

State of Child Health 2020



England

A policy response for England

Since we originally published State of Child Health in 2017, we are delighted to see that progress has been made on some of our ambitious recommendations - signalling perhaps that children and young people's health is once again becoming a welcome priority for decision-makers in England. Despite policy shifts in the right direction, the data presented in this updated report show worrying trends in health outcomes for children and young people.

To reverse some of these concerning findings, there should be concerted and decisive action. We welcome NHS England's drive to implement the Long Term Plan via the Children and Young People's Transformation Programme. The plan offers essential improvements to NHS services and recognises the shift towards integrated healthcare. The Department of Health and Social Care's green paper 'Advancing our health: prevention in the 2020s' is key to ensuring that healthy children become healthy adults. The direction is welcome: but if they are to translate to meaningful improvements in child health outcomes, the road ahead requires full implementation and delivery of these ambitious commitments.

Beyond national policy, local planning and delivery of health services is changing rapidly, with interagency partnerships and integrated care becoming increasingly important. It is vital that the Westminster Government ensures that all child health partners in the system, including Local Authorities, have the funding they need to serve their communities in the way they strive to. We should work together in partnership, to deliver on shared priorities:

- ending child health inequalities;
- a robust and well-resourced system to deliver public health, health promotion and early intervention;
- enhancing health services for infants, children and young people.

We want to see England regain its measles free status; reverse our decline in infant mortality; halt the rise in childhood obesity. Central to all of this is reducing variation in outcomes, as we continue to fail our most disadvantaged and vulnerable children and young people in England.

This report is not just for policymakers. For professionals involved in child health, these pages contain practical guidance on how they can improve outcomes for the children they care for. More importantly, it is a vital resource for children and young people, families, carers - they are the ones who have most at stake. This report will give them insight into the state of child health in their own country, so they can hold us all - policymakers, commissioners and practitioners - to account.



Dr Simon Clark,
RCPCH VP Health Policy

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Dr Ronny Cheung,
Clinical lead - State of Child Health

A handwritten signature in blue ink, appearing to read 'Ronny Cheung'.

From the President

In 2017, our inaugural State of Child Health report was the first of its kind to bring together a snapshot of children and young people's health across the UK. Over the last three years, I'm pleased to have worked with a range of stakeholders to ensure that child health is viewed as a priority. Without renewed investment and focus, we risk stalling and worsening outcomes for children - to prevent this, these recommendations provide an incredibly important guide for policy makers. It is essential that all children have the best start to life.



Professor Russell Viner,
RCPCH President



RCPCH&Us - England, 2020

We have been busy going all over England over the last two years to find out what children and young people think keeps them “healthy, happy and well” and to find out which topic needs to be tackled first. There were a lot of ideas! We spent a lot of time looking at them and really thinking about what would help you in the NHS to help us growing up. They told us:

At our sessions together in England, we talked about how we wanted to make sure that just because some of us have conditions, we are still seen as the same as anyone else and have a life outside of the hospital. For people who don't live with a condition, we want to make sure that they all know about their rights to get the best start possible so that they go on to be a healthy child, to a healthy young person, then a healthy adult. We are worried that things can feel really different if you are living in poverty and that this can feel like there are lots of things in the way that stop you from feeling connected to others and like there is hope. We want this to change. Things that help include having someone trusted who you can talk to, having help to be able to look after yourself well, to be resilient and get help when needed, as well as really thinking about how to teach everyone skills for a healthy life and to make sure that it is easy to get to health services and that they are approachable and accessible.

Our fight is for all children and young people to have their rights, to feel safe and supported and to have the chance to achieve. If you want to find out what we think, come and ask us – or ask RCPCH &Us who are always there to help!

#Voicematters

Our priorities for Government

1. Reduce child health inequalities

Data consistently shows that poverty and inequality impact a child's whole life, affecting their education, housing and social environment and in turn impacting their health outcomes. Our State of Child Health indicators reveal a widening gap between the health of children from wealthy and deprived backgrounds. UK Government should act to tackle the causes of poverty and reduce variation to ensure all children have the best start to life, wherever they are.

UK Government should:

- Introduce a cross-departmental National Child Health and Wellbeing Strategy to address and monitor child poverty and health inequalities. The Strategy should:
 - Adopt a 'child health in all policies' approach to decision-making and policy development, with HM Treasury measuring and disclosing the projected impact of the Chancellor's annual budget statement on child poverty and inequality. The Government should also collect adequate data to ensure all Departments can consider the impact of policies on child health as accurately as possible.
 - Reintroduce national targets to reduce child poverty rates and introduce specific health inequality targets for key areas of child health. Specific Government departments should be responsible and accountable to deliver targets set. The Department for Work and Pensions in particular should undertake a review into the impact of recent welfare changes on child poverty and inequality.
 - Provide funding for a child health workforce, that meets demand, and ensures children and young people receive the best possible care.
 - Include a specific focus for the first 1,000 days of life.

2. Prioritise public health, prevention and early intervention

Focusing on prevention and delivering early intervention services for parents, children and families can lead to economic savings for the NHS and wider public services, as well as supporting children and young people to enjoy good health across their life course. For each of the State of Child Health indicators, the current trends within the data can be improved if preventative measures are put in place.

UK Government should:

- Restore £1 billion of real-terms cuts to the public health grant for Local Authorities. Also, future investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs.

- Ensure adequate funding for Public Health England to deliver the revision of the Healthy Child Programme.
- Implement in full commitments from the prevention green paper 'Advancing our health: Prevention in the 2020s'.

3. Build and strengthen local, cross-sector services to reflect local need

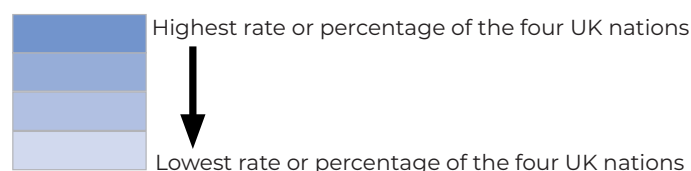
Infants, children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing. Services within the community may not be provided by health services but should seek to integrate where possible. The UK Government should ensure Local Authorities have adequate resource to provide services to meet the local needs of the population they serve.

UK Government should:

- Distribute funding across local areas in a way that reflects local need.
- Implement commitments to provide a Youth Investment Fund, with protection of the committed £500m funding.
- Provide health-based support for children throughout education, including funding for increased numbers of school nurses and school counsellors.
- Provide renewed investment in services for children and families, which support the child's school readiness.
- Ensure that health visiting services are protected, supported and expanded with clear and secure funding.

At a glance: child health in England (2014-now)

For each of our State of Child Health indicators, we have identified whether the trend is increasing, decreasing or unchanged. Trends reflect available data that was included in the State of Child Health 2017, compared to data available as of 21 February 2020. Data throughout the report can be found at www.rcpch.ac.uk/state-of-child-health.



