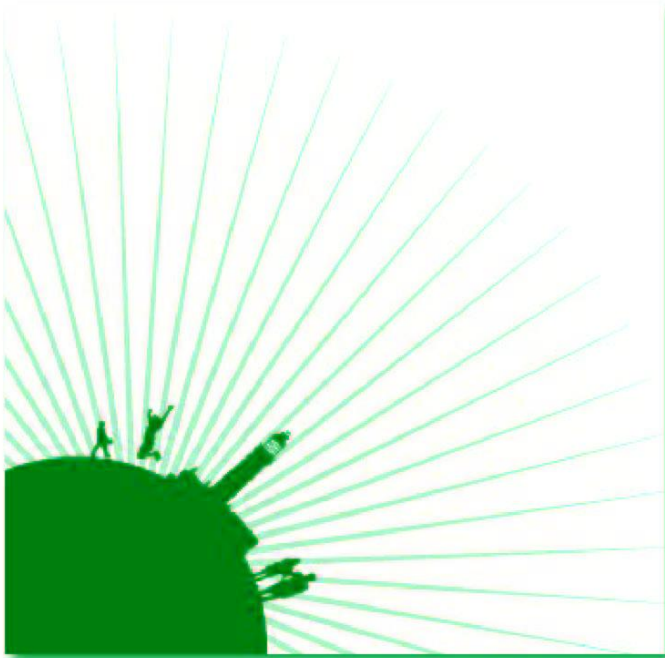


NHS South of Tyne and Wear

Director of Public Health  
**Annual Report**  
for South Tyneside  
**2008/09**



South Tyneside Primary Care Trust





## Foreword

The focus of the Director of Public Health Annual Report this year is on Early Life which is particularly important in relation to addressing health inequalities and supporting families and communities to give children and young people the best start in life.

We need to invest in children and young people in South Tyneside as the future generation who will contribute to and shape the economy, culture and social cohesion of local communities. To do this successfully they need to be healthy, empowered citizens with the energy to drive changes forward.

There are three main areas that require our attention; maternal and newborn health to give the very best start in life, early years to ensure that young children have healthy lives in a supportive and safe environment and finally teenagers who need to be guided and supported through sometimes challenging situations and environments to become responsible and adults and parents.

*Every Child Matters Change for Children* was published in November 2004 and set out Government's proposals for reforming the delivery of services for children, young people and their families. Its aim was to ensure that children are protected from harm and neglect and to support all children to develop their full potential.

The Government's aim was for every child, whatever their background or their circumstances, to have the support they need to:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being.

All partners are required to work together through the Children's Trusts arrangements to agree the needs of all children and young people in the area and act on this.

This annual report presents a summary of progress in these key areas in relation to health and health inequalities in particular.



**Stephen Clark**  
**Chair**  
**South Tyneside PCT**



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**South Tyneside  
Commentary  
Marietta Evans  
Director of Public  
Health**





# South Tyneside Director of Public Health Commentary

## Background

2008-9 has been a formative year in South Tyneside with a number of key developments taking place around health inequalities. For my annual report this year I will be focussing specifically on early life including pregnancy and early years in particular.

Children have a right to the best possible health, but we know that there are significant differences in their experiences. Children living in deprived areas are more likely to experience poor health or have an accident than those living in more affluent areas. Evidence clearly demonstrates that improving children's health and wellbeing in the early years contributes considerably to better health outcomes in later life as well as having an impact on families and wider society.

In 2003, there was a change in children's policy with the publication of *Every Child Matters*. It set out five outcomes for all children, young people and their families; be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic wellbeing. The Every Child Matters framework is now embedded in local planning and delivery structures and underpins the commissioning and delivery of all children's services.

In 2004 the National Service Framework for Children, Young People and Maternity Services was published which aimed to help Primary Care Trusts (PCTs) develop health services around children and families. The Framework gave a central role to health visitors in delivering and integrating care. In addition, it introduced the Child Health Promotion Programme, now the Healthy Child Programme which intended to provide preventative services tailored to the individual needs of children and families.

Since 2004, the government has increasingly emphasised the importance of early intervention to ensure better health outcomes for children, prioritising maternal and early childhood health in particular.

Local Authorities and PCTs are responsible for the planning and delivery of children's health services at a local level and these services are now to be determined and commissioned by children's trusts.

Services to improve the health of children and young people are delivered by several different providers including GPs, hospitals, and community health services including health visitors, children's centres and the voluntary sector. These need to be integrated to be efficient and effective and need to be designed and located to meet children's, young people and families' needs.

In South Tyneside in addition to delivery high quality health services we also need to understand the impact of wider determinants such as poverty, unemployment and education on children's, young people and families' health.

There is a considerable amount of evidence to suggest that focussing on early life has a significant impact on the health experience of someone throughout their life for example:

- children born into poverty are more likely to die in the first year of life;
- babies in low income families are more likely to be bottle fed;
- infant mortality rates tend to be higher in the more deprived communities;
- low birthweight (as a result of inappropriate nourishment or smoking for example) is associated with a range of health problems in later life;
- poor nutrition and consequent poor physical development can affect cognitive development in children;
- hospital emergency admissions for children and young people are much higher in the most deprived areas;
- accidents and injury to children tend to be more common in low income groups;
- communicable diseases: including respiratory and gastrointestinal disease tend to be higher amongst families in poor quality housing.

**Marietta Evans**  
**Director of Public Health**  
**South Tyneside PCT**

## Progress against recommendations in 2008-09

Addressing immediate priorities for adults and older people;	Progress against recommendations
1. Raise awareness of CVD in the general public and through expanding the Health Community Collaborative for CVD	The Healthy Community Collaborative for CVD has continued to raise awareness of the symptoms of CVD and has provided information and support around screening for CVD, prevention and how to access support
2. Support the NHS SOTW systematic approach to identifying and treating those at high risk of cardiovascular disease	Supporting work has been carried out through the Healthy Community Collaborative to identify people with CVD in the Biddick Hall area of South Tyneside
3. Support the implementation of the National Stroke Strategy for the prevention, detection, management and support for people at risk of or having a TIA/stroke	This work has been commenced at South of Tyne and Wear level
4. Raise public awareness of diabetes and support implementation of vascular screening in relation to the prevention, symptoms and management of diabetes type 1 & 2	Planning has been completed for an awareness programme in 209-10. NHS Health checks in South Tyneside have commenced and include screening for diabetes
5. Maintain and where necessary increase uptake of cancer screening programmes	Screening for breast and cervical cancer continues with uptake falling in some age groups. Bowel screening uptake remains low in the current target age group
6. Raise awareness of cancer symptoms in the wider community including amongst vulnerable and hard to reach groups by extending the Healthy Community Collaborative Cancer programme to cover areas of borough known to have high lung, breast and bowel cancer rates	The Healthy Community Collaborative for Cancer has targeted areas in the borough with high incidence of the main cancers
7. Improve access to primary care services to improve early diagnosis and prompt access to treatment for cancer	Initial analysis has been undertaken specifically in relation to lung cancer, with regard to understanding the demographics in terms of the sex, age and geographical location of those who have been diagnosed and also stage of presentation. Further awareness work will be undertaken during 2009-10
8. Raise awareness of COPD in the general public & particularly amongst smokers and improve early diagnosis; particularly focussing on areas with high prevalence by carrying out case finding	A number of COPD awareness and screening events took place in early 2009. Out of the people who came forward for spirometry approximately one third were referred onto heir GP for further tests
9. Review COPD rehabilitation based on best practice guidelines	This work has not been progressed in 2009-10 and has been postponed to 2010-11
10. Review existing provision of falls prevention, treatment and rehabilitation services	A Falls Strategy has been completed including a review of existing services around prevention, treatment and rehabilitation

