

Joint Strategic Needs Assessment Children and Young People in Cambridgeshire and Peterborough 2024

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Introduction

A Joint Strategic Needs Assessment (JSNA) analyses data, intelligence, and other information to aid understanding of the health and wellbeing status of local communities and examine the current and future health and care needs of local populations. It is used to inform and guide the planning and commissioning of health, well-being, and social care services within a local area. Local authorities and Integrated Care Boards have equal and joint duties to prepare JSNAs through an area's Health and Wellbeing Board.

This JSNA focuses on the needs of children and young people (CYP) jointly across Cambridgeshire and Peterborough, the footprint of the local Health and Wellbeing Board and the Integrated Care System. Achieving better outcomes for children and young people is one of the three goals for Cambridgeshire's Health and Wellbeing Strategy and specifically to ensure that our children are ready to enter education and exit, prepared for the next phase of their lives.

Health and wellbeing in childhood is important in its own right. Childhood experiences also have a huge impact in shaping later outcomes across all aspects of life. This CYP JSNA examines the demography of children and young people across Cambridgeshire and Peterborough, their health needs and outcomes, their 'health behaviour', and their education. It reviews the data on children at particular risk of poorer health and wellbeing (children in need, children with learning disabilities, and children from particular groups) and concludes with six recommendations to the local system.

This JSNA has a focus on quantitative data available from open data sources which have been incorporated into an accompanying [interactive dashboard](#). It forms part of a series of recently produced Cambridgeshire and Peterborough needs assessments, including the 2023 '[Overarching](#)' JSNA, which provides an overview of the demography and high-level health status of our local population, the [Mental Health JSNA](#) and the [Healthy Places JSNA](#).

Why children's health matters

Childhood is a crucial period for prevention as what happens to an individual during childhood can have a long-lasting impact on health. The foundations for physical, intellectual and emotional development are laid in early childhood.^[1] Children represent our future, and childhood is both important in its own right and can set the path for future health and happiness. There is a wealth of literature, information and evidence for why child health matters. Some key points are:

- **The intrinsic value of children's health:** Young people's health and well-being are a foundation to their overall development.^[2] Every child deserves the opportunity to grow and develop free from preventable diseases or conditions. Ensuring that children have access to healthcare is a fundamental responsibility of society.
- **Impact on families and networks:** When a child falls ill, the effects can be seen through their family and broader networks. It can cause significant emotional and financial challenges, with subsequent impact on family dynamics and family members' well-being.^[3] Studies show that communities with better overall health have stronger support networks, which mitigate the impact of individual sickness on families.^[4] Maintaining children's health is thus crucial for supporting family stability and overall community resilience.
- **Educational Outcomes:** There is a strong correlation between health and educational outcomes: healthy children are more likely to attend school regularly, engage actively and perform better academically.^[5] Further, investing in early childhood development

can lead to better educational outcomes, which can subsequently reduce long-term health impact later in life.

- **Economic Contributions:** It is more cost-effective to intervene in the early years than later in life when inequalities accumulate.^[6] To take a life course approach to disease prevention, the early years can be the most fundamental in terms of setting up the foundations that impact physical and emotional health in adulthood.

Giving children the best possible start in life is vital to their future health and wellbeing, and to reducing inequalities across the life course. The importance of early life is unequivocally supported by research and is at the core of key national policy recommendations. Cognitive and emotional development, communication skills, physical activity levels and lifelong weight status all build on what happens in early childhood.

Childhood is a vital window of opportunity to set children off on the best possible trajectory for their whole lives, and in most cases, parents are likely to be receptive to external support and messages around health from trusted sources.

Chapter 1: Demography and equalities groups

In total, in 2023 there were there were 55,957 residents under 18 in Peterborough, and in Cambridgeshire there were 139,191. Analysis shows largest numbers in the 10-14 age band in Peterborough and all the Cambridgeshire districts, followed by the 5-9s. There are fewest children aged 0-4 across all areas.^[7]

The relative proportion of the under 18 population varies; In Peterborough 25.5% of all residents are aged under 18; a higher proportion than the England average (20.8%). In Cambridgeshire this is 19.9% and within the county, the district of Cambridge has proportionately fewest children (16.3% of the population).^[8]

Population change

Population forecasts calculated by Cambridgeshire County Council's Policy and Insight team for Cambridgeshire and Peterborough use local planning considerations and other local intelligence in their modelling and are considered the best estimate of future populations in the area.

In Cambridgeshire the 0-19 population is expected to increase by 8.5% by 2031, from 150,530 in the 2021 Census to 163,260, with a further 3.5% growth by 2041 to 168,935. The largest increases to 2031 are expected in those aged 15-19 and 0-4; increases of 21.3% and 16.9%, respectively. Numbers of children aged 5-9 and 10-14 are predicted to decline slightly by 2031 (-1.3% and -2.0% respectively).

Overall, forecasts show that between 2031 and 2041 growth is predicted to slow to 3.5% in the 0-19 Cambridgeshire population, with a predicted decline in the numbers aged 15-19 and between 6%-10% growth in the younger age bands. However, forecasts show this growth will be experienced differently across the Cambridgeshire districts.

Within Cambridgeshire, South Cambridgeshire is predicted to have the largest growth of children and young people over the next 10 and 20 years, with forecasts of 16.2% growth by 2031 and a further 11.4% growth between 2031-2041. Other Cambridgeshire districts are also expected to see 0-19 growth up to 2031: a rise of 9.9% in Fenland, 7.1% East Cambridgeshire, 4.6% Cambridge and smaller growth of 3.9% in Huntingdonshire.

In Peterborough, predictions are for smaller increases in the 0-19 population: growth of 2.6% 2021-2031 and -1.4% between 2031-2041. The growth is also disproportionate within the age groups; an increase of 33.1% of those aged 15-19 by 2031, compared to a reduction of 12.8% in those aged 5-9 and a reduction in younger children overall (14 and under).

Although the birth rates have been declining, the population of children and young people is predicted to grow in Cambridgeshire and Peterborough because of overall net in-migration and changes in housing which are forecast to bring people into our area from elsewhere. Further information can be found in the [Healthy Places JSNA](#).

Births and fertility

Numbers of births across the area have been declining overall for some time, with a small increase in many areas between 2020 and 2021. In the most recent year of data (2022) there were 2,618 live births to residents of Peterborough and 6,395 to Cambridgeshire residents.^[9] The fertility rate is highest in Peterborough (significantly higher than England as a whole) and across Cambridgeshire fertility is highest in Fenland and lowest in Cambridge.

Overall, there are very few births locally to young mothers. In Peterborough, 1.6% of all births are to mothers under 20 – the highest proportion in all our areas. This compares to 1.0% for the whole

of Cambridgeshire and Peterborough. Fenland and Peterborough have a greater share of births to women aged 20-24 than other areas (13.1% in Fenland, 11.5% in Peterborough).^[10]

Most births (62.6%) are to women in their 30s, with 30-34 being the most common age group in all areas except Cambridge. The age profile of mothers in Cambridge and South Cambridgeshire tends to be slightly older, with 47.1% and 43.7% of mothers aged 35 or over respectively, compared to 34.8% of women across the whole of Cambridgeshire and Peterborough.

Ethnicity and language

Understanding the ethnic diversity of a population is important as health outcomes vary for different ethnic groups. Wider determinants of health, including health behaviours, are also known to vary by ethnic group. It is important to ensure that services are accessible to, and accessed by, people of all ethnicities and so service design also needs to understand the population's ethnic and cultural backgrounds to ensure they meet these needs.

The residents of Cambridgeshire and Peterborough encompass many ethnicities, with greater diversity in our cities. There is more ethnic diversity among young people. About half of Peterborough's children and young people are from an ethnic minority group compared to just under two-fifths of the 16+ population. In Cambridgeshire, the difference is smaller: a quarter of children and young people are from an ethnic minority compared to just over a fifth of the 16+ population. Within Cambridgeshire, Cambridge City is similar to Peterborough with half of all children and young people being from ethnic minorities, whereas in East Cambridgeshire 15% were from ethnic minorities.