	England	Wales	Scotland	Northern Ireland
Mortality				
Infant mortality rate per 1,000 live births	Unchanged 3.9 to 3.9	Decreasing 3.7 to 3.5	Decreasing 3.6 to 3.2	Decreasing 4.8 to 4.2
Child mortality rate per 100,000 children aged 1-9	Decreasing 11.9 to 9.9		Increasing 9.3 to 9.7	Decreasing 12.5 to 9.7
Adolescent mortality rate per 100,000 children age 10-19	Decreasing 17.1 to 17.0		Increasing 19.5 to 24.6	Decreasing 24.4 to 20.5
Maternal and perinatal health				
Smoking during pregnancy England and Wales: % at time of delivery. Scotland and Northern Ireland: % at first booking	Decreasing 11.7% to 10.6%*	16.0%**	Decreasing 18.3% to 14.6%*	Decreasing 14.5% to 13.2%
Breastfeeding - % exclusively breastfeeding. England, Scotland & Northern Ireland: at 6-8 week review. Wales: at 6 week review	Decreasing 30.1% to 29.6%	Increasing 19.7% to 20.8%	Increasing 27.2% to 30.7%	Increasing 22.8% to 23.9%
Prevention of ill health				
Immunisations - 5-in-1 vaccination coverage at 12 months	Decreasing 94.2% to 92.1%	Decreasing 96.6% to 95.4%	Decreasing 97.4% to 95.9%	Decreasing 97.3% to 94.8%
Immunisations - % of MMR vaccination coverage (second dose) at 5 years	Decreasing 88.6% to 86.4%	Decreasing 93.1% to 92.2%	Decreasing 93.4% to 91.2%	Decreasing 93.0% to 91.8%
Healthy Weight - % of 4-5 year olds recorded as overweight or obese	Increasing 21.9% to 22.6%	Increasing 26.1% to 26.4%	Increasing 21.8% to 22.4%	Increasing 25.1% to 26.1%
Oral health - rate of tooth extraction due to tooth decay England & Scotland: per 1,000 children aged 0-5 Wales: per 1,000 children aged 0-2	Decreasing 3.6 to 2.8	Decreasing 2.8 to 1.7*	Decreasing 3.6 to 2.3	No data
Injury prevention				

	England	Wales	Scotland	Northern Ireland
Accidental injury – rate of hospital admission due to non intentional injury per 1,000 children aged 0-4	Decreasing 13.9 to 12.8	Decreasing 19.1 to 16.1	Decreasing 11.7 to 10.7	No data
Road traffic accidents – rate of total road traffic injuries per 1,000 young people aged 17-19	Decreasing 4.0 to 3.4	Decreasing 4.9 to 3.4	Decreasing 3.6 to 2.8	No data
Youth violence – incidence of injury by sharp object per 100,000 young people aged 15-19	Increasing 36.5 to 38.3	Unchanged 33.8 to 33.8	Decreasing 40.7 to 38.5	Decreasing 39.8 to 38.2
Health behaviours				
Young people smoking - England, Wales & Scotland: % of 15 year olds reporting as regularly smoking (within the previous week) Northern Ireland: % 11-16 year olds smoking within the last week	Decreasing 7.7% to 5.1%	Increasing 8.0% to 9.0%	Decreasing 8.6% to 7.0%	Decreasing 4.2% to 4.1%*
Young people drinking - England, Wales & Scotland: % 15 year olds reporting being drunk 2 or more times. Northern Ireland: % 11-16 year olds being drunk 2-3 times	Decreasing 28.0% to 26.0%	Decreasing 31.0% to 18.0%*	Decreasing 32.5% to 31.5%	Increasing 11.0% to 12.6%*
Young people consuming drugs - % of 15 year olds reporting ever having used cannabis	Increasing 19.0% to 21.0%	Increasing 17.5% to 21.0%	Decreasing 17.0% to 16.5%	No data
Conceptions in young people England, Wales & Scotland: under-18 conception rate per 1,000 females age 15-17. Northern Ireland: live birth rate per 1,000 females aged 15-17	Decreasing 22.8 to 17.3	Decreasing 25.5 to 19.5	Decreasing 22.1 to 16.3	Decreasing 6.4 to 4.7*
Mental health				
Mental health prevalence - % of 5-15 year olds reporting having any mental health disorder	Increasing 9.7 to 11.2	No data	No data	No data
Mental health services –rate of admissions to CAMHS per 100,000 children and young people aged 0-18	33.0**	13.0**	61.0**	40.0**
Suicide –rate per 100,000 young people aged 15-24	Increasing 6.6 to 8.1	Increasing 4.9 to 9.7	Increasing 9.8 to 15.1	Increasing 17.2 to 17.8
Family and social environment				
Child poverty - % of children aged 0-18 living in relative poverty after housing costs	Increasing 29.0% to 31.0%	Unchanged 29.0% to 29.0%	Increasing 22.0% to 24.0%	Decreasing 25.0% to 24.0%

	England	Wales	Scotland	Northern Ireland
Not in education, employment or training (NEET) - % of NEET young people England and Wales: aged 16-18 Scotland: aged 16-19 Northern Ireland: 16-24	Decreasing 7.6% to 6.3%*	Increasing 8.1% to 8.3%*	Decreasing 6.5% to 3.1%*	Decreasing 11.5% to 10.7%*
Young carers *** – rate of young carers providing any unpaid care per week, per 1,000 young people aged 10-19 yrs	Increasing 25.6 to 32.3	Increasing 32.1 to 39.5	Increasing 31.3 to 60.1	Increasing 31.8 to 45.5
Child protection – rate of children and young people on either a child protection plan or the child protection register per 100,000 children aged 0-18	Increasing 42.0 to 45.0	Decreasing 50.0 to 47.0	Decreasing 27.9 to 26.0	Increasing 44.3 to 47.7
Looked after children (LAC) – rate of LAC per 10,000 children aged 0-18	Increasing 60.0 to 65.0	Increasing 91.2 to 101.7	Decreasing 150.7 to 144.4	Increasing 66.2 to 71.2
Long term conditions				
Asthma - rate of emergency admission for asthma per 100,000 children aged 0-18	Decreasing 205.8 to 174	Decreasing 192.0 to 165.0	Decreasing 203.0 to 157.2	No data
Epilepsy - rate of emergency admission for epilepsy per 100,000 children aged 0-18	Decreasing 70.0 to 66.8	Increasing 87.7 to 87.9	Increasing 69.2 to 73.8	No data
Diabetes - median % HbA1c level (mmol/mol) of children and young people aged 0-25 with Type 1 diabetes	Decreasing 66.5 to 64.0	Decreasing 68.3 to 64.5	No data	No data
Cancer – mortality rate per 100,000 children aged 5-14	Decreasing 2.6 to 2.3	Increasing 2.4 to 2.5	Increasing 2.5 to 2.8	Decreasing 3.0 to 2.3
Disability and additional learning needs - % of pupils in mainstream education England / Northern Ireland: SEND Wales: SEND / ALN Scotland: ASN	Decreasing 17.9% to 14.6%	Decreasing 22.6% to 22.2%	Increasing 20.8% to 30.9%	Increasing 21.7% to 23.0%
Child health workforce				
Workforce – rate of paediatric consultants per 10,000 children and young people aged 0-18	Increasing 1.9 to 2.2	Increasing 1.6 to 2.0	Increasing 1.9 to 2.2	Increasing 1.7 to 2.0

* Data is not directly comparable.