11. Support the Warmzone activity by promoting uptake via GPs, health professionals and other frontline services	Information and awareness raising has been ongoing throughout the year in primary care and other NHS settings with regard to increasing the uptake of home insulation – the range of groups eligible for a free service has been expanded
12. Implement recommendations of National Dementia Strategy	A Dementia Strategy group has been established in South Tyneside to take forward the national recommendations

<b>Recommended actions to increase healthy lifestyles in the population;</b>	<b>Progress against recommendations</b>
13. Develop a Tobacco Control Action Plan	An action plan has been developed and is monitored by the Tobacco Alliance with regular reporting to FRESH
14. Support the expansion of the Intermediate Stop Smoking Service	The number of intermediate of Tier 2 smoking cessation advisors has been increased
15. Increase the number of quitters in the most deprived wards in the borough	The number of quitters has been increased overall but further analysis is required to assess the increase in deprived wards.
16. Provide targeted cessation support for people with smoking related chronic diseases	Work has commenced with South Tyneside NHS Foundation Trust to improve the support for patients with chronic diseases. A secondary care Specialist Smoking Cessation Advisor is now based in the hospital
17. Support the commissioning of weight management preventative and treatment services to ensure it meets local needs	A range of weight management services have been commissioned. Equity audit needs to be carried out once services established to assess whether services meet local needs
18. Provide exercise equipment in communities where access to leisure services is limited	A total of 12 sets of cardiovascular exercise equipment have now been purchased for location in community settings
19. Review community based lifestyle support/behaviour change services to ensure provision is in line with locally identified needs	Mapping of key lifestyle support services has been completed and will inform commissioning and further review of service provision
20. Review sexual health service provision	No review has been completed and this action will be picked up in 2010-11
21. Carry out a comprehensive mental health needs assessment	A Mental Health Needs Assessment has been completed across South of Tyne and Wear with specific recommendations for South Tyneside
22. Develop/adopt valid screening tool for depression for use in primary care	This work has been put on hold for the time being
23. Establish agreed outcomes/indicators for mental health in line with regional approach	This work has commenced in terms of measuring the impact of local projects and will be completed in 2010-11
24. Implement Screening and Brief Intervention (SBI) in A&E, Primary Care & the Criminal Justice System and provide training in SBI	Custody sergeants have been trained in SBI to enable them to provide screening for people arrested for alcohol related offences. An SBI worker is now in post in A&E.
25. Commission alcohol treatment services in line with Models of Care for Alcohol	Following investment in April 2008 the capacity of a number of treatment services in South Tyneside has been increased. During 2008-9 the contract for Primary Care

	Tier 3 substance misuse services was awarded to a new provider.
26. Sustain the provision of targeted evidence based preventative interventions with young people to encourage responsible drinking and reduce antisocial behaviour	Preventative interventions for young people have been ongoing and have included; development of a website with alternative activities to drinking.
27. Deliver effective public campaigns in relation to sensible drinking in conjunction with the Regional Alcohol Office	Campaigns took place during 2008-9 in relation both to public awareness round alcohol consumption and units and also in relation to new treatment and support services

<b>Recommended actions for children and young people;</b>	<b>Progress against recommendations</b>
28. Improve public perceptions and awareness of breastfeeding as the normal way to feed an infant and extend volunteer support for women to breastfeed	Regional breastfeeding campaigns have been running. Funding has been provided for a number of peer supporters and a breastfeeding co-ordinator.
29. Increase the percentage of breastfeeding mothers who feed for up to six months	We have not made sufficient progress in 2008-9 and need to focus further on this area in 2009-10
30. Work to change public opinion to make smoking in pregnancy unacceptable	Smoking in pregnancy has not reduced as much as it needs to and this needs more focus in 2009-10
31. Increase the number of mothers (and partners) who stop smoking during the early stages of pregnancy and remaining stopped after their baby is born	Smoking in pregnancy has not reduced as much as it needs to and this needs more focus in 2009-10
32. Carry out a review into the effectiveness of current services to prevent under 18 conceptions and research with young women who become pregnant under the age of 18	A Department of Health review and local review of teenage pregnancy has been undertaken with a range of recommendations to improve delivery of SRE and better targeting of services
33. To expand the provision of the MEND initiative	The tier 3 weight management service for children and young people has been extended during 2008-9 however a local programme needs to be developed.
34. Improve the Chlamydia screening uptake in 15 – 24 year olds	Chlamydia screening uptake has improved considerable during 2009-10 and the target to screen 25% of the population group will be met in South Tyneside.
35. Carry out a social norms initiative in relation to young people and alcohol	This initiative has been postponed to 201011
36. Develop a risk reduction programme in relation to smoking, alcohol, drugs and sexual health	A programme for delivery in schools and other youth settings is currently under development
37. Carry out a needs analysis in relation to children on the child protection register	A needs analysis has been completed and findings presented to the LSCB
38. Extend the emotional resilience training programme to include vulnerable young people	This programme has been extended to train workers who support Looked After Children., Young Offenders and other vulnerable young people

<b>Recommended actions to address health inequalities;</b>	<b>Progress against recommendations</b>
39. Carry out small area data analysis in 2009 JSNA to inform Neighbourhood Action Plans and target services where need is greatest	Small Area analysis has been undertaken for inclusion in the 2009 -10 JSNA
40. Carry out Health Impact Assessment and Health Equity Audit in policy and service development/delivery to health inequalities being addressed	A Healthy Equity Audit has been completed in relation to the uptake of smoking cessation services
41. Support primary care to assess needs, build capacity and ensure access for vulnerable groups	This work has not progressed during 2008-9
42. Develop a strategic framework and practical action to tackle health inequalities in a systematic fashion engaging all partners	An initial action plan in relation to tackling health inequalities has been developed

## Focus on Children and Young People

The focus for the 2008-9 Director of Public Health Annual Report is around early life<sup>1</sup>. This will cover key themes around maternal health, infant mortality and also a round the five Every Child Matters Outcomes.

### Healthy Pregnancy & Infant Mortality

Pregnancy and the first years of life are very important for future health and wellbeing. There are a number of factors which are key to giving a child the best start in life. These include:

- healthy pregnancy;
- healthy birthweight;
- breastfeeding for the first six months.

One of the two headline national targets on health inequality is to reduce the gap in infant mortality between manual groups and the population as a whole by 10% by 2010. Giving every child a healthy start in life is a high priority nationally and locally. South Tyneside has relatively low infant mortality rates compared to the regional and national average.

The main factors in reducing infant mortality include reducing maternal obesity, reducing smoking prevalence in mothers in routine and manual groups, reducing sudden unexpected deaths in infants, reducing under 18 conceptions, reducing child poverty and housing overcrowding<sup>2</sup>.

The main areas I will be considering in my report are; antenatal and newborn screening, maternal obesity, maternal substance misuse, smoking during pregnancy, maternal mental health, low birth weight and breastfeeding.

### Antenatal and Newborn screening

The aim of antenatal tests during pregnancy is to monitor the health and wellbeing of the mother and developing baby. Some antenatal tests are routinely offered to all women and others are offered only to certain women because of their age and medical or family history.

Over 95% of pregnancies result in the birth of a healthy baby. Screening is a way of assessing whether the unborn baby could develop or has developed an abnormality or other condition during pregnancy. Currently in South Tyneside at booking women are screened for a number of infectious diseases including; rubella, syphilis, HIV, hepatitis B. Tests are also carried out as part of the National Screening Programme for sickle cell and thalassaemia to identify babies with these conditions early so they can get the care they need. At 16 weeks a further blood test is available to assess the risk of foetal anomalies which includes Down's syndrome and spina bifida.

In line with the national newborn screening programme all babies in South Tyneside are offered screening for phenylketonuria (PKU), congenital hypothyroidism (CHT), sickle cell disease (SCD), cystic fibrosis (CF) and medium-chain acyl-CoA dehydrogenase deficiency (MCADD). Newborn babies also receive a hearing test and two full physical examinations to check for any abnormalities.

