



North East and North Cumbria's Child Health and Wellbeing Network

***The Facts of Life* for children and young people growing
up in the North East and North Cumbria:**

Chapter 6 – Health promotion

September 2021

@NorthNetChild

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The region on average performs better than England on immunisation and vaccination rates but is worse for three or more risky behaviours at age 15 and for hospital admissions for unintentional and deliberate injuries. Are these related?

Chapter Six SPOTLIGHT to direct momentum for initiatives

6 Health promotion

6.1 Relevance

Prevention and early intervention in childhood can save lives, promote long-term health and wellbeing and foster healthy behaviours throughout life.

This chapter provides a broad overview of public health indicators in relation to positive and adverse behaviours, as well as interventions such as vaccinations. Additional risky behaviours of smoking, alcohol and substance use are presented by local authority. Indicators of key vaccinations are presented including their target rates in the population where appropriate. This includes early years vaccinations such as MMR, as well as HPV and immunisations for children in care.

6.2 Commentary and findings

6.2.1 Prevalence

To set the scene for a number of topics within this chapter is an indicator based on the 2014 What About YOUth? survey¹, presenting the percentage of 15 year olds who take part in three or more risky behaviours (from a list of six: smoking, drinking, using cannabis, using other drugs, poor diet and lack of physical activity). Many of these behaviours are broken down further later

¹ NHS Digital, What About YOUth? Survey (2015): [link](#)



in the chapter. While this data is now several years old it is still the largest available survey data of its kind, with enough responses to provide geographical and other breakdowns as presented here and on Fingertips.

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Percentage with 3 or more risky behaviours at age 15 (Persons, 15 years, %)	2014/15	15.9		17.2	23.8	16.6	19.5	23.7	23.0	17.6	21.8	20.4	22.1	15.0	20.7	18.0

Figure 6.1 – Percentage of 15 year olds with 3 or more risky behaviours

- In the **North East and Cumbria** none of the local authorities have significantly lower proportions than the England average (15.9%) and eight were significantly higher, with **Gateshead** (23.8%) highest.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/3zR8Dlv48U>.

6.2.2 Diet and physical activity

From the same survey came three questions on diet and physical activity.

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Percentage who eat 5 portions or more of fruit and veg per day at age 15 (Persons, 15 years, %)	2014/15	52.4	-	49.2	46.1	47.8	50.1	50.0	44.7	46.1	44.4	44.6	43.8	50.3	48.0	46.7
Percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15 (Persons, 15 years, %)	2014/15	70.1	-	69.4	78.0	73.3	71.6	76.5	75.4	77.8	75.0	74.5	81.0	75.1	76.4	73.5
Percentage physically active for at least one hour per day seven days a week at age 15 (Persons, 15 years, %)	2014/15	13.9	-	12.1	13.4	13.9	13.5	15.8	14.0	11.8	15.6	17.7	15.2	16.3	12.9	11.9

Figure 6.2 – Diet and physical activity – Children and young people

- Ten of the thirteen **North East and Cumbria** local authorities report significantly lower percentages of 15 years olds eating five portions of fruit and veg per day than the England average (52.4%) with **Hartlepool** (43.8%) lowest.
- All local authorities except two had a significantly higher percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15 than the England average (70.1%). The remaining two were not significantly different to England, these were **Cumbria** (69.4%) and **Northumberland** (71.6%), the most rural local authorities in the region.
- The UK Chief Medical Officer recommends children and young people (5-18 years) are physically active for at least one hour per day seven days a week. Only one **North East and Cumbria** local authority was significantly higher than the England average (13.9%) for the percentage at age 15, this was **Darlington** (17.7%). All other local authorities in the region were not significantly different to the England average. Additionally (not shown in figure 6.2), in 2019/20 from the Active Lives Children and Young People Survey² 46.2% of 5-16 year olds in the **North East** achieved the recommendation which was not significantly higher than England (44.9%).

For context, more recent data on diet and physical activity is available for adults.

² Sport England Active Lives Survey: [link](#)



	Period	England	Region	Lower tier local authorities															
				North Cumbria				North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Allerdale	Carlisle	Copeland	Eden	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ years, %)	2019/20	55.4	-	56.9	59.6	53.8	57.3	53.1	54.6	57.6	59.8	57.8	49.2	48.4	50.7	49.3	47.5	44.1	54.7
Percentage of physically active adults (Persons, 19+ years, %)	2019/20	66.4	-	75.3	62.5	68.0	78.7	61.8	69.0	65.5	71.6	65.5	57.2	60.8	66.9	54.9	57.6	67.1	68.6
Percentage of physically inactive adults (Persons, 19+ years, %)	2019/20	22.9	-	18.1	29.7	22.0	15.0	26.6	21.5	24.4	19.9	24.5	29.4	25.6	24.1	28.5	32.6	24.2	20.7

Figure 6.3 – Diet and physical activity – Adults

- Ten **North East and North Cumbria (NENC)** local authorities were not significantly different to England (55.4%) for the proportion of the adult population meeting the recommended '5-a-day' on a 'usual day'. The remaining six were all significantly lower than the England average. These were all of the **Tees Valley** local authorities except **Stockton-on-Tees**, as well as **South Tyneside** and **Sunderland**.
- Four NENC local authorities had a significantly higher percentage of physically active adults than the England average (66.4%). Two of these four were in **North Cumbria** (**Allerdale**, 75.3% and **Eden**, 78.7%) and the other two were **Newcastle upon Tyne** (69.0%) and **North Tyneside** (71.6%). Five NENC local authorities were significantly lower than England and seven were not significantly different.

- Two NENC local authorities had a significantly lower percentage of physically inactive adults than the England average, these were **Allerdale** (18.1%) and **Eden** (15.0%) in **North Cumbria**. Four NENC local authorities were significantly higher than England and ten were not significantly different. There is a large range in the region with the highest percentage (**Middlesbrough**, 32.6%) being more than double the lowest percentage (**Eden**, 15.0%).

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/AyfUleV4U2>.

6.2.3 Obesity

More than 1 in 3 children in England are obese or overweight at the end of primary school, and this links to both poor physical and mental outcomes including type 2 diabetes as well as bullying and poor mental health. Indicators of prevalence and behaviours around diet and exercise are presented to show the scale of the situation in local areas. Deprivation is associated with these indicators, with those in more deprived areas more likely to be overweight or obese in Reception and Year 6 as recorded by the National Child Measurement Programme³.

³ NHS Digital National Child Measurement Programme: [link](#)

	Period	England	Region	Lower tier local authorities															
				North Cumbria				North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Allerdale	Carlisle	Copeland	Eden	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Reception: Prevalence of healthy weight (Persons, 4-5 years, %)	2019/20	76.1 ▼	74.3 ▶	69.2*	75.7	65.9*	73.5*	69.5*	73.0 ▶	79.2 ▲	73.8 ▶	74.6 ▶	76.5 ▶	77.2 ▶	73.8 ▶	70.1*	68.4*	69.1	77.6*
Reception: Prevalence of underweight (Persons, 4-5 years, %)	2019/20	0.9 ▶	0.8 ▶	*	1.1	*	*	1.1*	1.1 ▶	1.4 ▶	0.4 ▶	0.5 ▶	*	0.5 ▶	*	*	*	0.7	*
Reception: Prevalence of overweight (including obesity) (Persons, 4-5 years, %)	2019/20	23.0 ▲	-	30.8*	23.2 ▼	34.1*	23.5*	29.4*	26.0 ▶	19.3 ▼	25.8 ▶	24.9 ▶	23.2 ▶	22.1 ▶	25.8 ▶	29.9*	31*	30.1	21.6*
Reception: Prevalence of obesity (including severe obesity) (Persons, 4-5 years, %)	2019/20	9.9 ▲	10.9 ▶	13.5*	7.3	12.2*	5.9*	13.0*	11.6 ▶	9.1 ▶	11.0 ▶	10.7 ▶	9.7 ▶	10.1 ▶	12.0 ▶	14.3*	14.6*	13.1	9.8*
Reception: Prevalence of severe obesity (Persons, 4-5 years, %)	2019/20	2.5 ▲	2.8 ▶	3.8*	1.7	4.9*	*	4.0*	3.0 ▶	2.5 ▶	2.2 ▶	2.4 ▶	2.8 ▶	3.0 ▶	2.2 ▶	4.1*	5.1*	2.8	1.6*
Reception: Prevalence of obesity (including severe obesity), 5-years data combined (Persons, 4-5 years, %)	2015/16 - 19/20	9.6	-	12.3	9.9	11.2*	8.5*	10.6*	11.8	9.8	10.2	10.6	10.7	10.9	10.1	11.9	13.1*	11.8	9.9

