

State of Child Health 2020



Scotland

A policy response for Scotland

We launched our first State of Child Health report in 2017 as a “line in the sand” which described the health of Scotland’s children from a number of perspectives. Since then there have been welcome moves in Scotland aimed at improving mental and physical health and wellbeing.

For example we’ve seen the commitment to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into Scots Law. There has been the Equal Protection from Assault Bill passed in parliament. The Scottish Government have delivered strategies on healthy weight, mental health and introduced the Best Start Grants. These are all excellent moves in the right direction and over time, with adequate resources these interventions have the capacity to improve the health and wellbeing of our children.

However, there are some painful facts which cannot escape us. 24% percent of our children are growing up in poverty every day and obesity rates are on the rise. Urgent and bold actions at national and local government levels will be required to meet the 2030 targets.

The present document draws another line in the sand and reflects on what has gone well and not so well in Scotland and other UK nations. The document opens with the three overarching themes which RCPCH have identified for the whole of the UK: reduce child health inequalities; prioritise public health prevention and early intervention; and build and strengthen local, cross-sector services to reflect local need. A data table then compares and contrasts the change between 2014 and 2019 in a wide number of indices of child health across the four UK nations. The remainder of the document focusses on Scotland and RCPCH recommendations for policy makers on a number of key child health outcomes.

We need the Scottish Government to fully resource and fund their commitments. As we move into the Scottish elections in 2021, we hope all parties will commit to making child health a priority with a focus on ending child poverty and health inequalities, prioritising public health prevention and early intervention and enhancing services for children and young people.

Today’s children will very quickly become tomorrow’s parents, patients, leaders and workers who drive the Scottish economy. If we all work together to create an environment which nurtures and produces a population of physically healthy and mentally resilient children, we will create an exciting and vibrant country for us all to live in.



Professor Steve Turner,
RCPCH Officer for Scotland

A handwritten signature in black ink, appearing to read 'S Turner'.



Dr Ronny Cheung,
Clinical Lead - State of Child Health

A handwritten signature in black ink, appearing to read 'R 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 - Scotland, 2020

We have been busy going all over Scotland over the last two years to find out what keeps children and young people “healthy, happy and well” and to find out which topic needs to be tackled first. Everyone who took part had lots of ideas and was proud to be asked but even more proud of the NHS and how it helps people. They told us:

Living in Scotland can be good. For some children and young people though, it can be harder if they are ill or if they don't have enough money for food or things that help keep you clean, to have birthday parties, to buy your uniform or sports kit or other things. This can make children and young people feel sad, angry, upset and worried. We wanted to think about ideas that could help, with things like free sports activities for everyone that includes giving you what you need to wear, cooking classes to help families learn and eat together (we even named it Parental Food Access so PFA makes you YAAAAAY), and to make sure that everyone has someone to talk to, to creating a better future for children and young people.

It is part of our children's rights to be helping adults to make decisions and services that can help us, we want to make sure that all children and young people feel like they are surrounded by happiness. 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 Scottish 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. Scottish 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.

We welcome existing commitments to reduce child poverty and health inequalities. To expand on these, **Scottish Government should:**

- Action all measures contained in the Child Poverty (Scotland) Act and ensure these actions are appropriately resourced and funded, enabling the interim and 2030 targets to be met on time.
- Publish the Children and Young People's Health and Wellbeing Outcomes Framework without delay, to complement the Child Poverty (Scotland) Act.
- The Child Poverty (Scotland) Act progress reports should include the views of children and young people in how these actions impact the UNCRRC.

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.

We welcome the launch of Public Health Scotland and its role as an authoritative leader in ensuring a whole system approach to public health. To ensure success of the agency, **Scottish Government should:**

- Provide sufficient funds to Local Authorities to support families and provide early intervention services.

Public Health Scotland should:

- Prioritise the introduction of SNOMED-CT to improve data collection and reporting, which will ensure policy is reflective of the current climate.

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

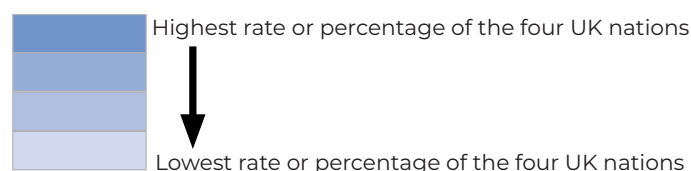
Infants, children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing. Services within the community may not be provided by health services but should seek to integrate where possible.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

We welcome the incorporation of the UNCRC into Scottish law and the benefit that this will bring to all children and young people. To embed this, **Scottish Government should:**

- Take the lead in providing long term, stable funding for community-based services for children, young people and their families.
- Provide resources for Local Authorities to implement measures to ensure that all children's service providers fully integrate the 'Getting It Right For Every Child' (GIRFEC) principles into the provision they offer.

At a glance: child health in Scotland (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

	England	Wales	Scotland	Northern Ireland
Injury prevention				
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 Scotland?

Children, young people, parents, carers and advocates took part in sessions across Scotland, 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 Scotland, vulnerable groups were involved including patients with long term conditions, children experiencing inequalities as well as children and young people from universal backgrounds.