## Maternal Obesity

Studies have shown increasing rates of obesity in pregnancy. The Confidential Enquiry into Maternal and Child Health (CEMACH) Maternal Mortality Report in 2007 found that in more than 50% of maternal deaths between 2003-2005 mothers were overweight or obese (BMI>25kg/m<sup>2</sup>). (South Tyneside District General Hospital Maternity Unit took part in this study).

Specific risk for the mother include; Insulin resistance and gestational diabetes, hypertensive disorders, thromboembolic disorders, haemorrhage and caesarean section. The CEMACH Maternal Mortality Report in 2007 also found that mothers were obese in 22.9% of all late foetal loss, 30.4% of stillbirths and 30.6% of neonatal deaths. Risks to the newborn baby include; increased birthweight, large for gestational age infants, low Apgar scores infant birth trauma, stillbirth and neonatal death.

The CEMACH report concluded that obesity in pregnancy is associated with an increased risk of congenital anomaly but that currently Body Mass Index (BMI) is not systematically recorded or monitored. The report also noted that there is a lack of evidence about the way in which obese women in pregnancy are managed and here is a lack of clear policy for dealing with obese women. There is also a lack of consistency in services in the region for obese women in pregnancy.

Currently data on BMI during pregnancy is measured in South Tyneside however this data is not currently collated and analysed to understand the issue as a whole. **There is currently no clear policy on the management of obesity during pregnancy and no agreed pathway to support women who need to lose weight safely.**

## Maternal Substance Misuse

Maternal substance misuse includes the consumption of alcohol and illegal drugs. A number of studies suggest that consuming alcohol during pregnancy can result in a number of problems including; miscarriage, stillbirth, intrauterine growth restriction, prematurity, low birthweight or birth malformations. However the evidence in relation to how much it is safe to drink is conflicting. Problems associated with drug-misusing pregnant women include:

- presenting late in pregnancy and having little antenatal care;
- a higher incidence of sexual abuse and violence;
- higher unemployment;
- higher levels of psychiatric and psychological problems;
- higher rates of prostitution.

There is currently no robust data in relation to the number of pregnant women who are using alcohol and/or illegal drugs although a number of local services are receiving referrals and providing treatment and support.



## Smoking in Pregnancy

Smoking in pregnancy has a particular impact on low birth weight of babies and is also a major issue for South Tyneside. **The prevalence of smoking in pregnancy is considerably higher than the national average with an estimated prevalence of around 28% in South Tyneside compared to a national average of 17%.** For 2008/09 South Tyneside was the fourth worst PCT for women smoking at the time of delivery.

PCT	2004/05	2005/06	2006/07	2007/08	2008/09
South Tyneside	25.6	28.6	28.4	28.8	27.4
Gateshead	24.2	24.6	20.0	18.5	19.6
Sunderland	34.9	-	21.9	24.1	23.4

Source: Department of Health, "Local Data on Pregnant Women Smoking at Time of Delivery".

## Postnatal Depression

Clinical guidance on postnatal depression indicates that untreated postnatal depression is associated with detrimental affects on infant development as well as poor mental health outcomes for mothers and their children. It is also recognised that mothers in the perinatal period (that is during pregnancy, childbirth and the postnatal year) frequently do not receive the care that they need because of the under-development and operation of services.

Extensive evidence now exists that investment in mental health provision for the perinatal period has a very significant cost-benefit effect in terms of future use of health and social services, by both parents and children<sup>3</sup>.

**There is no accurate data on the rates of antenatal or postnatal depression locally as data is not collated.**

## Low Birth Weight<sup>4</sup>

South Tyneside has a lower than average rate of low birth weight babies. **Low birth weight is associated with the more deprived wards in South Tyneside** with up to 13% of babies being classed as having a low birth weight in the most deprived wards compared with 3% of births as the lowest percentage in more affluent wards.

## Breastfeeding

Breastfeeding is a very important start in life for all babies and protects them from infections and reduces the likelihood of becoming obese as children and adults. However, South Tyneside has a well embedded culture of bottle feeding and this is reflected in low rates of breast feeding at both initiation and at 6-8 weeks.

Evidence from breastfeeding research undertaken at Government Office North East shows that for the majority of women a crucial point for stopping breastfeeding is in the early weeks after pregnancy. The targets around breastfeeding are listed below.

### Breastfeeding Targets for 2009-10

	Breastfeeding in first 48 hours (Initiation)	Breastfeeding at 6-8 weeks (Continuation)	
	Prevalence	Coverage	Prevalence
South Tyneside	52.8%	90%	24.3%
Gateshead	61.6%	90%	26.7%
Sunderland	42.3%	90%	24.4%

Current performance data suggest that breastfeeding coverage in South Tyneside is just over 90% and prevalence is around 24%.

## The Population of Children and Young People

In 2007, the total population of South Tyneside was 151,020 with **23.8%** of the population aged 19 years or under; this compares with 23.6% for the North East and 24.2% for England.<sup>5</sup> Biddick Hall is the ward with the highest percentage of children and young people aged 19 years and under (28.1% of the total population) whereas Westoe has the lowest percentage of children and young people (20.8%).

Of the population aged 0-19 years, 94.6% are White and the age structure of the BME population is considerably younger than the White British population; 29.7% of the BME population in South Tyneside is aged 0-19 years compared with 24.0% of the White British population of children and young people. The largest ethnic minority group of children and young people aged 0-19 is Asian or Asian British, with 3.2%.

Population projections predict that the number of children and young adults in South Tyneside is predicted to reduce by **12.9%**; with the numbers of under 25 year olds reducing by 12.9% and 2.2% for under 20 year olds. This compares with only 2.4% for under 25 year olds in England.

## Every Child Matters Outcome Be Healthy

This outcome includes the following goals for children and young people; physically healthy, mentally and emotionally healthy, sexually healthy, healthy lifestyles, choose not to take illegal drugs.

### Respiratory disorders

The most commonly reported long-term illnesses in children and babies are conditions of the respiratory system. About 1 in 8 boys and 1 in 10 girls report a long-term respiratory disease<sup>6</sup> and the prevalence of respiratory disease in children is greater than that from all other chronic illnesses combined. One in four admissions to children's wards in the UK is because of a respiratory disease.

Acute viral upper respiratory infections and asthma are the commonest disorders with asthma being the most common chronic disease in children. It is estimated that about a fifth of children (21%) have a diagnosis of asthma.

Children of smoking parents have more respiratory illnesses than those of non-smokers.

Bronchitis, pneumonia, asthma and other chronic respiratory illnesses are significantly more common in infants and children who have one or two smoking parents<sup>7</sup>. Children of parents who smoke during the child's early life run a higher risk of cancer in adulthood<sup>8</sup>.

Children who smoke have more chest illnesses than non-smokers. Children who smoke are two to six times more susceptible to coughs and shortness of breath for example than those who do not smoke.

In terms of emergency admissions in South Tyneside in 0-19 year olds in 2006-7 there were 414 admissions for upper respiratory tract disorders in total with 292 (71%) of those in children under 5 years. There are a further 177 admissions for lower respiratory tract disorders in the 0-19 age group.

It is likely that children with respiratory disorders will be from the most deprived wards in the borough because of the high smoking prevalence in adults in these areas.

## **Childhood Obesity**

In the UK, a third of children are either overweight or obese and it is predicted that without intervention this figure will rise to two-thirds by 2050. Most obesity in children and young people is a result of lifestyle and less than 1% is a consequence of underlying health problems. Research indicates that sedentary behaviour and a lack of physical activity in childhood and adolescence is a major contributor to the 'obesity epidemic'.

In 2006/07, 12.4% of children starting school were obese, rising to 20.2% of children in Year 6. The table below shows the levels of obesity in South Tyneside compared with similar councils for 2006-7 and 2007/08. By 2010/11, we are aiming for only 20% of Year 6 children to be clinically obese.