Figure 6.4 – National child measurement programme – Reception pupils

Note: Where a value is shown with a * next to it, coverage in this local authority is affected by the COVID-19 pandemic for 2019/20 data and should be interpreted with caution. Values shown with just *'s are suppressed due to disclosure control as previously.

On average, where available, the data relating to the **NENC region** as a whole show that for children at reception age:

- The prevalence of children with a healthy weight in the **NENC region** (74.3%) is significantly lower than the England average (76.1%).
- The prevalence of children who are obese (including severely obese) is significantly higher in **NENC** (10.9%) than the England average (9.9%), and the prevalence of those who are severely obese is significantly higher in **NENC** (2.8%) than the England average (2.5%).

At a locality level, for children at reception age:

- The region shows variation across all indicators, and within local authorities there is variation between the different BMI ranges. **Stockton-on-Tees** is not significantly different to the England average across all indicators with available data, with the exception of prevalence of severe obesity (1.6%) being significantly lower than the England average (2.5%).
- Only **Northumberland** (79.2%) had a significantly higher percentage prevalence of healthy weight children compared to the England average, as well as being the only NENC local authority with an increasing trend. **Northumberland** is also the only NENC local authority with a significantly lower proportion of overweight children (19.3%) than the England average (23.0%). However, it is also the only NENC local authority with a significantly higher prevalence of underweight children (1.4%) compared to the England average (0.9%).

At a regional level an inequality indicator for prevalence of obesity and severe obesity is produced to measure how much child obesity varies with deprivation. The slope index value for the **North East** is 9.0% compared to 7.9% for the England average, and this is the highest regional value in the country.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/hci4jkZfW0>.

	Period	England	Region	Lower tier local authorities															
				North Cumbria				North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Allerdale	Carlisle	Copeland	Eden	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Year 6: Prevalence of healthy weight (Persons, 10-11 years, %)	2019/20	63.4 ▼	61.6 ►	63.0*	66.1 ►	67.1*	70.3*	60.0 ►	59.4 ►	65.4 ►	62.7 ►	61.5 ►	59.1 ►	61.8 ►	61.4	59.9*	59.1 ►	59.9 ►	63.6*
Year 6: Prevalence of underweight (Persons, 10-11 years, %)	2019/20	1.4 ▲	1.1 ►	*	1.1 ►	*	*	1.2 ►	1.0 ►	1.4 ►	1.3 ►	1.0 ►	0.9 ►	1.5 ►	0.8	*	0.9 ►	1.0 ►	1.2*
Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 years, %)	2019/20	35.2 ▲	37.3 ►	37*	32.8	32.9*	29.7*	38.5 ►	39.6 ►	33.0 ►	36.2 ►	37.6 ►	40.0 ►	36.9 ►	37.8 ►	39.4*	40.0 ►	39.0 ►	34.8*
Year 6: Prevalence of obesity (including severe obesity) (Persons, 10-11 years, %)	2019/20	21.0 ▲	23.0 ►	22.2*	18.4	22.9*	16.2*	24.9 ►	24.8 ►	19.6 ►	21.3 ►	22.7 ►	27.0 ▲	23.6 ►	22.5 ►	23.9*	25.2 ►	24.0 ►	20.2*
Year 6: Prevalence of severe obesity (Persons, 10-11 years, %)	2019/20	4.7 ▲	5.8 ▲	6.5*	4.6	4.3*	*	6.4 ►	7.1 ▲	4.2 ►	4.5 ►	5.5 ►	6.7 ▲	6.1 ►	6.0 ►	7.0*	7.4 ▲	5.6 ►	4.3*
Year 6: Prevalence of obesity (including severe obesity), 5-years data combined (Persons, 10-11 years, %)	2015/16 - 19/20	20.2	-	21.2	19.3	24.3	17.2*	23.9	24.5	20.0	21.1	22.5	24.5	24.3	22.0	24.5	23.9	22.4	20.8

Figure 6.5 – National child measurement programme – Year 6 pupils

Note: Where a value is shown with a * next to it, coverage in this local authority is affected by the COVID-19 pandemic for 2019/20 data and should be interpreted with caution. Values shown with just *'s are suppressed due to disclosure control as previously.

On average, where available, the data relating to the **NENC region** as a whole show that in children at Year 6 age:

- The prevalence of children with a healthy weight in the **NENC region** (61.6%) is significantly lower than the England average (63.4%).
- The prevalence of children who are overweight (including obese), obese (including severely obese) and severely obese is significantly higher in **NENC** than the England average.
- The prevalence of underweight children is significantly lower in **NENC** (1.1%) than the England average (1.4%).

At a locality level, in children at Year 6 age:

- As with Reception children the region shows variation across all indicators between local authorities. Significantly higher prevalences of overweight children can be found in seven of the sixteen local authorities, and all of these with the exception of **Hartlepool** (obesity including severe obesity) and **Redcar & Cleveland** (severe obesity) also have significantly higher than England average prevalences at higher BMI ranges.
- Only **Northumberland** (65.4%) had a significantly higher prevalence of healthy weight children at Year 6 age compared to the England average. **Northumberland** is also the only NENC local authority with a significantly lower proportion of overweight children (33.0%) than the England average (35.2%).
- **South Tyneside** (0.9%) has a significantly lower prevalence of underweight Year 6 pupils than the England average (1.4%). All other local authorities where data is available have similar values to the England average.

At Year 6 the slope index of inequality in the prevalence of obesity (including severe obesity) for the **North East** is lower than England at 16.3% compared to 17.2% for the England average, meaning that obesity does not vary as much with deprivation.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/FJrVuftnZ0>.

Additional breakdowns of this data including to lower geography level are available from:

<https://www.gov.uk/government/statistics/child-obesity-and-excess-weight-small-area-level-data>.

6.2.4 Smoking

Smoking is detrimental to the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting, and higher mortality. Smoking reduces lung function, increases the risk of a young person developing asthma, decreases their exercise tolerance and may impair their growth. Ninety percent of lifetime smoking is initiated between the ages of 10 and 20 years in the UK⁴. 77% of smokers aged 16-24 began smoking before the age of 18⁵, therefore intervention and positive messaging at a young age is crucial.

