

4.5.02 Child Mortality

Context

Across England and Wales, death rates for children have fallen dramatically over the last century; this is largely because the majority of deaths in childhood occur in the first year of life, and there has been a pronounced reduction in infant mortality. Between 2006 and 2010, 520 Bradford children died between the ages of 0 and 19. Of these, 340 – or 65% - were under one year of age. This means that an average of 36 children per year died in Bradford between the ages of 1 and 19.

A child's death has a profound, immediate impact upon the family and friends of the young person, and also on the community more widely. Because long-term, national trends indicate that many of these deaths are caused by injuries, it follows that a proportion of child deaths may potentially be avoidable. However, there is a proportion of childhood death which is not attributable to injury, but to other causes. This highlights the need to support the families of children with life-limiting or life-threatening conditions – including, of course, the children themselves.

National and local targets

- NHSOF: Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare – Children and young people
- NHSOF: Reducing deaths in babies and young children: Infant mortality (PHOF 4.1) / Neonatal mortality and stillbirths / Five year survival from all cancers in children
- PHOF: Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities: Infant mortality (NHSOF 1.6i) / Mortality rate from causes considered preventable / Mortality rate from infectious and parasitic disease / Suicide rate

Relevant strategies and local documents

- Bradford District Child Poverty Strategy;
- The Early Years Strategy (0-4 years);
- Born in Bradford study;
- Parenting and Family Support Board
- The Health Inequalities Action Plan
- The Joint Health and Wellbeing Strategy

Available data

Child mortality rates (per 10,000 population) (Chimat, 2014) in Bradford District are significantly higher than the rates for Yorkshire and Humber, and the rates for England - as the following figures, show:

Table 1: Summary Child mortality rates: Yorkshire & Humber 2008 to 2010

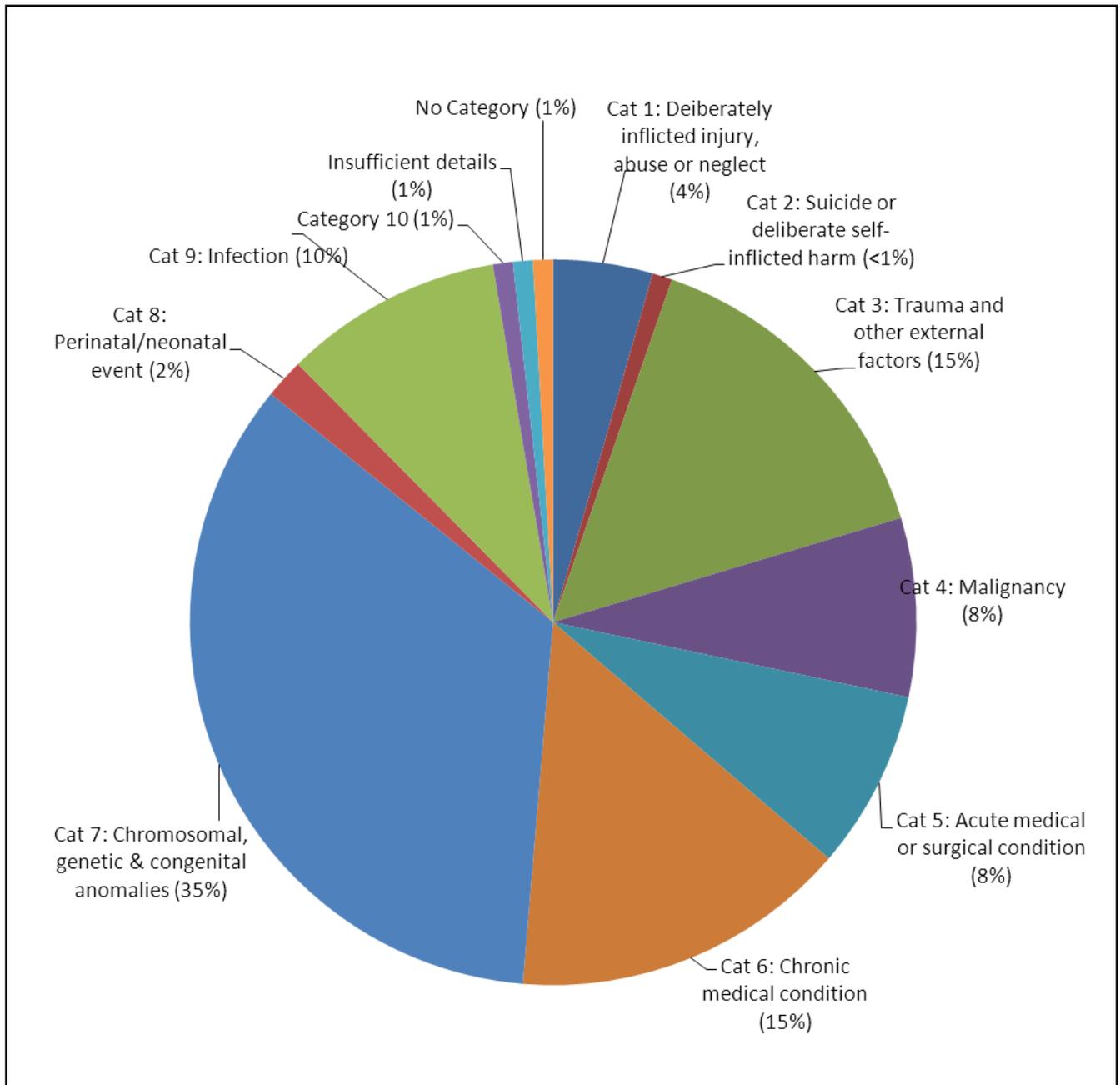
Directly Standardised Child mortality rate; 1 – 17 years Per 10,000 population	2002 – 2011 10 year rolling rate	2009 – 2011 3 year rolling rate
Bradford and Airedale	26.3	23.6
Yorkshire and Humber	19.3	15.2