Of the ethnic minority groups, one-in-five children and young people in Peterborough are from an Asian background (mainly Pakistani) and around 15% from an Other White ethnicity. In Cambridgeshire, Other White was the second largest ethnic group after White British, accounting for 10% of the population. In Cambridge City, 16% are Asian, 16% White Other and 13% are of Mixed ethnicity.

Gypsies, Travellers and Roma are among the most disadvantaged people in the country and have poor outcomes in key areas such as health and education, and are disproportionately younger than some other ethnic groups.^[11] There were 749 children and young people (0-17yrs) of Gypsy, Roma and Traveller ethnicity recorded in the Census 2021 in Cambridgeshire, of which 34.3% lived in Fenland and 26.3% lived in South Cambridgeshire. There were 494 children from this ethnic group in Peterborough.

The 2021 Census recorded the ability to speak English in people over 2 years old. Among children and young people, those aged 3 to 15 in Peterborough were the most likely to be unable to speak English well or at all (1.8%), followed by Cambridge (1.1%) and Fenland (1.0%). This compares to 4.5% of Peterborough's whole population and 1.2% in Cambridgeshire.

In Cambridgeshire, according to the 2023/24 school census, 16.3% pupils were recorded as having English as an additional language, an increase from 15.6% for the previous period. For the latest period in Peterborough, English as an additional language is reported at 34.6%, an increase from 34.3% previously. In England as a whole, 20.8% of pupils were recorded as having a first language known or believed to be other than English, an increase from 20.2% in 2022/23.^[12]

Data from the termly school census in October 2023 showed that there are approximately 180 languages spoken at the home of Cambridgeshire students, the most common being English (82.9%). Other languages most commonly recorded were Polish, at around 2.3% and Lithuanian 1.1%. In Peterborough, for the same time period, 154 languages were stated among pupils, with English as the most common (64.6%), again followed by Polish (4.7%) and Lithuanian (3.8%).

Disability

Data from the 2021 Census shows that the percentage of children with a self reported physical or mental health condition or illness lasting or expected to last for a year or more) were highest in Fenland, at 7.4% of children aged 15 and under classified as disabled. Peterborough's rates were next highest at 6.0%, and rates were lowest in South Cambridgeshire at 4.8%. This gives a total of 9,703 under-15s with a self-reported long term physical or mental health condition in Cambridgeshire and Peterborough.

Sexual orientation and gender identity

A recent local piece of research by The Kite Trust across Cambridgeshire and Peterborough identified that LGBTQ+ young people experience higher rates of mental illness and distress than their peers but are likely to be underrepresented in accessing mental health services.^[13]

Data on sexual orientation and gender identity of children and young people is limited. One valuable local source is the Health Related Behaviour Survey (HBRS), which surveys Year 8 and Year 10 pupils across Cambridgeshire and Peterborough. In 2022, 3% of female and 1% of male respondents identified as gay/lesbian when asked about their sexual orientation. A further 12% of females and 3% of males identified as bisexual. When asked about gender, 2% of respondents identified as transgender and 4% said they 'describe my gender in some other way'.

The Census data also provides an estimate of sexual orientation for 16-24 year olds, with 10.0% of 16-24 year olds in Cambridgeshire and Peterborough identified as LGB+.

Deprivation and poverty

Poverty affects health in multiple and complex ways, and the impact of poverty in childhood can continue to affect people as they move into adulthood. Children who live in poverty are more likely to experience a range of risks that can have a serious impact on their current physical and mental health. The Marmot Review presents evidence that childhood poverty leads to premature mortality and poor health outcomes for adults.^[14] Reducing the numbers of children who experience poverty should improve future adult health outcomes and increase healthy life expectancy.

Note that none of this data fully reflects the impact of recent cost of living increases.

Income deprivation - IDACI

The 2019 income deprivation affecting children index (IDACI), a supplementary part of the Index of Multiple Deprivation (IMD), measures the percentage of all children aged 0 to 15 living in income deprived families. According to this, 11.1% of children in Cambridgeshire are living in income deprived families, with large variation between the Cambridgeshire districts; 20.1% in Fenland, to 7.5% in South Cambridgeshire. The proportion of children in income-deprived families in Peterborough was 20.8%. Both Fenland and Peterborough have a significantly higher percentage of children living in income deprived families than England (17.1%).

Relative low income families

Relative low income is defined as a family in low income before the housing costs. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income.

In 2022/23, the percentage of children living in relative low income families was 11.1% for Cambridgeshire (ranging from 21.0% in Fenland to 7.7% in South Cambridgeshire), compared to

25.1% in Peterborough. Both Peterborough and Fenland have a higher percentage than the England average (19.8%). The East of England average is 13.8%.

Households and homelessness involving children

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. Homelessness is associated with poor health, education and social outcomes, particularly for children.^[15]

The rate of households with dependent children owed a duty under the Homelessness Reduction Act, for Cambridgeshire for the latest period, 2022/23, is 11.1 per 1,000 households, and Peterborough is 22.8 per 1,000 compared to 14.5 per 1,000 households for East of England and 16.1 per 1,000 for England. This equates to a count of 798 households in Cambridgeshire and 582 households in Peterborough.^[16]

Note that none of this data fully reflects the impact of recent cost of living increases.

Young people's feedback on money

Our local survey of secondary school pupils in Year 8 and Year 10 (the Health Related Behaviour Survey) found that overall, 28% of students said they worried about money 'quite a lot' or 'a lot'. Some students (12%) said that their household had not always been able to get enough food for everyone in the last year and 9% said their household had used food banks in the last year.

Armed Forces families

Service children can face disadvantages and experience long periods of separation from a serving parent or parents due to the demands on them for training or deployment. Service children also often faced with the requirement to move around the country. This can present challenges including disruption to education as well as having an impact on a child's friendships, relationships, support mechanisms and general well-being. Moving schools can be particularly difficult for children with special education needs, or additional needs, that require management, and where local capacity results in siblings attending different schools there may be additional pressures on the family.

Service Pupil Premium (SPP) was introduced by the Department for Education (DfE) as part of the commitment to delivering the Armed Forces Covenant. ^[17] School census data identified 1,259 service children claiming SPP attending local schools across Cambridgeshire and Peterborough. Numbers of service children are expected to increase over time with the growth of RAF Wyton and RAF Molesworth.

Chapter 2: Health and care needs

There were 9,703 under-15s with a self-reported disability in Cambridgeshire and Peterborough on the Census 2021. Modelled estimates (PAPI) using NHS data (mainly from secondary care) estimate that 6,300 children aged under 18 in Cambridgeshire and 2,500 children in Peterborough have a health condition, and around 1,700 in Cambridgeshire and 750 in Peterborough have a disability. Some children have more than one condition, with autism, epilepsy, learning disabilities, physical disabilities and asthma common co-morbidities.

Physical health

Asthma is the most common condition with an estimated prevalence of 3.2% (~6,000 children) using nationally available prevalence data applied to local population estimates.^[18] However, local data from GP records indicates that this estimate is too low, with 7,668 of children and young people having a diagnosis of asthma and a further 10,000 prescribed an inhaler as of July 2024.^[19]

Similarly, the estimated prevalence for epilepsy for children and young people in Cambridgeshire and Peterborough is 0.5% (940) but GP data indicates that around 1,200 children and young people have epilepsy.^[20]

Estimates for diabetes (mostly type 1) and cancer in children and young people in Cambridgeshire and Peterborough are 0.3% (~560 children) and 0.6% (~1,100 children), respectively.

Mental health

There has been a rise in the number of children and young people in England who have diagnosable mental health conditions. In 2017, 1 in 9 children aged between 5 and 16 years had a probable mental health condition, which increased to 1 in 5 by 2023.