⁴ RCPCH (2021) State of Child Health – Smoking in young people: [link](#)

⁵ DHSC (2020) Smoke-free generation: tobacco control plan for England: [link](#)

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Smoking prevalence at age 15 - regular smokers (WAY survey) (Persons, 15 years, %)	2014/15	5.5	-	5.1	9.8	8.3	6.0	7.5	8.6	7.7	8.9	6.8	7.7	6.5	6.0	4.6
Smoking prevalence at age 15 - occasional smokers (WAY survey) (Persons, 15 years, %)	2014/15	2.7	-	2.2	2.6	2.3	3.2	2.9	2.6	1.5	2.7	2.2	4.5	1.6	2.9	2.2
Smoking prevalence at age 15 - current smokers (WAY survey) (Persons, 15 years, %)	2014/15	8.2	-	7.3	12.4	10.7	9.2	10.3	11.2	9.1	11.6	9.0	12.2	8.2	8.9	6.8
Percentage who have tried e-cigarettes at age 15 (Persons, 15 years, %)	2014/15	18.4	-	19.9	19.9	18.3	18.0	22.3	20.6	16.7	21.9	19.3	19.8	14.3	25.9	16.3
Percentage who have tried other tobacco products at age 15 (Persons, 15 years, %)	2014/15	15.2	-	6.8	15.2	16.9	13.3	17.8	12.1	11.5	13.7	11.6	12.7	15.7	13.2	13.7

Figure 6.6 – Smoking

Smoking prevalence data is based on the What About YOUTH survey, more recent national estimates for similar indicators are available from NHS Digital's Smoking, Drinking and Drug Use among Young People survey⁶ however local authority data cannot be produced from this source.

On average, for the **North East and Cumbria**, the data indicate that in 2014/15:

- Six North East and Cumbria local authorities are not significantly different to the England average for smoking prevalence at age 15 (regular smokers). The remaining seven local authorities are all significantly higher than the England average, the highest is **Gateshead** (9.8%), compared to the England average (5.5%).
- Only one local authority, **Hartlepool**, is significantly higher than the England average for smoking prevalence at age 15 (occasional smokers). Two are significantly lower and the remaining ten are not significantly different to the England average.
- The local authority with the highest percentage of current smokers at age 15 is **Gateshead** (12.4%). Five other local authorities are also significantly higher than the England average. The remaining seven local authorities are not significantly different to the England average.
- Three local authorities were significantly higher than the England average for the percentage of 15 year olds who have tried e-cigarettes, these were **Redcar & Cleveland**, **North Tyneside** and **Sunderland**. One local authority was significantly lower, this was **Middlesbrough**. The remaining nine local authorities were not significantly different.
- The only local authority that was significantly higher than the England average for the percentage of 15 year olds that have tried other tobacco products was **North Tyneside** (17.8%). Four local authorities were significantly lower and the remaining eight were not significantly different. Other tobacco products are defined as shisha pipe, hookah, hubble-bubble, waterpipe etc.

⁶ NHS Digital Smoking, drinking and drug use among young people in England: [link](#)



Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/08oocZ0dfk>.

6.2.5 Alcohol

Hospital admissions for alcohol are presented to show the impact of alcohol use in young people on the healthcare system.

	Clinical commissioning groups										
	Period	England	Region	North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley
				North Cumbria	Newcastle Gateshead	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Tees Valley
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18, rate per 100,000)	2017/18 - 19/20	30.2	53.7	36.4	46.5	62.1	74.0	47.4	111.9	89.4	36.0

Figure 6.7 – Alcohol admissions

Seven of the eight **NENC** CCGs were significantly higher than the England average for admission episodes for alcohol-specific conditions for under 18s. The highest CCG was **South Tyneside** (111.9 per 100,000), over three times the England average. The remaining CCG, **North Cumbria**, was not significantly different to the England average. The **region's** average (53.7 per 100,000) was significantly higher than the England average (30.2 per 100,000).



	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Percentage of regular drinkers at age 15 (Persons, 15 years, %)	2014/15	6.2	-	7.8	11.0	7.6	11.1	9.7	9.1	7.3	10.9	12.3	11.2	5.1	9.6	6.0
Percentage who have ever had an alcoholic drink at age 15 (Persons, 15 years, %)	2014/15	62.4	-	74.0	72.0	58.7	75.8	73.5	74.3	66.0	69.3	72.3	73.1	60.3	75.0	68.3
Percentage who have been drunk in the last 4 weeks at age 15 (Persons, 15 years, %)	2014/15	14.6	-	18.0	19.4	15.6	20.3	24.6	19.9	16.6	18.9	23.4	23.1	15.7	22.4	17.9

Figure 6.8 – Alcohol prevalence

Attitudes to alcohol were queried in the What About YOUth survey. On average, for the **North East and Cumbria**, the data indicate that in 2014/15:

- Nine of the thirteen North East and Cumbria local authorities have a significantly higher percentage of regular drinkers at age 15 than the England average. The local authority with the highest percentage is **Darlington** (12.3%), which is nearly double the England average of 6.2%. The four remaining local authorities are not significantly different to the England average, the lowest is **Middlesbrough** (5.1%).

- Eleven of the thirteen local authorities are significantly higher than the England average for the percentage who have ever had an alcoholic drink at age 15. The local authority with the highest percentage is **Northumberland** (75.8%), compared to England average of 62.4%. Of the two remaining local authorities **Middlesbrough** (60.3%) is not significantly different to the England average and **Newcastle upon Tyne** (58.7%) has a significantly lower percentage than the England average.
- Ten of the thirteen local authorities are significantly lower than the England average for the percentage who have been drunk in the last four weeks at age 15. The local authority with the highest percentage is **North Tyneside** (24.6%), compared to the England average of 14.6%. The remaining three local authorities were not significantly different to the England average.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/lpJzQkCpZE>.



6.2.6 Drugs

	Period	England	Region	Clinical commissioning groups							
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley
				North Cumbria	Newcastle Gateshead	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Tees Valley
Hospital admissions due to substance misuse (15-24 years) (Persons, 15-24 years, rate per 100,000)	2017/18 - 19/20	80.1	-	70.2	96.3	187.0	153.3	74.9	168.3	118.5	119.9

Figure 6.9 – Substance misuse admissions

Six of the eight **NENC** CCGs are significantly higher than the England average for hospital admissions due to substance abuse amongst 15-24 year olds. **Northumberland** had the highest directly standardised rate of admissions with 187.0 per 100,000, over double the England average of 80.1 per 100,000. The remaining two NENC CCGs, **North Cumbria** and **County Durham**, were not significantly different to the England average.

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Percentage who have taken drugs (excluding cannabis) in the last month at age 15 (Persons, 15 years, %)	2014/15	0.9	-	0.6	1.9	1.7	1.3	2.2	0.8	1.4	1.0	0.4	1.3	0.6	1.7	0.5
Percentage who have taken cannabis in the last month at age 15 (Persons, 15 years, %)	2014/15	4.6	-	2.9	6.3	4.5	3.8	5.9	4.1	3.1	3.6	2.7	4.3	4.2	4.4	4.2
Percentage who have ever tried cannabis at age 15 (Persons, 15 years, %)	2014/15	10.7	-	6.9	14.3	12.3	10.5	13.2	11.5	8.4	10.3	10.7	12.5	9.5	13.0	9.1

Figure 6.10 – Substance misuse prevalence

Attitudes to drugs were queried in the What About YOUth survey. On average, for the North East and Cumbria, the data indicate that in 2014/15:

- Four of the thirteen North East and Cumbria local authorities are significantly higher than the England average for the percentage who have taken drugs (excluding cannabis) in the last month at age 15. **North Tyneside** is the highest (2.2%), more than double the England average of 0.9%. One local authority, **Darlington** (0.4%) is significantly lower than the England average and the remaining eight are not significantly different.

- Only one local authority is significantly higher than the England average for the percentage who have taken cannabis in the last month at age 15, this was **Gateshead** (6.3%) compared to the England average of 4.6%. Three local authorities are significantly lower than the England average and the remaining nine were not significantly different.
- Three local authorities are significantly higher than the England average for the percentage who have ever tried cannabis at age 15. **Gateshead** has the highest percentage with 14.3% compared to the England average of 10.7%. **Cumbria** and **South Tyneside** are both significantly lower than the England average and the remaining eight local authorities were not significantly different to the England average.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/UC4mm4YdDE>.