**Trend data is not available; most recent data provided.

***Data on young carers is sourced from UK census data and the trend reflected is from 2001 to 2011.

What is a priority for children and young people in England?

Children, young people, parents, carers and advocates took part in sessions across England, giving them the chance to share what keeps them “healthy, happy and well”. Sessions were delivered with groups of children and young people in schools, youth projects and charity groups, as well as through one-to-one conversations in health settings. In England, vulnerable groups were involved including children and young people with disabilities, patients with long term conditions, young people within care experiences as well as children and young people from universal backgrounds.



EXERCISE & HOBBIES **FOOD & DRINK** **HEALTHY LIVING**

Their ideas were collated and reviewed, identifying 12 recurring themes across the UK. Children and young people in England prioritised access to good quality/cheap food and drink, exercise/hobbies (places to go/things to do) and support around healthy living/choices as their priority areas to stay “healthy, happy and well”. Data in the table below presents the total responses collected from 322 children and young people in England; some may have discussed multiple topics that keep them ‘healthy, happy and well’ while some may have chosen one topic.

What makes you healthy, happy and well?	UK total	England	Wales	Scotland	Northern Ireland
Exercise / hobbies / extra curriculars	803	334	50	231	188
Food / drink	630	284	29	130	187
Health / healthy living	292	163	18	41	70
Emotional / mental health	312	137	3	84	88
Support	310	111	17	96	86
Belongings / material	245	101	17	56	71
Healthcare / NHS	254	96	11	28	119
Education / school life	217	89	17	53	58
Rights / safety	179	76	21	68	14
Home life	168	69	7	25	67
Friends	187	63	8	32	84
Family	160	62	8	38	52
Total responses:	3,757	1,585	206	882	1,084

Children and young people’s voice is at the heart of everything we do at RCPCH. Guided by the [United Nations Convention on the Rights of the Child](#), we support children and young people to have their voices heard in decisions that affect them (Article 12) and work with them to help shape services so they have the best healthcare possible (Article 24). The [RCPCH &Us Network](#) brings together children, young people up to the age of 25, their parents/carers and families to work with clinicians, decision makers and each other to educate, collaborate, engage and change to improve health services and child health outcomes.

Mortality

Mortality rates are an important marker of the overall health of society and highlight trends in causes of death over time. The reasons why infants, children and young people die are complex, but with key interventions many causes of death may be prevented.

Neonatal mortality accounts for 70-80% of infant deaths in the UK, largely due to perinatal causes, such as maternal health, congenital malformations and preterm birth. Sudden unexplained death in infancy (SUDI) is responsible for a large number of post-neonatal deaths.

Cancer is the leading cause of death in children aged one to nine years.

Adolescence (10-19 years) is the life stage with the second highest risk of death among children and young people. The leading cause of death for this age group is accidents. The UK has not matched the recent reductions in adolescent mortality seen in comparable wealthy countries, largely due to higher rates of death from non-communicable diseases.

Infant mortality

- In 2018, the infant mortality rate was 3.9 per 1,000 live births in England, compared to 3.5 per 1,000 in Wales, 4.2 per 1,000 in Northern Ireland and 3.2 per 1,000 in Scotland.
- In 2018, the infant mortality rate in England was 2.4 times higher for infants in the most deprived groups than the least deprived infants.
- In 2018, the neonatal mortality rate was 2.8 per 1,000 live births in England, compared to 2.5 per 1,000 in Wales, 3.2 per 1,000 in Northern Ireland and 2 per 1,000 in Scotland.
- In 2018, the post-neonatal mortality rate was 1.1 per 1,000 live births in England, compared to 1 per 1,000 in Wales, 1 per 1,000 in Northern Ireland and 1.2 per 1,000 in Scotland.

Policy recommendations for England:

- Recommendations from the National Maternity Review should be implemented in Local Maternity Systems by the end of 2021. NHS England should plan an impact assessment to minimise variation and inform quality improvement in 2022.
- The National Strategy for Child Health and Wellbeing should include a specific focus for the first 1,000 days of life.
- There should be renewed investment and resource to support the revision of the Healthy Child Programme.
 - The Programme should provide a universal preventative service for all infants, children and young people aged 0 to 24.

- Every child should receive a minimum of five mandatory contacts from a health visitor.
- Revision of the Programme should be aligned to the latest evidence-base, namely the 5th edition of 'Health for All Children' (2019).
- NHS England should deliver commitments within the Long Term Plan on health promotion and early intervention services, including:
 - Universal midwifery and health visiting services for new mothers;
 - Increased provision of targeted support for younger mothers.
- NHS England should implement the recommendations of the Neonatal Critical Care Review in England.
- The National Child Mortality Database in England should be maintained and supported to improve local learning and national policymaking.
- UK Government should implement the fortification of flour with folic acid across the UK, to ensure women have healthy blood folate levels during their pregnancy.

Child mortality (1-9 years)

- In 2018, the child mortality rate was 9.9 per 100,000 children aged 1 to 9 in England and Wales, compared to 9.7 per 100,000 in Northern Ireland and 9.7 per 100,000 in Scotland.

Policy recommendations for England:

- NHS England should deliver commitments from the Long Term Plan for children and young people's cancer services, including:
 - Offering all children with cancer genome sequencing;
 - Access to CAR-T and proton beam cancer therapies;
 - Evidence that children and young person are involved in 50% more clinical trials by 2025;
 - All boys aged 12 and 13 are offered vaccination against HPV-related diseases;
 - Investment in children's palliative care services in line with clinical commissioning groups.
- NHS England should support the ongoing establishment of a UK wide clinical network for asthma, as per the NHS Long Term Plan commitment. Appropriate support and resources must be provided to support key network functions at national and regional levels. Networks should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.

Adolescent mortality (10-19 years)

- In 2018, the adolescent mortality rate was 17 per 100,000 children aged 10 to 19 in England and Wales, compared to 20.5 per 100,000 in Northern Ireland and 24.6 per 100,000 in Scotland.

Policy recommendations for England:

- UK Government should resource Local Authorities to provide safer environments for children and young people to walk, play and travel. Local Authorities should commit to:
 - Expansion of 20mph zones within built up / urban areas;
 - Greater number of cycle lanes;
 - Greater number of pedestrian zones;
 - Monitoring and measurement of their population's exposure to air pollution, particularly in urban areas and near schools.
- NHS England should implement the Long Term Plan commitment to create 0-25 year services in England by 2028, to ensure delivery of seamless services for children with long term physical and mental health conditions.