Based on the national NHS Mental Health of Children and Young People Surveys (NHS Digital, 2022), it is estimated that there are 35,841 children and young people (aged 7 – 23) in Cambridgeshire and Peterborough with a mental health condition (95% confidence interval: 29,750 – 41,931). There are almost 4,000 more children and young people in our local area with a mental health condition in 2022 compared to 2021.

Co-morbidity (multiple mental health conditions) is relatively common. For example, depression and anxiety often co-occur in young people.^[21]

The [Mental Health Needs Assessment](#) fully details the mental health needs of children and young people in Cambridgeshire and Peterborough.

Learning disabilities

Estimates of learning disability (derived by applying national prevalence rates to local population data) suggest there are around 2,333 children and young people in Cambridgeshire and 865 in Peterborough with a learning disability (1.5% of all children). In both areas, there is a higher estimated prevalence in boys.

Further information is available from the needs assessment on Learning Disabilities in Children and Young People (due to be published in early 2025).

Neurodiversity

Neurodivergence is a broad term covering various ways in which the brain processes information differently. It includes autism and attention deficit hyperactivity disorder (ADHD) and covers other conditions including pathological demand avoidance (PDA), dyslexia, dyscalculia, and dyspraxia. Many of these co-occur, along with an increased likelihood of learning disability and physical and mental health conditions.

People with neurodivergence can have ‘poorer outcomes’ than peers in areas of employment, relationships, independent living, and mental health, including access to services locally. They are also at increased risk of premature mortality from preventable and treatable illness and are at an increased risk of death by suicide.^[22]

Estimates of the prevalence of neurodivergence are quite variable, depending on the methodology and definitions used.

Autism

It is estimated that 1.1% of the population is autistic (95% confidence interval 0.3% – 1.9%).^[23] Using these figures and population data, we can estimate that there are 1,450 autistic children and young people (aged 0 – 17) in Cambridgeshire and 600 in Peterborough. Estimated rates of autism are significantly higher in men (1.9%) than women (0.2%). However, it has been suggested that assessments for autism may draw more on how the condition manifests in men, and this may lead to under identification of autism in women.^[24]

Referrals to under-18 autism assessment services in Cambridgeshire and Peterborough have seen huge increases in recent years, from a rate of 68.1 per 100,000 in 2020/21 to 333.1 per 100,000 in 2022/23. This is nearly a five-fold increase in the space of just three years. More recently, waiting list numbers for a diagnostic assessment have increased from just over 500 children in January 2024 to approximately 1,000 in October 2024.^[25]

ADHD

Reviews of international literature suggest that 5.3% of children and young people (under 18s) have ADHD.^[26] Using this figure, it is estimated that 7,050 under 18s in Cambridgeshire, and 2,850 in Peterborough, have ADHD.

The number of referrals each month to children and young people’s ADHD diagnostic services in Cambridgeshire and Peterborough has increased considerably recently, and at the end of 2023 was around 90 per month. The total waiting list for CYP ADHD services was over 1,500 at the start of 2024.^[27]

Further information can be found in the Autism and ADHD chapter of the [Mental Health Joint Strategic Needs Assessment](#) for Cambridgeshire and Peterborough.

Children in need

Children in need are a legally defined group of children (under the Children Act 1989),^[28] assessed as needing help and protection as a result of risks to their development or health.^{[29].[30]} This group includes children on child in need plans, children on child protection plans, children in care, care leavers and some disabled children.^[31]

There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.^[32] National data shows that children in need are more likely to have SEND, more likely to be eligible for free school meals, and less likely to do well at school.^[33] [Mental health](#) outcomes, tend to be poorer for the care experienced than for the wider population.^[34]

In 2022, 2,755 (2.0%) children in Cambridgeshire were in need and in Peterborough, 1,477 (2.8%). The proportions of CIN children in need in both areas are lower than the England average

and statistical neighbours. Proportions have fallen recently in Cambridgeshire and Peterborough has seen a fall over a longer time period, but the England rate has remained steadier.

Children in need are a diverse group of children and young people. For two thirds of them in Cambridgeshire and 77% in Peterborough, the primary need was abuse or neglect. This compares to 59% for England. Of the children in need, 11.3% in Cambridgeshire and 13% in Peterborough had a recorded disability. Autism and learning disabilities were the most commonly recorded disabilities, accounting for about three-quarters of disabilities.

Children in Care are a subset of children in need. In Cambridgeshire in 2022/23 there were 646 children in care, and in Peterborough there were 412. ^[35]

National data shows a slow but steadily increasing rate of children in care for the last decade, with a rate of 71 per 10,000 population aged under 18 years in 2022/23. Rates for Cambridgeshire and Peterborough in 2022/23 were 47 per 10,000 and 75 per 10,000 respectively, relatively low compared to statistical neighbours. Locally, rates of children in care decreased between 2018/19 and 2021/22 but increased in 2022/23. ^[36]

Local intelligence details an increase in older adolescents in care who have increasingly complex needs such as self-harm, risk of exploitation, challenging behaviour, severe trauma, and autism. This includes unaccompanied asylum seekers. These children remain longer within care and so add to the increasing numbers of this cohort. Furthermore, a post-COVID-19 increase in the needs of younger children (8-11 years) has been identified, with a significant number of children requiring more complex care arrangements which can slow their progression through the care system.

Young carers

Children and young people who help to look after a relative with a disability, illness, mental health condition, or drug or alcohol problems are young carers. Many young people do not realise they are young carers.

According to the Department for Education, in 2022/23 1.4% of Cambridgeshire and 0.8% of Peterborough pupils were known to be a young carer (1,246 and 327 pupils respectively). These are larger proportions of pupils than for England as a whole (0.5% known to be a young carer) but this is a new data collection and data quality may be an issue at present. Higher proportions of secondary school pupils are young carers compared to primary school age.

The 2024 HRBS of students in Year 8 and Year 10 found much higher rates of carers, finding that 6% of Cambridgeshire pupils surveyed and 8% of Peterborough pupils identified as a young carer. A further 11% and 14% respectively did not know if they were a young carer.

Chapter 3: Health Outcomes

Maternal health

Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.^[37] On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. There is substantial evidence that smoking during pregnancy and exposure to second-hand-smoke can lead to premature birth.^[38]

Smoking status at time of delivery is recorded as a proportion the mothers who smoke as a percentage of all mothers. For Cambridgeshire and Peterborough ICB area, 9.9% of mothers smoke at delivery, higher than the regional and national averages (2022/23 data).

The National Maternity Dashboard does include data on smoking at the time of delivery. The data is presented monthly but shows apparent differences between our two trusts in smoking rates at the time of delivery, with fewer mothers smoking at CUH than at NWAFT hospitals. Between August 2023 and July 2024, the proportion of women smoking at time of delivery at CUH was between 4.5% and 7.5%, and in NWAFT hospitals it tended to be higher – between 4.7% and 8.8%. Many Fenland mothers deliver at QEH in Norfolk which usually has higher smoking at delivery rates, and this may explain the difference between the ICB average of 9.9% and the data from the National Maternity Dashboard.

Maternal weight

The National Maternity Dashboard data from August 2023-July 2024 showed that between 27% and 33% of women giving birth at NWAFT had a healthy BMI at 15 weeks, but this was more common at CUH, ranging between 37% and 42%. Severe obesity was more common in NWAFT births.

Alcohol in pregnancy

Alcohol in pregnancy is linked to an increase in other risks, including miscarriage, premature birth, and low birth weight. At the more severe end of the spectrum, Foetal Alcohol Spectrum Disorder (FASD) is a broad diagnosis covering a range of neurodevelopmental problems caused by alcohol in pregnancy, sometimes alongside distinctive facial features. It is a life-long condition that has a significant impact on child development and later life chances.