6.2.7 Oral health

Oral health is important in its own right, but poor dental health is also seen as a wider indicator of public health, including diet.

Oral health is an important aspect of a child's overall health status with an additional impact on their family. Children who have toothache or who need treatment may have pain, infections and difficulties with eating, speech, sleeping, low self-esteem, school absence and difficulty socialising.

Tooth decay is largely preventable, yet it remains a serious problem and is more commonly linked with deprivation. Vulnerable groups of children and young people, such as young carers and those in the criminal justice system, may experience additional risk of poor oral health. Consumption of free sugars is a risk factor for dental caries and obesity. There is a clear association between children's BMI and the prevalence and severity of caries, even when other potential influences such as deprivation are taken into account⁷.

⁷ PHE (2021) School-aged years high impact area 3: Supporting healthy lifestyles: [link](#)

				Clinical commissioning groups							
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley
				North Cumbria	Newcastle Gateshead	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Tees Valley
Period	England	Region									
Hospital admissions for dental caries (0-5 years) (Persons, 0-5 years, rate per 100,000)	2017/18 - 19/20	289.7	420.0	26.2	706.7	942.8	527.1	327.1	286.3	163.3	334.0

Figure 6.11 – Hospital admissions for dental caries

- The average crude rate of hospital admissions for dental caries per 100,000 for 0-5 year olds in the **NENC** region was 420.0, the England average was 289.7. The rate across the region varied greatly from 26.2 for **North Cumbria** to 942.8 for **Northumberland**.

Oral health in 3 year olds

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Percentage of three year olds with experience of visually obvious tooth decay (Persons, 3 years, %)	2019/20	10.7	-	10.7	18.4	7.8	6.4	16.3	11.5	9.9	21.7	7.8	8.5	14.9	*	6.6
Incisor caries prevalence in three year olds (Persons, 3 years, %)	2019/20	3.4	-	2.3	3.1	0.0	2.5	6.1	4.4	1.5	4.9	2.4	1.9	7.6	*	3.5
dmft (decayed, missing or filled teeth) in three year olds (Persons, 3 years, mean dmft per child)	2019/20	0.31	-	0.29	0.37	0.10	0.12	0.61	0.35	0.23	0.79	0.20	0.20	0.72	*	0.18

Figure 6.12 – Oral health aged 3 years

On average, at a locality level, the data indicate that in 2019/20:

- Oral health in 3 year olds is broadly similar to the England average in most **North East and Cumbria** local authorities, however **Gateshead** (18.4%) and **Sunderland** (21.7%) have significantly higher percentages of children with experience of visually obvious tooth decay.



- Sunderland** also has the highest mean decayed, missing or filled teeth in the region at 0.79, significantly higher than the England average (0.29). **Middlesbrough** has the highest incisor caries prevalence (7.6%) in the region which is significantly higher than the England average.

Oral health in 5 year olds

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Children with one or more decayed, missing or filled teeth (Persons, 5 years, %)	2016/17	23.3	-	29.1	23.2	19.3	22.6	20.0	25.8	21.7	28.4	26.4	20.5	32.1	24.9	20.6
Percentage of 5 year olds with experience of visually obvious dental decay (Persons, 5 years, %)	2018/19	23.4	-	24.2	26.6	24.2	20.3	12.7	26.8	22.1	32.5	22.3	15.9	38.1	28.0	19.5
dmft (decayed, missing or filled teeth) in five year olds (Persons, 5 years, mean dmft per child)	2018/19	0.80	-	0.77	0.58	0.78	0.68	0.41	0.81	0.73	1.10	1.01	0.50	1.68	1.15	0.74

Figure 6.13 – Oral health aged 5 years



On average, at a locality level, the data indicate that:

- Oral health in 5 year olds varies between **North East and Cumbria** local authorities, with all three indicators showing local authorities higher and lower than England averages. **Middlesbrough** has higher than England average values and highest in the region for all three indicators shown, while **North Tyneside** has lower than England values for all three.

Oral health in 12 year olds

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Proportion of twelve year olds free from dental decay (Persons, 12 years, %)	2008/09	66.4	60.9	60.6	68.3	61.8	54.9	56.5	57.9	62.1	57.0	53.2	69.2	49.0	55.4	55.4
dmft (decayed, missing or filled teeth) in twelve year olds (Persons, 12 years, mean dmft per child)	2008/09	0.74	-	0.96	0.64	0.82	1.20	0.95	1.03	0.87	1.10	1.19	0.55	1.10	1.17	0.96

Figure 6.14 – Oral health aged 12 years

Indicators relating to oral health in 12 year olds is taken from a survey conducted in 2008/09 which has not been repeated since. On average, at a locality level, the data indicate that:

- Eleven of the thirteen local authorities in the **North East and Cumbria** have significantly lower proportions of children free from dental decay than the England average (66.4%), with **Middlesbrough** (49.0%) lowest.

- Ten North East and Cumbria local authorities have a significantly higher mean decayed, missing or filled teeth, with **Gateshead** (0.64) and **Hartlepool** (0.55) significantly lower.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/DypKIPyZM0>.

6.2.8 Road safety

Globally, road traffic accidents are the leading cause of death among children and young people aged 5-29 years. The UK has much lower road traffic death rates among children and young people than comparable Western countries. Road traffic accidents are preventable, and in 2017 the UK had the third lowest rate of road deaths in Europe and second in the European Union. There are significant health inequalities, with the risk of road traffic injuries higher for those young people living in deprived areas. The highest risk of injury occurs immediately after young people can start legally using cars and motorcycles in terms of rates of both hospital admissions and police-reported serious and fatal casualties⁸.

The indicators in this section are based on data from the Department for Transport, and the geographies relate to the location of the accident that caused the death or serious injury.

⁸ RCPCH (2021) State of Child Health – Road traffic accidents: [link](#)



	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Children killed and seriously injured (KSI) on England's road (Persons, <16 years, rate per 100,000)	2017-19	18.0	24.8	30.4	20.8	23.0	27.4	29.6	25.4	19.9	23.2	29.8	26.1	17.0	24.3	18.7
Children aged 5 and under killed or seriously injured in road traffic accidents (Persons, 0-5 years, rate per 100,000)	2017-19	7.9	13.7	15.9	10.2	14.9	20.2	12.1	12.2	29.9	11.0	32.2	10.3	8.6	3.7	2.3
Children aged 6-10 killed or seriously injured in road traffic accidents (Persons, 6-10 years, rate per 100,000)	2017-19	14.3	20.8	35.0	20.1	17.5	23.3	13.9	15.5	11.5	25.1	15.1	33.5	21.3	24.7	7.6
Children aged 11-15 killed or seriously injured in road traffic accidents (Persons, 11-15 years, rate per 100,000)	2017-19	34.9	42.5	41.8	34.8	40.6	39.2	67.6	51.6	16.5	36.0	42.3	36.6	24.0	48.3	50.8

Figure 6.15 – Road traffic accidents

On average, the data relating to the **North East and Cumbria** as a whole show that in 2017-19:

- The rate of children killed or seriously injured in road traffic accidents is higher than the England average in all three age groups.

On average, at a locality level, the data indicate that:

- No local authority in the region has a significantly lower rate of children killed or seriously injured in road traffic accidents than the England average. The pattern varies across age groups, with **Cumbria**, **Northumberland**, **South Tyneside** and **Darlington** having significantly higher rates than the England average in 0-5 year olds, while **North Tyneside** and **County Durham** have significantly higher rates than the England average in 11-15 year olds.