Tackling overweight and obesity is a government priority and is focused on children. The national vision states that, 'by 2020 we will not only have reversed the trend in rising obesity and overweight among children but also reduce it back to the 2000 levels.'

Regionally Government Office North East (GONE) and the Strategic Health Authority (SHA) have led on the identification of priorities for the development of a regional care pathway framework. The North East now has standard referral criteria:

- 99.6<sup>th</sup> centile for clinical interventions (or 98<sup>th</sup> with co-morbidities);
- 98<sup>th</sup> centile for focused individual interventions;
- 95<sup>th</sup> centile standard material and access to universal services.

In South Tyneside to support the obesity element two indicators that have been agreed:

- NI 53 – prevalence of breastfeeding at 6-8 weeks from birth;
- NI 56 - obesity among primary school age children in Year 6.

The most recent data available from the National Child Measurement Programme (NCMP) found that 20.2 of reception age children and 35.7 of Year 6 children are overweight or obese (see table below).

### National Child Measurement Programme data for 2008/9

	Reception			Year 6		
	% with height and weight recorded	% obese	% overweight	% with height and weight recorded	% obese	% overweight
South Tyneside	97.3	9.1	13.1	95.6	21.0	14.7
North East	94.6	10.2	14.4	93.5	20.4	14.7
England	91.2	9.6	13.2	89.1	18.3	14.3

## Sexual Health

NICE guidance<sup>9</sup> identifies a number of behavioural factors that affect the probability of Sexually Transmitted Infections including:

- misuse of alcohol and/or substances;
- early onset of sexual activity;
- unprotected sex / poor contraceptive use;
- frequent change of and / or multiple partners;
- low self-esteem;
- lack of skills (for example, in using condoms);
- lack of negotiation skills (for example, to say 'no' to sex without condoms);
- lack of knowledge about the risks of different sexual behaviours;
- availability of resources, such as condoms or sexual health services;
- quality of sex and relationship education (SRE);
- peer pressure;
- poor access to/uptake of services.

Chlamydia is the most common sexually transmitted infection in England and 16-24 years old are the age group most at risk of being diagnosed with a sexually transmitted infection with 65% of all Chlamydia being found in this age group. The health complications of Chlamydia include infertility, ectopic pregnancy and Pelvic Inflammatory Disease and its prevalence is increasing due to many factors including the fact that the majority of patients are asymptomatic.

Data for April to December 2009 showed that 14% of the 15-24 year old population in South Tyneside had been tested and that 7.3% (209) were found to be positive for the infection. The equivalent figures for the North East were 13.8% and 6.6% respectively; and 13.8% and 6.5% for England.

For 2009-10 the target is to screen 25% of the 15-24 year old population with the target increasing to 35% in 2010-2011.

This is based on the following populations:

	2008-09	2009-10
The population aged 15 - 24 years	19,935	20,500
The number of 15 - 24 year old persons screened or tested for Chlamydia	3,390	5,125
Percentage of the population aged 15 - 24 screened or tested for Chlamydia	17.0%	25.0%

## Emotional Health

In South Tyneside an Emotional Resilience training programme has been running with 11-13 year olds in secondary schools as part of the UK Resilience Programme. The initial quantitative evaluation found a significant positive impact on pupils' depression and anxiety symptom scores and preliminary results suggest that more disadvantaged or lower attaining pupils gain more from the workshops, as well as those who start from a worse baseline in terms of reported psychological health.

## Child and Adolescent Mental Health

Childhood mental health problems are strongly predictive of poor mental health in later life. **Poor mental health in children, for example anxiety, depression and behavioural problems, is a significant risk factor for poor school outcomes, poor physical health, poor social skills and suicidal behaviour**<sup>10</sup>.

From studies reported elsewhere it is estimated that in South Tyneside between 3700 to 4700 aged 0-19 years would be affected with some kind of mental health issue. The two most common conditions are emotional and conduct disorders.

The following lists the estimated numbers of specific child and adolescent mental health disorders for South Tyneside. The estimated numbers of young people affected by the main disorders include<sup>11</sup>;

Condition	Number and age group affected
Attention Deficit Hyperactivity Disorder (ADHD)	between <b>369 &amp; 1107</b> 0 -18 year olds
Phobias	<b>963</b> 4-16 year olds
Conduct Disorder	<b>890</b> 4 -16 year olds
Illegal drugs	<b>328</b> 16-18 yrs
Attempted suicide	<b>249 - 498</b> 13-18 year olds
Depression	<b>233</b> 16 -18 year olds
Bulimia	<b>154</b> 13-18 year old girls

**Evidence suggests that child and adolescent mental health services (CAMHS) users and their families are likely to be particularly vulnerable and disadvantaged**, including limited personal and financial resources so services need to support children and young people at a range of levels.

## Disabled children

There are approximately 700 disabled children and young people in South Tyneside. Out of these 700 children approximately 70% are male and 30% are female. Overall the proportion of children coming from black and other minority ethnic identities is 6%.

The main identified form of disability identified is:

Autistic Spectrum Disorder	34%
Severe Learning Difficulties / Profound and Multiple Learning Difficulties	28%
Physical Disability	22%
Sensory Impairment	14%
Other	2%

**Evidence suggests that there are likely to be higher numbers of children with a disability in areas of deprivation.**

## Immunisation

Immunisation is the most effective public health intervention for saving lives and promoting good health. Childhood immunisation has been effective in wiping out key infectious diseases. Unimmunised people are at risk from catching the disease and rely on other people being immunised to avoid becoming infected.

The National Immunisation Programme aims to prevent illness and death caused by vaccine preventable diseases; many diseases that used to be commonplace are now rare or not seen at all. Vaccinations now include diphtheria, tetanus, pertussis, polio, and Haemophilus influenza type b, meningitis C, and measles, mumps and rubella (MMR) vaccines. Boosters are offered for diphtheria, tetanus, pertussis and polio and a second dose of MMR at 3 years. The Health Protection Agency recommends vaccination coverage levels of 95% for the first year and age two; and 90% for age groups 5 and more. These recommended immunisation coverage levels are necessary to confer the wider health benefits of immunisation ('Herd Immunity').

In September 2006 new vaccine against pneumococcal infection was introduced and the Human Papilloma Virus (HPV) vaccination was introduced for girls aged 12-13 years in 2008. In July 2008 the Department of Health extended the programme to include girls aged 17 years to 18 years of age.

With regard to achieving immunisation coverage targets, South Tyneside PCT ranks amongst the best regionally and nationally although **there remain some variation in terms of uptake between practices and geographical areas in the Borough.**

### Uptake of Childhood Immunisation for the year 2007/08 (%)

Immunisation	South Tyneside	North East	England
Children aged 1 who have been immunised for diphtheria, tetanus, polio, pertussis, haemophilus influenza type b	97	94	91
Children aged 2 who have been immunised against meningitis and haemophilus influenza type b	95	96	93
Children aged 2 who have been immunised for measles, mumps and rubella (1st dose)	90	88	85
Children aged 5 who have been immunised for diphtheria, polio, tetanus, pertussis, haemophilus influenza type b	89	86	78
Children aged 5 who have been immunised for measles, mumps and rubella (1st + 2nd dose)	85	82	74

## Healthy Eating

Healthy eating in children and young people is an essential contribution to them growing up to be healthy adults. Eating habits are established at a young age: a poor diet developed in infancy which continues throughout life can lead to future health problems. It is especially important that children and young people are encouraged to choose healthy food options, that they learn the healthy eating message and are given opportunities to choose healthy options at meal and snack times. Currently in South Tyneside there is no up to date data in relation to children's eating habits.

The most recent evidence suggests that some children and young people are not getting the balanced diet they need for healthy growth and emotional wellbeing.