Maternal and perinatal health

Good health promotion starts before birth. Maximising the health and wellbeing before, during and after pregnancy is central to efforts to improve child health outcomes. Maternal weight, wellbeing, breastfeeding and stopping smoking improve the health of both mothers and infants. We welcomed the recent Government policy focus on the first 1,000 days and adverse childhood experiences but are concerned that this focus has lost momentum.

Smoking during pregnancy is a leading factor in poor birth outcomes, including stillbirth and neonatal deaths. Rates of smoking have improved over time but have currently stalled, due to variation in rates by geography, age and socio-economic status.

Breastfeeding has multiple benefits for mother and child, including reduced risk of gastro-intestinal problems, respiratory infections, tooth decay and reduced hospital admissions. However, breastfeeding rates in the UK remain lower than comparable high-income countries.

Smoking during pregnancy

- In 2018/19, 10.6% of pregnant women were smoking at the time of delivery in England compared to 16.0% of women in Wales in 2017/18.
- In 2018/19, 13.2% of pregnant women were smoking at their first booking appointment in Northern Ireland, compared to 14.6% of pregnant women in Scotland in 2019.

Policy recommendations for England:

- As part of the Healthy Child Programme, health visitors (or other community based health professionals) should offer all pregnant women breathalyser tests to monitor smoking prevalence, alongside advice on local smoking cessation services.
- UK Government should resource Local Authorities to introduce incentive schemes to support women to stop smoking during their pregnancy.

Breastfeeding

- In 2017/18, 29.6% of women exclusively and 13.1% partially breastfed their children at the 6-8 week health visitor review in England.
- In 2017/18, 30.7% of women exclusively and 11% partially breastfed their children at the 6-8 week health visitor review in Scotland.
- In 2016/17, 23.9% of women exclusively and 8% partially breastfed their children at the 6-8 week health visitor review in Northern Ireland.
- In 2017/18, 20.8% of women exclusively and 7.6% partially breastfed their children at the 6 week health visitor review in Wales.

Policy recommendations for England:

- Public Health England should conduct an Infant Feeding Survey, to ensure that there is improved data collection on rates of breastfeeding continuation at birth, 10-14 days, 6-8 weeks, and 6 months. We welcome the commitment within the Department for Health and Social Care's Prevention Green Paper to support this.
- All Sustainability and Transformation Partnerships (STP) / Integrated Care Systems (ICS) should develop local plans for breastfeeding, in collaboration with Local Maternity Action Boards. This should include monitoring local breastfeeding data.
- UK Government should resource Local Authorities to provide local pathways, agreed by multi-agencies, which improve access to support, resources and services for women seeking to breastfeed. These pathways should include provision of local breastfeeding peer support networks.
 - Funding for these services should be ringfenced within areas with high maternal deprivation.

- Public Health England should deliver a public health messaging campaign on initiation and continuation of breastfeeding. Campaigns should be targeted in areas with high maternal deprivation.

Prevention of ill health

Promoting healthy lifestyles and preventing people from becoming ill is key to reducing existing and future burden of disease and ensuring that everyone can live long and healthy lives. Early intervention in childhood fosters healthy behaviours for life, in crucial aspects such as healthy weight, diet and oral health.

Vaccination rates above 95% provide immunity and protection for wider society and can lead to the elimination of specific infectious diseases.

Obese children are much more likely to become obese adults, with increased chance of developing a range of other health conditions such as heart disease, stroke, high blood pressure, diabetes and cancers.

Tooth decay can lead to pain and time off school with loss of work for families. Dental decay is almost always preventable.

We welcome the publication of the prevention green paper ‘Advancing our health: prevention in the 2020s’ and hope to see the recommendations implemented in full.

Immunisations

- In 2018, 92.1% of children in England had received their 5-in-1 vaccination, compared to 94.8% in Northern Ireland, 95.9% in Scotland and 95.4% in Wales.
- In 2018, 86.4% of children in England had received the second dose of their MMR vaccination, compared to 91.8% in Northern Ireland, 91.2% in Scotland and 92.2% in Wales.

Policy recommendations for England:

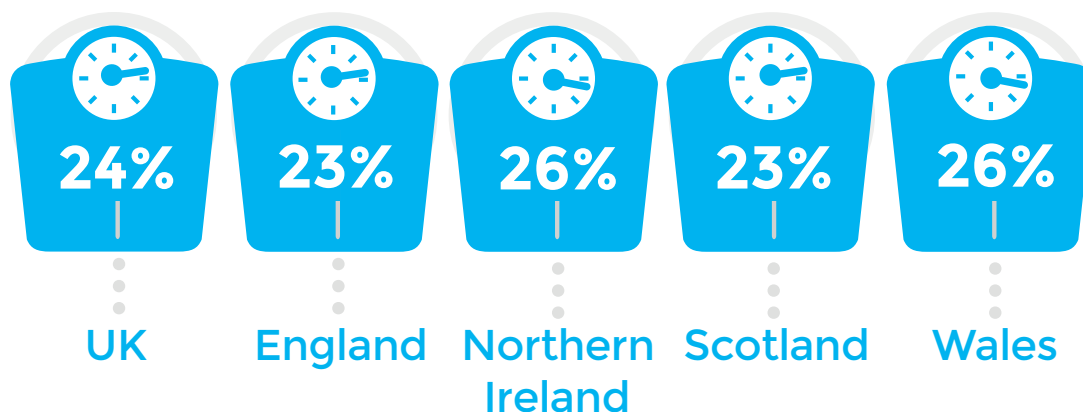
- UK Government should urgently publish a vaccination strategy to improve rates of childhood immunisations and ensure that England regains its World Health Organisation measles free status. The strategy should include:
 - Resource to expand Public Health England’s Value of Vaccines campaign. Currently, it targets individuals and organisations with an interest in public health to share resources and engage in activities, including dissemination guidance for frontline healthcare professionals. The wider campaign should be broadcast through print and digital media and should target the general population, whilst also targeting groups known to be less likely to vaccinate (for example, migrant populations, rural communities).

- Funding for the Healthy Child Programme to develop local community practitioner and health visitor services (or other community-based services), to ensure equitable access to immunisation information and provision.
- The National Institute for Health Research (NIHR) should commission UK-wide research into methods to improve vaccination uptake amongst families who make a conscious decision not to vaccinate their child.

Healthy weight

- In 2018/19, 22.6% of 4-5 year olds in England were recorded as either overweight or obese; compared to 26.1% in Northern Ireland and 22.4% in Scotland. In 2017/18, 26.4% of 4-5 year olds in Wales were recorded as either overweight or obese.
- In 2018/19, 34.3% of 10-11 year olds in England were recorded as either overweight or obese.
- In 2018/19, 35.2% of 11-12 year olds in Northern Ireland were recorded as either overweight or obese.
- In 2018/19, the most deprived children aged 4-5 years in England were 1.6 times more likely to be overweight than the least deprived.