	Upper tier local authorities															
	Period	England	Region	North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Pedestrians killed or seriously injured in RTAs 0-24 years (Persons, <25 years, rate per 100,000)	2015-19	11.0	13.0	13.2	13.4	18.0	11.0	16.4	10.9	9.7	12.6	9.3	18.8	15.4	9.0	10.2
Pedal cyclists killed or seriously injured in RTAs 0-24 years (Persons, <25 years, rate per 100,000)	2015-19	4.4	4.2	4.7	3.2	4.0	2.5	2.5	4.4	4.3	5.3	4.6	5.1	4.6	5.3	4.4
Motorcyclists killed or seriously injured in RTAs 15-24 years (Persons, 15-24 years, rate per 100,000)	2015-19	23.6	16.1	22.8	16.0	9.0	21.1	10.8	13.9	14.6	20.4	8.9	20.2	16.6	16.1	19.5
Car occupants killed or seriously injured in RTAs 15-24 years (Persons, 15-24 years, rate per 100,000)	2015-19	29.4	30.2	67.0	25.3	11.3	53.8	13.7	39.0	19.4	19.8	28.5	18.4	7.8	17.5	17.8

Figure 6.16 – Road traffic accidents by road user type

When breaking this data down into types of road user, on average, the data relating to the **North East and Cumbria** as a whole show that in 2015-19:

- The rate of children and young people killed or seriously injured in road traffic accidents varies between road users, with **North East and Cumbria** having a significantly higher rate than the England average among pedestrians, but a significantly lower rate for motorcyclists.

On average, at a locality level, the data indicate that:

- No local authority has a significantly lower rate of pedestrians killed or seriously injured in road traffic accidents than the England average, with **Newcastle upon Tyne**, **North Tyneside** and **Hartlepool** significantly higher.
- Four local authorities have significantly lower than England average rates for motorcyclists, with all other areas similar to England.
- There is great variation between local authorities for car occupants, with more rural areas (**Cumbria**, **Northumberland** and **County Durham**) significantly higher than the England average, while **Newcastle upon Tyne**, **North Tyneside**, **Sunderland**, **Middlesbrough** and **Stockton-on-Tees** are all significantly lower.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/efC9LC1X6U>.

6.2.9 Accidents and injuries

Unintentional injuries are a major cause of morbidity and premature mortality for children and young people in England.

Unintentional injuries for the under-5s tend to happen in and around the home and are linked to a number of factors including:

- child development
- the physical environment in the home

- the knowledge and behaviour of parents and other carers (including literacy)
- overcrowding and homelessness
- the availability of safety equipment
- consumer products in the home

Five causes account for 90% of unintentional injury hospital admissions for this age group and are a significant cause of preventable death and serious long-term harm. These are:

- choking, suffocation and strangulation
- falls
- poisoning
- burns and scalds
- drowning

The personal costs of an injury can be devastating to a child or family and can have major effects on their long-term education, employment, emotional wellbeing and family relationships. The majority of unintentional injuries are preventable, making them a public health priority⁹. Hospital admissions for accidents and injuries vary depending on multiple factors, including age (as presented in the data) as well as deprivation and gender.

⁹ PHE (2021) Early years high impact area 5: Improving health literacy, managing minor illnesses and reducing accidents: [link](#)



	Period	England	Region	Clinical commissioning groups							
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley
				North Cumbria	Newcastle Gateshead	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Tees Valley
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) (Persons, 0-4 years, rate per 10,000)	2019/20	119.0 ▼	176.9	173.6 ▶	174.5 ▶	196.3 ▲	180.3 ▶	171.9 ▼	191.3 ▶	210.9 ▶	159.5 ▼
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (Persons, 0-14 years, rate per 10,000)	2019/20	90.6 ▼	-	115.3 ▶	134.9 ▶	156.6 ▶	137.7 ▶	133.4 ▼	134.4 ▼	147.9 ▼	112.7 ▼
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) (Persons, 15-24 years, rate per 10,000)	2019/20	124.1 ▶	157.7	113.3 ▶	157.3 ▲	253.1 ▲	228.5 ▲	134.2 ▶	155.6 ▶	144.9 ▶	145.2 ▶

Figure 6.17 – Hospital admission for injuries

On average, where available, the data relating to the **NENC region** as a whole show that in 2019/20:

- **NENC** has a significantly higher rate per 10,000 population for injuries than the England average in 0-4 year olds (176.9 compared to 119.0) and 15-24 year olds (157.7 compared to 124.1). A regional average for 0-14 years olds cannot be calculated, however all NENC CCGs are significantly higher than the England average.

On average, at a locality level, the data indicate that:

- For 0-4 year olds all NENC CCGs are significantly higher than the England average, with **Sunderland** (210.9 per 10,000) highest. Rates are increasing over time in **Northumberland**, while **County Durham** and **Tees Valley** have a downward trend.
- In 0-14 year olds all NENC CCGs are significantly higher than the England average, with **Northumberland** (156.6 per 10,000) highest. **Tees Valley** and all of the CCGs in **Durham, South Tyneside and Sunderland ICP** have downward trends.
- In 15-24 year olds all NENC CCGs are significantly higher than the England average with the exception of **North Cumbria** which is similar. **Northumberland** (253.1 per 10,000) has the highest rate, and has an increasing trend as do **Newcastle Gateshead** and **North Tyneside**.

Injuries for top level causes

High level cause groups begin to break down the reasons for admissions. Figure 6.18 uses five categories of injury cause, these are:

- Falls
- Exposure to inanimate mechanical forces – Crushing, lacerations and impact injuries caused by inanimate objects
- Exposure to animate mechanical forces – This includes bites, stings and impacts from animals and plants, as well as accidental injuries caused by another person
- Exposure to heat and hot substances
- Accidental poisoning

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Emergency admissions for falls in children (Persons, 0-4 years, rate per 100,000)	2017/18 - 19/20	450.9	603.0	581.2	431.6	440.1	627.0	582.7	697.9	723.1	758.7	898.3	533.6	533.4	568.0	485.4
Emergency admissions for exposure to inanimate mechanical forces in children (Persons, 0-4 years, rate per 100,000)	2017/18 - 19/20	215.2	330.2	193.7	323.7	410.1	358.3	320.5	358.2	341.5	502.1	364.9	188.3	361.3	295.4	228.4
Emergency admissions for exposure to animate mechanical forces in children (Persons, 0-4 years, rate per 100,000)	2017/18 - 19/20	40.8	71.4	55.4	46.2	80.0	67.2	72.8	92.7	80.3	78.1	56.1	62.8	68.8	90.9	57.1
Emergency admissions for exposure to heat and hot substances in children (Persons, 0-4 years, rate per 100,000)	2017/18 - 19/20	79.1	117.0	228.3	123.3	140.0	112.0	116.5	92.7	80.3	111.6	84.2	62.8	68.8	68.2	57.1
Emergency admissions for accidental poisoning in children (Persons, 0-4 years, rate per 100,000)	2017/18 - 19/20	118.2	203.3	186.8	138.7	70.0	201.5	189.4	253.2	160.7	267.8	393.0	188.3	258.1	181.8	214.1

Figure 6.18 – Hospital admission for top level injury types

On average, the data relating to the **North East and Cumbria** as a whole show that in 2017/18-19/20:

- **North East and Cumbria** has a significantly higher rate per 100,000 population for injuries than the England average for all five cause groups.

On average, at a locality level, the data indicate that:

- With the exception of **Hartlepool**, which is similar to the England average for all five groups, every local authority has at least one and in most cases more cause groups where they have significantly higher rates than the England average.
- **Newcastle upon Tyne** has a significantly lower rate of admissions for accidental poisoning (70.0 per 100,000) than the England average (118.2 per 100,000). All other rates in the region are similar to or higher than the England average.