It is not clear how many women drink alcohol during pregnancy – estimates range from 40% to 79%. The prevalence estimates for FASD in the UK are between 1.8% and 3% and it is clear that FASD is more common in disadvantaged groups including children in care.^[39] If 3% of children in Peterborough and Cambridgeshire are affected by FASD, this would equate to approximate 1,700 children in Peterborough and 4,500 children in Cambridgeshire. Most of these children will not be identified in any dataset and the severity of the condition will vary.

Teenage pregnancy

Pregnancy in under-18-year-olds can lead to “poor health and social outcomes for both the mother and child”.^[40] Children are at greater risk of low educational attainment, emotional and behavioural problems, maltreatment or harm, illness, accidents and injuries.^[41] Young mothers are also more at risk of developing postnatal depression than average.

The rate of under 18 conceptions in Cambridgeshire, for the latest available data in 2021, was 8.8 per 1,000 females aged 15-17, and was significantly lower than England (13.1 per 1,000).

Amongst the districts in Cambridgeshire, Fenland had the highest rate (14.9 per 1,000) but this was not significantly different to regional and national rates. Peterborough's under 18s conceptions rate was 18.7 per 1,000; this was the highest locally and significantly higher than the regional and England values.

The proportion of under 18 conceptions which lead to abortions is 53.3% in Cambridgeshire, and 41.3% in Peterborough for the year 2021). Peterborough's rate was significantly lower than the England average of 53.4%.

Infant health

Stillbirths

Stillbirth is associated with several risk factors, including maternal obesity, ethnicity, smoking, pre-existing diabetes amongst others.^[42] The most recent data is for 2020-2022 when the stillbirth rate was 3.6 per 1,000 births in Cambridgeshire and 5.1 per 1,000 births in Peterborough, rates that are statistically no different to the England or regional averages. There is some evidence that stillbirth rates have increased more recently in both Cambridgeshire and Peterborough, but these changes have not been statistically significant.

Infant Mortality

Infant mortality rates reflect the health and care of mothers and newborns, as well as being an indicator of the general health of an entire population. The infant mortality rate is the number of infants dying before their first birthday per 1,000 live births.

Between 2020-2022, Cambridgeshire's infant mortality rate was 3.0 per 1,000 live births (significantly lower than the England average of 3.9) and in Peterborough the rate was 4.6 per 1,000 (not significantly different from the England average). While there was variation in rates within districts in Cambridgeshire (ranging from 5.5 per 1,000 live births in Fenland to 2.3 per 1,000 in South Cambridgeshire) these were not statistically different from the England average. Based on local data provided by the coroner and medical experts, the main category of death in Cambridgeshire and Peterborough was 'chromosomal, genetic, and congenital anomalies'.

Like stillbirths, there is some evidence of recent increases in infant mortality in across Cambridgeshire and its districts and in Peterborough, but again, changes are not statistically significant due to small numbers. Nationally, progress on reducing infant mortality has stalled.

The risk of infant mortality is higher in more deprived areas. Recent research identified four potentially important risk factors that partly underpin this difference: preterm birth, smoking during pregnancy, young maternal age, and maternal depression.^[43] At a national level, data also shows large inequalities in maternity and infant outcomes by ethnicity.

Premature births

Globally, premature births are a leading cause of death and disability for children under the age of 5 years.^[44] Premature births are those births that are less than 37 weeks gestation. The most recent data is for 2019-21, when Cambridgeshire's premature birth rate was 68.1 per 1,000 live births, lower than the national average (77.9). Premature birth rates vary across the districts in Cambridgeshire: in Fenland 80.4 per 1,000 live births were premature compared to 63.3 per 1,000 in Cambridge (2019-21). Peterborough's rate was higher at 81.3 per 1,000, no different to the national average.

Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. Low birth weight is more common in more deprived socioeconomic groups, and is also linked to prenatal care, substance abuse, and smoking and poor nutrition during pregnancy.^[45]

The proportions of low birth weight rates for 'all babies' are similar in Cambridgeshire (6.0%) and Peterborough (7.1%) and both are similar to the England average (6.8%) and East of England average (6.3%) (2021 data).

Multiple births

Compared with singletons, babies from multiple births have much higher rates of stillbirth, neonatal mortality, infant mortality, preterm birth, low birth weight, congenital anomalies, and subsequent developmental problems.^[46]

In 2021, multiple birth rates were higher in Peterborough than in Cambridgeshire (17.8 per 1,000 births in Peterborough, 15.0 in Cambridgeshire). These rates were not statistically different from the England rate.

Infant screening

In 2022/23, 99.0% of infants in Cambridgeshire and 99.6% in Peterborough had their newborn hearing screening. These rates are in line with figures for the East of England (98.6%) and England (98.5%).

Similarly, 97.2% of infants in Cambridgeshire and 96.7% in Peterborough had the newborn infant physical health examination screening. This compared against a rate of 96.8% regionally and 96.2% nationally. Cambridgeshire's figure was significantly higher than England's.

Breastfeeding

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants.^[47]

The 2023/24 local breastfeeding data shows an average of 60% of babies are totally or partially breastfed at age 6-8 weeks in Cambridgeshire and 51% in Peterborough. This is an improvement since the latest nationally published data on breastfeeding, which shows that for 2022/23 in Cambridgeshire 55.9% of babies were totally or partially breastfed (higher than the national average, 49.2%) and in Peterborough it was 47.6% (similar to the national average).

Local health visiting service data^[48] (babies born between April 2022 and March 2023) allows examination of breastfeeding prevalence in more detail at 10 days and 6-8 weeks by area. In Cambridgeshire, Cambridge city had the highest breastfeeding rates at both 10 days and 6-8 weeks (78% and 71%), and Fenland the lowest (48% and 36%).

Child health

Immunisations

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. There are a range of immunisations that should be given in childhood. These begin at 2 months and go up to age 14. Most immunisations are given by GPs, but school age flu vaccination and the HPV vaccination are given in schools, usually by school nurses.^[55]

The coverage of childhood immunisations in Cambridgeshire is higher than those reported for East of England and England, though remains below the 95% level required for herd immunity for many key vaccinations. In contrast, in Peterborough, vaccination coverage is poor across all childhood immunisations and significantly lower than the England averages, with rates declining since the Covid pandemic. At age 5, approximately one-in-ten children in Cambridgeshire are not fully vaccinated, rising to one-in-four in Peterborough.

In 2022/23, Cambridgeshire's uptake of DTaP/IPV/Hib/Hep B and PCV by the first birthday is good, as is uptake of the first dose of MMR (all close to or above 95%). Uptake of the Hib and MenC and PCV boosters at age 2 is lower (91.4%) and second dose MMR (5yrs) is 89.3%. District-level data on vaccination uptake shows that Cambridge City and Fenland have lower uptake rates than other areas of Cambridgeshire.

In Peterborough, vaccination coverage is well below the 95% target across all pre-school age immunisations. 84.7% of children have had proper DTaP/IPV/Hib/Hep coverage by their first birthday, and 87.9% have had the PCV vaccination by their first birthday. Second year vaccination rates are lower at 80.3% for Hib/MenC booster and 79.6% for PCV booster. Vaccination rates for MMR are most concerning, at 85.6% for one dose by the fifth birthday and just 75.7% for two doses by the fifth birthday. Peterborough has the lowest vaccination coverage for these pre-school vaccinations across all statistical neighbours.

The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu, and the childhood vaccination programme seeks to protect children but also the adults around them from influenza. The latest data is from 2022 when Cambridgeshire's uptake (77.0%) met the 50% target, however Peterborough's uptake was much lower at 48.8%.

