	10.1
Acute bronchiolitis, unspecified	566	6.1
Acute upper respiratory infection, unspecified	486	5.2
Acute tonsillitis, unspecified	483	5.2
Neonatal jaundice, unspecified	371	4.0
Unspecified acute lower respiratory infection	369	4.0
Acute bronchiolitis due to respiratory syncytial virus	298	3.2
Sepsis, unspecified	219	2.3
Gastroenteritis and colitis of unspecified origin	207	2.2
Viral intestinal infection, unspecified	196	2.1

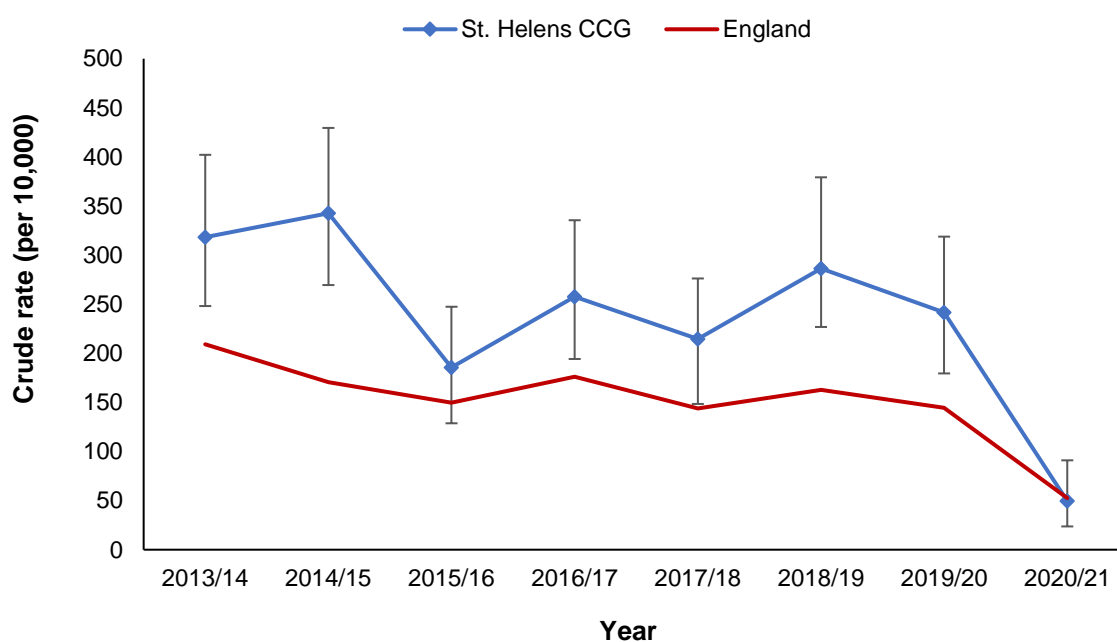
Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

6.7 Gastroenteritis (children under the age of 1)

Hospital admissions for gastroenteritis in children under 1 year old is measured to demonstrate the effectiveness of the health service out-of-hospital, since gastroenteritis has low morbidity and mortality and limited need for hospitalisation. Breastfeeding, increased hygiene and a healthy diet, as well as support for young parents and increased awareness of home management and illnesses can reduce hospitalisation for the condition. Breastfeeding can not only cure stomach bugs, diarrhoea and gastroenteritis, it can also help to prevent them as well.

The crude rate for <1 year old gastroenteritis hospital admission in St Helens is trending downwards as shown in Figure 46. The lowest rate was in 2020-21, pertaining to 10 admissions; this is likely due to the COVID-19 pandemic. St Helens CCG had a significantly higher rate than the England average in 2018-19 and 2019-20.

Figure 46: Hospital admissions for gastroenteritis in children under 1 year, St Helens CCG, crude rate per 10,000 (2013-14 – 2020-21)

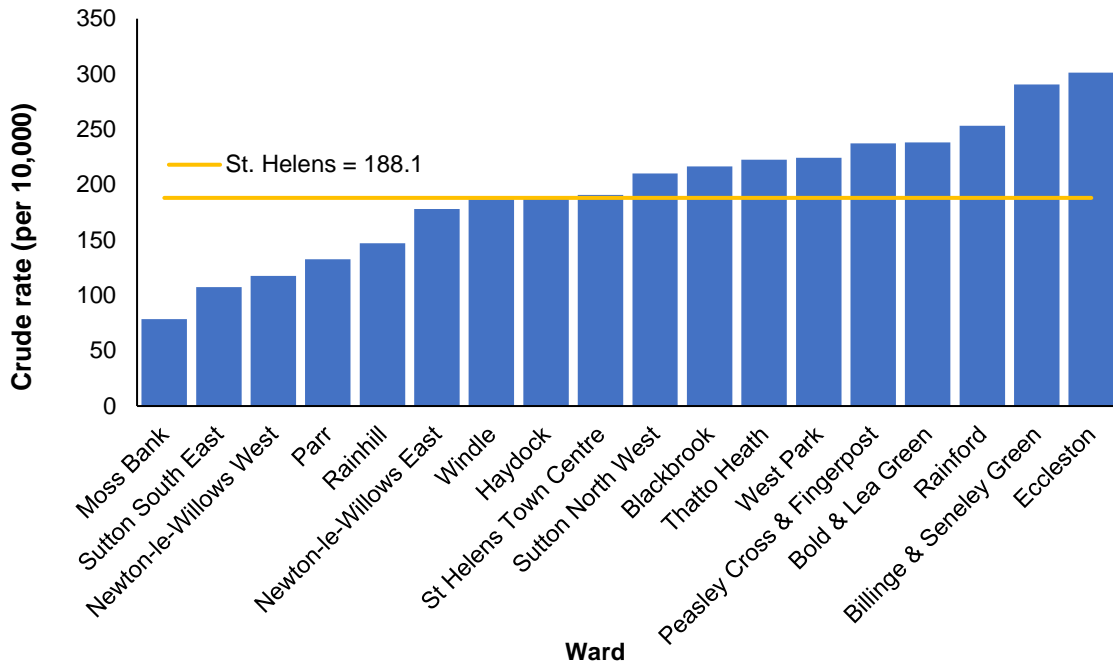


Source: Fingertips

Ward level analysis using local hospital admission data shows that Eccleston, Billinge & Seneley Green and Rainford had the highest crude rates of admission for gastroenteritis in under 1 year olds between 2018-19 and 2022-23 (Figure 47). These are some of the least deprived wards in the borough and all have infant feeding rates above the borough average.

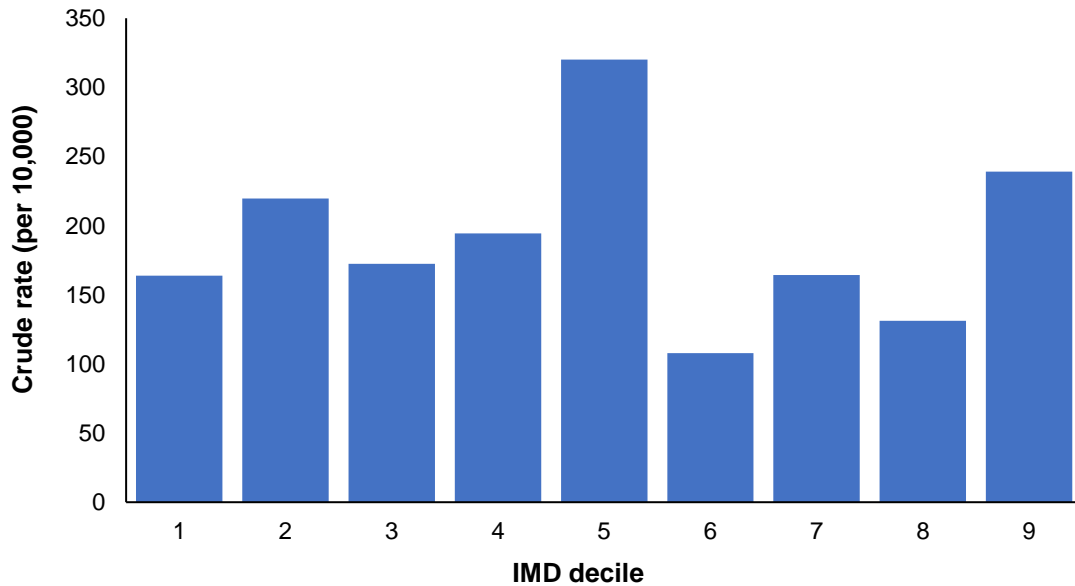
Rates by deprivation decile also show that there is no correlation with deprivation (Figure 48).

Figure 47: Hospital admissions for gastroenteritis in children under 1 in St Helens by ward, crude rate per 10,000 (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

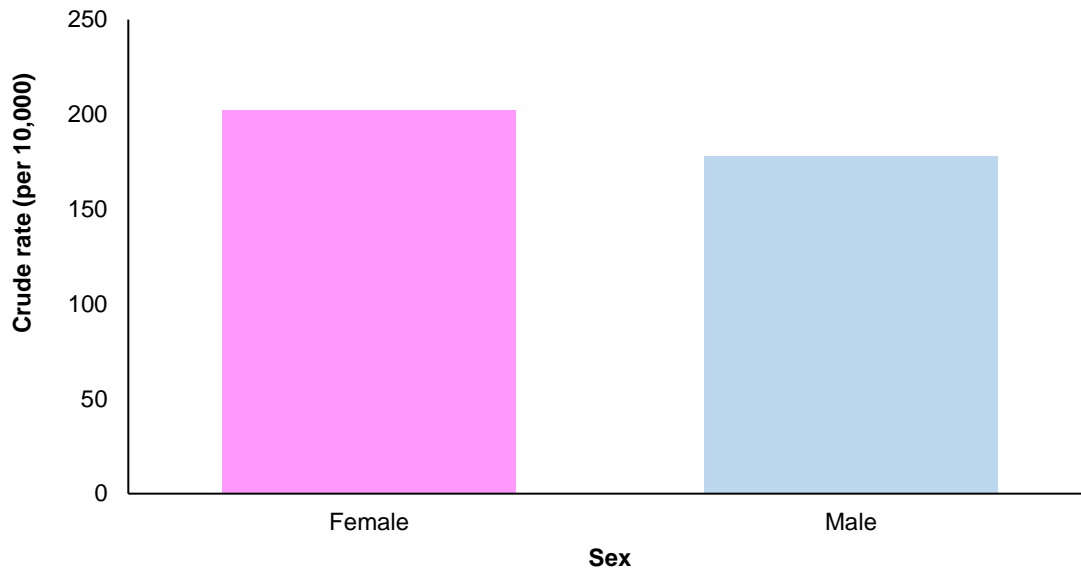
Figure 48: Hospital admissions for gastroenteritis in children under 1 in St Helens by IMD decile, crude rate per 10,000 (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

There was a slightly higher rate of hospital admissions for gastroenteritis among girls (202.4 per 10,000 aged under 1) compared to boys (177.8 per 10,000 aged under 1) as shown in Figure 49.

Figure 49: Hospital admissions for gastroenteritis in children under 1 in St Helens by sex, crude rate per 10,000 (2018-19 – 2022-23)



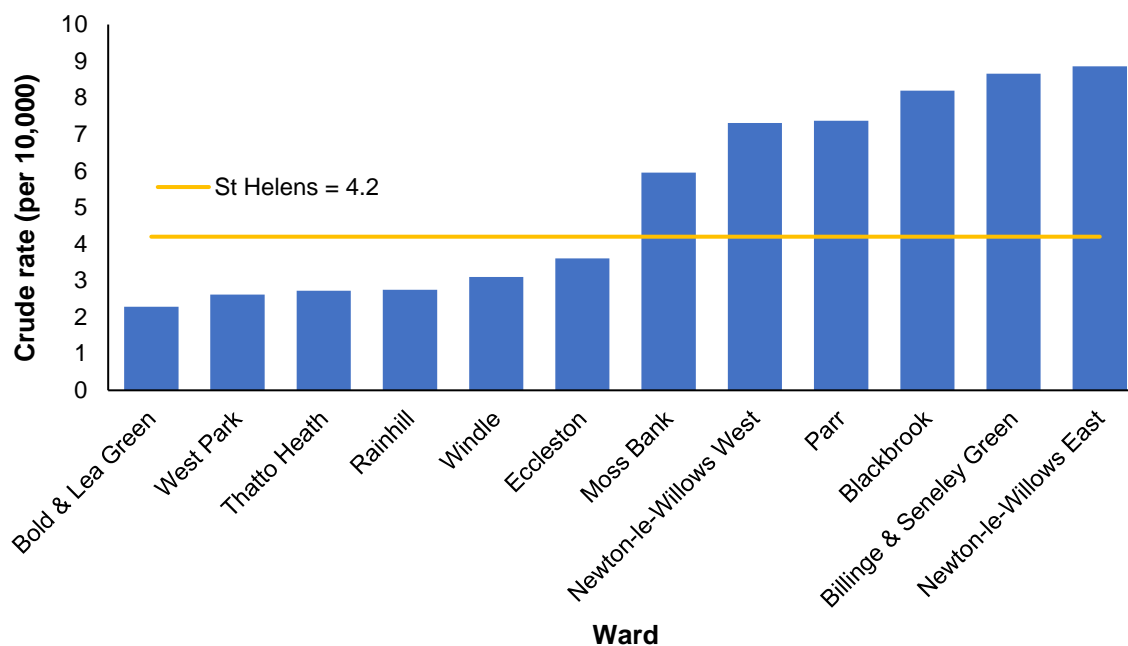
Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

6.8 Hospital admissions for mental health

Like adults, children can also experience poor mental health. Parents or carers should regularly ask their children how they are doing and familiarise them with talking about their feelings, encourage their interests and build positive routines. Some signs that a child might be struggling include behaviour changes, difficulty sleeping, social withdrawal and self-harm or self-neglect.

