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

Introduction

September 2021

@NorthNetChild

Forward from the Network

Dear Network member

It gives us great delight to share this fantastic resource that the North East Quality Observatory Service (NEQOS) have developed for us. A fantastic baseline of our current child health and wellbeing system to enable us to monitor our progress in the coming years, so critical after the impact of the pandemic on your young people. But, and perhaps even more importantly, we are so pleased that we offer this resource to everyone working with children, young people and families – to arm you with the stark facts of life for our young people and the shocking health inequalities statistics that will motivate us to continue to raise the voice of young people, evidence their work and attract others to fund innovations and work with us to change these facts in future years.

What we don't want:

- **Middlesbrough** to be known for its twice the national average number of children in relative low income families *(page 5/6 chapter 3)*
- Or **Allerdale**, **Copeland** and **Eden** for the lower than national chlamydia detection rates for 15-24year olds (*page 46, chapter 6)*
- **South Tyneside** for its rate of asthma admissions for 19-24 year olds being double that of the England average *(page 14 chapter 2)*
- Or **Gateshead** for rates of children who started to be looked after due to abuse or neglect in 2018 – over double the national average *(page 14, Chapter 4).*

But let us be known for the massive turnaround in these facts over the next ten years.

We know there is much work already to improve many of these statistics, so the network has given each chapter a Spotlight statement to direct momentum into prominent issues highlighted within the analysis.

> Tees Valley has the greatest population of 5-9yr olds, alongside the highest number of children in poverty.
>
> **Chapter One SPOTLIGHT** to direct momentum for initiatives

We hope these are a helpful to spotlight and look forward to working alongside you to achieve some 10 year goals. We must also acknowledge not only NEQOS for producing this fabulous resource, but also our network membership that helps drive us forward and in particular two of our Executive members Lorraine Hughes and Chris Drinkwater for their review and contribution to its development.

Best wishes

Dr Mike McKean   Heather Corlett

Clinical and Programme Leads of the NENC ICS's Child Health and Wellbeing Network (respectively)

Senior Responsible Officers for the NENC CYP Transformation Programme

Introduction from the Network

The Integrated Care System for the North East and North Cumbria identified the need for a Child Health and Wellbeing Network in 2018. It was developed in partnership with all organisations working within the system and has an agreed vision and workplan based on the priorities identified by over 1000 professionals and CYP. Its vision states that:

In the North East and North Cumbria we believe all children and young people should be given the opportunity to flourish and reach their potential, and be advantaged by organisations working together

All the Network's publications are developed for the whole system to access and benefit from regardless of their organisation to ultimately benefit the children and young people they work with. The network supports initiatives for the wider system and whilst the data in this report is not 'new' it offers a very local view, with the data already summarised with key points of notes to benefit even those who not routinely access data at source to freely access and use in their work to promote the needs of children and young people.

Introduction to this report

This report has been designed as a snapshot of children's, young people's and maternal health in the North East and North Cumbria (NENC). It summarises the current position and trend over time where available on a wide range of indicators relating to pregnancy and children and young people aged from birth to 25 years. These may be in the form of risk factors, outcomes, spend and healthcare usage which all combine to give us a view of how things vary across the region and compare nationally.

The report is structured across the network's child health and wellbeing priorities (figure 1), with a section covering each of the priorities with the exception of "Inequalities and Access" which will be an overarching theme throughout the report. Additionally a section on Socio-demography helps to set the scene for the challenges and opportunities facing the region, and a section on Education and Attainment has been added to highlight the links between this topic and other outcomes.

The majority of data in this report is derived from publicly available data, mainly from Public Health England's (PHE) Fingertips[1] platform which presents primary data developed by various PHE teams as well as data from other sources such as NHS Digital, the Office for National Statistics (ONS) and other organisations.