HPV vaccination protects against most cervical cancer and a range of other cancers and genital warts. Vaccination is recommended for both boys and girls aged 12-13, with the second dose at age 13-14, and this is usually delivered through schools. In Cambridgeshire, 68.2% of girls aged 13-14 had both doses of the HPV vaccination, compared with 61.2% of boys. Uptake in Peterborough was much lower, at 46.0% for girls and 41.1% for boys. The England figures were 62.9% for girls and 56.1% for boys; Peterborough's rates were significantly lower than England's and Cambridgeshire's rates significantly higher.

Oral Health

Dentinal (tooth) decay is a predominantly preventable disease. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children – for example, childhood obesity. Poor oral health impacts on children and their families. It can affect a child's ability to eat, smile and socialise and causes pain and infection with days missed at school, and parents' work, to attend dental care.

The 2021/22 National Dental Epidemiology Programme (NDEP) survey results^[56] show that national prevalence of children with enamel and/or dentinal decay was 29.3%. The East of England regional rate was 28.7%. Rates were much higher locally – primarily due to enamel decay (Cambridgeshire: 56.7% and Peterborough 56.4%).

The survey found wide variation in both prevalence and severity of experience of dentinal decay across different geographical areas. In Peterborough the rate of experience of dentinal decay was 29.7%, for Cambridgeshire the rate was 18.0%. This compares to 23.7% for England. Rates in the Cambridgeshire districts varied; 22.2% in Cambridge, 15.4% in Huntingdonshire and 13.5% in East Cambridgeshire. No data was available for Fenland or South Cambridgeshire due to low participation.

Nationally, the survey also identified inequalities. Children living in the most deprived areas of the country were almost 3 times as likely to have experience of dentinal decay (35.1%) as those living in the least deprived areas (13.5%). Disparities also varied by ethnic group; highest prevalence was in the other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%). There were no differences found in prevalence between girls and boys.

Hospital admissions data for dental caries (age 0 to 5) have been increasing steadily in both Cambridgeshire and Peterborough; in the most recent data, just under 1 in 100 children in Peterborough and just under 1 in 200 children in Cambridgeshire have required hospital admission for this purpose. These rates do not include children who were seen in community services: 209 children and young people from Cambridgeshire (58 were aged under 5 years) and 205 children from Peterborough (75 of which were under 5 years) had tooth extraction in community settings under general anaesthetic in 2022-23.^[57]

In terms of primary care, it is widely documented that there are concerns about access to dental services. In the Public Health-commissioned 'Getting Ready for Change' local survey of parents in Cambridgeshire and Peterborough, only 66% of reception age parent responses agreed that they were taking their child regularly to see the dentist.

Childhood Obesity

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme. It is part of the government's approach to tackle childhood obesity and involves measuring children in mainstream schools at the start and end of primary school (in Reception and Year 6).

Excess weight incorporates overweight and obesity (obese and severely obese) children. In Cambridgeshire 17.7% of Reception children had excess weight in 2023/24, and in Peterborough this was 22.3% (national rate was 22.1%). Cambridgeshire rates are significantly lower (better) than England's.

Rates of excess weight (overweight and obese) are higher in Year 6. In Cambridgeshire 30.1% of Year 6 children have excess weight, as do 38.2% in Peterborough (national rate is 35.8%). Peterborough is statistically significantly higher (worse) than England and Cambridgeshire is lower (better).

Districts within Cambridgeshire demonstrate significant variation in childhood weight, and Fenland has statistically significantly higher rate of excess weight (39.2%) in Year 6 compared to average rates in England and the East of England.

As well as excess weight, there are also children who are underweight, and therefore are outside of a healthy weight category. In 2023/24, the rate of underweight in Reception is significantly higher in Cambridge City (2.6%) and Peterborough (1.7%) compared to the national average (1.2%).

Nationally there is an increasing longer-term trend in levels of excess weight (both overweight and obesity). Locally this is particularly the case for Year 6 children. In Reception age children, rates have been more variable over time with some local areas showing decreasing proportions of children with excess weight and other areas showing little change or increases.

As well as increasing levels of children falling outside of a healthy weight status, NCMP data shows that inequalities exist. Prevalence of weight status varies by ethnicity, with larger proportions of excess weight among black ethnicities. It also varies by deprivation. Within Cambridgeshire and Peterborough there is a clear link between higher levels of deprivation and

lower levels of healthy weight children; 2022/23 NCMP data shows the average rate of overweight and very overweight children is 34% for Year 6 pupils in Cambridgeshire and Peterborough, but analysis by deprivation shows that this rate is 43% for the 10% most deprived areas and 25% for the 10% least deprived areas.

In 2022/23 the 10 Special Schools in Cambridgeshire and 5 in Peterborough Special Schools engaged in the NCMP for the first time. There are higher levels of excess weight within Special Schools, compared to mainstream schools: 41.7% of children in reception in Cambridgeshire Special Schools had excess weight and 50.0% of Peterborough children. By year 6, figures were 55.3% and 61%, respectively.

Hospital attendances and admissions

A&E attendances

A&E attendances in children aged under five years are frequent but often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care. Cambridgeshire and Peterborough (combined) have a significantly lower rate of A&E attendances than the England average (670.1 A&E attendances per 1,000 vs. 797.3 per 1,000, respectively in 2022/23). However, Fenland has a much higher rate of 866.6 admissions per 1,000.

Some children attend A&E very frequently. Between October 2022 and September 2023, 898 patients aged between 0-19 (0.4% of the population within this age group) attended A&E five or more times.^[58] This represents 4,582 attendances, or 8% of the total A&E attendances amongst this age group. This disproportionately heavy use by a small proportion of the population may require further investigation in order to better understand the challenges faced by these families.

Emergency hospital admissions

For children under one, rates of emergency admissions were much higher in Peterborough in 2022/23 (586.8 per 1,000), and higher than the England average. In contrast, Cambridgeshire rates (330.4 per 1,000) were significantly lower than the national average. A similar pattern is seen for emergency admissions in the 0-4 age range, and for all children aged under 18. In general, rates are higher among boys.

Asthma is the most common long-term condition among children and young people and is one of the top ten reasons for emergency hospital admission in the UK^[59]. Whilst in recent years emergency hospital admissions are beginning to fall, deprivation continues to be a risk factor for asthma admissions amongst children and young people. Rates of emergency admissions for asthma in Peterborough are higher than in Cambridgeshire, but not significantly different to the England average. Admission rates are higher in younger children and higher in boys than girls.

According to the recent audit conducted by the National Paediatrics Diabetes Audit (NPDA) children and young people with Type 1 diabetes were more likely to be admitted for diabetes-related reasons if they were female, of Black ethnicity or were living in more deprived areas. Admission rates for diabetes in children and young people in 2022/23 in Cambridgeshire and for young people aged 10-18 years in Peterborough were similar to the England average. However, rates were significantly higher than the England average for children aged 0-9 years in Peterborough.

Epilepsy is the most common significant long-term neurological condition of childhood. Not all emergency admissions to hospital for epilepsy or seizures are avoidable. However, there is

evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions. ^[60] Admissions for epilepsy in children and young people in Peterborough in 2022/23 and young people aged 10-18 years in Cambridgeshire were similar to the England average and were significantly lower for 0–9-year-olds in Cambridgeshire.

Unintentional injuries form a major burden of disease in children and young people and are a major cause of inequality. Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability. Rates in Peterborough, Fenland, and Huntingdonshire for unintentional and deliberate injuries (94.6 per 10,000) were similar to the England average (92.0 per 1,000), whereas Cambridgeshire (70.3 per 10,000) and other districts had lower rates. Admission rates are higher among boys than girls.

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. In 2022/23 the rate of hospital admissions for self-harm for the younger age group (10-14 years) was significantly higher in both Cambridgeshire and Peterborough when compared to the national average.

Child Mortality

Death in childhood represents not only a tragedy for that child's family but also a loss to wider society in terms of lost years of productive life. After the age of one year, the commonest cause of death in young people is injuries. ^[61] Many of these injury related deaths are potentially avoidable.