Hospital admission data reveals that there were 25 admissions relating to mental health among 0-5 year olds in St Helens between 2018-19 and 2022-23, giving a rate of 4.2 per 10,000. Newton-le-Willows East had the highest rate of admissions for mental health at 8.9 per 10,000 (Figure 50).

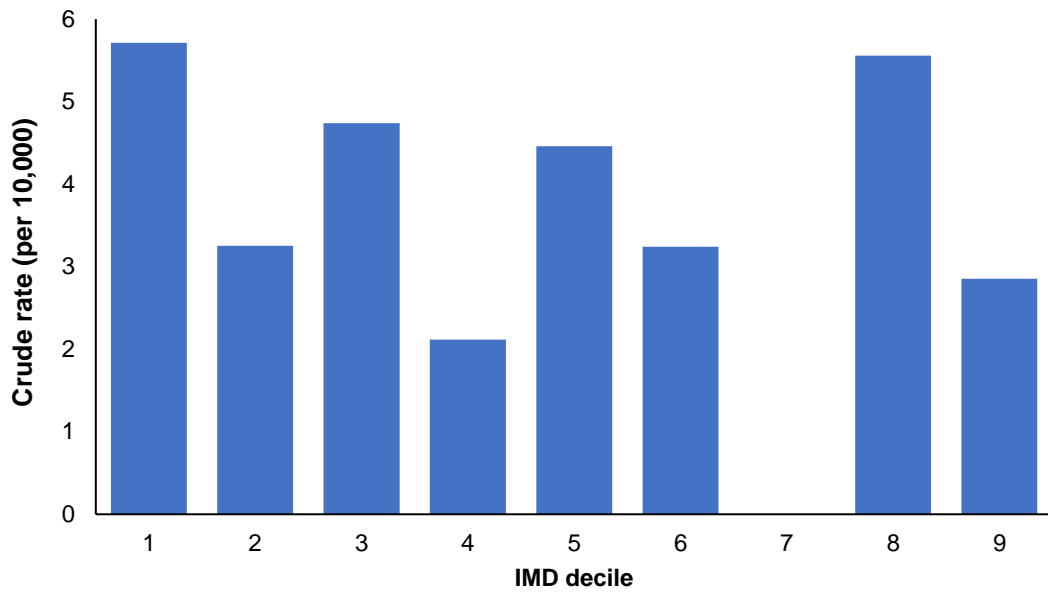
Figure 50: Hospital admissions for mental health in children aged 0-5 – crude rate per 10,000 by ward (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Rates of admission for mental health among 0–5 year olds by deprivation decile are sporadic due to small numbers overall (Figure 51). Whilst rates of hospital admission are low, for the individual child and family this is likely to be a significant episode. Therefore, consideration needs to be given to what further preventative measures can be put in place to support young children's mental health at an earlier stage. Early intervention strategies can be effective; supporting the parent-infant relationship, increasing parents and professionals' knowledge of mental health and dedicating sufficient resources to support parental engagement.

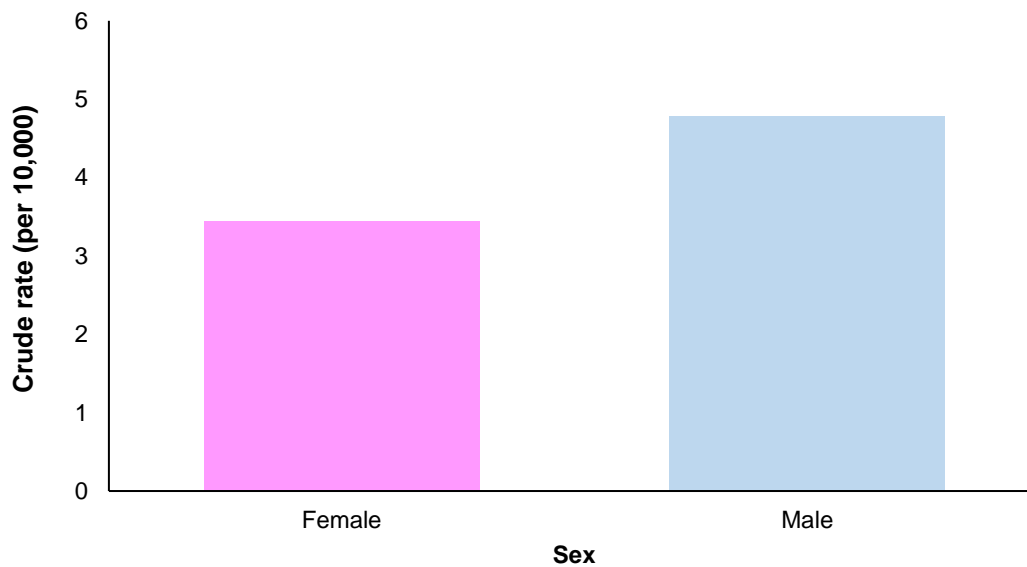
Figure 51: Hospital admissions for mental health in children aged 0-5 – crude rate per 10,000 by IMD decile (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Boys had a higher rate of admission for mental health at 4.8 per 10,000 boys aged 0-5 compared to 3.4 per 10,000 girls (Figure 52).

Figure 52: Hospital admissions for mental health in children aged 0-5 in St Helens by sex, crude rate per 10,000 (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

7. Early education

A child's development is crucial in the early years and the home learning environment in the early years is pivotal to school attainment and a positive education and childhood.²¹ This section outlines data on expected level of development in St Helens at 2-2.5 years and uptake of government-funded early education and childcare.

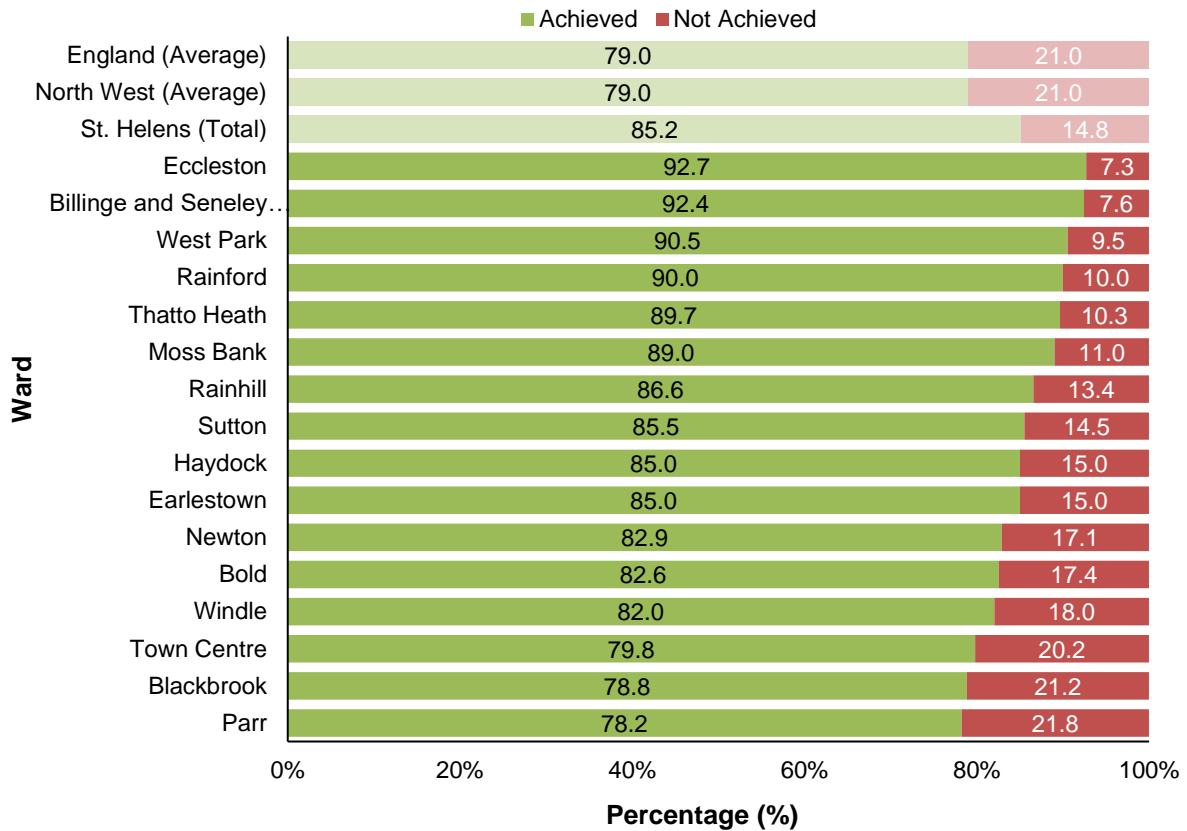
7.1 Meeting expected level of development

Health visitors complete developmental checks in children at 6-8 weeks, 12 months and between 2-2.5 years. With the latter, ages and stages questionnaires (ASQ) are completed to monitor a child's development with fine motor skills, gross motor skills, communication, problem solving and personal-social skills. Having the expected level of development in all areas increases a child's chance in leading a healthy lifestyle in later life. The ASQ is an important step in identifying any early delays or disabilities to ensure a child gets the right support needed to help their development and needs.

In St Helens during 2022-23, the percentage of children who received a 2 to 2½ year review that were at or above the expected level in all areas of development was 85.2%; this was higher than the England and North West average (Figure 53). There is some disparity across the borough, with Parr having 78.2% achieving the expected level of development, in contrast to Eccleston where 92.7% of children are achieving the expected level of development.

²¹ Menzies et al. 2016: <https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

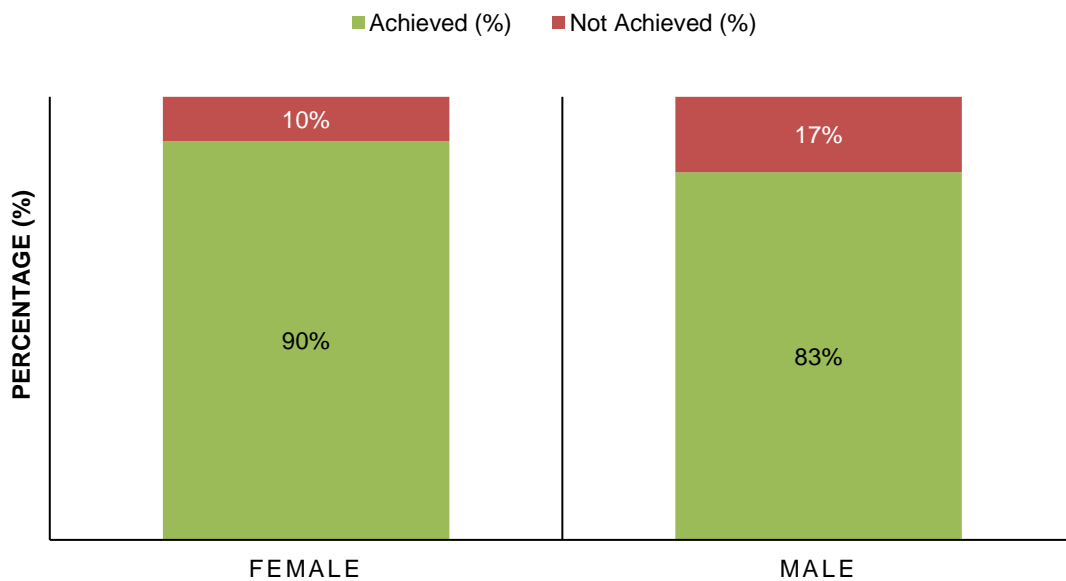
Figure 53: Percentage of children who received a 2 to 2½ year review in 2022-23 (who were at or above the expected level in all areas of development)



Source: Local health visitor data

There is a higher proportion of girls reaching the expected levels of development compared to boys in St Helens (Figure 54).