As the majority of data included in this report is from 2020 or earlier, any impact of COVID-19 on the indicators included will not yet be evident. Whilst children and young people are at a lower risk of serious illness and death from COVID-19 the longer term impacts are not yet fully understood but are expected to impact across health and wellbeing, educational and societal outcomes, both directly and indirectly[2] [3]. Such influences must be considered when comparing any future data and understanding changes in trends.
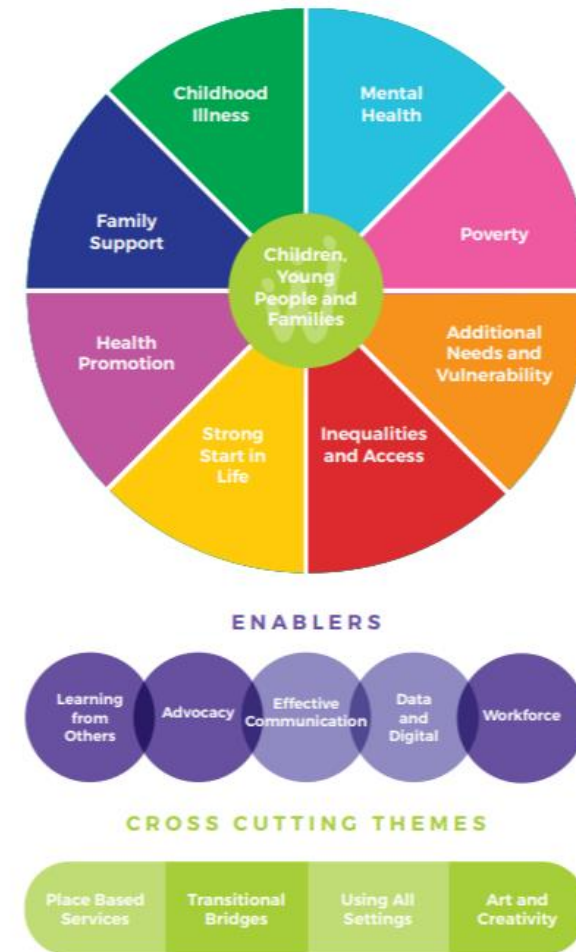
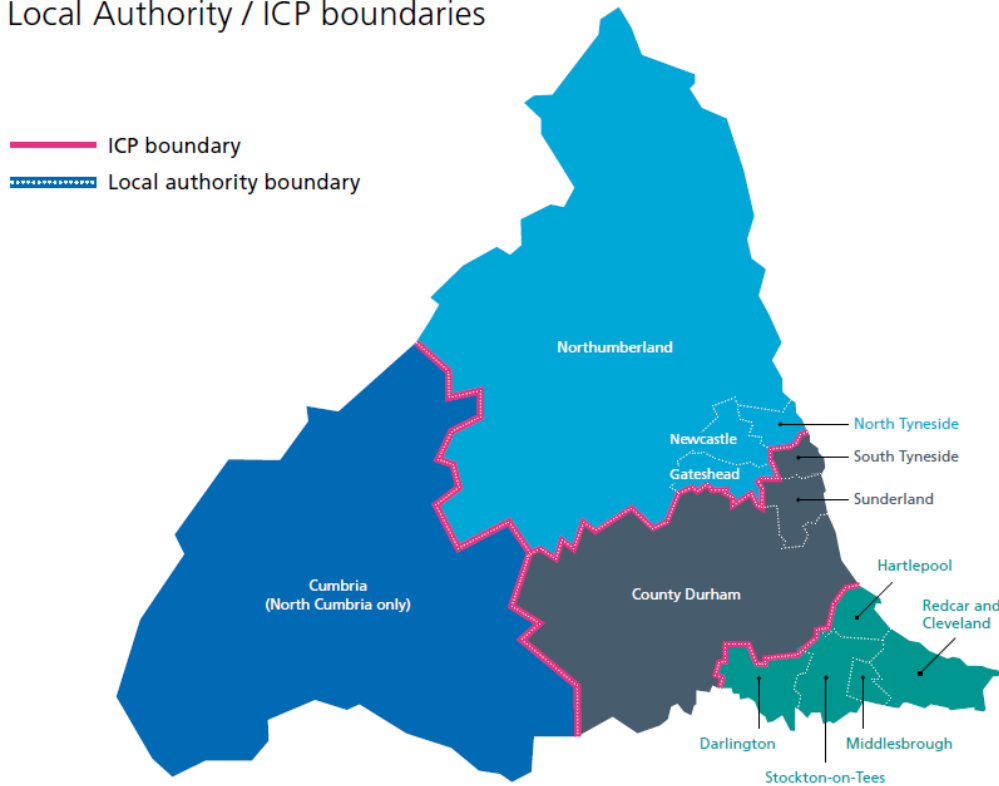**Figure 1: Child Health and Wellbeing Network priority wheel**