The 2006 Exeter survey for South Tyneside reported that:

- 14% of girls had nothing to eat or drink for breakfast on the day of the survey;
- 11% of pupils had a chocolate bar or sweets for breakfast;
- 7% of pupils had nothing to eat for lunch on the day before the survey.

**More analysis is required to identify which schools or geographical areas children and young people with poorer diets come from.**

With regard to the provision of school meals South Tyneside Council Catering Service works with the Dietetic Department at South Tyneside NHS Foundation Trust to ensure that the meals they serve are healthy and nutritious, and meet current government school meal standards.

In 2007/08 the uptake of school meals in % is shown in the table below compared to the England average:

	South Tyneside	England Average
Primary	71	43
Secondary	41	37

School meals make an important contribution to the dietary intake of school children in England. Although the uptake in South Tyneside is good, the number of children choosing to eat them has declined across the country, particularly in the North East. A social marketing exercise is currently being undertaken with primary school head teachers, pupils and parents to explore the barriers to school meal uptake.

In addition to the provision of healthy school meals there are a number of school and youth project initiatives underway aiming to increase healthy eating among children and young people.

### Physical Activity and Sport

Children and young people's participation in physical activity and sport makes a major contribution to the reduction of obesity and is beneficial for general health and emotional wellbeing.

The percentage of 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport in 2007/08 was 88.8 compared to an England average of 90%. In 2008-9 the target was to deliver 2 hrs Physical Education and Sport to at least 95% of all 5-16 year olds.

**Further analysis is required to identify areas or groups of children and young people in the borough where uptake of PE and Sport is lower.**

### Dental Health

**South Tyneside has a higher than expected 'Decayed, Missing, Filled Teeth (DMFT) rate than the England average.** Fluoridated water is associated with lower rates of dental decay but South Tyneside water is not artificially fluoridated. The British Association for the Study of Community Dentistry (BASCD) work with local community dentistry teams to carry out a survey of child dental health each year. This alternates between children aged 5 years and dental health among 12 and 14 year olds. The results for the five year olds are illustrated below:

**Average number of DMFT among 5 year olds**

Year	South Tyneside	North East	England
2001/02	-	-	1.47
2003/04	1.72	-	1.49
2005/06	2.15	1.97	1.47



## **Substance Misuse**

In South Tyneside, it is estimated that for all 10-24 year olds, 17% (4,940) used any type of drug in the last 12 months. Of the 10-16 age group 16% are considered vulnerable and with an estimated 214 vulnerable young people are considered potential drug users. Of that number, the estimated proportion using any type of drug in the last 12 months is 123, frequent use 66 and class A drug use is 25. For the 17-24 age group, 30% are considered vulnerable so giving 1108 potential drug users. Of that number the estimated proportion of frequent drug use is 709 and estimated class a drug use is 576.<sup>12</sup>

For alcohol related hospital admissions for children and young people in South Tyneside, there has been a consistent reduction between 2006/07 and 2008/09 in the under 18 age group for both males and females. However, admissions for young people aged 18-21 have increased over the same period. The most common health condition associated with alcohol was epilepsy, with more cases in the under 18 age group (131) compared to the 18-21 age group (31). Males were more likely than females to be admitted for mental and behavioural disorders due to alcohol misuse. 36 males aged under 18 years were diagnosed with oesophageal varices.<sup>13</sup>

## **Smoking**

In South Tyneside, self reported data suggests that in 2006, 12% of boys and 27% of girls in year 10 indicate that they smoke; for boys this is slightly lower than England as a whole but for girls the South Tyneside figure was significantly higher than England. The comparative figures for year 8 students, aged 12-13 years, was 3% for boys (5% for England) and 9% for girls (6% for England).

## Every Child Matters Outcome - Stay Safe

This outcome includes the following goals for children and young people; safe from maltreatment, neglect, violence and sexual exploitation; safe from accidental injury and death; safe from bullying and discrimination; safe from crime and anti-social behaviour in and out of school; have security, stability and are cared for.

### Safeguarding

Safeguarding children is now much wider than traditional child protection, including vulnerable children or children in need as opposed to child protection of the at risk local child population. There is a shift in emphasis to prevention and early intervention (while ensuring the identification of children at risk) and Children's Trusts need to recognise and respond to this in relation to the commissioning and provision of services for children and families.

Working Together to Safeguard Children 2006 identified the duty of all agencies to promote the welfare of children and for this to be audited and monitored by the Local Safeguarding Children's Board (LSCB).

In the Joint Area Review (2008) report safeguarding was given an "adequate" rating. The strengths and weaknesses identified by the inspectors are summarised below.

#### Major strengths

- Good reduction in the number of teenage pregnancies over the last three years.
- The safe environment provided for the majority of children and young people.
- Good and effective out-of-hours duty service.
- Very good support to families who are subject to domestic violence.
- Well-targeted multi-agency interventions to support children and young people at risk of offending.
- Strong preventative partnership working and collaboration.

#### Important weaknesses

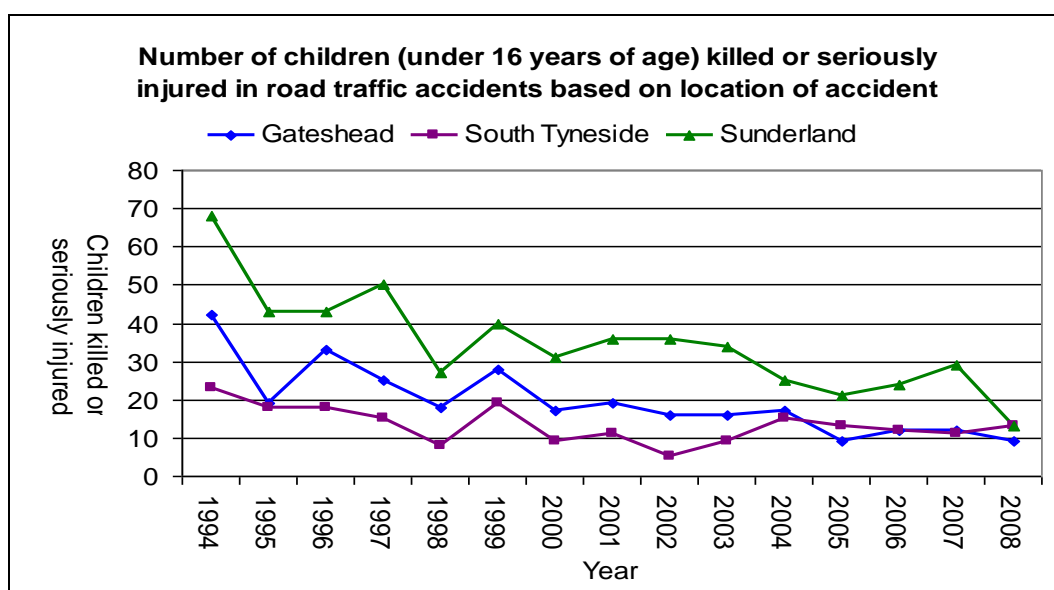
- variability in the quality of recording of initial, core and risk assessments;
- high numbers of children and young people subject to a child protection plan;
- variability in the quality of information held on personnel files.

**Further assessment needs to be completed to understand why the number of children subject to a child protection plan is so high and what more can be done from all relevant partners to intervene earlier to prevent this.**

## Accidents

### Road accidents

By 2010, compared with the average for 1994-1998, we are expected to achieve a 50% reduction in the number of children (ages under 16 years) killed or seriously injured in road accidents.