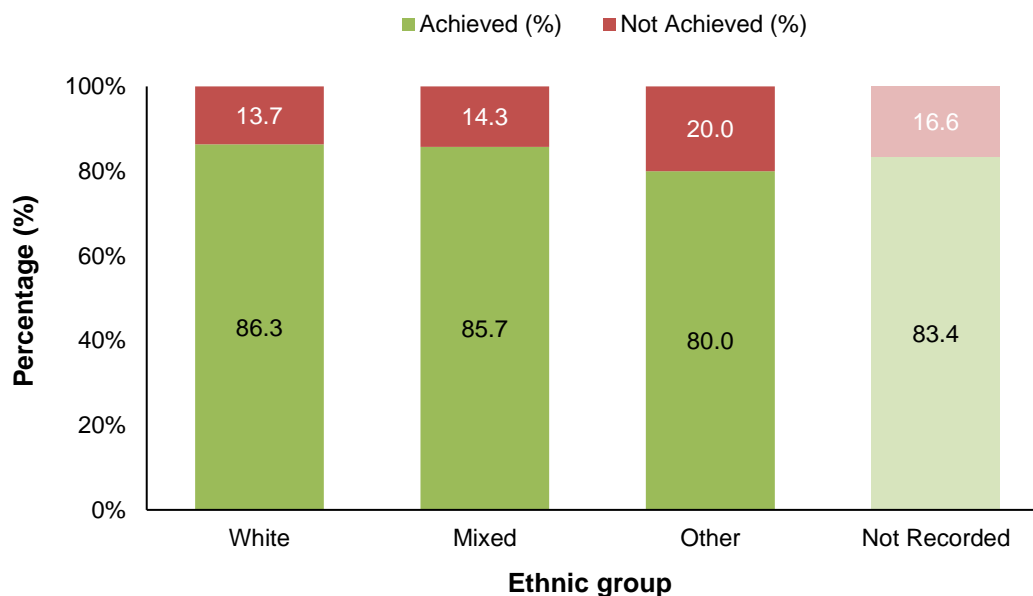
Figure 54: Percentage of children at expected levels of development (all domains) in 2-2½ year review (where ASQ was used) by sex in 2022-23



Source: Local health visitor data

The proportion of children achieving expected levels of development by ethnic group (where recorded) does not differ significantly as shown in Figure 55.

Figure 55: Percentage of children at expected levels of development (all domains) in 2-2½ year review (where ASQ was used & ethnic group was recorded) - by ethnic group in 2022-23



Source: Local health visitor data

7.2 Early education provision

The following statistics relate to government-funded early education and childcare (early years provision) for children aged two to four years in England on 18 January 2023.²²

St Helens has a higher proportion of eligible 2-year-olds taking 15 hours entitlement compared to England and the North West at 82.6% (relating to 547 two-year-olds). The England and North West averages were 73.9% and 79.1% respectively.

There was a 94.9% uptake of 15 hours for 3-4 year olds in St Helens, and this was in line with the national and regional averages of 93.7%.

²² [Education provision: children under 5 years of age, Reporting year 2023 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics)

8. Special Educational Needs and Disabilities (SEND)

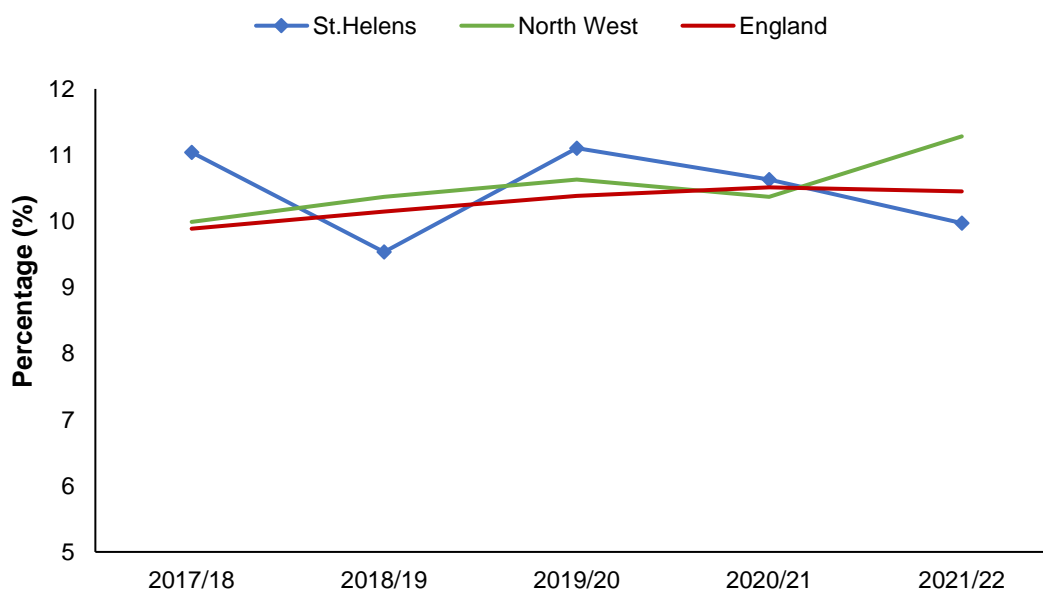
Children with special educational needs and disabilities (SEND) have learning difficulties or disabilities that can affect their ability to learn, concentrate, articulate and read and write. This can lead to social exclusion and can have an impact on mental health as children with SEND can struggle to make friends. Children with SEND have an increased risk of abuse and neglect, and indications of abuse can be harder to identify. It is important children with SEND have the correct support throughout their childhood, adolescence and into early adulthood.

Local authorities have a responsibility to support children with SEND until they reach the age of 25 years. An Education, Health and Care Plan (EHCP) can be offered by education providers that has a focus on learning and future employment, home and independence, friends, relationships and communities and health and wellbeing.

8.1 0-5 SEND population

The percentage of pupils aged 0-5 in St Helens who receive SEND support has fluctuated over the past five years. More recently, in 2021-22, 9.9% (or 535) of 0–5 year olds had SEND support and was a lower percentage compared to England and the North West (Figure 56).

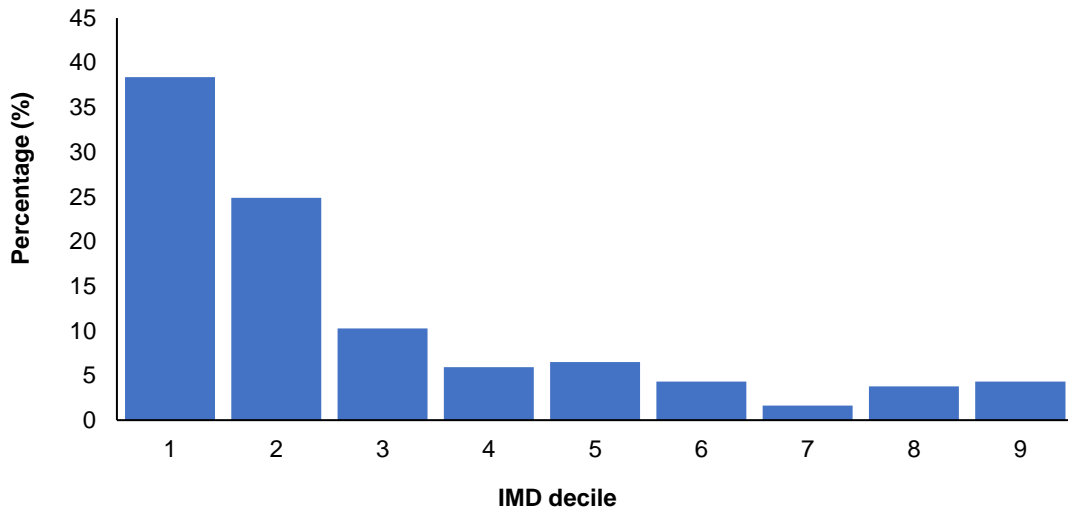
Figure 56: Percentage (%) of pupils aged 0-5 with SEND support or statement/EHCP (2017-18 – 21-2022)



Source: ONS – pupils with SEND by type of SEND and sex

Analysis by deprivation reveals that 38.4% of children aged 0-5 living in the most deprived decile (decile 1) were receiving either an EHCP, enhanced support or school action plus, this is in comparison to only 4.3% of pupils who are living in decile 9 (Figure 57), thus reinforcing that children living in areas of deprivation need extra support with learning and attainment in early education.

Figure 57: Children under 6 years in St Helens receiving enhanced support or school action plus (EHCP) by IMD decile (2021-22)

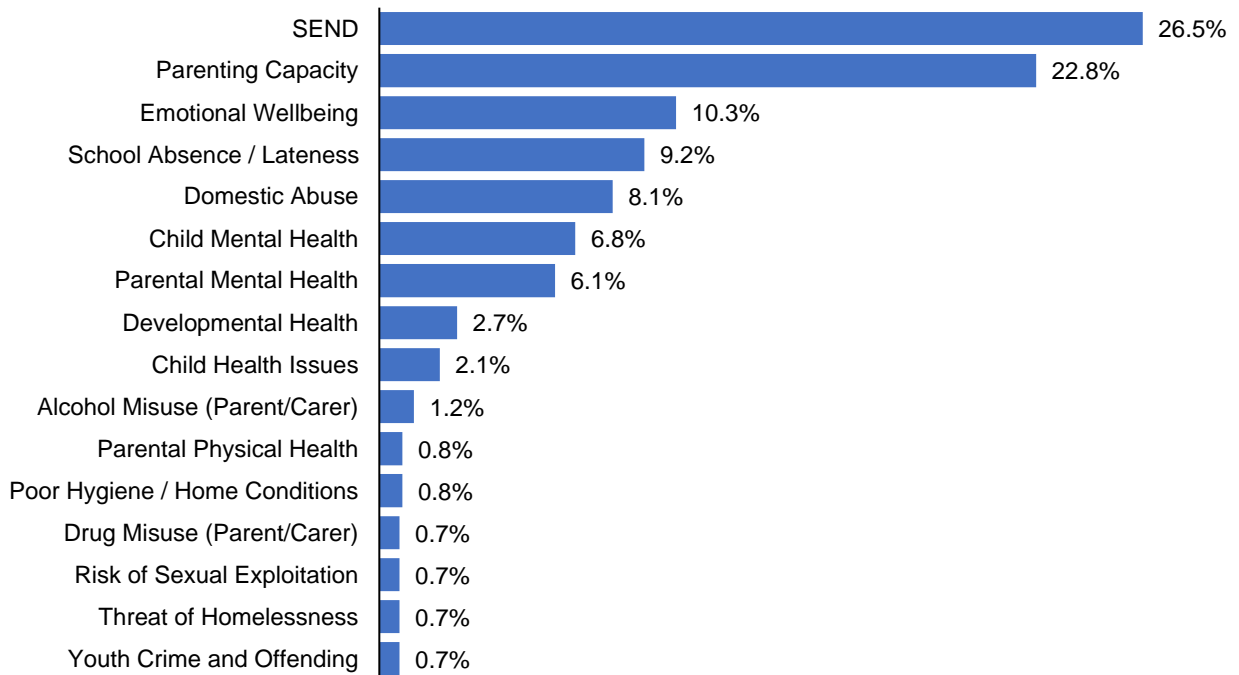


Sources: St Helens Borough Council local education data; ONS – age by single year, Census 2021

8.2 Early help episodes and SEND

Local data from St Helens Borough Council (Children’s Services) shows that in 2022, over a quarter of open early help episodes related to SEND, at 26.5%. Figure 58 shows the reason for early help episodes in St Helens in 2022.

Figure 58: Reason for early help episode in St Helens (2022) – all ages

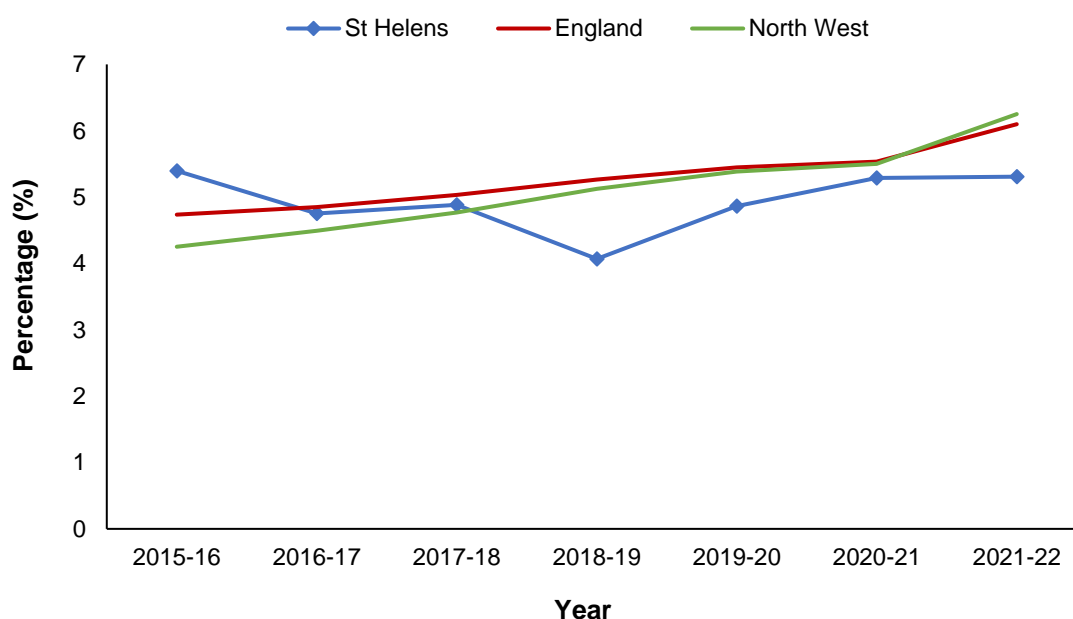


Source: St Helens Borough Council – Children’s Services

8.3 Type of SEND support

Speech and language is the most common type of SEND support in St Helens; the percentage of children receiving this type of support has increased slightly in recent years, from 4.1% in 2018-19 to 5.3% in 2021-22 (equating to 275 children aged 0-5). St Helens had a lower percentage of children receiving support for speech, language and communication needs compared to England (6.1%) and the North West (6.3%) in 2021-22.