England	16.5	13.7
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Of the child deaths which occurred in Bradford between April 2008 and March 2013, and which have been reviewed by Bradford's Child Death Overview Panel (CDOP), the highest percentages of deaths were in three categories which collectively accounted for a total of 65% of the causes of death amongst children 1-17 years of age:

- trauma and other external factors - 15%
- chronic medical conditions - 15%
- chromosomal, genetic and congenital anomalies (eg baby with a severe abnormality at birth due to a genetic cause) - 35%

Chart 1: Categories of reviewed deaths of children aged between 1 and 17 years of age



Source: CDOP database and Public Health Analytical Team, CBDMC

It is important to note that these are reviewed deaths only and do not include all reported deaths in the time period. However, it is to be noted for the full cohort year 2008-2009 when all deaths in children were reviewed 68% of children 1-17 year died due to the same three categories.

This contrasts with the more common expectation, that after the age of one year, the commonest cause of death in young people is injuries (Chimat, 2014).

What do our stakeholders tell us?

Much of the work to reduce in Infant Mortality will also be supportive of the drive to reduce Child Mortality. Children's Centres and the third sector show a continued desire to understand more about the populations they serve, and to provide the public with information about immunisations, breastfeeding, and obesity and there is a growing belief that partnership working can help address inequalities in maternal and child health.

Partnership between the third sector, Health, Local Authority, and other key partners resulted in a successful application for Better Start lottery funding which focused on pregnancy and children age 0 to 3. Having successfully completed initial stages of the Better Start bid has led to consultation with key stakeholders which will inform the way in which services should be delivered to meet the needs of our diverse communities, including workforce development plans.

Future needs and gaps in provision

The Child Death Overview Panel has produced a series of annual reports which set out a number of key recommendations arising from the modifiable deaths which occurred during any given year, together with a series of General Recommendations.

The reports are available at the website of the Bradford Safeguarding Children Board.

<http://www.bradford-scb.org.uk/cdop.htm>

Summary of priorities

Give every child the best start in life – Priority 1 of Bradford's Joint Health and Wellbeing Strategy.

References

Chimat is a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health, and is a part of Public Health England. See www.chimat.org.uk/profiles/data, available at <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=110> retrieved February 2014