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[1] PHE Fingertips: link
[2] COVID-19 and the Northern Powerhouse, Northern Health Science Alliance: link
[3] The impact of COVID-19 on children, United Nations: link

North East and North Cumbria

North East and North Cumbria
Local Authority / ICP boundaries

— ICP boundary
···· Local authority boundary

NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

TEWV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

South Tees Hospitals FT: provider of highly specialised north of England and regional services (including cardiothoracic, spinal, cochlear implant neurosciences, gynaecology, urology and major trauma)

North of Tyne and Gateshead ICP

Population: 1.079M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham

Tees Valley ICP

Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

North Cumbria ICP

Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 4 District Councils)
North West Ambulance Service

Figure 2: Geographical groupings of North East and North Cumbria Integrated Care Service

Integrated Care Partnership	Clinical Commissioning Group (CCG)	Local Authority (LA)
North Cumbria	North Cumbria CCG	Allerdale Carlisle Copeland Eden (In many cases Lower Tier Local Authority data is not available, in these cases Cumbria as a whole is displayed)
North of Tyne and Gateshead	Northumberland CCG North Tyneside CCG Newcastle Gateshead CCG	Northumberland North Tyneside Newcastle upon Tyne Gateshead
Durham, South Tyneside and Sunderland	South Tyneside CCG Sunderland CCG County Durham CCG (formerly Durham Dales, Easington and Sedgefield CCG and North Durham CCG)	South Tyneside Sunderland County Durham
Tees Valley	Tees Valley CCG (formerly Darlington CCG, Hartlepool and Stockton-on-Tees CCG and South Tees CCG)	Darlington Hartlepool Middlesbrough Redcar & Cleveland Stockton-on-Tees

Table 1: Geographical groupings of North East and North Cumbria Integrated Care Service

The North East and North Cumbria Integrated Care System (ICS) covers a large geographical area and comprises of 4 Integrated Care Partnerships (ICPs), 8 Clinical Commissioning Groups (CCGs) and 12 Upper Tier Local Authorities in the North East plus 4 Lower Tier Local Authorities which make up North Cumbria. Throughout this report data will be presented at the most appropriate available level of geography and grouped by ICP as shown in table 1. As explained in the table where lower tier North Cumbria local authorities are not available Cumbria is used in their place, and text will refer to the North East and Cumbria.

Using this report

This report has been constructed in several parts for ease of use, with each main theme having its own chapter:

- Chapter 1 – Resident population socio-demography

- Chapter 2 – Childhood illness and long-term conditions – supports network **Childhood Illness** priority

- Chapter 3 – Child poverty – supports network **Poverty** priority

- Chapter 4 – Children with additional needs and vulnerabilities – supports network **Additional Needs and Vulnerability** priority

- Chapter 5 – Mental health and emotional wellbeing – supports network **Mental Health** priority

- Chapter 6 – Health promotion – supports network **Health Promotion** priority

- Chapter 7 – Strong start in life – supports network **Strong Start in Life** priority

- Chapter 8 – Education and attainment

Each chapter contains an introduction to explain its relevance to the report, a detailed analysis of indicators relating to the theme, a summary of relevant network actions, and a list of policy and research documents to support further investigation. Additionally, presented alongside each set of indicators is a link to a live, bespoke Fingertips web page containing the indicators in the section.