Healthy weight | 4-5 year olds overweight or obese



Policy recommendations for England:

- UK Government should implement in full the actions from chapters 2 and 3 of 'Childhood obesity: a plan for action' including:
 - Introduction of a 21:00 watershed for broadcasting restrictions of products high in fat, sugar and salt (HFSS), which should apply to TV, online advertising and within public spaces or family events. This would restrict all HFSS advertising between 5:30 and 21:00. There should be no exemptions to this advertising restriction.

- Maintenance and monitoring of the Soft Drinks Industry Levy, which should be expanded to include other products with high sugar content (e.g. natural sugars in infant foods).
- UK Government should resource Local Authorities to review planning and licensing arrangements to ban fast food outlets (FFOs) from within 400 metres (approximately five minutes walking time) of schools and other locations with a high child footfall (e.g. leisure centres, parks, hospitals).
- UK Government should resource Local Authorities to maintain and expand on current sports and leisure facilities available for children and young people to exercise at.
- We welcome the Department for Education's commitment to provide greater access to physical activity within their 2019 'School sport and activity action plan'; this should ensure children have a minimum of two hours of physical activity per week within primary education. Physical activity could include: The Daily Mile, after school sports offers, physical education within the curriculum.
 - Physical education or activity should be in line with the UK Chief Medical Officers' 2019 Physical Activity Guidelines.
 - The quality of physical education, or other physical activity, provided should be monitored by Ofsted.
- The Department for Education should continue to provide the Primary PE and Sport Premium at the doubled rate (£320 million) for 2020-21. UK Government should outline plans for funding beyond 2021.
- The Department for Education should expand school curriculum to incorporate nutrition and healthy diet education, within the Relationships and Health Education curricula. The quality of nutrition / healthy diet education should be monitored by Ofsted.
- UK Government should review and evaluate the School Fruit and Vegetable Scheme to ensure all children in England are receiving daily fruit and vegetables, that is fresh and to a certain quality standard.
- National Child Measurement Programme (NCMP) should be maintained across England, ensuring data collection upon entry and exit of primary school. NCMP data should be embedded within electronic health records.

Oral health

- In 2018/19, 2.8 per 1,000 children aged 0-5 years had a tooth extraction due to tooth decay in England. In 2017/18, the comparable rate was 2.3 per 1,000 children in Scotland.
- In 2017/18, 1.7 per 1,000 children aged 0-2 years had a general anaesthetic for dental extraction in Wales.
- In 2013, 31% of 5 year old children in England had obvious tooth decay, compared to 41% in Wales and 40% in Northern Ireland. In 2018, 29% of 5 year old children in Scotland had obvious tooth decay.

Policy recommendations for England:

- UK Government should commission a review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in England.
- Public Health England should deliver a public health messaging campaign on children's oral health. The campaign should raise awareness of factors contributing to poor oral health (i.e. diet / tooth brushing) and how to access services in a timely manner (i.e. Dental Check by One).
- UK Government should provide preventative support programmes for children and families to enable them take up positive oral health habits (i.e. through supervised tooth brushing schemes). The programme should be targeted at children aged 0-7 in England and should draw on comparable schemes in Wales (Designed to Smile), Scotland (Child Smile) and Northern Ireland (Happy Smiles).
- UK Government should provide resource and support for Local Authorities to implement fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay.

Injury prevention

Accident prevention requires different interventions for different age groups.

Non-intentional injuries in children under five years of age are a leading cause of death and disability; especially from falls, poisonings and drowning, which can all be prevented with improved child safety measures.

For older age groups, risky behaviours such as driving and involvement in violent activity each contribute to serious and fatal injuries. Globally, road traffic accidents are a leading cause of death among young people, but rates in the UK are lower than comparable high-income countries. Youth violence impacts individuals, families, communities and society and rates of physical injury are increasing in England. We welcome the move toward public health approaches to tackling youth violence, as demonstrated in London's Violence Reduction Unit.

Accidental injury

- In 2018/19, the rate of hospital admissions due to unintentional injury was 12.8 per 1,000 children aged 0-4 in England, compared to 10.1 per 1,000 in Wales. In 2017/18, the rate was 10.7 per 1,000 in Scotland.
- The top three reasons for admission in England were: exposure to an unspecified factor, foreign body and injured between objects.

Policy recommendations for England:

- UK Government should resource Local Authorities to implement in full NICE public health guideline [PH30] 'Unintentional injuries in the home: interventions for under 15s'. We support Public Health England's recommendation to implement home safety assessments particularly to families living in deprived areas or social housing, combining assessment, advice and provision of safety equipment (as covered in NICE PH30).
- We support recommendations for children and young people outlined by the Royal Society for the Prevention of Accidents (RoSPA) within their national strategy for accident prevention in England. Recommendations from the strategy should be implemented in full. The strategy provides recommendations on:
 - Addressing health inequalities;
 - Improving data collection;
 - Providing safer environments;
 - Improving product safety;
 - Ensuring a systematic approach and leadership to tackle injury prevention;
 - Providing education and training;
 - Expanding the research and evidence-base on the reasons for accidental injuries among young people.

Road traffic accidents

- In 2017, the rate of road traffic injuries was 3.4 per 1,000 young people aged 17-19 years in England, compared to 2.8 per 1,000 in Scotland and 3.4 per 1,000 in Wales.
- In 2017, the rate of fatal or serious road traffic accidents was 37.7 per 100,000 young people aged 17-19 years in England, compared to 36.4 per 100,000 in Scotland and 47.7 per 100,000 in Wales.
- In 2017 in Great Britain, males aged 17-19 years were 1.5 times more likely to be involved in a fatal or serious road accident than females.

Policy recommendations for England:

- UK Government should resource Local Authorities to provide safer environments for children and young people to walk, play and travel. Local Authorities should commit to:
 - Expansion of 20mph zones within built up / urban areas;
 - Greater number of cycle lanes;
 - Greater number of pedestrian zones;
 - Monitoring and measurement of their population's exposure to air pollution, particularly in urban areas and near schools.
- We welcome the Department for Transport's research into graduated driver licensing as part of their two-year road safety action plan; which should be introduced for novice drivers in England as a priority.

Youth violence

- In 2017, the rate of children aged 10-14 years who were injured by a sharp object was 21.2 per 100,000 in England, compared to 13 per 100,000 in Wales, 14.9 per 100,000 in Scotland and 14.4 per 100,000 in Northern Ireland.
- In 2017, the rate of children aged 15-19 years who were injured by a sharp object was 38.3 per 100,000 in England, compared to 33.8 per 100,000 in Wales, 38.5 per 100,000 in Scotland and 38.2 per 100,000 in Northern Ireland.
- In 2017, the rate of young people aged 20-24 years who were injured by a sharp object was 49.9 per 100,000 in England, compared to 48.8 per 100,000 in Wales, 53.7 per 100,000 in Scotland and 53.6 per 100,000 in Northern Ireland.
- In 2017, males aged 20-24 in England were 11.6 times more likely to suffer from injury by a sharp object than females the same age.