The death rate of children aged between 1-17 years in Cambridgeshire in 2020-22 was 11.1 per 100,000 and in Peterborough it was 13.6 per 100,000. These are not significantly different to the regional and national rates.

The rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents was slightly higher in Peterborough in 2020-22 (20.6 /100,000) than in Cambridgeshire (17.5/100,000). Both rates were similar to the regional and national figures. Road traffic collisions are a major cause of deaths in children and comprise higher proportions of accidental deaths as children get older.

National analysis shows large variations in child death rates for different communities. Deprivation is strongly related to child mortality and the child death rate for children resident in the most deprived neighbourhoods of England is more than twice that of children resident in the least deprived neighbourhoods. Trend data shows inequalities are widening. Nationally, child death rates are highest for children of Black or Black British ethnicity and Asian or Asian British ethnicity. ^[62]

A suicide audit was recently completed for Cambridgeshire and Peterborough, covering deaths between 2019 and 2021. ^[63] Around 30 people aged 16-25 (numbers have been rounded to prevent disclosure) died by suicide in Cambridgeshire and Peterborough between 2019 and 2021, making up approximately 15% of all suicides. Of these, a third were aged 16-19 and two-thirds aged 20-25. Approximately 1 in 4 young people were believed to be neurodivergent. 83% of young people had mental health issues prior to their death by suicide. The most commonly observed diagnoses were depression, anxiety and personality disorder. 60% of those with mental health issues were known to mental health services.

Chapter 4: Healthy Child Programme and Early Development

The Healthy Child Programme is universal – aiming to reach every family with an infant or young child and offering additional support where needed. The HCP model has four levels of service depending on individual and family need: community, universal, targeted and specialist.^[64] The below data relates to some of the key touchpoints with families, however it is worth noting that for the New Birth visit, 6–8-week check, and 12 month reviews the data given represents only those children seen with timescales, with many more children receiving these contacts outside of the prescribed time period.

Antenatal contact

The antenatal health promoting visit is usually carried out by the health visiting service between 28-32 weeks of pregnancy. This is often the health visiting service's first contact with the family and is crucial for developing the relationship. Research suggests this is important because an effective first contact positively impacts on the parents' use of the service in the long-term (Baldwin et al 2017).

Locally, capacity challenges have meant that in-person universal contacts have been paused, with only women identified as needing a targeted or specialist level of support receiving these contacts. This has meant that in 2022/23, 507 women received antenatal contact at 28-32 weeks. Trends for antenatal contact remain low in Cambridgeshire. In Peterborough in 2022/23 15% of women identified had an antenatal contact and in Cambridgeshire this was 8%.

Improving performance against this target is a priority for the service and a new triaged approach to antenatal support, involving a wider skill mix of the workforce and including some group sessions has been launched at the start of 2024 which should improve these figures. The offer for higher needs families will remain the same.

New Birth Visits

All babies and families are eligible to receive a face-to-face visit from a Health Visitor within the first two weeks after birth. The NBV can identify development issues with the baby, including early referral to a specialist team where required, and also gives an opportunity to support safe sleeping, feeding and discuss any concerns or worries, including maternal mental health.

The 2023/24 data submitted to OHID showed that in Cambridgeshire, 83% babies received a new birth visit within 14 days of birth. This was a significant improvement on the 22/23 data where just 39.8% of all babies were seen within this timescale. In Peterborough there is a similar improvement with 64% of babies having a New Birth Visit in 14 days in 2023/24 compared to just 13.3% in 22/23.

Published data for 23/24 is not yet available but compared to the 22/23 data for the East of England (69.0%) and England (79.9%) Cambridgeshire is above average and Peterborough is below both averages.

6–8-week reviews

The 6-to-8-week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health, as well as reinforcing the discussions and messages from the new birth visit. It is an opportunity to ensure the mother has had a six-week postnatal check, and that the infant has received the infant physical examination, as well as a reminder of the importance of the vaccinations that take place in the first few months.

The latest local data for 2023/24 shows that the proportion of babies receiving a 6–8-week review before they turn 8 weeks old in Cambridgeshire was 68% and 60% in Peterborough. This is significantly higher than figures published for 2022/23 (36.6% and 37.1% respectively). Although local 2023/24 rates are low in comparison with the latest England value of 79.6% (2022/23 data), recent figures are a marked improvement on the previous period.

9–12-month review

All children should receive a review by a health visitor led team shortly before they turn one year. This allows for assessment of the baby’s physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any concerns that they may have about their baby’s health, as well as a reminder of the importance of the vaccinations at around one year.

The latest local data for 2023/24 shows that the proportion of children receiving a 12-month review in Cambridgeshire was 79% and 73% in Peterborough. These are both higher than figures published for 2022/23 (63.2% and 22.9% respectively). If we compare to the last published data in 22/23 these are similar to the East of England (78.2%) and England (82.6%) rates.

2-2 ½ year review

Disparities in child development are often recognisable in the second year of life and can have an impact by the time a child reaches school age.^[65] Health visiting teams use the Ages and Stages Questionnaire (ASQ-3) as part of the 2 to 2.5 year review. This questionnaire provides an objective measure of development and helps to identify children who may not be developing as expected, supporting decisions for continued monitoring or referral onto early intervention services where required. The latest national data available is for the period 2023/24.

The ASQ-3 includes five domains to monitor the development of a range of skills, which combine to produce the overarching indicator ‘good level of development’ or GLD. The five domains are:

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal social skills

The most recent data (2023/24) shows that in Cambridgeshire 89.4 of children who were assessed achieved an expected level of development overall (in all five domains), compared to 86.1% in Peterborough. Cambridgeshire is statistically significantly higher (better) than the East of England (84.5%) and England (80.4%), whilst Peterborough is similar to the East of England but better than England as a whole, with an improving recent trend.

Cambridgeshire is higher than the national average across all domains but of those who were assessed, nearly one in ten children do not meet expected levels for communication and one in twenty children do not meet expected levels for all other domains (2022/23 data). Within Cambridgeshire, local Health Visiting data shows that children in South Cambridgeshire were the most likely to achieve expected levels of development on all measures, with Fenland children least likely to meet the expected level.

Peterborough children have lower levels of development than the national average for:

- communication, with nearly one in five children not meeting expected levels
- problem solving and personal social skills, with more than one in ten children not meeting expected levels in both domains
- for gross and fine motor, Peterborough children are higher than the national average but one in twenty do not meet expected levels

Across Cambridgeshire and Peterborough, according to the local health visiting data, maternal age appeared to have some links with child development outcomes at 2-2.5 years in our local data. Children of mothers aged under 30 were generally less likely to meet the standards across all domains, especially communication skills. Achievement in all domains is linked to deprivation, with the strongest association in the communication skills domain.

Getting Ready for Change

The Getting Ready for Change survey is commissioned by Public Health as part of a digital offer within the Healthy Child Programme. For parents with reception aged children who responded the top three concerns were following instructions (25%), getting dressed (23%) and using the toilet (23%). For parents completing this with a child in year 6 the top concerns were hormones and puberty (37%), screentime (33%) and travelling independently (33%).

Chapter 5: Health Behaviours

Young people's attitudes and behaviours that impact on their health and well-being may be partly around experimenting and trying new things but may also place young people at risk of harm. Less healthy behaviours may continue into adulthood.

Physical Activity

Regular physical activity is good for musculoskeletal and cardiovascular health, and is also linked to psychological benefits, such as reduced anxiety and depression among children and adolescents.^[66] Good physical activity habits established in childhood and adolescence are likely to be carried through into adulthood.