Specific key impact areas



	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Emergency hospital admissions due to falls from furniture (Persons, 0-4 years, rate per 100,000)	2015/16 - 19/20	125.8	144.9	134.9	126.6	100.9	133.2	113.6	163.9	180.1	144.9	245.2	129.9	174.1	132.8	159.5
Emergency hospital admissions due to inhalation of food or vomit (Persons, 0-4 years, rate per 100,000)	2015/16 - 19/20	13.5	24.4	20.5	*	*	13.3	17.5	18.2	*	*	32.7	37.1	61.4	39.8	16.8
Emergency hospital admissions due to hot tap water scalds (Persons, 0-4 years, rate per 100,000)	2015/16 - 19/20	5.8	10.8	16.4	*	11.9	*	*	7.3	*	*	*	0.0	*	*	*
Emergency hospital admissions due to burns from food and hot fluids (Persons, 0-4 years, rate per 100,000)	2015/16 - 19/20	45.2	54.5	94.1	63.3	71.2	40.0	52.4	47.3	48.0	52.7	32.7	37.1	51.2	26.6	25.2
Emergency hospital admissions due to poisoning from medicines (Persons, 0-4 years, rate per 100,000)	2015/16 - 19/20	86.0	124.3	143.1	99.5	47.5	93.3	96.1	160.2	96.1	138.3	212.5	111.4	133.1	132.8	151.1

Figure 6.19 – Hospital admission for specific injury types

On average, the data relating to the **North East and Cumbria** as a whole show that in 2015/16-19/20:

- **North East and Cumbria** has a significantly higher rate per 100,000 population for injuries than the England average for all five specific causes.

On average, at a locality level, the data indicate that:

- Rates vary across the region for specific causes. For falls from furniture five local authorities have significantly higher rates than the England average (125.8 per 100,000), while **Newcastle upon Tyne** has a significantly lower rate (100.9 per 100,000).
- Where available, rates of admission for inhalation of food or vomit are similar to the England average (13.5) in all North East and Cumbria local authorities other than **Hartlepool** (37.1 per 100,000), **Middlesbrough** (61.4 per 100,000) and **Redcar & Cleveland** (39.8 per 100,000) which are significantly higher.
- Admissions for hot tap water scalds cannot be displayed in most areas, however **Cumbria** (16.4 per 100,000) has a significantly higher rate than the England average (5.8 per 100,000).
- Admissions due to burns from food and hot fluids are significantly higher than the England average (45.2 per 100,000) in **Cumbria** (94.1 per 100,000) and **Newcastle upon Tyne** (71.2 per 100,000). In **Stockton-on-Tees** (25.2 per 100,000) the rate of admission is significantly lower.
- Admissions due to poisoning from medicines are significantly higher than the England average (86.0 per 100,000) in seven local authorities, while **Newcastle upon Tyne** (47.5 per 100,000) has a significantly lower rate.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/3lXx8JB0uc>.

6.2.10 Vaccinations and immunisations

Immunisation is a safe and highly effective way to protect children and young people against serious and potentially fatal diseases.

High vaccination rates provide increased probability of immunity throughout the population (herd immunity), which is particularly important for protecting individuals who cannot be vaccinated, and can also lead to the elimination of some diseases. Even when a disease is no longer common in the UK, without sustained high rates of vaccination it is possible for these diseases to return as demonstrated by recent measles outbreaks¹⁰.

The childhood vaccination programme in England changes in response to requirements¹¹, with flu vaccinations for primary school children a recent addition and the potential for COVID-19 vaccinations for Secondary school children to be rolled out in the future.

Vaccination success is measured by population coverage, therefore RAG colouring in figures 6.20, 6.21 and 6.22 are based on targets rather than comparison with England. In figures 6.20 and 6.21 local authorities with coverage of 95% or more are coloured green, those between 90% and 95% are amber, and those below 90% are red.

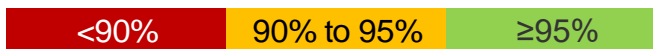
¹⁰ RCPCH (2021) State of Child Health – Immunisations: [link](#)

¹¹ PHE (2020) Immunisation against infectious disease: [link](#)



	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Population vaccination coverage - Rotavirus (Rota) (Persons, 1 year, %)	2019/20	90.1	94.5	94.3	92.6	91.4	95.1	95.9	96.0	96.2	97.6	93.3	96.0	89.6	92.5	94.7
Population vaccination coverage - Dtap / IPV / Hib (1 year) (Persons, 1 year, %)	2019/20	92.6 ▼	96.0 ►	96.1 ▼	94.8 ►	93.2 ►	95.6 ►	97.1 ▼	97.8 ▼	97.7 ►	98.5 ►	95.2 ▼	96.1 ►	93.1 ▼	94.1 ►	96.0 ►
Population vaccination coverage - Dtap / IPV / Hib (2 years) (Persons, 2 years, %)	2019/20	93.8 ▼	96.5 ▼	95.9 ▼	96.5 ►	94.7 ►	95.9 ▼	98.0 ▼	98.0 ▼	98.1 ►	98.7 ►	96.6 ▼	95.0 ►	93.9 ▼	96.2 ►	95.8 ►
Population vaccination coverage - DTaP/IPV booster (5 years) (Persons, 5 years, %)	2019/20	85.4 ▼	91.4 ▼	95.1 ▲	88.9 ►	86.5 ▼	90.4 ►	93.1 ►	95.8 ►	94.2 ▼	94.5 ►	91.3 ►	79.9 ▼	85.2 ►	91.1 ▼	87.7 ▼
Population vaccination coverage - PCV (Persons, 1 year, %)	2019/20	93.2 ▼	96.4 ►	95.9 ►	95.3 ►	94.2 ►	96.4 ►	97.5 ▼	97.8 ▼	97.9 ►	98.7 ►	95.2 ▼	96.4 ►	93.3 ►	95.3 ►	96.5 ►
Population vaccination coverage - PCV booster (Persons, 2 years, %)	2019/20	90.4 ▼	95.3 ►	96.1 ►	93.8 ►	93.2 ►	94.3 ►	97.0 ►	97.1 ►	96.6 ►	97.7 ►	94.1 ►	93.5 ►	91.6 ►	94.1 ►	94.9 ►

Figure 6.20 – Childhood vaccinations – Note colours based on targets as per legend



	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Population vaccination coverage - Hib / MenC booster (2 years) (Persons, 2 years, %)	2019/20	90.5 ▼	-	96.9 ▲	94.8 ►	93.1 ►	94.2 ►	96.9 ►	96.9 ►	97.1 ►	97.9 ►	94.0 ►	92.6 ►	91.0 ▼	94.1 ▼	94.7 ►
Population vaccination coverage - Hib / Men C booster (5 years) (Persons, 5 years, %)	2017/18	92.4 ▲	95.3 ►	96.4 ▲	93.2 ▲	90.9 ▼	95.7 ▼	96.3 ▼	97.2 ►	97.6 ▲	97.1 ►	96.0 ►	94.5 ►	90.1 ►	95.3 ►	96.0 ►
Population vaccination coverage - MMR for one dose (2 years) (Persons, 2 years, %)	2019/20	90.6 ▼	95.3 ►	96.5 ►	94.2 ►	93.8 ►	94.0 ►	96.9 ►	96.8 ►	96.7 ►	97.6 ►	94.3 ►	92.7 ►	91.3 ►	93.8 ▼	94.7 ►
Population vaccination coverage - MMR for one dose (5 years) (Persons, 5 years, %)	2019/20	94.5 ▼	96.9 ▼	97.6 ▲	95.6 ▼	95.4 ►	98.0 ►	97.1 ▼	98.1 ►	97.7 ▼	97.7 ►	96.0 ►	95.3 ►	94.4 ►	97.0 ►	96.8 ►
Population vaccination coverage - MMR for two doses (5 years) (Persons, 5 years, %)	2019/20	86.8 ▼	92.3 ▼	94.5 ▲	88.4 ►	89.0 ▼	92.5 ►	94.4 ►	96.1 ►	93.8 ▼	94.5 ►	92.6 ▼	82.1 ▼	86.7 ▼	91.8 ►	91.3 ►

Figure 6.21 – Childhood vaccinations – Note colours based on targets as per legend

On average, the data relating to the **North East and Cumbria** as a whole show that:

- **North East and Cumbria** tend to have higher childhood vaccination rates across the board than England averages, and meet the 95% target for most vaccinations. However recent trends in some vaccinations have been downward.