Figure 59: Percentage of children aged 0-5 receiving support for speech, language and communication needs (2015-16 to 2021-22)

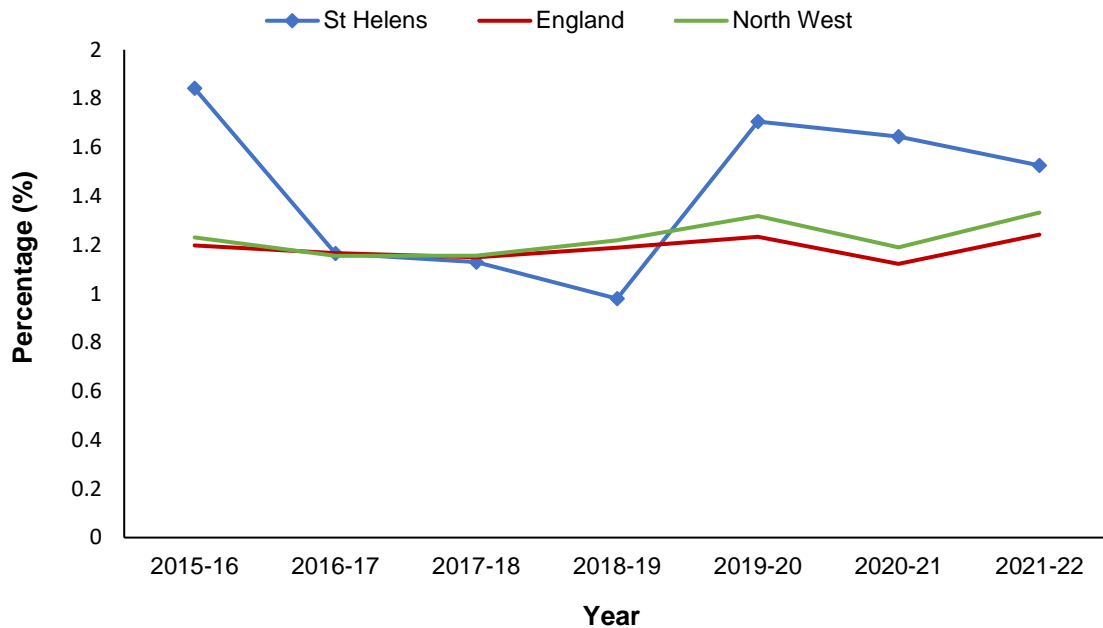


Source: ONS – special educational needs in England: primary type of need

In 2021-22, a total of 79 children aged 0-5 in St Helens were receiving support for social, emotional and mental health needs, equating to 1.5%. This was slightly higher than the England and North West averages of 1.2% and 1.3% respectively (Figure 60). Children from low income households, lone parent households or living in areas of high deprivation are more likely to need support with their social, emotional and mental health.²³

²³ Blank et al. (2012): <https://www.nice.org.uk/guidance/ph40/documents/social-and-emotional-wellbeing-early-years-review-32>

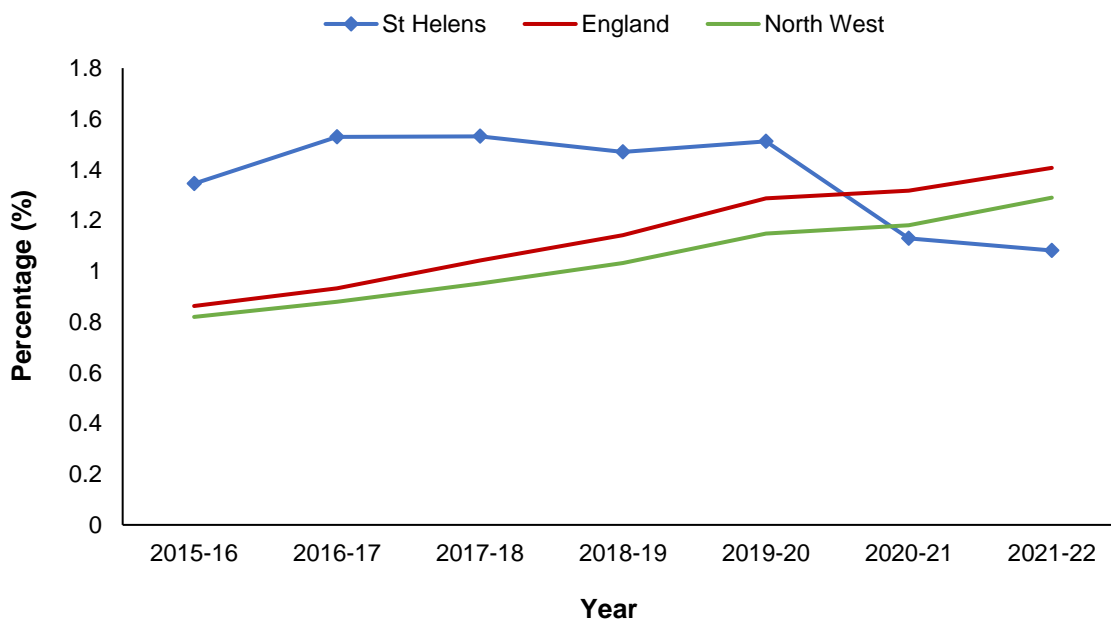
Figure 60: Percentage of children aged 0-5 receiving support for social, emotional and mental health needs (2015-16 to 2021-22)



Source: ONS – special educational needs in England: primary type of need

There were 56 children aged 0-5 who were receiving support for Autism Spectrum Disorder (ASD) in St Helens in 2021-22, equating to 1.1%. This was a lower percentage compared to England and the North West at 1.4% and 1.3% respectively (Figure 61).

Figure 61: Percentage of children aged 0-5 receiving support for Autism Spectrum Disorder needs (2015-16 to 2021-22)



Source: ONS – special educational needs in England: primary type of need

8.4 SEND early education provision

The following statistics relate to government-funded early education and childcare (early years provision) for children aged 2 to 4 years in England on 18 January 2023.²⁴

The percentage of children in St Helens registered for the 15-hour and 30-hour entitlements who have SEND has increased across all age groups between 2020 and 2023 (Table 11).

Table 11: Percentage of children in St Helens registered for funded entitlement with special educational needs and disabilities (SEND)

			2020	2021	2022	2023
15-hour entitlement	Total	2 year olds	3.0%	3.8%	3.0%	3.8%
		3 and 4 year olds	4.2%	3.5%	5.2%	5.7%
30-hour entitlement	Total	2 year olds	N/A	N/A	N/A	N/A
		3 and 4 year olds	2.7%	2.6%	2.9%	3.9%

Source: Department for Education

9. Parental lifestyle

Social or economic circumstances can play a critical role in shaping the life chances of children. Parental lifestyle factors such as domestic violence, smoking, alcohol and substance misuse, mental health issues and learning disability in parents can compromise a parent or carer’s ability to care for the children.

This section outlines data relating to parental smoking, alcohol and substance misuse, domestic abuse, parental conflict, neglect, parental mental health and presents the numbers of children in St Helens identified as in need.

9.1 Parental smoking

Children whose parents smoke could be up to four times as likely to take up smoking themselves in later life and adulthood.²⁵ Children who live in households with parents or carers who smoke are likely to be affected by passive smoking and therefore, could be at higher risk of breathing problems such as asthma, chest infections such as pneumonia, meningitis, ear infections as well as coughs and colds.²⁶

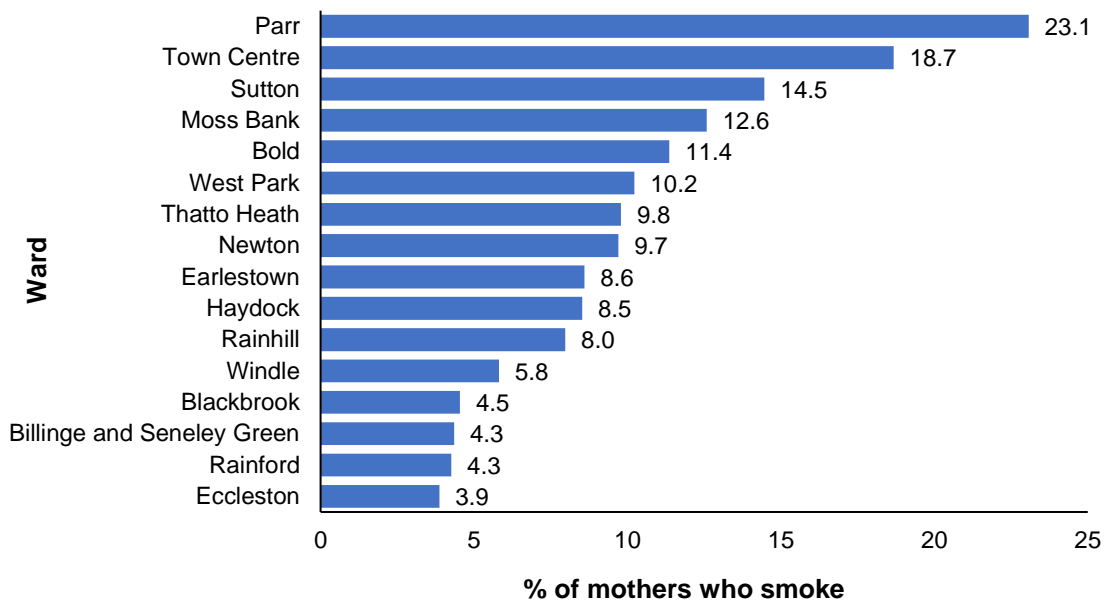
Data from the health visitor service reveals that the ward of Parr has the highest percentage of mothers who smoke (23.1%), whereas Eccleston has the lowest percentage at 3.9% (Figure 62). The difference between these two wards highlights significant inequalities within the borough.

²⁴ [Education provision: children under 5 years of age, Reporting year 2023 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/government/news/children-whose-parents-smoke-are-four-times-as-likely-to-take-up-smoking-themselves)

²⁵ DHSC, 2021: <https://www.gov.uk/government/news/children-whose-parents-smoke-are-four-times-as-likely-to-take-up-smoking-themselves>

²⁶ NHS, 2022 - <https://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/>

Figure 62: Percentage of mothers who smoke in St Helens by ward (2022-23)



Source: Local health visitor data

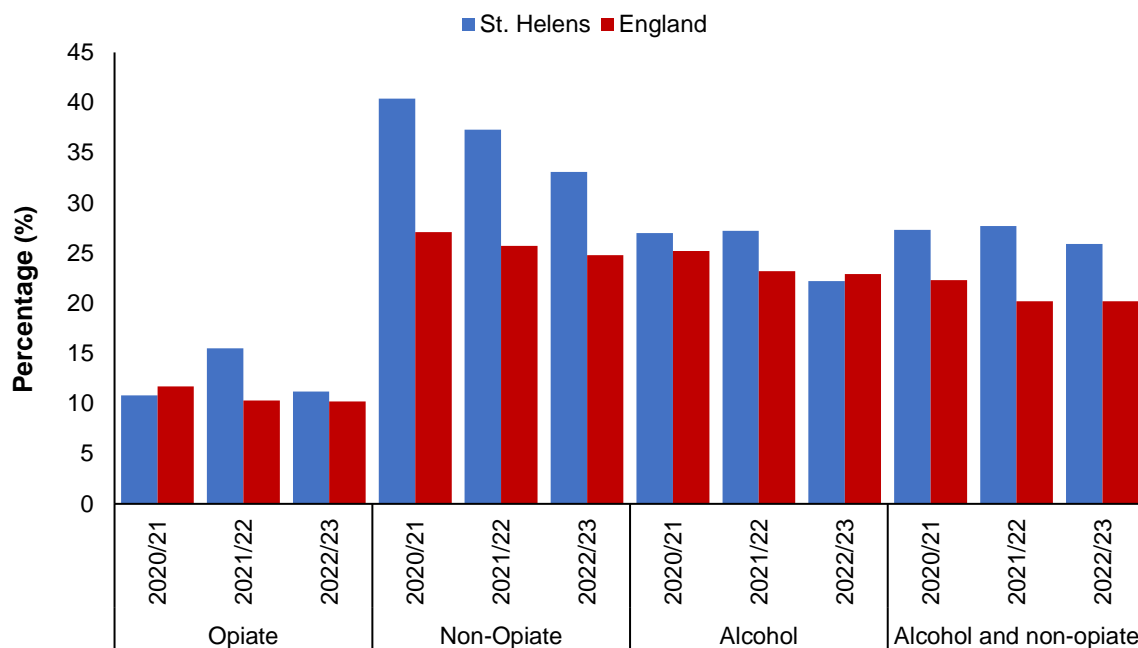
9.2 Parental alcohol and substance misuse

Parental substance misuse refers to parents and carers who drink or use drugs regularly in excessive amounts, or those who are dependent on alcohol and/or drugs. This can lead to parents or carers being unable to care for and supervise their children properly and can result in the children being at increased risk of harm and neglect. Risk factors to the child include mental health problems and domestic abuse.