The UK Chief Medical Officer recommends that children aged 5-16 years should be physically active for at least 60 minutes of moderate to vigorous intensity activity per day across the week. The 2022/23 Sport England Active Lives Children and Young People Survey shows that, nationally, physical activity levels are up compared to 5 years ago, however they are unchanged from last year. Nationally, less than half (47%) of children are thought to meet the physical activity standard according to this dataset. There are also inequalities in activity levels; pupils are more likely to be physically active if they are male, have 'high family affluence', or are from a white ethnic group.^[67]

At a local authority level, the 2022/23 survey reports that 41.9% of Cambridgeshire children met the physical activity standard (46.9% in 2021/22), this is significantly lower than the East of England (48.3%) and England (47.0%) rates. Although the most recent Cambridgeshire rate is much lower than previously reported, this should be used with caution due to data issues. Data from Peterborough and several other local authorities (including some Cambridgeshire districts) was not analysed as the sample size did not permit analysis of data.^[68]

The HRBS also captures data on physical activity. In 2024, 40% of Cambridgeshire pupils reported they were 'definitely physically active', similar to levels reported in 2022. In Peterborough levels of physical activity have increased to 37% in 2024 from 30% in 2022, this is a statistically significant increase. Boys are more likely to report being 'definitely physically active' in both year groups (Cambridgeshire boys: 51%, girls: 30%; Peterborough boys: 51%, girls: 23%). Levels of activity significantly reduce between Year 8 and Year 10. Not having enough time and being shy in front of others/worried about being seen are the key reasons pupils reported for not doing as much exercise as they would like.

Healthy Eating and Weight

Poor diet and obesity are leading causes of premature death and mortality and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.^[69]

Unfortunately, eating disorders, disordered eating, and other unhealthy relationships with food are increasingly reported among children and young people. National surveys show very high rates of disordered eating, particularly among young women.^[70]

When asked a series of questions about whether they had 'ever' done one of the following, the 2024 HRBS found 41% reported that they had changed eating to manage emotions or help to feel more in control. Furthermore, 59% of pupils had felt like they had to exercise to burn calories/weight, 43% reported they had 'worried that you have lost control of how much you eat',

33% had gone more than a day without eating, and 30% had made themselves sick due to feeling uncomfortably full. Rates were higher among girls for all these behaviours. There was little difference in rates between age groups, suggesting these unhealthy behaviours begin around age 12 or earlier.

In the same survey, 21% of Cambridgeshire pupils and 13% of Peterborough pupils reported that they consume at least five fruit or vegetable portions a day. Overall, boys were more likely to report eating five a day than girls and consumption was less in Year 10 than Year 8 for both areas. Figures were statistically higher than the Cambridgeshire average in Cambridge pupils (24%) and statistically lower in Fenland pupils (14%).

The 2024 HRBS found that 44% of pupils in both Cambridgeshire and Peterborough reported they would 'like to lose weight'. This overall figure masks significant differences between boys and girls; over half of girls said they would like to lose weight (53-61%) but significantly fewer boys wanted to lose weight (between 29-39%). 81% of pupil respondents also reported having tried at least one diet behaviour from a specific given list.

Tobacco and vaping

Two thirds of adult smokers say they started smoking before they were 18 years old.^[21]

From the 2024 HRBS survey, around 8% pupils reported to have smoked in the past or currently smoke. Smoking prevalence varies by age and sex; in Year 8 few pupils (4%) reported smoking, but this increases by Year 10 (Cambridgeshire 15%, Peterborough 14%), with girls more likely to report smoking in year 10.

The number of children and young people using vapes has tripled in the last three years, and the bulk of that increase has been driven by disposable vapes. The evidence is clear that vapes should not be used by, or targeted at, children – due to the risk and unknown harms involved.

Locally, the 2024 HRBS was able to capture the vaping habits amongst pupils in Cambridgeshire and Peterborough, with 20% of Cambridgeshire pupils reporting that they had tried vaping and 25% in Peterborough. As was the case with tobacco use, girls are more likely to vape than boys. Prevalence of vaping increases between Year 8 and Year 10. In Year 10, 35% of girls in Cambridgeshire had tried vaping, as had 42% of girls in Peterborough.

Alcohol and Drug Use

According to the HRBS survey, consumption of alcohol among young people is higher in Cambridgeshire (19% of pupils surveyed) than Peterborough (12%), with variation across the districts (Fenland 25% to Cambridge 14%). Drinking increased with age across all areas. In Cambridgeshire, by Year 10, 27% of boys and girls had drunk alcohol in the previous week. These figures are much higher than the Peterborough Year 10 equivalent (boys 15%, girls 17%). In East Cambridgeshire, 40% of Year 10 girls had drunk alcohol in the previous week – this is the highest of any subgroup but also notably higher than East Cambridgeshire Year 10 boys (27%).

Data from hospital admissions is used to produce indicators of alcohol harm in children and young people. Cambridgeshire had 27.4 admission episodes per 100,000 population for alcohol-specific conditions in under 18s (data for 2020/21- 2022/23). This was not significantly different to England. Peterborough's admission rates (21.7 per 100,000) were considerably lower than Cambridgeshire but not significantly different to England as a whole.

Under-18 admissions for alcohol-specific conditions vary across the districts in Cambridgeshire; Fenland has the highest rate 33.6.0 per 100,000 (Huntingdonshire a close second at 31.8), and South Cambridgeshire the lowest, at 18.6 per 100,000. District rates were not significantly different from the national rate. Sex-specific rates show that females were more likely to be admitted for alcohol-specific conditions than males in both Cambridgeshire and Peterborough, and rates for girls under 18 in Fenland were higher than elsewhere in the area (51.7 per 100,000).

Illicit drug use, particularly by young people, continues to be one of the most significant public health challenges in England and a key policy concern for the government.^[72] There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders.^[73]

The HRBS asks pupils across Cambridgeshire and Peterborough whether they had ever been offered drugs. About 14% of pupils across Cambridgeshire and Peterborough had been offered cannabis to get high and 4% offered 'other drugs' to get high.

In addition, the HRBS found that 8% of Cambridgeshire pupils reported having taken drugs, as did 6% of pupils in Peterborough. This was more common among older Year 10 pupils.

Sexual Health

Nationally and locally, young people experience higher rates of STI (sexually transmitted infections) diagnosis than older age groups, and pregnancy in teenagers is known to have an increased risk of adverse outcomes for both mother and child. This has identified that Young people (16–24-year-olds) make up over 40% of new diagnoses of STIs in Cambridgeshire and Peterborough.^[74]

According to the 2024 HRBS, among Year 10 pupils, 12% of Cambridgeshire and 11% of Peterborough pupils reported they have had sex. Statistically lower levels were reported amongst East Cambridgeshire pupils (5%).

Violence, Bullying and Youth Offending

Children and young people at risk of offending or within the youth justice system often have greater mental health needs than other young persons.^[75] Rates of first-time entrants into the Youth Justice System in Cambridgeshire and Peterborough were not significantly different to England (149 per 100,000) in 2022 for both Cambridgeshire (155) and Peterborough (179).

Most recent data on children (10–17-year-olds) entering the youth justice system shows that in 2020/21, 114 children entered the system in Cambridgeshire (a rate of 1.9 per 100,000). Rates for Cambridgeshire are statistically lower than the national average, and decreasing, whilst rates for Peterborough tend to fluctuate more year on year and are currently statistically higher than the national average; at a rate of 4.2 per 100,000 in 2020/21 (88 children).

The HRBS survey includes some questions on young people's experience of violence. Of those surveyed, 5% of young people said they were threatened with a weapon 'at least once a month or so'. Rates were similar for the two age groups and for boys and girls. When asked if they carry a weapon or something else for protection when going out, 5% said they did take a weapon out for protection (4% 'sometimes', and 1% 'always').

Unfortunately, bullying remains a negative experience many children and young people encounter. Across Cambridgeshire and Peterborough, 22% of respondents said they had been bullied at or near school in the last 12 months; the most common place being bullied online or

on their phone (11%), followed by on the way to/from school (9%). More than 1 in 3 young people also reported that they felt afraid of going to school because of bullying (25% sometimes, 10% often/very often).