Policy recommendations for England:

- UK Government should adopt a preventative, multi-agency public health approach to tackling youth violence in England. A public health approach should incorporate: exposure to available services, prevention of youth violence, reducing risk factors which make young people vulnerable to violence, and increased work with communities. The approach should draw on comparable schemes (e.g. Violence Reduction Unit Scotland and Violence Reduction Unit London).
- We welcome the UK Government's £500m commitment to provide a Youth Investment Fund to deliver new youth centres and mobile facilities alongside refurbishment of existing centres; which should be provided in full. Youth services should provide multi-disciplinary services (e.g. healthcare, mental health services, youth workers and police) and be prioritised in areas with high levels of deprivation.

Health behaviours

Healthy behaviours are fostered early in life; conversely young people who experiment with smoking, alcohol and drugs are more likely to continue these habits into later life, with detrimental impacts on their physical and mental health.

Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality. Alcohol and drug use are some of the leading risk factors for overall burden of disease in the UK.

Similarly, teenage conceptions are associated with poor outcomes for young women and their children, including poorer education attainment and poorer mental health for the mother and low birth weights for their infants.

Smoking in young people

- In 2018, 5.1% of 15 year olds in England self-reported as regular smokers (smoking within the last week), compared to 9% in Wales and 7% in Scotland.
- The proportion of regular smokers in England was higher for females (5.3%) than males (4.9%) in 2018.
- In 2016, 4.1% of 11-16 year olds in Northern Ireland self-reported as having smoked within the last week.

Policy recommendations for England:

- UK Government should prohibit all forms of marketing of e-cigarettes to children and young people, for example by marketing sweet flavours.
- UK Government should resource Local Authorities to extend bans on smoking in public places to locations with a high child footfall (e.g. school grounds, leisure centres, parks, hospitals).

Alcohol and drug use in young people

- In 2018, 26% of 15 year olds in England self-reported as having been drunk two or more times compared to 31.5% in Scotland. In 2018, 18% of 15 year olds in Wales self-reported as having been drunk at least four times.
- The proportion of young people who report having been drunk two or more times in England was higher for males (28%) than females (24%) in 2018.
- In 2016, 13% of 11-16 year olds in Northern Ireland self-reported as having been drunk two to three times.
- In 2018, 21% of 15 year olds in England self-reported as ever having tried cannabis, compared to 21% in Wales and 16.5% in Scotland.
- The proportion of young people ever having tried cannabis in England was higher for males (25%) compared to females (17%) in 2018.

Policy recommendations for England:

- UK Government should introduce a minimum unit price for alcohol in England. The policy should mirror the Alcohol (Minimum Pricing) (Scotland) Act and the Public Health (Minimum Price for Alcohol) (Wales) Act, which sets the minimum price for alcohol as 50p per unit. As well as helping children's health, it will also reduce adult ill-health from liver disease.

Conceptions in young people

- In 2018, the under-18 conception rate was 17.3 per 1,000 females aged 15-17 years in England, compared to 19.5 per 1,000 in Wales. In 2017, the rate was 16.3 per 1,000 in Scotland.
- In 2017, the live birth rate was 4.7 per 1,000 females aged 15-17 in Northern Ireland.

Policy recommendations for England:

- UK Government should provide more funding for Local Authorities to expand and deliver sexual health services.
- We welcome the Department for Education's commitment to implement the Relationships Education, Relationships and Sex Education and Health Education (RSHE) curriculum across England from September 2020. This should be rolled out with appropriate advice and guidance for schools, and should be monitored by Ofsted.

Mental health

Early intervention in mental health problems is key to reducing the damage caused by them. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24. Therefore, improving children and young people's mental health should be everyone's responsibility, both individually and as a society. Professionals should be able to identify concerns to signpost to services and resources before children and young people reach crisis or attempt suicide.

Increased public discourse on mental health is aimed at reducing stigma around discussing mental health concerns and improving understanding of individual experience. There should be adequate services available to meet growing demand for mental health services and support.

Prevalence of mental health conditions

- In 2017, 11.2% of children and young people aged 5-15 in England reported having any mental health disorder. Of these, 5.8% were emotional disorders, 5.5% behavioural disorders and 1.9% hyperactivity disorders.

Mental health services

- In 2016/17, the rate of mental health admissions for young people under the age of 18 was 33 per 100,000 in England, compared to 13 per 100,000 in Wales, 61 per 100,000 in Scotland and

40 per 100,000 in Northern Ireland.

- In 2016/17, the rate of available mental health beds for young people under the age of 18 was 11 per 100,000 in England, compared to 3 per 100,000 in Wales, 10 per 100,000 in Scotland and 9 per 100,000 in Northern Ireland.
- In 2016/17, the average length of stay on CAMHS inpatient wards was 72 days in England, compared to 99 days in Wales, 50 days in Scotland and 52 days in Northern Ireland.
- In 2017/18 in England, the median wait time to CAMHS assessment was 34 days and the median wait time to treatment was 60 days.

Suicide

- In 2018, the suicide rate for young people aged 15-24 was 8.1 per 100,000 in England, compared to 9.7 per 100,000 in Wales, 15.1 per 100,000 in Scotland and 17.8 per 100,000 in Northern Ireland.
- In 2018 in the UK, males aged 20-24 were 3.5 times as likely to end their life than females of the same age.

Policy recommendations for England:

- UK Government should resource Local Authorities to provide local pathways, agreed by multi-agencies, which improve access to support, resources and mental health services. These should be targeted at vulnerable groups – including, but not limited to: young men, Looked After Children, children and young people with long term conditions, and children not attending school.
- We welcomed the 2017 Mental Health of Children and Young People in England Survey. NHS Digital should conduct this survey a minimum of every three years to improve data collection on children and young people's mental health, enabling greater recognition of the level of need.
- We welcome the NHS Benchmarking Unit's data collection on the performance of CAMHS services across the UK. All Trusts in England should report their data into the benchmarking data collection.
- There should be renewed investment, resourcing and ring-fenced funding of CAMHS services in England. Ringfenced funding provided should be reflective of local service demand and should be regularly reviewed. Funding for children and young people's mental health services should grow faster than both overall NHS funding and total mental health spending.
- UK Government should ensure Local Authorities have the resources to invest in a preventative, multi-agency approach to mental health across all ages (incorporating: education for children, young people and families; long term conditions; social determinants; and health promotion). The approach should focus on early intervention for children and young people, including minimising the need for admission and effective crisis services to ensure that children and young people can be effectively supported and their treatment managed in their communities as much as possible.

- Mental Health Support Teams should be rolled out more quickly than outlined within the NHS England Long Term Plan, as currently only one quarter of children and young people will be covered by 2023/24. Additional funding is required for schools to allow them to employ school nurses, educational psychologists and/or counsellors that reflects the pupil body's level of need.
- We welcome NHS England's Long Term Plan commitment to provide education based Mental Health Support Teams by 2023/4. This should be adequately resourced and introduced without delay.
- Public Health England's Every Mind Matters campaign should be supported and regularly reviewed. UK Government should provide funding for future delivery of this campaign through print and digital media and should target the general population.