This can be used to see updates to data made since production of this report as well as additional breakdowns such as inequalities and the full set of definitions for each indicator. Fingertips is maintained by Public Health England and indicators and functionality will develop over time.

Presentation of data

Benchmarking and comparisons

For ease of use, data in this report is presented in a style similar to Fingertips, with significance compared to England and trends displayed where available from the source. Indicators are presented in one of three ways as illustrated in figure 3 and according to these definitions:

1. Red/Amber/Green (RAG) whereby yellow represents a value statistically similar to England, Red represents a value statistically significantly worse and Green represents a value statistically significantly better. There are two variations on this in relation to vaccinations and chlamydia detection, these are explained in detail in the Chapter 6 - Health Promotion section.

2. Dark blue/Amber/Light blue which is similar to the RAG colour coding described above, but Fingertips has chosen not to display using better/worse. Similar still represents a value similar to England, with dark blue significantly lower and light blue significantly higher.

3. Quintile charts are used when not comparing with England. The range of data is split into five equally-sized groups (called 'quintiles'). The lowest quintile, for example, contains the 20% of geographies with the lowest values and the upper quintile contains the 20% of geographies with the highest values.

A legend with relevant colouring is shown at the top of every page with a chart featured.

Time trends

Where trend data is available this is displayed as a triangle next to the indicator value. This is coloured in accordance with the indicator type, with RAG coloured indicators having red or green upward or downward trends. All other trends are displayed in black.

Timeliness

Indicators are presented using the most recent available data. In some cases, such as Census data this could be quite old, therefore the data period is presented for all indicators for clarity.

Data quality

Where data is not shown due to disclosure control (small numbers) or other data quality issues an '*' is shown in place of a value. Where relevant this is explained in the text and full definitions and caveats can be found through the Fingertips links in each chapter. Missing data, or where Fingertips has been unable to calculate a NENC regional figure are represented by an '-'.

Significance compared with England	worse	similar	better
Significance compared with England	lower	similar	higher
Quintiles	low				high

Lower tier local authorities

			North Cumbria					North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley				
	Period	England	Region	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
Example Red/Amber/Green indicator	2019	12.0	7.0	1.0 ▲	2.0	3.0 ▶	4.0 ▶	5.0 ▶	6.0	7.0	8.0	9.0	10.0	11.0 ▼	12.0	13.0	14.0	15.0	16.0
Example Blue/Amber/Blue indicator	2019	12.0	7.0	1.0 ▲	2.0	3.0 ▶	4.0 ▶	5.0 ▶	6.0	7.0 ▼	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	16.0
Example quintile indicator	2019	12.0	7.0	1.0 ▲	2.0	3.0 ▶	4.0 ▶	5.0 ▶	6.0	7.0	8.0	9.0	10.0	11.0 ▶	12.0 ▶	13.0	14.0	15.0	16.0

Figure 3: Examples of data presentation

How to guide

This report summarises a large amount of data with supporting evidence which can be overwhelming, however it has been designed so that each section can be read in isolation to support a specific priority or topic. Each section has a brief introduction and summary of evidence and related documents to support it, and one or more charts in the style of Figure 3 above with key messages summarised below. A reader may choose to study the data in detail to understand where the highs and lows are in the region, and where available how this data is changing over time, but we would strongly encourage reading the text below this to see the points we have identified as worthy of note for the region and individual areas. These messages have been highlighted by

geographical area in the same colouring as the row at the top of the figures, so for example if you are specifically looking for messages relating to the **Tees Valley** you will these highlighted in the text as shown.

Summary

The information provided in this report is a summary of available indicators as of August 2021. This is intended to be used as a reference document at this point in time, however updates to indicators occur regularly so we would encourage you to use the included links to sources and further explore the functionality of PHE's Fingertips platform. New indicators are developed regularly, for example the indicators of maternal risk factors from the Maternity Services Data Set (MSDS) were first published in 2020 and new indicators are likely to develop from the same source.