Data on parental substance misuse specific to children aged 0-5 was unavailable at the time of writing. However, data from the National Drug Treatment Monitoring Service (NDTMS) shows that during 2022-23 in St Helens, the proportion of adults entering treatment who live with children is higher than the national average for alcohol and non-opiate misuse (Figure 63).

The proportion of adults entering treatment for substance and alcohol use is higher for St Helens compared to the national average each year except for opiates in 2020/21 and alcohol in 2022/23.

Figure 63: Percentage of adults in treatment for substances and alcohol living with children (2020-21 to 2022-23)



Source: NDTMS (DOMES)

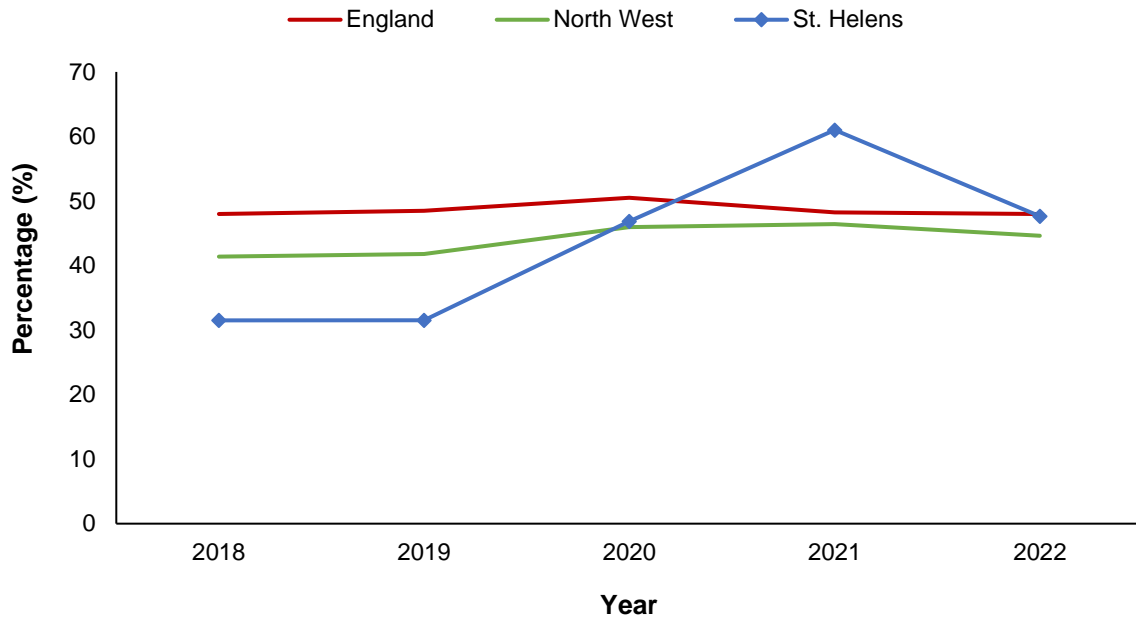
9.3 Neglect

Sadly, a child could experience neglect at any time, however there are some children who are more at risk than others. For example, children born prematurely, children with disability or a learning disability, children with complex health needs, children in care or living in poverty, children whose parents misuse substances and children living in households with domestic abuse, are all at a higher risk of experiencing neglect.²⁷

Data from St Helens Borough Council (Children’s Services) shows that between October 2021 and September 2022, ‘neglect’ was the majority reason for a child in need (CIN) or child protection (CP) plan. Published data from the Department for Education (DfE) shows that between 2018 and 2021, the percentage of child protection plans in St Helens with a primary category of neglect doubled. The most recent year, 2022, shows that St Helens is in line with the national average at 47.6% (Figure 64).

²⁷ NSPCC: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/#risk>

Figure 64: Percentage of children in need or child protection plans where the primary category was neglect (2018-2022)



Source: Department for Education - characteristics of children in need

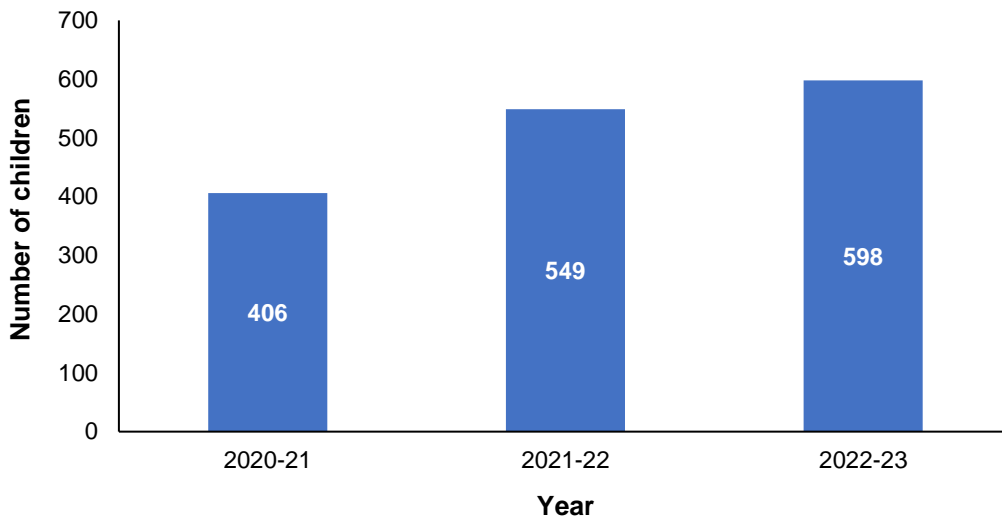
9.4 Domestic abuse

Domestic abuse is defined as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’.²⁸ Domestic abuse can include (but is not limited to) the following types of abuse: psychological, physical, sexual, financial and emotional abuse. These can all have a devastating impact on families, with children at risk of serious harm to both their emotional and physical health.

The number of children (under 18 years) exposed to domestic abuse (where cases were heard at the Multi Agency Risk Assessment Conference (MARAC)) has increased year on year in St Helens, with a total of 598 in 2022-23 (Figure 65).

²⁸ Home Office [Circular 003/2013: new government domestic violence and abuse definition - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/circulars/2013/03/circular-003-2013-new-government-domestic-violence-and-abuse-definition)

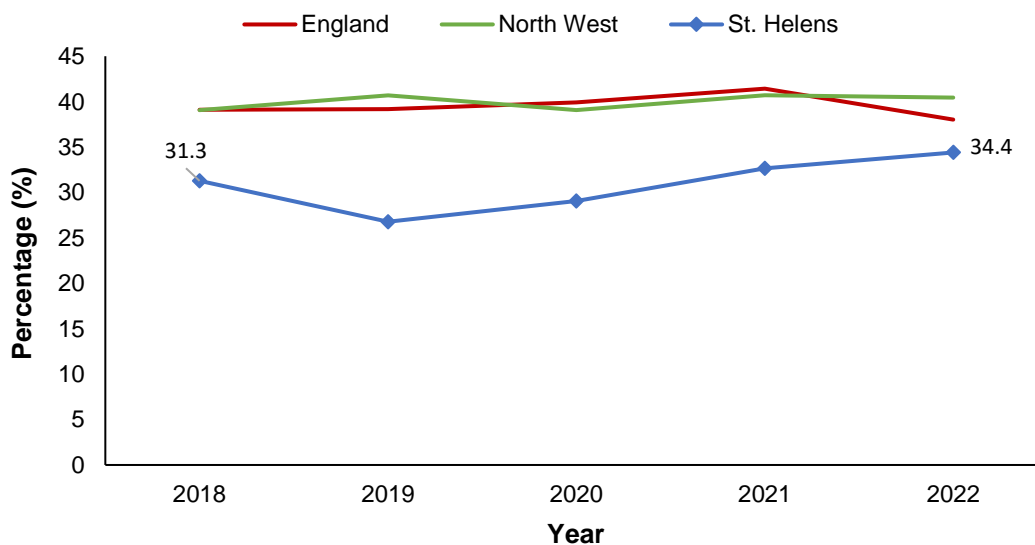
Figure 65: Number of children (under 18 years) exposed to domestic abuse (where cases were heard at MARAC), 2020-21 – 2022-23



Source: St Helens Borough Council – Community Safety

In St Helens during 2022, from a total of 2,869 assessments completed by Children’s Social Care Services, 987 (or 34.4%) had domestic abuse identified as a factor (Figure 66). There is an increasing trend in the percentage of children’s social care assessments with domestic abuse identified in the borough. Domestic abuse has previously been the leading reason for contacts to children’s social care within St Helens.²⁹

Figure 66: Domestic abuse identified at the end of children’s social care assessments (2018-2022)



Source: Department for Education - characteristics of children in need

²⁹ St Helens Borough Council: Domestic Abuse Strategy 2020-2022: <https://tinyurl.com/yc7zdde8>

St Helens residents who are victims of domestic abuse can access the Safe2Speak service³⁰ or can be referred onto the DART (Domestic Abuse, Recovering Together) programme.

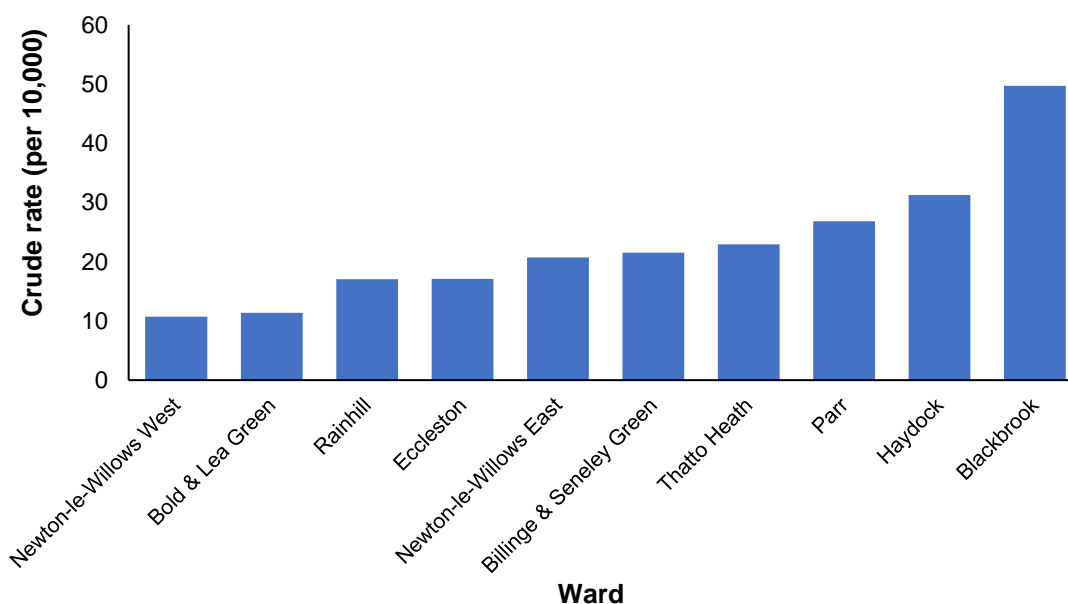
9.5 Parental conflict

Parental conflict can adversely affect a child’s mental health, wider development and life chances if it is frequent, intense and poorly resolved. Parental conflict increases a child’s risk of a troubled school life and learning, negative peer relationships, poor physical health, smoking and substance misuse, lower employability in later life, depression and anxiety as well as an increased risk of interpersonal violence.³¹

Data from St Helens Borough Council Children’s Services, relating to contacts³² with a primary reason as ‘parental conflict’, shows that the ward of Blackbrook has the highest rate at 49.7 per 10,000 (Figure 67). There was a total of 22 contacts with the primary reason as parental conflict within St Helens from June 2022 to May 2023, and almost half of those children live in the 20% most deprived areas nationally (IMD deciles 1 and 2).

The most common outcome from contacts was advice or signposting (55%), followed by 32% being referred to children’s social care for an assessment for level 3 (child in need) or level 4 (child protection) support (Figure 68).