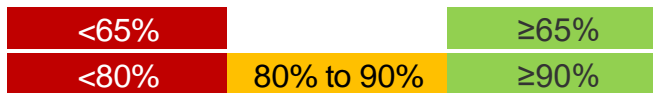
On average, at a locality level, the data indicate that:

- Most North East and Cumbria local authorities meet at least the 90% target for all vaccinations.

- For rotavirus at age 1 **Middlesbrough** (89.6%) is below the coverage target.
- For the DTap/IPV booster at 5 years five local authorities do not meet the coverage target.
- For MMR two doses at age 5 four local authorities do not meet the coverage target.

School age vaccinations

School age vaccine targets are 65% or more for flu, with anything less than being marked as red, and for HPV and MenACWY 90% or above is green, 80% to 90% is amber, and less than 80% is red.



Period	England	Region	Upper tier local authorities												
			North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
			Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
2019	60.4	64.0	72.2	70.1	58.0	68.7	68.8	60.3	65.2	66.5	58.8	61.5	57.6	62.7	52.9
2019/20	59.2	-	89.1	89.2	77.2	85.8	86.7	70.0	86.5	90.1	74.0	66.9	64.9	69.9	79.9
2019/20	64.7	-	88.6	82.4	82.7	84.6	93.6	70.5	84.0	86.8	69.2	55.5	48.0	62.8	63.7
2019/20	87.0	84.2	88.8	93.5	94.8	90.3	86.4	75.8	86.1	90.7	73.7	78.8	62.5	76.3	80.3

Figure 6.22 – School age vaccinations – Note colours based on targets as per legend

On average, where available, the data relating to the **North East and Cumbria** as a whole show that:

- **North East and Cumbria** (64.0%) has a higher primary school flu vaccine coverage rate than the England average (60.4%), however both fall short of the 65% target.



- **North East and Cumbria** (84.2%) has a slightly lower MenACWY coverage rate than the England average (87.0%). However, both achieve the lower 80% target.

On average, at a locality level, the data indicate that:

- Coverage of school age vaccinations varies across the North East and Cumbria. For all four vaccinations **Tees Valley** ICP and **County Durham** fall short of the target coverage other than **Stockton-on-Tees** for MenACWY.
- All other local authorities meet at least the lower target with the exception of **Newcastle upon Tyne** for flu and the first dose of HPV.

The final indicator in this topic is more specific, and relates to vaccination coverage for children in care. Figure 6.23 is coloured as previously by comparison to England.

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Children in care immunisations (Persons, <18 years, %)	2020	87.8 ▲	92.4 ▲	93.1 ▼	96.5 ▶	79.6 ▶	88.2	94.4 ▶	99.3	99.6	94.8 ▲	99.5	96.4	91.0 ▶	82.9	91.2 ▶

Figure 6.23 – Children in care vaccinations

Immunisation rates for children in care are higher in the **North East and Cumbria** than the England average, and nine of the thirteen local authorities have significantly higher rates than the England average. **Newcastle upon Tyne** (79.6%) and **Redcar & Cleveland** (82.9%) are significantly lower than the England average (87.8%)

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/81DzE11g20>.

6.2.11 Sexual health

Teenage pregnancy is associated with poor outcomes for young women and their children. While not all teenage conceptions are unplanned, teenagers remain at highest risk of unplanned pregnancy, with over 50% of under-18 conceptions in England and Wales in 2017 ending in abortion. There are individual and social risk factors for teenage pregnancy, including: adverse childhood experiences; socioeconomic deprivation; attention, behaviour and conduct problems; poor educational attainment and engagement; and family history of teenage pregnancy. Reducing teenage pregnancy requires comprehensive relationships and sex education and access to effective contraception in youth friendly services. Dedicated coordinated support for young parents helps improve outcomes for them and their children¹². Further information on teenage pregnancy can be found in chapter 4.

Chlamydia detection rate is coloured by target, rates of 2300 per 100,000 and above are green, 1900 to 2299 amber and less than 1900 red.

¹² RCPCH (2021) State of child Health – Conceptions in young people: [link](#)

Chart legend

Significance compared with England

Significance compared with England

Chlamydia detection rate

worse	similar	better
lower	similar	higher
<1900	1900 to <2300	≥2300



Period	Lower tier local authorities																		
	England	Region	North Cumbria				North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley					
			Allerdale	Carlisle	Copeland	Eden	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees	
Under 25s choose LARC excluding injections at SRH Services (%) (Female, <25 years, %)	2019	27.6 ▲	29.6 ▲	31.3 ▲	43.6 ▲	42.5 ▲	53.9 ▲	21.0 ▲	34.0 ▲	27.5 ▲	32.6 ▲	32.7 ▶	22.5 ▶	28.1 ▶	15.4	28.1 ▶	34.2 ▲	32.3 ▲	29.5 ▲
Under 25s individuals attend specialist contraceptive services (Female, 15-24 years, rate per 1,000)	2019	135.2 ▼	159.3 ▼	105.0 ▼	97.3 ▼	99.6 ▶	39.2 ▼	221.7 ▼	163.2 ▼	179.2 ▼	235.4 ▼	90.4 ▶	287.3 ▼	245.0 ▶	21.3 ▶	263.6 ▼	104.9 ▼	149.9 ▶	149.6 ▶
Under 25s individuals attend specialist contraceptive services (Male, 15-24 years, rate per 1,000)	2019	19.7 ▶	22.3 ▶	2.0	*	*	*	21.4 ▶	57.4 ▲	13.8 ▼	17.5 ▶	6.4 ▶	41.1 ▶	10.9 ▶	2.7 ▶	38.8 ▶	12.2 ▼	18.9 ▶	16.7 ▼
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 years, rate per 100,000)	2019	900 ▲	-	624 ▲	965 ▲	372 ▶	360 ▶	735 ▶	941 ▶	480 ▶	679 ▶	574 ▶	689 ▼	667 ▼	667 ▶	537 ▶	632 ▶	619 ▲	514 ▲
Chlamydia diagnostic rate / 100,000 (Persons, all ages, rate per 100,000)	2019	401 ▲	327 ▶	229 ▶	326 ▶	201 ▶	201 ▶	368 ▶	570 ▶	262 ▶	375 ▶	281 ▶	284 ▶	292 ▶	318 ▶	324 ▶	362 ▶	332 ▲	271 ▶
Chlamydia detection rate / 100,000 aged 15 to 24 (Persons, 15-24 years, rate per 100,000)	2019	2043 ▲	-	1587 ▶	2006 ▶	1355 ▶	1683 ▶	1910 ▶	2058 ▶	1871 ▶	2480 ▶	1505 ▶	1813 ▶	1791 ▶	2108 ▶	2137 ▶	1711 ▶	2090 ▲	1711 ▲

Figure 6.24 – Sexual health – lower tier local authority – note bandings in legend for chlamydia detection

On average, at a locality level, the data indicate that:

- Use of contraceptive services vary greatly across the **NENC region**, and this should be considered carefully when planning service provision and promotion.
- Most **NENC** local authorities have a lower rate of new STI diagnoses (excluding chlamydia for those aged under 25) per 100,000 than the England average (900), with the exception of **Carlisle** (965) and **Newcastle upon Tyne** (941) which are similar to the England average.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/hSHo3eDrYE>.