Source: Great Britain - Department for Transport, Tyne and Wear- North East Traffic Accident Data Unit at [www.northeast-tadu.gov.uk](http://www.northeast-tadu.gov.uk)

### Number of children (under 16 years of age) killed or seriously injured in road accidents by location of accident

Year	South Tyneside	Gateshead	Sunderland	Tyne and Wear	Great Britain
1994	23	42	68	203	
1995	18	19	43	137	
1996	18	33	43	148	
1997	15	25	50	147	
1998	8	18	27	98	
1999	19	28	40	133	5699
2000	9	17	31	96	5202
2001	11	19	36	107	4988
2002	5	16	36	89	4596
2003	9	16	34	98	4100
2004	15	17	25	86	3905
2005	13	9	21	67	3472
2006	12	12	24	77	3294
2007	11	12	29	79	3090
2008	13	9	13	57	
1994-98 average	16	27	46	147	6860
% reduction 94-98 average to 2007	33%	56%	37%	46%	55%

Source: Great Britain - Department for Transport, Tyne and Wear - North East Traffic Accident Data Unit at [www.northeast-tadu.gov.uk](http://www.northeast-tadu.gov.uk)

## Accidents at home

Nationally in 2002, almost 900,000 children aged under 15 had an accident in the home with over 475,000 of these being under five. In 2002 390,000 children aged under 15 (which includes 230,000 children under five) were taken to UK hospitals after a fall at home. Nearly six in ten of these accidents involved boys.<sup>14</sup> Similarly, over 26,000 children under 5 years were taken to hospital after a suspected poisoning, the great majority being in the home. Fortunately the vast majority of cases of suspected poisoning require little or no further treatment.

Burns and scalds also happen in the home. In the UK in 2002 almost 37,000 children aged under 15 were taken to hospital after a burn or scald. Scalds happen more often than burns and the most frequent cause of injuries are hot drinks. House fires cause the most accidental deaths of children in the home. Eighteen children aged under 11 years died in house fires in 2005. Many of these deaths would have been caused by smoke inhalation.<sup>15</sup>

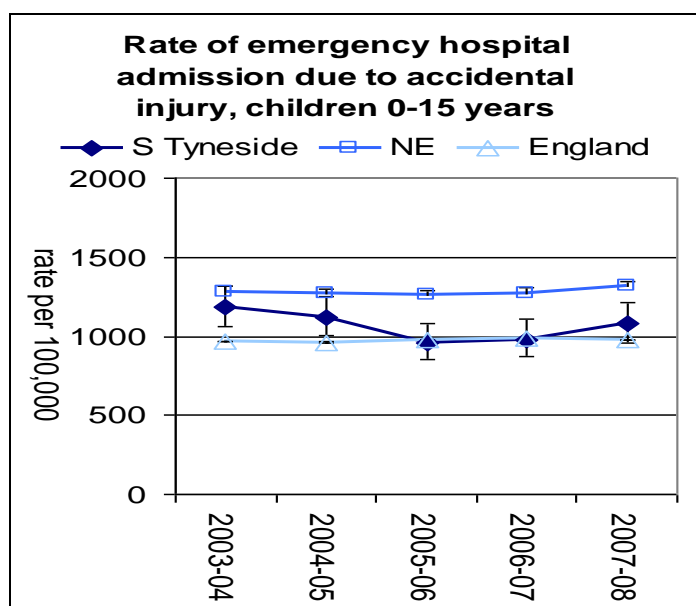
**Further local analysis is required to understand the trend of accidents at home in South Tyneside in relation to children's age groups, sex and geographical location.**

The Whoops! Child Safety Project, part of The Children's Foundation, will be working with the Royal Society for the Prevention of Accidents later in 2009 to provide home safety advice and equipment to disadvantaged families in South Tyneside through Safe At Home.

Education around prevention will be provided to parents and carers along with the provision of safety equipment.

## Emergency hospital admissions

Understanding emergency admission rates to hospital is a 'must shift' priority identified in the Children and Young People's Plan in 2009-10. Most emergency admissions for children relate to minor infections, respiratory tract infections and gastro-intestinal disorders. However, accidental injury accounted for 6.8% of all emergency admissions in the 0-19 years age range and is an area where hospital admissions could be prevented.



**Table: Rate of emergency admission to hospital due to accidental injury among children and young people under 16 years**

	Gateshead	Gateshead	S Tyneside	S Tyneside	Sunderland	Sunderland	NE	England
Year	Rate	Admissions	Rate	Admissions	Rate	Admissions	Rate	Rate
2003-04	<b>1440</b>	518	<b>1184</b>	347	<b>1357</b>	738	<b>1282</b>	970
2004-05	<b>1477</b>	524	<b>1119</b>	321	<b>1225</b>	652	<b>1268</b>	962
2005-06	<b>1323</b>	461	960	270	<b>1295</b>	677	<b>1261</b>	977
2006-07	<b>1337</b>	461	980	270	<b>1317</b>	677	<b>1274</b>	981
2007-08	<b>1253</b>	427	1078	291	<b>1252</b>	634	<b>1315</b>	979

Source: North East Public Health Observatory based on Hospital Episode Statistics extract.  
 Figures in bold are significantly higher or lower than England rate at 95% confidence.

Analysis has identified that most emergency admissions for children related to minor infections, respiratory tract infections and gastro-intestinal disorders and that accidental injury accounted for 6.8% of all emergency admissions in the 0-19 years age range.

### Emergency admissions for children and young people 0-19 years, 2006-07

	Age in years						Total for 2006-7
	less than 1	1-4	5-9	10-14	15-19	Total	
Other Gastrointestinal or Metabolic Disorders	93	71	67	67	60	<b>358</b>	<b>296</b>
Upper Respiratory Tract Disorders	112	180	36	13	11	<b>352</b>	<b>414</b>
Minor Infections (including Immune Disorders)	89	152	39	36	22	<b>338</b>	<b>399</b>
Infectious and Non-Infectious Gastroenteritis	108	110	18	7	8	<b>251</b>	<b>223</b>
Accidental Injury without Brain Injury	8	28	35	59	23	<b>153</b>	<b>132</b>
Lower Respiratory Tract Disorders	31	61	21	9	7	<b>129</b>	<b>177</b>
Asthma or Wheezing	13	63	24	12	4	<b>116</b>	<b>125</b>
Acute Bronchiolitis	99	10	0	0	0	<b>109</b>	<b>89</b>
Ingestion Poisoning or Allergies	2	22	8	22	51	<b>105</b>	<b>102</b>
Skin, Musculoskeletal, or Connective Tissue Disorders	18	28	18	12	4	<b>80</b>	<b>73</b>
Neonates with one Minor Diagnosis	70	0	0	0	0	<b>70</b>	<b>60</b>
Fever Convulsions	5	34	6	9	3	<b>57</b>	<b>64</b>
Renal Disease	5	13	18	13	5	<b>54</b>	<b>48</b>
Appendicectomy	0	2	3	16	17	<b>38</b>	<b>29</b>
Fever	6	23	3	0	3	<b>35</b>	<b>20</b>
<b>Total</b>	<b>659</b>	<b>797</b>	<b>296</b>	<b>275</b>	<b>218</b>	<b>2,245</b>	<b>2,251</b>

Source: ONS report 'The mental health of children and young people in Great Britain', 2004, Green, H.

### Bullying

Bullying can have a significant impact on young people's emotional health and wellbeing. **Young people in South Tyneside report that they are most concerned about bullying.**

The Anti-Bullying Alliance reports that Childline and the NSPCC consistently receive more calls about bullying, or perceptions of bullying, than any other single issue.

The table below shows the targets in place to reduce bullying over the next 3 to 4 years.

	target 09/10	target 10/11	target 11/12
NI 69: Children who have experienced bullying - self reported measure of children who have experienced at least one bullying incident in the last year	38.90%	37.90%	36.90%

An Anti Bullying Strategy is in place in South Tyneside and all children and young people's settings have been provided with a template policy to guide their Anti-Bullying Policy writing and policy development.

One of the key priorities for the borough is to reduce the number of bullying incidents in all settings providing services for groups of children and young people, including South Tyneside's schools by focussing on emotional health and wellbeing and social problem solving.