Figure 67: Parental conflict contacts: rate per 10,000 children (0-5 years) by ward (2022-2023)



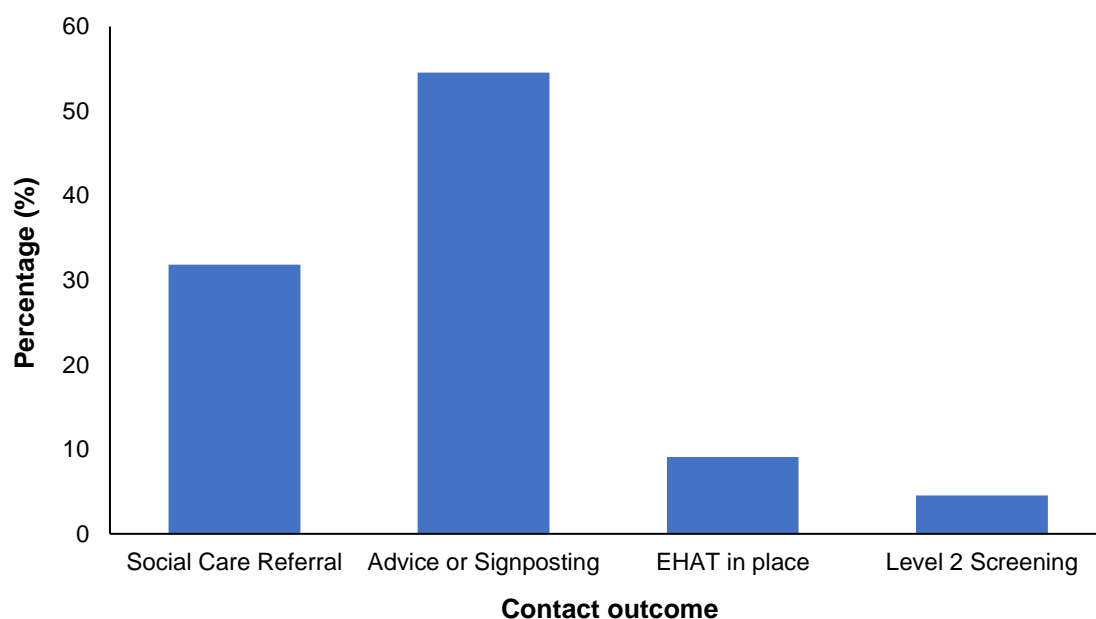
Source: St Helens Borough Council – Children’s Services

³⁰ Safe2Speak: [Safe2Speak | Support from the St Helens Domestic Abuse Team](#)

³¹ Department for Work and Pensions: <https://tinyurl.com/2ea5fpdu>

³² A contact is information sent to Children’s Social Care / Early Help requesting services for a child or young person.

Figure 68: Parental conflict contact outcomes – percentage of total contacts (2022-2023)



Source: St Helens Borough Council – Children’s Services

9.6 Perinatal mental health

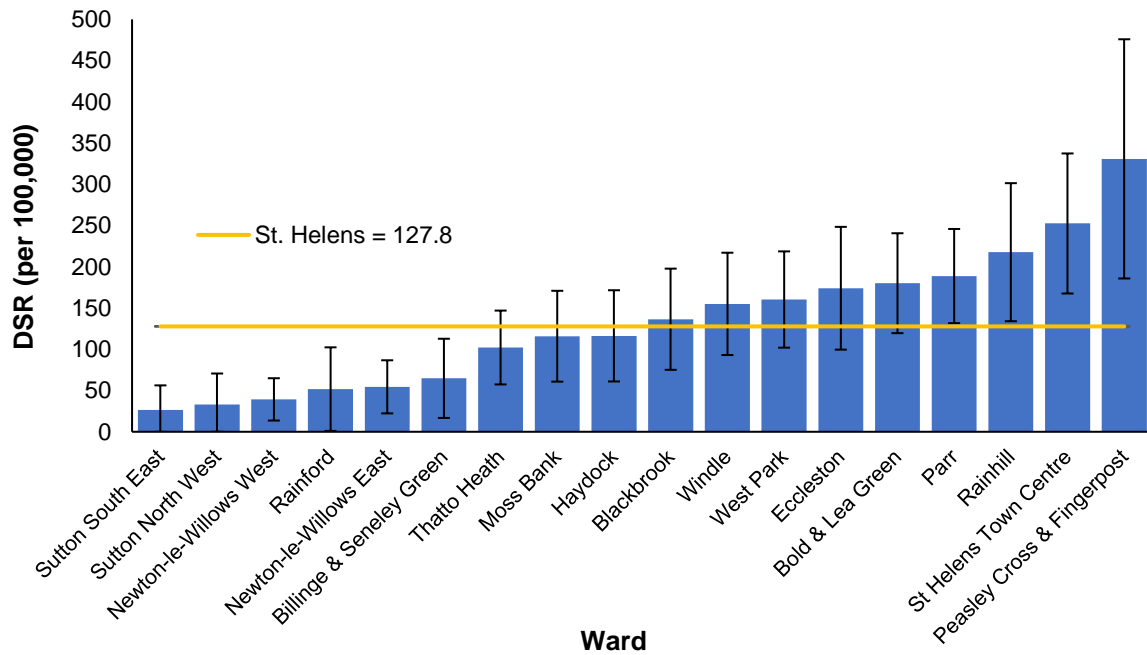
Perinatal mental health includes a range of conditions such as depression, anxiety, eating disorders, personality disorders and obsessive-compulsive disorders that can occur during pregnancy through to the first year following a child’s birth. Perinatal mental health affects up to 27% of new and expectant mothers, and if left untreated it can have long lasting effects on both the mother and child.³³ Perinatal mental health support has received investment as part of the NHS Long Term Plan, with a focus on universal level and parent-infant relationships.³⁴

Between 2020 and 2023, there were 31 hospital admissions relating to perinatal mental health, giving a rate of 127.8 admissions per 100,000 females. The highest rate was in the ward of Peasley Cross & Fingerpost at 330.8 per 100,000 females. The rates in Peasley Cross & Fingerpost, Town Centre and Parr were all statistically significantly higher than the St Helens average (Figure 69).

³³ NHS: <https://www.england.nhs.uk/mental-health/perinatal/>

³⁴ NHS: <https://www.longtermplan.nhs.uk/>

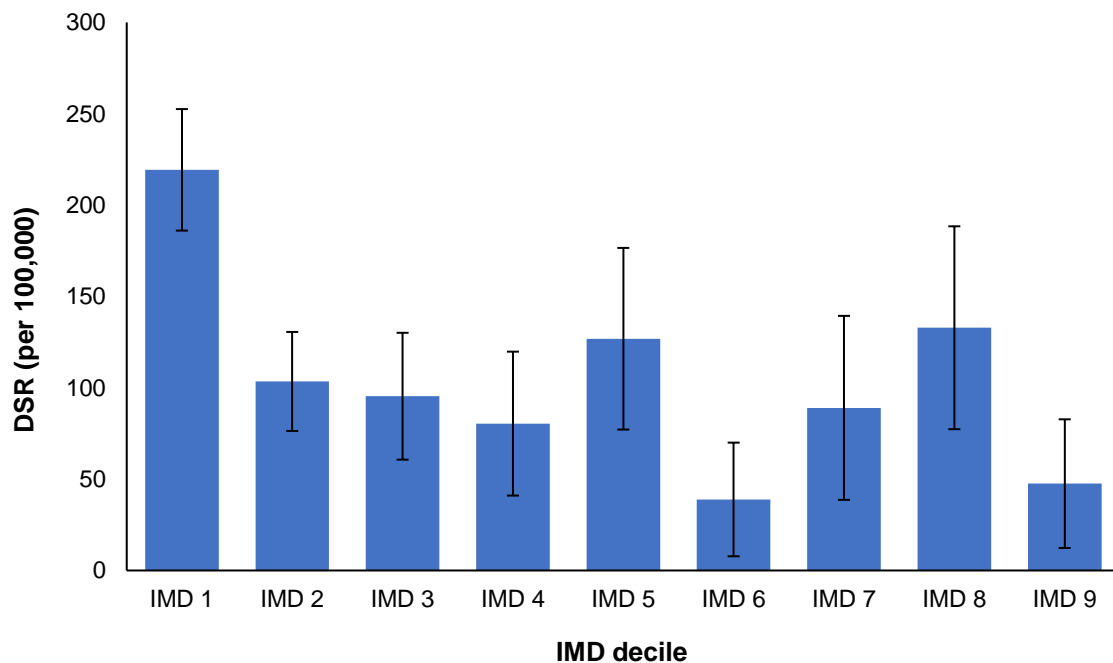
Figure 69: Perinatal mental health admissions (directly standardised rate per 100,000 females) by ward (2020-2023)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Female residents of St Helens living in the most deprived decile, had a statistically significantly higher rate of admission for perinatal mental health compared to all other deciles. There is a difference of 88.5 admissions per 100,000 between decile 1 and decile 9 (Figure 70).

Figure 70: Perinatal mental health admissions (directly standardised rate per 100,000 females) by IMD decile (2020-2023)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

9.7 Complex social factors

When a woman experiences complex social factors during their pregnancy, there is a higher risk of miscarriage, premature birth, low birth weight, still birth and neonatal and maternal death.

The National Institute for Health and Care Excellence (NICE) identifies four groups of pregnant women as exemplars for experiencing complex social factors:

- young women (under 20)
- women who are migrants, asylum seeker refugees or having difficulty reading or speaking English
- women who misuse substances
- women who experience domestic abuse.³⁵

A better understanding of the number of babies born to women experiencing such complex social factors will aid understanding on how many families might need support during pregnancy and in the early years as their children develop.

The percentage of mothers of ethnic origin and young mothers in St Helens compared to all other Cheshire and Merseyside local authority areas in 2021 can be seen in Tables 12 and 13.

Information on parental substance misuse and domestic abuse can be found in Section 8.1 and Section 8.3 respectively.

The percentage of children born to ethnic mothers in St Helens is lower compared to other areas within the Cheshire and Merseyside region (Table 4). With regards to mothers under 20 years of age, St Helens has the highest proportion across Cheshire and Merseyside (Table 5).

Table 12: Black and Asian mothers who gave birth in Cheshire and Merseyside (2021)

Local Authority	Black or Asian Ethnic Origin Mothers who gave birth in 2021 (%)	Cheshire & Merseyside Rank
Liverpool	7.6	1st
Cheshire East	4.1	2nd
Warrington	3.0	3rd
Knowsley	2.6	4th
St. Helens	2.6	5th
Cheshire West and Chester	2.5	6th
Sefton	2.2	7th
Wirral	2.0	8th
Halton	1.6	9th

Source: MBRRACE-UK

³⁵ NICE [Overview | Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors | Guidance | NICE](#)

Table 13: Young mothers who gave birth in Cheshire and Merseyside (2021)

Local Authority	Young Mothers (U20) Who Gave Birth In 2021 (%)	Cheshire & Merseyside Rank
St. Helens	4.4	1st
Halton	4.3	2nd
Wirral	2.9	3rd
Sefton	2.8	4th
Cheshire West and Chester	2.3	5th
Knowsley	2.3	6th
Liverpool	2.2	7th
Cheshire East	1.8	8th
Warrington	1.7	9th

Source: MBRRACE-UK

9.8 Children in need

Children in need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection because of risks to their development or health. This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children.

Table 14 presents the rate of children (per 10,000) who were on a child in need (CIN) plan, a child protection (CP) plan, and a looked after child (LAC) in 2021-22 and 2022-23.

In 2022-23, St Helens had a higher rate of CIN compared to England and the North West, with the most recent rate being 117.8 per 10,000 children (all ages). With regards to LAC, the rate in St Helens in 2021-22 at 127.4 per 10,000 was more than double the rate in England (66.3 per 10,000). The rate of children on a CP plan in St Helens increased between 2021-22 and 2022-23 and is higher than in England and the North West.