Family and social environment

Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. An individual child's health is inevitably influenced by the world and environment around them, not only by the quality of care they receive from the health system, but also by the services they are able to access and by their family's lifestyle.

Too many children and young people grow up in families that are experiencing poverty and deprivation. Data from State of Child Health demonstrates that child health outcomes are significantly impacted by their socio-economic status and geographical variation. It is not only children's health which may be impacted, but also their educational and social outcomes.

Certain groups of young people may be particularly vulnerable to poorer outcomes – young carers and children within the child protection system – and require targeted support to ensure they have a healthy and happy childhood. The impact of adverse childhood experiences (ACEs) in later life has been well documented and researched; all children deserve equal opportunities.

Adoption of cross-governmental approach to 'child health in all policies' recognises that child health should be considered in all decisions at both national and local levels. This approach would prevent any negative, unintended consequences of policies that lead to worse outcomes for children and young people.

Child poverty

- In 2017/18, 22% of UK children were living in poverty before housing costs, 30% after housing costs.
- In 2017/18, 31% of children in England were living in poverty after housing costs, compared to 29% Wales, 24% in Scotland and 24% in Northern Ireland.
- In 2017, 7.8% of UK children were living in persistent poverty.

Policy recommendations for England:

- UK Government should provide renewed investment in services for children and families, which support the child's school readiness.
- UK Government should introduce a cross-departmental National Child Health and Wellbeing Strategy to address and monitor child poverty and health inequalities. The Strategy should:
 - Adopt a 'child health in all policies' approach to decision-making and policy development, with HM Treasury measuring and disclosing the projected impact of the Chancellor's annual budget statement on child poverty and inequality. The Government should also collect adequate data to ensure all Departments can consider the impact of policies on child health as accurately as possible.
 - Reintroduce national targets to reduce child poverty rates and introduce specific health inequality targets for key areas of child health. Specific Government departments should be responsible and accountable to deliver targets set. The Department for Work and Pensions in particular should undertake a review into the impact of recent welfare changes on child poverty and inequality.
 - Provide funding for a child health workforce, that meets demand, and ensure children and young people receive the best possible care.
 - Include a specific focus for the first 1,000 days of life.

Education, employment or training

- In 2018, 4.1% of young people aged 16-17 and 12.9% of young people aged 20-24 were not in education, employment or training in the UK.

Policy recommendations for England:

- UK Government should resource Local Authorities to provide health and wellbeing hubs, designed for young people.
- In 2018, 6.3% of young people aged 16-18 in England were not in education, employment or training.

Young carers

- Latest available census data from 2011 shows the rate of young carers aged 0-9 was 3.3 per 1,000 in England, compared to 3.1 per 1,000 in Scotland, 4.1 per 1,000 in Wales and 3.8 per 1,000 in Northern Ireland.
- In 2011, the rate of young carers aged 10-19 was 32.3 per 1,000 in England, compared to 60.1 per 1,000 in Scotland, 39.5 per 1,000 in Wales and 45.5 per 1,000 in Northern Ireland.
- In 2011, the rate of young carers aged 20-24 was 49 per 1,000 in England, compared to 44.1 per 1,000 in Scotland, 58.9 per 1,000 in Wales and 78.7 per 1,000 in Northern Ireland.
- In England in 2011, 20.8% of young carers aged 0-9 who provided more than 50 hours of care per week reported that their health was 'not good'.

Policy recommendations for England:

- We welcome the Carers Action Plan 2018 – 2020, as a cross-Governmental programme to support carers in England, including young carers. UK Government should ensure the Plan is resourced and implemented, including an evaluation to determine impact.
- UK Government should provide adequate funding to Local Authorities to resource and commission annual health assessments for all young carers.

Children in the child protection system

- In 2018, the rate of children under the age of 18 on a child protection plan in England was 45 per 100,000.
- In 2018, the rate of children under the age of 18 on the child protection register was 47 per 100,000 in Wales, 47.7 per 100,000 in Northern Ireland and 26 per 100,000 in Scotland.
- In England, the most common reason for being on a child protection plan was neglect (48%).

Policy recommendations for England:

- UK Government should consult on incorporating the United Nations Convention on the Rights of the Child into domestic law.
- We welcome the Department for Education's 'Together, we can tackle child abuse' campaign, which recognises the fundamental right of all children and young people to live free from abuse and neglect and encourages reporting any concerns to the local council. Resource should be provided for this campaign to continue.

Looked After Children

- In 2019, the rate of Looked After Children under the age of 18 was 65 per 10,000 in England, compared to 101.7 per 10,000 in Wales and 71.2 per 10,000 in Northern Ireland in 2018. In 2017,

the rate was 144.4 per 10,000 in Scotland.

- In 2019 in England, 86.8% of Looked After Children's immunisations were up-to-date, 85.5% of Looked After Children had their teeth checked by a dentist, and 89.9% of Looked After Children had had their annual health assessment.

Policy recommendations for England:

- In line with the Children's Commissioner for England's 'Advocacy for Children' report, UK Government should resource Local Authorities to provide local pathways, agreed by multi-agencies, which improve access to support and services for LAC and young people. The offer of services should be available for young people up to the age of 25, to ensure transition services for care leavers are considered.
- UK Government should provide adequate funding to Local Authorities to resource and commission annual health assessments for Looked After Children up to the age of 25.

Long term conditions

Many long term conditions develop during childhood. More children are presenting with multiple morbidities with added complexity too, which need tailored management.

Asthma is the most common long term condition among children and young people, and is among the top ten reasons for emergency hospital admission of children in the UK. Epilepsy is the most common long-term neurological condition of childhood, although diagnosis is not always straightforward. Diabetes is increasingly common among young people in the UK. While 90% of diabetes cases are Type 1, Type 2 diabetes is increasingly prevalent.

Childhood cancers are varied and incidence rates have increased by 15% in the UK since the 1990s. Although, technological innovations and clinical trials have dramatically advanced cancer care and more children are surviving for longer.

Children with disabilities and learning difficulties are identified and supported through the education system with learning provision. However, there are difficulties in interpreting these data due to subjective thresholds, and the lack of data on children who are not in formal education.

Children and young people with long term conditions are more likely to develop mental health problems, and may have poorer education outcomes. Young people with long term conditions should be empowered with self-management tools to control their health condition as they become adults. This is particularly important for young people as they navigate the transition from child to adult health services.

Asthma

- In 2017/18, the rate of emergency admissions to hospital for asthma was 174 per 100,000 under 19 year olds in England, compared to 157.2 per 100,000 in Scotland and 165 per 100,000 in Wales.
- In 2018, there were 20 asthma mortalities in the UK for children aged 0-14, 19 of which were in England and Wales.
- In 2017, there were 22 asthma mortalities in the UK for young people aged 15-24, 18 of which were in England and Wales.