### Risk and Resilience

There is good evidence that social support from at least one caring adult is protective in relation to a wide range of problems; these include poverty, living in high crime neighbourhoods, parental substance abuse and family conflict, child abuse and early parental loss.

A number of studies have identified parenting as a prime public health issue. Interventions to strengthen the relationship between infants and carers have a strong impact on both mental and physical health. **Parenting has been found to be the single largest variable implicated in health outcomes for children**, notably accident rates, teenage pregnancy, substance misuse, truancy, school exclusion and under-achievement, child abuse, employability, juvenile crime and mental illness<sup>16</sup>.

Low self-esteem has been identified as a risk factor for a broad range of psychological and behavioural problems such as crime and delinquency, substance abuse and other risk-taking behaviours, violence, poor socio-economic circumstances and suicide or attempted suicide. Research has found that the most important influence on self-esteem is parenting style. The key qualities contributing to positive self-esteem were approval and acceptance and the most damaging were sexual or physical abuse.

As part of the promotion of wellbeing in the borough South Tyneside is focusing on the 'hard to engage' parents. Mapping of the current provision from pre-birth to nineteen is underway. There are also a range of family learning and family support packages including parenting programmes. Outcome measures are in place and there are links with the Youth Offending Team. South Tyneside is

working in partnership with Northumbria University to evaluate the impact of their training programmes.

During the first quarter of 2008-9 a total of 21 professionals from various agencies in the borough, including Connexions and the North East Council on Addictions, gained accreditation certificates after attending intense training sessions and regular peer group work on how to deliver the approved Triple P (Positive Parenting Programme) to parents who are referred for support.

### **Hidden Harm**

Hidden harm relates to understanding and acting on the impact or potential impact of parental substance misuse, domestic violence and parental mental ill health on children and young people.

Specific data on local children affected by these issues is difficult to collate as the exact extent in terms of children affected by hidden harm is difficult to measure.

A Government study estimates that 30% of all problematic drug users have children. There will be significantly larger numbers of children living with adults who have alcohol problems. Within South Tyneside there have been significant developments around planning and strategic development in relation to hidden harm. All staff within commissioned adult drug services have been trained in use of the CAF pre assessment checklist and referral routes into children's services.

With regard to domestic violence around half of all reported incidents to the police involve children.

**Further analysis and monitoring of adult substance misuse, domestic violence and mental health services is required to understand the true impact on children.**

## **Every Child Matters Outcome - Economic Wellbeing**

This outcome includes the following goals for children and young people; engage in further education, employment or training on leaving school; ready for employment; live in decent homes and sustainable communities; access to transport and material goods; live in households free from low income.

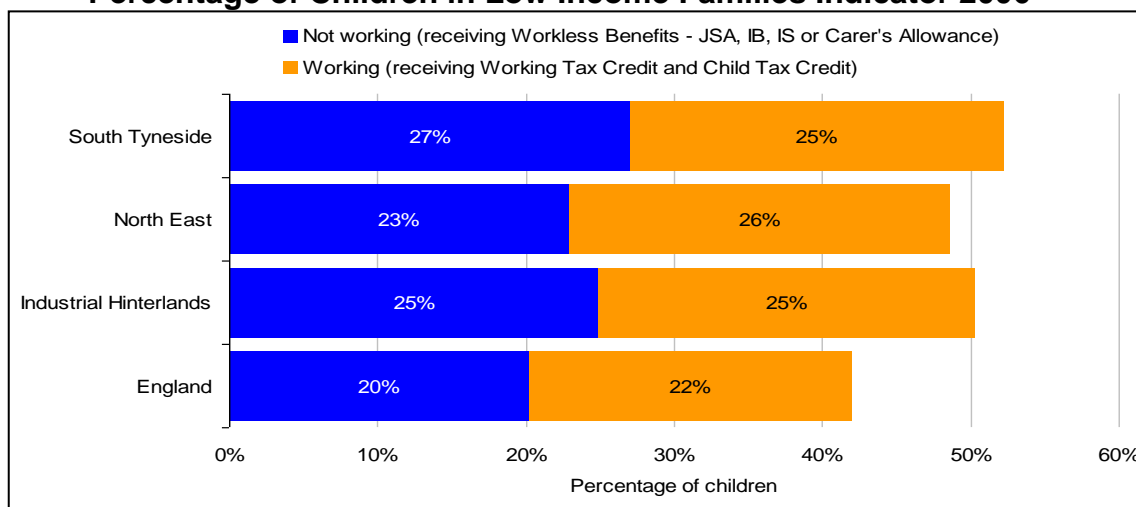
### **Child poverty**

There are currently 25,100 children aged 1-15 years resident in South Tyneside<sup>17</sup>. 52% of the children in South Tyneside are in low income families compared with 49% across the North East and 42% across England as a whole. This means that 13,000 children in South Tyneside are living in low income families. Half of these children live in families receiving workless benefits and half live in families receiving tax credits.

It is estimated that almost 20% of children in South Tyneside live in areas classed among the most deprived 20% in the country. As many as 65% of children live in income deprived families in the worst of these areas.

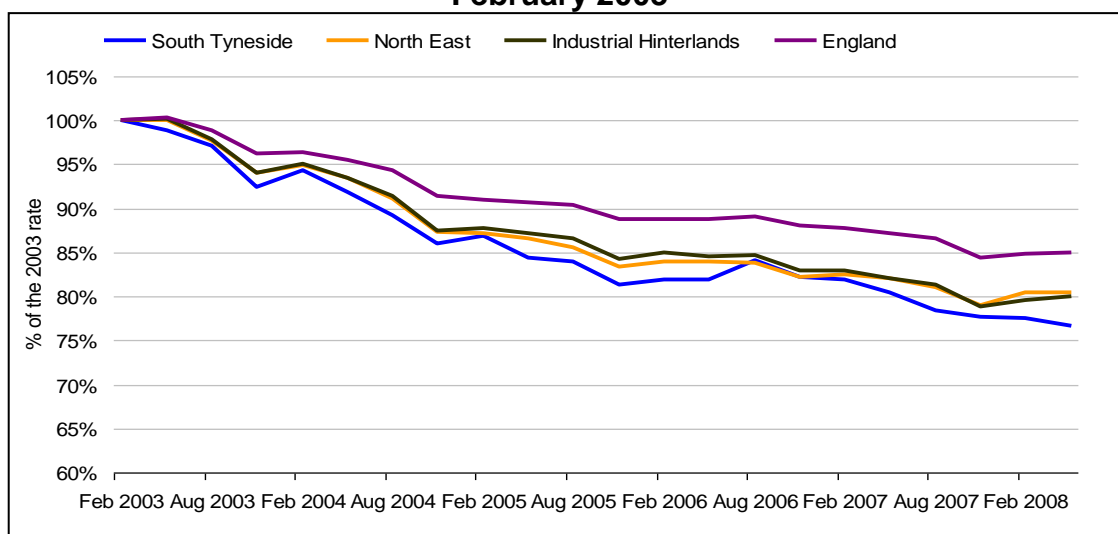
The table below shows the percentage of children in low income families in South Tyneside compared with other comparable boroughs, the North East and England.

### Percentage of Children in Low Income Families Indicator 2006



As shown in the graph below between 2003 and 2008 there has been a 23% reduction in the proportion of children living in families dependent on income support in South Tyneside. This compares to a 20% reduction across the North East and a 15% reduction across England as a whole. The inequality gap between South Tyneside and England has narrowed in recent years.

### Change in the percentage of children in workless families since February 2003



## Employment and Training

The 14 -19 Partnership is working to reduce the number of local young people aged 16 to 18 who are not in education, employment or training (NEETs). In 2005/6 almost 14 per cent of youngsters were classed as NEET and this improved to around 10 per cent in 2008/9.