Table 14: Children's statutory services demand in St Helens (all ages; a snapshot) as of 31st March between 2021-22 and 2022-23 (crude rate per 10,000)

Year	CIN			CP			LAC		
	St Helens	North West	England	St Helens	North West	England	St Helens	North West	England
2021-22	120.2	98.3	93.7	57.8	48.8	43.3	127.4	97.3	66.3
2022-23	117.8	95.1	89.9	76.3	49.1	43.2	129.3*	--	--

*Provisional data

Source: Department for Education - children in need 2023

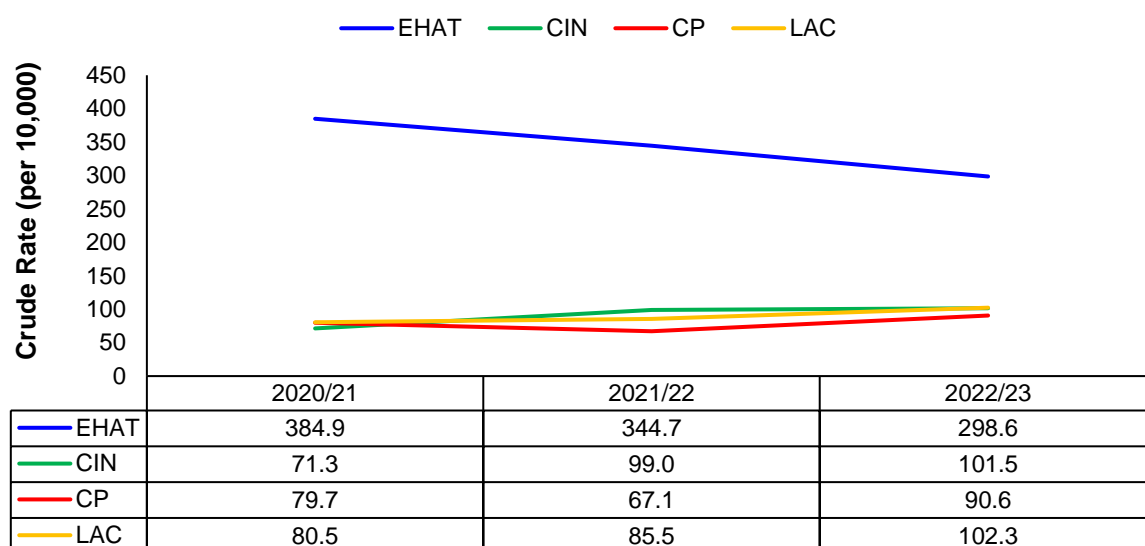
9.9 0-5 years early help assessment

The rate (per 10,000) of early help assessments (EHAT) among children aged 0-5 years in St Helens decreased between 2020-21 and 2022-23 from 384.9 to 298.6 per 10,000 aged 0-5. However, the rate of CIN, CP and LAC increased during this time (Figure 71).

This may suggest that needs across the borough have increased and that families who would have benefited from early help support in previous years now need intervention from statutory services or that we need to do more to put promote early help. There could also be a link to the rise in the cost-of-living crisis with financial issues often being a contributing factor to parental conflict, domestic abuse and substance misuse.

Implementing targeted support services within the Family Hubs will help to identify issues at the earliest opportunity.

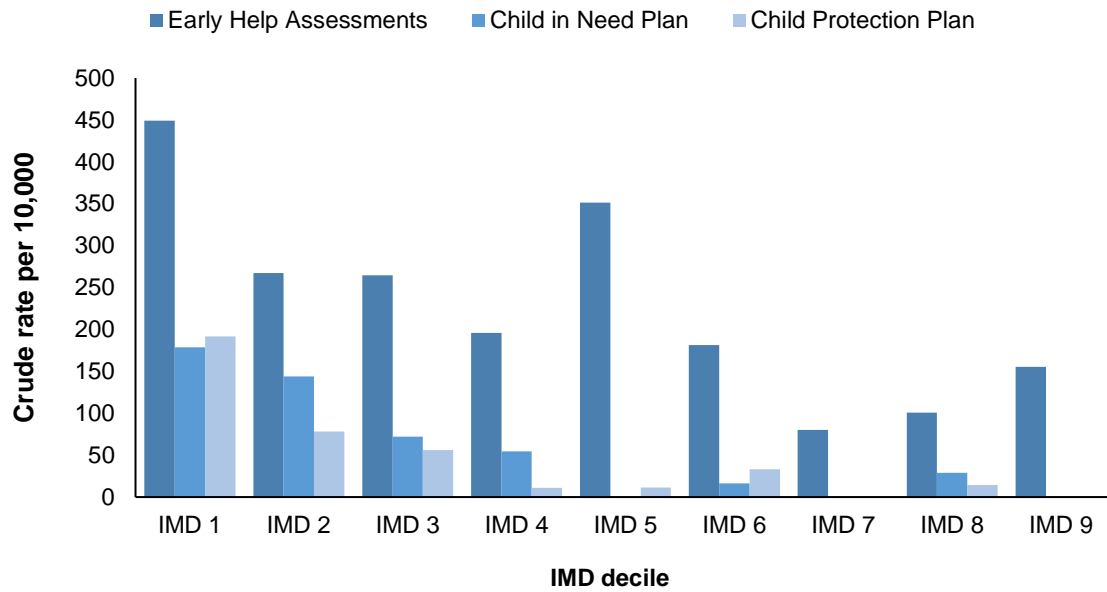
Figure 71: Early help & statutory services (children aged 0-5): crude rates per 10,000 in 2022-23



Source: St Helens Borough Council – Children’s Services

Deprivation analysis shows that children aged 0-5 living in the most deprived areas of St Helens (decile 1) have the highest rate of early help episodes, CIN plans and CP plans (Figure 72). The rate of early help episodes in 2022-23 in decile 1 was 449.1 per 10,000 (aged 0-5 years) compared to a rate of 155.4 per 10,000 in decile 9 (a difference of 293.7 episodes per 10,000).

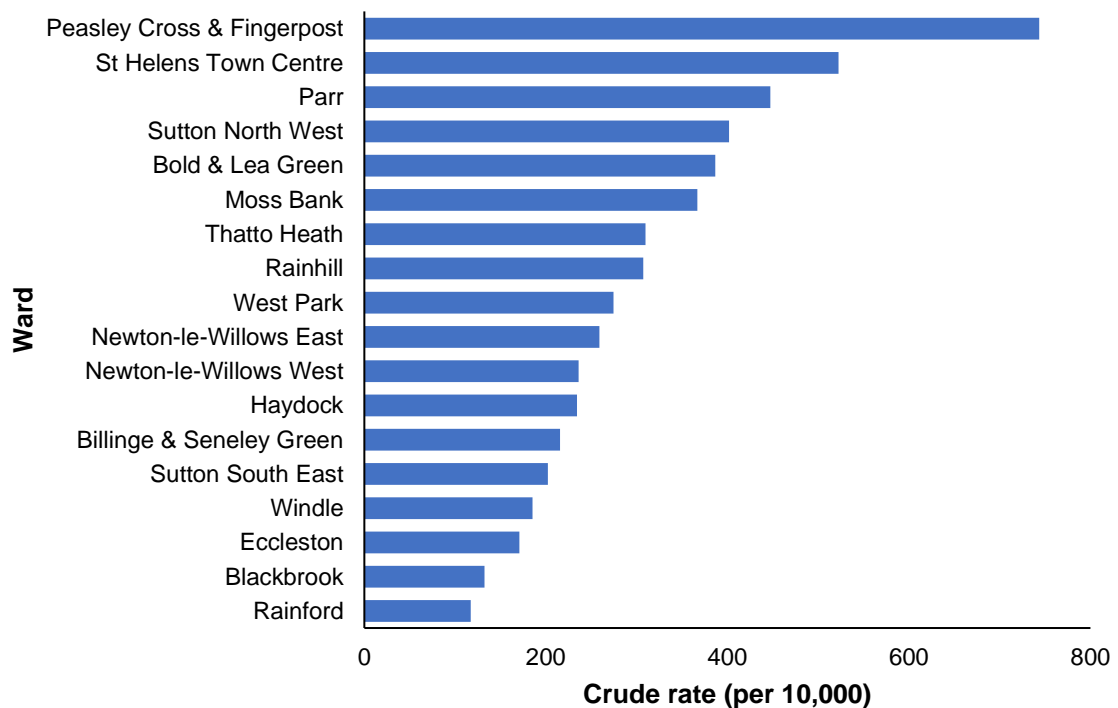
Figure 72: Rates of early help episodes, child in need plans and child protection plans (children aged 0-5) by IMD decile: crude rates per 10,000 in 2022-23



Source: St Helens Borough Council – Children’s Services

Ward level analysis shows that Peasley Cross & Fingerpost, Town Centre and Parr wards have the highest rates of early help episodes, emphasising that there is a high level of need within the centre of the borough. There is a difference of 626.2 per 10,000 when comparing Peasley Cross & Fingerpost to Rainford, one of the least deprived wards, highlighting the extent of disparity within the borough (Figure 73).

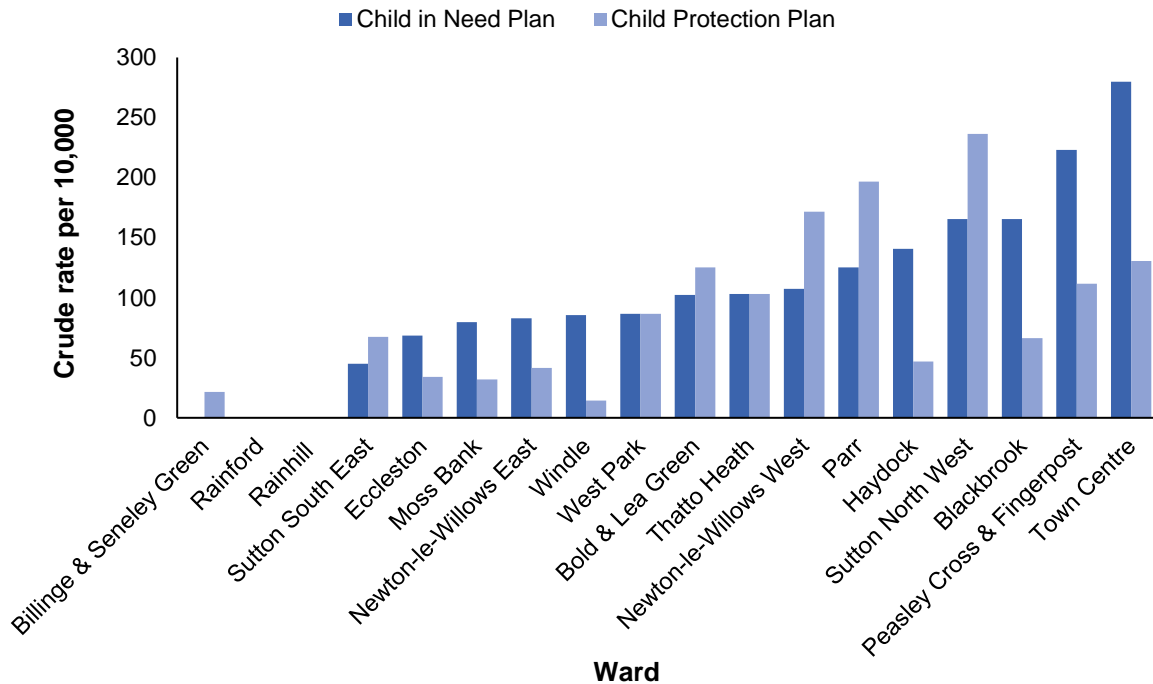
Figure 73: Early help episodes (children aged 0-5) by ward: crude rates per 10,000 in 2022-23



Source: St Helens Borough Council – Children’s Services

Town Centre and Peasley Cross & Fingerpost had the highest rates of CIN plans in 2022-23 (279.9 and 223.0 per 10,000 respectively). The highest rate of CP plans was in Sutton North West at 236.4 per 10,000 followed by Parr at 196.6 per 10,000. The wards of Rainhill and Rainford had no CIN or CP plans (Figure 74).

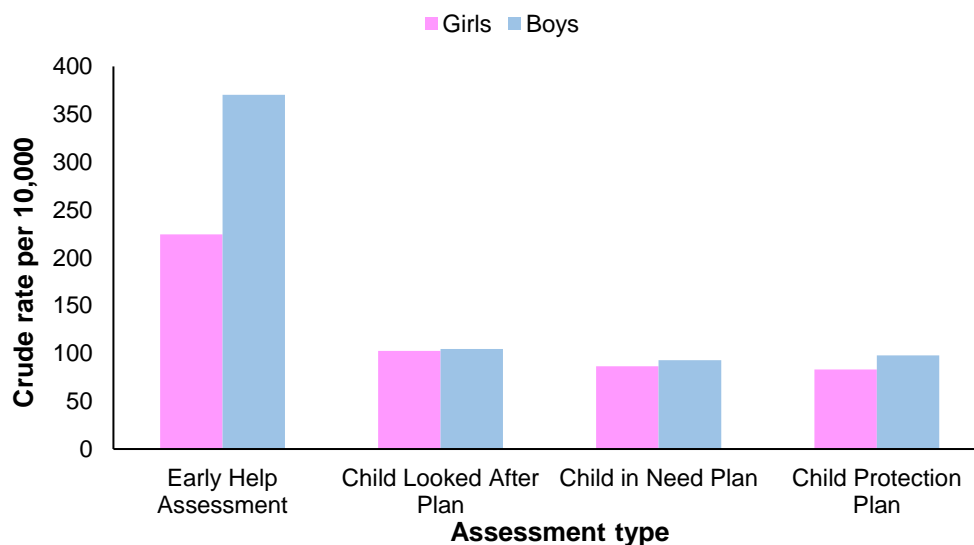
Figure 74: Rate of children in need plans and child protection plans (children aged 0-5) by ward: crude rates per 10,000 in 2022-23



Source: St Helens Borough Council – Children’s Services

Rates are higher for boys compared to girls across all levels on the continuum of need as illustrated in Figure 75.