6.3 Commentary on network actions

Health promotion is a core priority of the network and runs through many strands of its work and as a general approach. This is evident in the prevention aspect of its work examples including:

- Youth mental health first aid training which has been offered freely to members from any setting.
- Interactive film suite across a range of hard hitting issues for young people to choose different outcomes in a branch and narrative film for teenagers. The real life topics range from knife crime to loneliness and is supported by a TryLearning package for professionals exploring this resource with young people (Teachers, youth workers). This is ideal to support discussion around risk taking behaviours.
- Other work in the network is also directed to support prevention in communities in more deprived areas to ensure they are accessed by those area's first. The STAR initiative (South Tees ARts Project) brings an arts intervention to children adopting holiday hunger approaches to two primary schools located within geographies with high levels of deprivation.
- The NENC Healthier Together website development (based on [Home :: Healthier Together \(what0-18.nhs.uk\)](https://www.what0-18.nhs.uk)) is a region wide site and clinical repository for professionals and families relating to children's,(and potentially also maternal and

mental health) guidance. This has been successfully implemented elsewhere and reduced the attendances for young people in urgent and emergency care settings and includes information in relation to prevention.

For any further information and proposals on initiatives relating to health promotion do contact the network via england.northernchildnetwork@nhs.net and the website [Child Health and Wellbeing Network | North East and North Cumbria ICS](#).

6.4 Relevant key policy and research papers

Health promotion

RCPCH (2021) State of Child Health - Prioritise public health, prevention and early intervention

<https://stateofchildhealth.rcpch.ac.uk/key-priorities/prioritise-public-health-prevention-and-early-intervention/>

PHE (2013) How healthy behaviour supports children's wellbeing

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/232978/Smart_Restart_280813_web.pdf

Diet and physical activity

PHE (2021) School-aged years high impact area 3: Supporting healthy lifestyles

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-3-supporting-healthy-lifestyles>

PHE (2020) Changing behaviour in families

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873555/PHE_Family_Behaviour_Change_Guide_1_.pdf

PHE (2021) Early years high impact area 4: Supporting healthy weight and nutrition

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-4-supporting-healthy-weight-and-nutrition>

PHE (2021) Understanding and addressing inequalities in physical activity

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011833/PHE_Inequalities_in_physical_activity_August_update_Final.pdf

PHE (2020) What works in schools and colleges to increase physical activity?

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876242/Guidance_to_increase_physical_activity_among_children_and_young_people_in_schools_and_colleges.pdf

Obesity

PHE (2021) School-aged years high impact area 3: Supporting healthy lifestyles

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-3-supporting-healthy-lifestyles>

PHE (2020) Childhood obesity: applying all our health <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health>

Prime Minister's Office (2017) Childhood obesity – a plan for action <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

National Audit Office (2020) Childhood obesity <https://www.nao.org.uk/wp-content/uploads/2020/09/childhood-obesity.pdf>

NHS Digital (2021) National Child Measurement Programme <https://digital.nhs.uk/services/national-child-measurement-programme/>

PHE (2020) Learning from local authorities with downward trends in childhood obesity

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937623/Learning_from_local_authorities_Report.pdf

Bann D. et al. (2018) Socioeconomic inequalities in childhood and adolescent body-mass index, weight, and height from 1953 to 2015: an analysis of four longitudinal, observational, British birth cohort studies The Lancet Public Health 2018; 3(4): E194-203

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30045-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30045-8/fulltext)

RCPCH (2021) State of Child Health - Healthy weight <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/healthy-weight/>

Smoking

PHE (2016) Working together to promote cessation of smoking in children & young people

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576434/Promoting_cessation_of_smoking_in_children_and_young_people_for_Tier_4_CAMHS_commissioners.pdf

NICE (2014) Public health guideline PH 14. Smoking: preventing uptake in children and young people.

<https://www.nice.org.uk/guidance/ph14>

RCPCH (2021) State of Child Health - Smoking in young people <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/smoking-young-people/>

Alcohol, drug misuse and risk taking behaviour

Cabinet Office (2015) Children and young people's risk behaviours: discussion paper

<https://www.gov.uk/government/publications/children-and-young-peoples-risk-behaviours-discussion-paper>

Cabinet Office (2014) Risk behaviours and negative outcomes.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf

Children's policy research unit (2017) Helping young people say "no": the prevalence of risk-taking behaviour and what works to reduce it.

https://www.ucl.ac.uk/children-policy-research/sites/children-policy-research/files/Adolescence_ThemeV6.1_WEB_FINAL.pdf

Laski L. Realising the health and wellbeing of adolescents BMJ 2015;351:h4119 <https://www.bmj.com/content/351/bmj.h4119>

PHE (2018) Smoking, drinking and drug use among hard to reach children and young people; an evidence synthesis report

https://www.basw.co.uk/system/files/resources/smoking_drinking_drug_use_among_hard_to_reach_children_and_young_people%20.pdf

PHE (2021) School-aged years high impact area 2: Improving health behaviours and reducing risk

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-2-improving-health-behaviours-and-reducing-risk>

Oral health

PHE (2021) School-aged years high impact area 3: Supporting healthy lifestyles

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-3-supporting-healthy-lifestyles>

RCPCH (2021) State of Child Health - Oral health <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/oral-health/>

PHE (2017) Delivering better oral health: an evidence-based toolkit for prevention

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

PHE (2019) Child oral health – applying all our health <https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health>

RCS (2019) Position Statement: Children’s oral health <https://www.rcseng.ac.uk/-/media/files/rcs/fds/media-gov/childrens-oral-health-2019-final.pdf>

NICE (2014) Public Health Guideline PH55 Oral health: local authorities and partners <https://www.nice.org.uk/guidance/ph55>

NICE (2004) Clinical Guideline CG19. Dental checks: intervals between oral health reviews <https://www.nice.org.uk/guidance/cg19>

Prof Marco A Peres et al. (2019) Oral diseases: a global public health challenge. The Lancet; 394 (10194): 249-60
<https://pubmed.ncbi.nlm.nih.gov/31327369/>

Accidents, injuries and road safety

PHE (2021) Early years high impact area 5: Improving health literacy, managing minor illnesses and reducing accidents
<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-5-improving-health-literacy-managing-minor-illnesses-and-reducing-accidents>

RCPC (2021) State of Child Health - Injury prevention <https://stateofchildhealth.rcpch.ac.uk/evidence/injury-prevention/>

Public Health England (2018) Reducing unintentional injuries on the roads among children and young people under 25 years.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_road_among_children_and_young_people_.pdf

PHE (2018) Reducing unintentional injuries in and around the home among children under five years
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf

Vaccination and Immunisation

RCPCH (2021) State of Child Health - Immunisations <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/immunisations/>

NICE (2017) Public Health guidance PH21. Immunisations: Reducing differences in uptake in under 19s <https://www.nice.org.uk/guidance/ph21>

PHE (2020) Immunisation against infectious disease <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Sexual health

PHE (2021) School-aged years high impact area 2: Improving health behaviours and reducing risk <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-2-improving-health-behaviours-and-reducing-risk>

RCPCH (2021) State of Child Health - Conceptions in young people <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/conceptions-in-young-people/>

BASHH (2019) 2019 BASHH National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People <https://www.bashhguidelines.org/media/1231/2019-uk-national-guidance-on-the-management-of-stis-and-related-conditions-in-yp-mr-draft-final.pdf>

NICE (2014) Public Health guideline PH51. Contraceptive services for under 25s <https://www.nice.org.uk/guidance/ph51>