Whereas educational attainment is improving overall, for young people in South Tyneside **we need to ensure that children and young people from the most deprived circumstances or who are most vulnerable are supported to achieve good educational qualifications to help them achieve a decent level of income and employment.**

## **Every Child Matters Outcome - Positive Contribution**

This outcome includes the following goals for children and young people; engage in decision making and support the community and environment; engage in law-abiding and positive behaviour in and out of school; develop positive relationships and choose not to bully and discriminate; develop self confidence and successfully deal with significant life changes and challenges; develop enterprising behaviour.

### **Young Offenders**

Nearly all young offenders under the age of 18 commit a quarter of all crimes reported to the Police. Reported offences for which children and young people aged ten to 17 years old received a pre-court disposal or a court disposal in 2008/2009, at 82 per 1,000, were above the average for England/Wales of 46 per 1,000.

The Youth Offending Service (YOS) works with young offenders and their victims to reduce reoffending. During 2008-9 there was a reduction in frequency of offending in 44% of cases and in seriousness in 38% of cases.

During 2008-9 South Tyneside's performance on ensuring children and young people known to the YOS were in suitable education, training or employment was 69%. This was below the England average of 72%.

Operation 'Safe Stop' is one strand of the Youth Crime Action Plan and family initiatives that is helping to keep South Tyneside's children and young people away from potential criminal activity. The project is run jointly by the Police and the Youth Offending Service and is supported by the Council's anti-social behaviour unit.

Young offenders have disproportionately high physical, emotional and mental health needs compared to the general population.

In February 2009 the Healthcare Commission and the Probation Inspectorate reported that many Primary Care Trusts in England contribute little to the work of young offender teams (YOTs). An analysis of the case notes of a cross-section of young people in custody found a third were sentenced without medical information being supplied to the court. In a further third of cases, the information supplied was unbalanced, unverified or inaccurate.

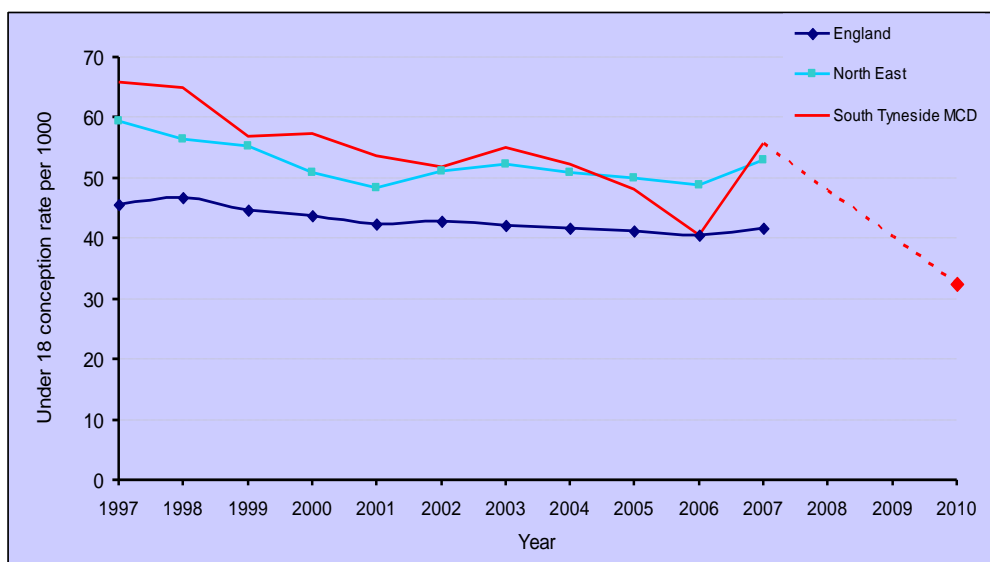
The report also found that about 25% of young people on crime-prevention schemes, community orders or custodial sentences had some form of disability. Of those, half had a learning disability, a fifth had a physical disability and the remainder had a disability linked to their mental health or emotional state.

**Further analysis is required in South Tyneside to assess the health needs of young offenders in order to accurately judge whether their health needs are being met.**

## Teenage conceptions

Under 18 conceptions are strongly associated with young people from poor socio-economic groups and those who are socially excluded. There is also a direct correlation between poor sexual health and unintended teenage conceptions. Other risk factors include low self-esteem, low educational achievement and those with mental health problems. While many young people become very competent parents, there is strong evidence that having a baby at a young age can be harmful to both physical and mental health. Babies born to young parents are also at greater risk of experiencing negative health outcomes themselves.

In order to meet the 2010 target of a 50% reduction, the table below provides detail of targets needed for 2008, 09 and 2010.



In South Tyneside the under 18 conception rate fell by 20% between 1998 and 2004, ahead of a milestone to achieve a 15% reduction over this period. The rate continued to fall up to 2006 but has risen sharply in 2007. The local rise in teenage conceptions in 2007 has been reflected across both the North East region and, less markedly, England. In 2007 there were 164 conceptions among young women under the age of 18 years in South Tyneside.

The under 18 conception rate for South Tyneside increased from 40.5 per 1000 young women aged 15 – 17 years in 2006 to 55.7 in 2007. While this demonstrates a significant increase having moved from a reduction of 37.6% to a reduction of 14% in 2007 since the 1998 baseline, South Tyneside is the best performing area in the region.

The table below outlines the rate in South Tyneside against the England average and the reduction since the 1998 baseline. South Tyneside had had a rate consistently above the national average with the exception of 2006.



## Key Recommendations

### Maternal and Newborn

- To establish a baseline in relation to the number of pregnant women who are overweight and obese at time of booking.
- Develop clinical guidelines for the management of obesity during pregnancy (in line with national guidance).
- Develop an agreed pathway for the management and referral of obese pregnant women.
- To review the referral pathway for pregnant women who are overweight or obese.
- To establish the number of pregnant women consuming alcohol during pregnancy and taking illegal drugs.
- To review the referral pathway for pregnant women who use alcohol and/or drugs.
- To review the current pathway and support for pregnant smokers.
- Complete a maternal mental health needs assessment.
- Increase the number of women initiating and continuing breastfeeding – especially in more deprived areas.

### Be Healthy

- Continue to increase/improve the number of 15-24 year olds screened for Chlamydia.
- Strengthen tier 2 and tier 3 obesity services for children and young people.
- Complete a needs assessment for child and adolescent mental health.
- Extend the Emotional Resilience Programme to include/target vulnerable young people.
- Carry out needs assessment for children with disabilities.
- Carry out further analysis to clarify areas of low immunisation uptake.
- Carry out further analysis to identify which schools or geographical areas children and young people with poorer diets come from.
- Further analysis is required to identify areas or groups of children and young people in the borough where uptake of PE and Sport is lower.
- Further analysis is required to understand the increase in the DMFT<sup>19</sup> rate in under 5's and recommend interventions.

- Carry out a survey to understand young people's alcohol and drug use.

## **Stay Safe**

- Carry out further assessment to understand why the number of children subject to a child protection plan is so high and what more can be done from all relevant partners to intervene earlier to prevent this.
- Carry out further analysis to understand the trend of accidents in South Tyneside in relation to children's age groups, sex and geographical location.
- Complete more detailed analysis of emergency hospital admissions.
- Carry out further analysis and monitoring of adult substance misuse, domestic violence and mental health services to understand the true impact on children.

## **Economic Wellbeing**

- Reduce the proportion of children living in low income families.

## **Enjoy and achieve**

- Provide extra support to pupils from less privileged families - the goal should be that educational achievements do not differ due to socioeconomic background.
- Narrow the gap in attainment for vulnerable children and young people.
- Continue to reduce the number of young people not in education, employment or training.

## **Positive Contribution**

- Carry out further analysis to assess the health needs of young offenders in order to accurately judge whether their health needs are being met.
- Review effectiveness of current service provision and interventions in relation to under 18 conceptions.

**Marietta Evans**  
**Director of Public Health**  
**South Tyneside Primary Care Trust**

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