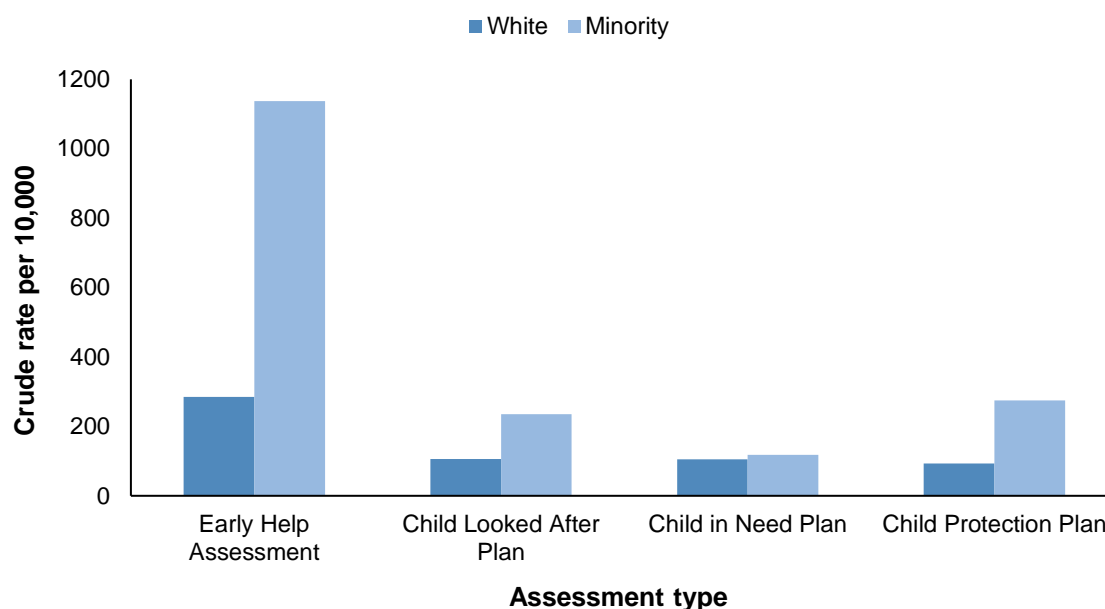
Figure 75: Rate of Early Help Assessments, Child Looked After Plans, Children in Need Plans and Child Protection Plans (children aged 0-5) by Sex: Crude Rates per 10,000 in 2022-23



Source: St Helens Borough Council – Children’s Services

Rates per 10,000 for early help assessments, LAC, CIN plans and CP plans are considerably higher for children from ethnic minority groups (however the number of children in the 0-5 ethnic minority cohort is small). Further analysis of this cohort would be warranted to better understand levels of need and whether there is causal link with a lack of early intervention and support provision (Figure 76).

Figure 76: Rate of early help assessments, child looked after plans, children in need plans and child protection plans (children aged 0-5) by ethnicity: crude rates per 10,000 in 2022-23



Source: St Helens Borough Council – Children’s Services

10. Conclusion

This Maternity and Early Years JSNA has sought to bring together the available data on children aged 0-5 in St Helens and on their parents and carers, to create a picture of the challenges and issues that are facing our young families.

There is clear evidence that identifying risks early and preventing problems from escalating leads to better long-term outcomes for children. Whatever the need, early identification, support which is easily accessible and strengthened relationships help to address problems before they get worse. Investing in the supporting of families to care for their babies and children has an important role to play in reducing health and education disparities in our borough right from the start, and improving physical, emotional, cognitive and social outcomes longer term, as well as focusing on school readiness. Such support should address the parent and carer’s own needs to have the greatest impact for the child and family.

Breastfeeding prevalence in St Helens has been improving but remains considerably below the national average and there is a link with deprivation in that rates are much

lower in those areas. It is important that we seek to understand why some mothers do not initiate breastfeeding and why some also stop before 6-8 weeks.

In terms of indicators relating to staying healthy, immunisation coverage rates in St Helens are good and continue to improve following the COVID-19 pandemic. However, in relation to oral health there are higher levels of visible tooth decay for children in St Helens compared to nationally and therefore, consideration for easy access to dental care is important. There are also potential opportunities for parental education around preventing accidents and injuries in the home, given that hospital admissions for injury, poisoning and external causes feature as a top 10 reason for admission. Work is already underway in relation to preventative measures for those children with asthma and respiratory conditions through innovative community targeted interventions.

Hospital admissions relating to perinatal mental health vary considerably across the borough, with the wards of Parr, Town Centre and Peasley Cross & Fingerpost having statistically significantly higher rates than the St Helens average. Therefore, services need to be targeted around these areas as well as providing a universal offer that is easily accessible.

Whilst St Helens has a good level of engagement for early years provision, this is an area which we still need to continue to focus on, to support families to understand the positive impact that early education can have for them and their children.

With regards to SEND, the data highlights increased identification of SEND needs within the early years' population. Further analysis needs to take place in respect of ward level differences and how this could be responded to, to best meet the needs of the identified children. Speech, language and communication is the most common type of SEND support and this is a priority area for Family Hubs.

It is significant to see that almost half of child in need or child protection plans in St Helens have a primary category of neglect and that the number of children exposed to domestic abuse is increasing. This highlights the importance of early intervention to prevent likely impact for children exposed to either neglect and/or domestic abuse.

The report has highlighted that there are significant differences in outcomes for children aged 0-5 within St Helens and that in general, those poorer outcomes are associated with the areas of higher deprivation. Such differences are also prevalent pre-birth and reflected in maternal health outcomes.

For example, babies born in the most deprived decile of St Helens are:

- More likely to be born prematurely, with the associated risk factors
- More likely to be born with a low birth weight
- Less likely to be breastfed at 6-8 weeks
- More likely to be overweight or obese at reception age
- More likely to have a mother who is admitted to hospital for perinatal mental health

- More likely to experience parental conflict
- More likely to require SEND support
- More likely to need an early help assessment, CIN or CP plan
- More likely to attend A&E or be admitted to hospital.

When we consider specific wards, Town Centre, Peasley Cross & Fingerpost and Parr all consistently have some of the worst child health outcomes in the borough and it is unsurprising that these wards are among the wards with the highest levels of deprivation in the borough. The challenges faced by these wards are illustrated below.

<p>Town Centre challenges:</p> <ul style="list-style-type: none"> • Premature birth • Very low birth weight • Parental smoking • Breastfeeding at 6-8 weeks • Overweight and obese reception aged children • Development at 2-2.5 years • Perinatal mental health • Early help episodes • A&E attendances 	<p>Parr challenges:</p> <ul style="list-style-type: none"> • Low and very low birth weight • Parental smoking • Breastfeeding at 6-8 weeks • Overweight and obese reception aged children • Development at 2-2.5 years • Parental conflict • Perinatal mental health • Early help episodes 	<p>Peasley Cross & Fingerpost challenges:</p> <ul style="list-style-type: none"> • Low birth weight • Perinatal mental health • Early help episodes • A&E attendances • Hospital admissions • Gastroenteritis admissions
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The locations of the Central Link and Sutton Family Hub centres are within accessible reach of families living in the wards which generally have the higher prevalence of poorer child health outcomes. However, there will inevitably be families within all wards that are facing the same challenges and health outcomes and will benefit from the services being offered.

11. Recommendations

The recommendations have been made based on the evidence within this needs assessment and research, which we think will help best support babies, pre-school children and their families in St Helens, as well as addressing the inequalities that children face in our borough. Family Hubs will play an integral role in making progress in the identified areas of priority, supporting an increased joining up of services, with a focus on the first 1001 days and ensuring parents and carers have access to support at the earliest opportunity.

1. Service planning

Service planning needs to take into account the demographics of St Helens in relation to the number of under 5 year olds in each ward, taking account of the predominant needs and how these can best be addressed.

2. Communicating and engaging with parents and families

Parents and carers should have a good understanding of what is on offer in their own local area and how to access services. Communication and engagement are key, it is important that families know where, when and what services and support are available and how Family Hubs can benefit them. Messages should be clear, accessible and via channels used by local people. Building trust by listening to service users and their feedback and experiences to evaluate and improve the Family Hubs offer. Research tells us that evidence-based interventions work but that in order to support families to access help and support, relationships with trusted professionals are key.

A Parent Carer Panel has already been developed and wide-ranging parent and carer consultation has recently taken place. Both will be used to inform the continuous delivery and development of the Family Hub and Start for Life offers within St Helens.

3. Improve the home learning environment through promoting early language development and literacy skills

Speech, language and communication enable children to build positive relationships, form friendships and learn by listening, talking and questioning. Early language development and literacy skills will have a positive impact on confidence and self-esteem. Despite St Helens having a higher proportion of children at or above expected levels in all areas of development, there are opportunities to focus on families in the areas of the borough that have a lower proportion, such as Parr, Blackbrook and Town Centre.

Speech and language are also the most common type of SEN support in St Helens. The Family Hubs offer should prioritise services that support children with speech and language difficulties with signposting support as early as possible. We also know that school readiness is extremely important in reducing long-term inequalities and the important role parents and carers play in supporting their child to be school and nursery ready. We are also asking all professionals to help parents and carers focus on their child's development so they can recognise and encourage their child's development and raise aspirations as we know that this can improve longer term educational attainment.

4. Maternal health and improving antenatal support and access

Maternal health should be a priority area of focus in Family Hubs, to improve support for people using maternity services and their families and carers, to enable people to feel prepared for parenthood and to ensure that families and babies are emotionally

and physically healthy. This includes more support during the antenatal period to reduce risk factors and improve access to a wider range of support, especially as this is a time when people are more receptive to making health improvements. Family Hubs provide a key opportunity to further develop these pathways, ensuring services are accessible as possible for all families, as well as those most in need.

5. Infant feeding support and advice

Breastfeeding has health benefits for both babies and mothers. Breast milk provides a baby with ideal nutrition and supports growth and development. Breastfeeding can also help protect baby and mother against certain illnesses and diseases and reduce the risk of obesity. The needs assessment reveals that there are disparities within the borough when it comes to infant feeding, therefore it is recommended that an enhanced infant feeding offer is included and that progress is made to make St Helens a breastfeeding friendly place.

Breastfeeding at 6-8 weeks is currently a key public health performance indicator, however it is recommended that additional data should be captured via Family Hubs to include rates at initiation, 10 days and 6 months, in order to gain further insight as to when mothers stop breastfeeding. Given the link between low breastfeeding prevalence and deprivation, messages on the financial as well as health impacts could be used.

6. Parenting support

Family Hubs should provide help and support via evidence-based parenting programmes that provide the information and tools for parents and carers to understand their babies and children, their feelings, their development and how to approach challenging behaviours and situations. Becoming a good parent is not innate, it is learned and developed by experience and knowledge. Equipping parents and carers in this way could help when faced with stressful challenges and are then less likely to unhealthy or damaging behaviours. Parental lifestyle is important in respect of impacting on child development and in keeping them safe. As highlighted in this needs assessment, almost half of child protection plans have a primary category of neglect. Evidence based interventions should focus on addressing the links between neglect and parenting. Extended hours should be considered to increase accessibility for working families and enable them to build social networks and attend groups.

7. Special Educational Needs and Disabilities (SEND) support

Children with SEND, and their parents and carers, face unique challenges and more barriers in having their needs met. Therefore, the Family Hubs offer should provide easy access to a wide range of support in order to help the growing number of children in the borough with SEND have the best possible start to life. This should include both more specialist and universal provision. We have done infrastructure work to make our buildings more accessible and to provide resources such as sensory rooms.

8. Perinatal mental health and parental relationship support

Mental health problems in the perinatal period are very common, affecting up to 20% of women. Perinatal mental health problems occur during the period from conception to the child's second birthday. Young mothers up to the age of 25 are at particular risk of poor mental health, up to three years after birth. Untreated perinatal mental health problems affect maternal morbidity and mortality. Perinatal mental health problems cost the NHS and social services around £8.1 billion for each annual cohort of births. A significant proportion of this cost relates to adverse impacts on the child. The Chief Medical Officer's Report highlighted that, 'just as the seeds of a long and healthy life are sown in childhood so too are the origins of much mental illness'. Mental health advice and support during and after pregnancy should be a focus and will support the preparation for a healthy, loving and secure relationship between mother and baby. This will also benefit fathers and siblings and support infant mental health which is the foundation for babies' development and wellbeing. This needs assessment shows that perinatal mental health has a higher need in areas of deprivation. Consideration needs to be given to ensure services are easily accessible, non-stigmatising and able to meet the needs of the family as a whole. Extended hours should be considered to increase accessibility for working families and services being delivered through a number of different approaches, based on the family's needs.

9. Domestic abuse

Domestic abuse is linked to a wide range of adverse health outcomes and this includes children who experience the abuse via their parents. In St Helens, we know that children exposed to domestic abuse has been increasing and that contacts into children's services due to parental conflict are high in some areas of the borough. We need to continue to develop our offer to address the impact of domestic abuse and parental conflict both for the child and the parent/carer, with the aim of breaking the cycle.

10. Sharing information

It is recommended that agencies continue to share information, to understand emerging issues and measure performance in relation to the recommendations above. A common set of outcome measures have been identified in the recently updated Early Help Strategy, use of these across all agencies working with children and families will provide an increased understanding of what impact and change is being made.



Family Hub



ST HELENS
BOROUGH COUNCIL