Chapter 6: Education

Educational attainment is a key determinant of health throughout life with impacts on health behaviours, interpersonal and social development, employment opportunities and life expectancy.^[76]

Groups with consistently poorer educational outcomes

At a population level, children who are eligible for free school meals or have special educational needs consistently have poorer outcomes in educational attainment. There is also intersectionality between the two groups – children with special educational needs are more likely to be living in poverty.

Free school meals

Eligibility for free school meals^[77] is often used as a proxy for the deprivation experienced by school pupils. The proportion of pupils having free school meals (FSM) has increased nationally over the last 3 years and in both Cambridgeshire and Peterborough it has doubled since 2017/18. More of Peterborough's children are eligible for FSM (27.6% in 2022/23) than Cambridgeshire children (20.5%). Peterborough's rate is significantly higher than the England average (23.8%) while Cambridgeshire is significantly lower than the England average. Termly school census data from October 2023 shows us that eligibility to FSM varies across the Cambridgeshire districts; from 15.7% in South Cambridgeshire to 30.7% in Fenland.

Special Educational Needs

In Cambridgeshire in 2023/24 17.8% of pupils have either an Education, Health and Care Plan (EHCP) or SEN support and in Peterborough this is 15.4%. Both areas are lower than England as a whole (18.4%). As elsewhere, rates of SEN support and EHCPs have risen in both Cambridgeshire and Peterborough recently. Cambridgeshire's rate of children receiving SEN support is lower than England's (12.3% in Cambridgeshire vs 13.6% for England) but percentage of children with an EHCP is higher than the England average (5.6% vs 4.8%, respectively). In Peterborough, rates of SEN support are lower than England (11.1% vs. 13.6%) as are the percentage of children with EHCPs (4.3% vs. 4.8%).

In 2023/24, in Cambridgeshire, 3.8% of all school children have a primary EHCP or SEN support need in the social, emotional and mental health category, 3.4% for a severe or moderate learning difficulty, 3.0% for speech, language and communication, 2.5% for a specific learning difficulty, and 2.2% are categorised as having a primary need as autistic spectrum disorder. In Peterborough, the most common need is speech, language and communication (3.7% of all pupils) followed by autism spectrum disorder (2.9%), social emotional and mental health (2.7%), specific learning difficulty (2.3%) and a moderate learning difficulty (1.5%).^[78]

School readiness and educational attainment

In 2022/23 66.2% of children in Cambridgeshire and 63.1% in Peterborough had a good level of development at the end of Reception (England average was 67.2%), which is the key indicator for assessing school readiness. However, among children who are eligible for free school meals, just 48.0% in Peterborough and 39.8% in Cambridgeshire reached this level in 2022/23 (England average was 51.6%). The rate in Cambridgeshire was one of the very lowest in the country.

The Average Attainment 8 score (GCSE results) for pupils in state-funded schools was 48.6 in Cambridgeshire and 43.2 in Peterborough, compared with an England average of 46.2. Disadvantaged students in Cambridgeshire had an Average Attainment 8 score of 33.7 in 2022/23 which was similar to the regional and national averages (33.3 and 35.1, respectively).

Cambridgeshire students who were not disadvantaged achieved an Average Attainment 8 score of 52.4. Equivalent figures for Peterborough were 34.6 for disadvantaged pupils and 46.1 for those who were not disadvantaged.

School Absence and Exclusion

It is widely documented that absence from school is associated with poorer academic and social outcomes and poorer mental health. In the most recent data, pupil absence rates are between 6.6% and 7.5% across Cambridgeshire and Peterborough, except for Fenland which has higher absence at 8.5%. Only Fenland has an absence rate that is statistically significantly higher than the England figure of 7.4%. There was a steep rise in absence between 2020/21 and 2021/22 across Cambridgeshire districts and Peterborough, reflecting the pattern seen in England as a whole. In the most recent data from 2022/23 this has reduced slightly but is still much higher than pre pandemic.

The most recent data on persistent absenteeism (attendance below 90%, equivalent of missing one day a fortnight of school) is from 2021/22 and not available at district council level. Persistent absenteeism has shown a very large rise – it approximately doubled between academic years 2020/21 and 2021/22 and is much worse in secondary than in primary schools. In secondary schools in Peterborough, 30.4% of children were persistently absent in 2021/22, and in Cambridgeshire this was 26.9% (England: 27.7%). In primary schools in Peterborough, 19.4% were persistently absent in 2021/22 and in Cambridgeshire this was 16.5% (England: 17.7%).

For the 2022/23 academic year, of the 1,808 children considered as ‘Severely absent’ (50% or more) in Cambridgeshire 305 of these children have an EHCP and 411 have SEN support. 796 of them are eligible for FSM. Out of the 15,233 children currently considered as ‘persistently absent’ (10% or more) 1,587 have an EHCP and a further 2,791 have SEN support. 6,503 of these children are eligible for FSM.

In Peterborough, of the 660 children considered as ‘Severely absent’, 66 of these children have an EHCP and 118 have SEN support. 308 of them are eligible for FSM. Out of the 8,281 children currently considered as ‘persistently absent’ (10% or more) 494 have an EHCP and a further 1,223 have SEN support. 3,671 of these children are eligible for FSM.

In the 2022/23 academic year 2,913 pupils in Cambridgeshire had one or more suspensions (3.2% of pupils). In Peterborough, 1,986 of pupils were suspended across the academic year (4.9%). Suspension rates for the two areas were 7.9% and 12.1% respectively. Nationally, 3.6% of pupils had one or more suspension and the suspension rate was 9.3%. In the same time period 22 pupils in Cambridgeshire (exclusion rate of 0.02%) and 58 pupils in Peterborough (rate of 0.14%) were permanently excluded from school.

Pupils who are eligible for free school meals or who have SEN provision (EHCP or SEN support) are disproportionately represented among pupils who experience suspension or exclusion. In 2022/23, around half of those permanently excluded or with one or more suspensions were free school meal eligible pupils. Pupils with SEN (EHCP or SEN support) represent around 68% of all permanently excluded in Cambridgeshire and 47% in Peterborough, and Pupils with SEN (EHCP or SEN support) represent around half of pupils suspended in Cambridgeshire and a third in Peterborough.

Other forms of education

Electively home educated – EHE

Elective home education is a term used to describe a choice by parents or carers to provide education for their children at home or elsewhere, instead of sending them to school full-time. ^[79] The latest data in 2022/23 shows 1,570 children were electively home educated in Cambridgeshire. In Peterborough for the same period, 720 children were recorded as electively home educated (30% primary, 70% secondary).

Independent Schools

In Cambridgeshire 11.2% of children attend independent schools (2023/24), this compares to 1.5% in Peterborough, figures that have remained stable over the last four years. ^[80]

Children missing in education

Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. This can include some children who are registered as electively home educated if this education is not felt to be suitable. ^[81]

In the school census data from Autumn 2023, available through the DfE, 510 children in Cambridgeshire were missing education on the census date (0.5% of the whole school age population). For the school year 2022/23, 2,000 children were missing from education at some point during the year. While data for Peterborough was not available via the DfE, in the Autumn 2023 census there were 596 children missing from education and 600 children were missing from education at some point during the 2022/23 academic year. This is a reduction from the summer term 2022/23 (730 children) and current case numbers are lower due to a significant piece of work being undertaken to better understand this cohort. ^[82]

Not in education, employment or training (NEET)

There is strong evidence to suggest that not being in education, employment or training (NEET) particularly over long periods of time, is associated with negative health outcomes.

In Cambridgeshire, 2.7% of the 16-17 population were NEET in 2022/23, significantly lower than East of England and England, and Cambridgeshire has the second lowest NEET proportion in its statistical comparator group of local authorities. In Peterborough the proportion was 4.9% which was similar to England (5.2%). There is a clear pattern of improvement in Peterborough where the proportion has been declining since 2018/19. ^[83]

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