Policy recommendations for England:

- NHS England should support the ongoing establishment of a UK wide clinical network for asthma, as per the Long Term Plan commitment. Appropriate support and resources must be provided to support key network functions at national and regional levels. Networks should include links to mental health, education and transition and include input from both multidisciplinary professionals and family /young person engagement.
- All units across England should engage with the Royal College of Physician's National Asthma and COPD Audit Programme (NACAP).
- NHS England should review and update the asthma Quality and Outcomes Framework (QOF) indicators, to ensure children and young people are included and meaningfully measure the quality of care that they receive.

Epilepsy

- In 2017/18, the rate of emergency admissions to hospital for epilepsy was 66.8 per 100,000 under 19 year olds in England, compared to 73.8 per 100,000 in Scotland and 87.9 per 100,000 in Wales.

Policy recommendations for England:

- NHS England should support the ongoing establishment of a UK wide clinical network for epilepsy, as per the Long Term Plan commitment. Appropriate support and resources must be provided to support key network functions at national and regional levels. Networks should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.
- All NHS Trusts across England should engage with the Epilepsy12 National Audit Programme.
- All NHS Trusts across England should invest in sufficient epilepsy specialist nurses to ensure children and young people are supported across the health and education pathways. Unnecessary acute admissions and emergency department attendance should be decreased and there should be reduced avoidable epilepsy deaths.

Diabetes

- In 2017/18, the median HbA1c (mmol/mol) value was 64 in England and 64.5 in Wales.

Policy recommendations for England:

- NHS England should support the ongoing establishment of a UK wide clinical network for diabetes, as per the Long Term Plan commitment. Appropriate support and resources must be provided to support key network functions at national and regional levels. Networks should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.
- All paediatric diabetes units across England should engage with the National Paediatric Diabetes Audit (NPDA).
- NHS Trusts in England receiving Best Practice Tariff funding for their paediatric diabetes service should ensure that this funding is channelled directly into the service and used to support optimal multidisciplinary team staffing and service provision.
- NHS Digital should ensure that digital capacity in primary care and across child health professionals is strengthened with necessary IT systems so that information on a child's weight is accessible to all child health professionals who need it, to enable early identification of type 2 diabetes.

Cancer

- In 2017, the cancer mortality rate for children aged 0-4 was 2.9 per 100,000 in England, compared to 2.6 per 100,000 in Northern Ireland, 2.9 per 100,000 in Scotland and 2.5 per 100,000 in Wales.
- In 2017, the cancer mortality rate for children aged 5-14 was 2.3 per 100,000 in England, compared to 2.3 per 100,000 in Northern Ireland, 2.8 per 100,000 in Scotland and 2.5 per 100,000 in Wales.
- In 2017, the cancer mortality rate for young people aged 15-19 was 3.3 per 100,000 in England, compared to 4.2 per 100,000 in Northern Ireland, 4.3 per 100,000 in Scotland and 4.1 per 100,000 in Wales.

Policy recommendations for England:

- NHS England should deliver commitments from the Long Term Plan for children and young people's cancer services, including:
 - Offering all children with cancer genome sequencing;
 - Access to CAR-T and proton beam cancer therapies;
 - Evidence that children and young person are involved in 50% more clinical trials by 2025;
 - All boys aged 12 and 13 are offered vaccination against HPV-related diseases;
 - Investment in children's palliative care services in line with clinical commissioning groups.

Disability and additional learning needs

- In 2018, 14.6% of young people enrolled in education in England had an identified Special Educational Needs and Disability (SEND).
- In 2019, 23% of young people enrolled in education in Northern Ireland had an identified SEND.
- In 2019, 22.2% of young people enrolled in education in Wales had an identified Additional Learning Need (ALN).
- In 2019, 30.9% of young people enrolled in education in Scotland had an identified Additional Support Need (ASN).

Policy recommendations for England:

- NHS England should deliver commitments from the Long Term Plan for children and young people's learning disability and autism services, including:
 - Improving uptake of annual health check for those over the age of 14;
 - Supporting the STOMP-STAMP programme;
 - Funding the Learning Disabilities Mortality Review Programme (LeDeR);
 - National learning disability improvement standards to be implemented across all NHS services;
 - 'Digital flag' within systems for learning disability or autism;
 - Designated keyworker for children with a learning disability, autism or complex needs;
 - Move toward personalised community care to reduce inpatient care delivery.

Workforce

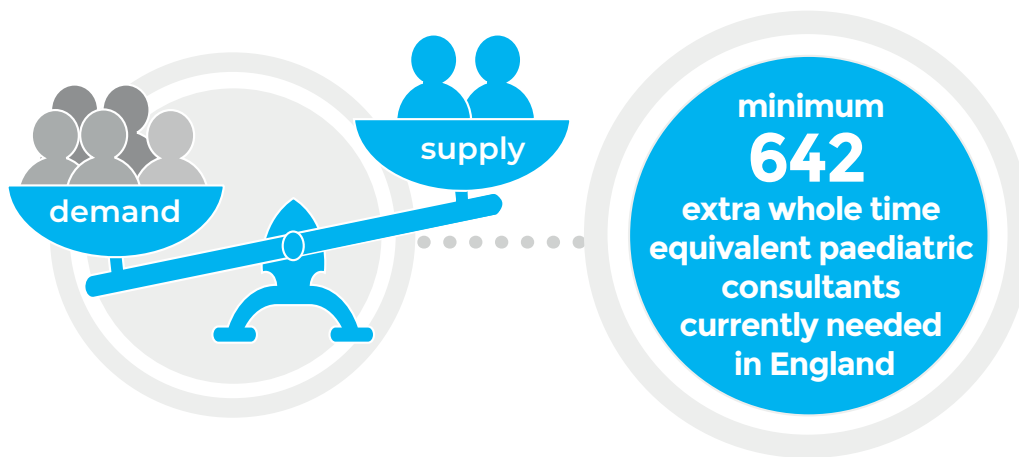
A child health workforce of sufficient number and skill is crucial to efforts to improve the health of children and young people in the UK: not simply paediatricians, but also children's nurses, health visitors, mental health professionals, primary care and allied health professionals. Currently, demand for child health services outstrips capacity and is a barrier for young people accessing high quality care.

- In 2017, there were 2.2 paediatric consultants per 10,000 children and young people (CYP) in England, compared to 2.2 per 10,000 CYP in Scotland, 2 per 10,000 CYP in Northern Ireland and 2 per 10,000 CYP in Wales.
- In 2018, there were 489.7 CYP per fully qualified GP in England and 463 CYP per fully qualified GP in Wales. In 2017, there were 339.3 CYP per fully qualified GP in Scotland and 471.8 CYP per fully qualified GP in Northern Ireland.

Policy recommendations for England:

- NHS England should urgently publish the NHS People Plan in full. The Plan should:
 - Consider the breadth of the child health workforce including medical, midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses.
 - Address the recruitment and retention of the healthcare workforce.
 - Ensure their healthcare workforce data is robust, reliable and comprehensive.
 - Be based around robust and proactive modelling of demand, to better match the changing needs of children and young people with the training and recruitment of our future child health workforce.

Workforce | consultant shortage



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