EXERCISE & HOBBIES



FOOD & DRINK



SUPPORT

Their ideas were collated and reviewed, identifying 12 recurring themes across the UK. Children and young people in Scotland prioritised exercise/hobbies (places to go/things to do), access to good quality/cheap food and drink and support (trusted adult/support services) as their priority areas to stay “healthy, happy and well”. Data in the table below presents the total responses collected from 121 children and young people in Scotland; 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	Scotland	England	Wales	Northern Ireland
Exercise / hobbies / extra curriculars	803	231	334	50	188
Food / drink	630	130	284	29	187
Support	310	96	111	17	86
Emotional / mental health	312	84	137	3	88
Rights / safety	179	68	76	21	14
Belongings / material	245	56	101	17	71
Education / school life	217	53	89	17	58
Health / healthy living	292	41	163	18	70
Family	160	38	62	8	52
Friends	187	32	63	8	84
Healthcare / NHS	254	28	96	11	119
Home life	168	25	69	7	67
Total responses:	3,757	882	1,585	206	1,084

Children and young people’s voice is at the heart of everything we do at RCPCH. Guided by the [UNCRC](#), 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, which are chronic diseases that are not passed from person to person.

Infant mortality

- In 2018, the infant mortality rate was 3.2 per 1,000 live births in Scotland, compared to 3.9 per 1,000 in England, 3.5 per 1,000 in Wales and 4.2 per 1,000 in Northern Ireland.
- In 2018, the neonatal mortality rate was 2 per 1,000 live births in Scotland, compared to 2.8 per 1,000 in England, 2.5 per 1,000 in Wales and 3.2 per 1,000 in Northern Ireland.
- In 2018, the post-neonatal mortality rate was 1.2 per 1,000 live births in Scotland, compared to 1.1 per 1,000 in England, 1 per 1,000 in Wales and 1 per 1,000 in Northern Ireland.

Policy recommendations for Scotland:

- 'The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care (2017)' should be implemented in full and regularly reviewed in Scotland. The Plan should prioritise the care of women during pre-conception and pregnancy, including smoking cessation programmes, promotion of breastfeeding and promoting healthy weight in women of childbearing age.
- There should be renewed investment and resource to support a revision of the Child Health Programme. Revision of the programme should be aligned to the latest evidence base, namely the 5th edition of 'Health for All Children' (2019) published in February 2019.

- We welcome the Scottish Government's public health campaign informing pregnant women on three steps to reduce the risk of stillbirths. This campaign should be rolled out nationally.
- Healthcare Improvement Scotland should publish data to demonstrate whether the Patient Safety Programme on Maternity Care has fulfilled its commitment to reduce stillbirths by 35% by 2019.

Policy recommendations for the UK:

- 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 9.7 per 100,000 children aged 1 to 9 in Scotland, compared to 9.9 per 100,000 in England & Wales and 9.7 per 100,000 in Northern Ireland.

Policy recommendations for Scotland:

- Scottish Government should commit to publishing an impact assessment of the Strategic Framework for Action on Palliative and End of Life Care 2016 – 2021.
- Scottish Government should undertake an impact assessment of the Cancer Plan for Children and Young People in Scotland 2016 – 2019.
- Scottish Government should publish a new cancer plan for children and young people based on the findings of the impact assessment. The plan should consider prevention, diagnosis and treatment.

Adolescent mortality (10-19 years)

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

Policy recommendations for Scotland:

- Scottish Government should fulfil their 2018 commitment for Healthcare Improvement Scotland and the Care Inspectorate to develop a National Hub for Reviewing and Learning from the Deaths of Children and Young People with full implementation in 2020. The National Hub should ensure the death of every child up to the age of 26 is reviewed. It should produce a core data set, which allows for

systematic collection, analysis and interpretation of all infant, child and young person deaths to improve local learning and national policy making and allow meaningful international comparison.

- Local Authorities should provide safer environments for children and young people to walk, play and travel. They 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.

Maternal and perinatal health

Good prevention 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 welcome recent policy focus on the first 1,000 days and adverse childhood experiences.

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 2019, 14.6% of pregnant women were smoking at their first booking appointment in Scotland, compared to 13.2% of pregnant women in Northern Ireland in 2018/19.
- The percentage of pregnant women disclosing smoking at their first booking appointment in Scotland in 2019 was eight times higher for women in the most deprived groups than the least deprived.

Policy recommendations for Scotland:

- Scottish Government should reintroduce smoking reduction targets for pregnant women. These targets should be monitored and reported against regularly.
- As part of the Child Health Programme, health visitors (or other community-based health professionals) should offer all pregnant women the opportunity to have exhaled carbon monoxide breath testing to monitor smoking prevalence, alongside advice on local smoking cessation services.
- Local Authorities should introduce incentive schemes to support women to stop smoking during their pregnancy.

Breastfeeding

- 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 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, 20.8% of women exclusively and 7.6% partially breastfed their children at the 6 week health visitor review in Wales.
- 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 in Scotland, the most deprived women were 2.5 times less likely to exclusively breastfeed at the 6-8 week health visitor review than the least deprived.

Policy recommendations for Scotland:

- Scottish Government should repeat the Scottish Maternal and Infant Nutrition (2017) survey on a biannual basis and include data collection on rates of breastfeeding at birth, 10-14 days, 6-8 weeks, and 6 months.
- Local Authorities should 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 Scotland should deliver an evidence-based approach to communications around breastfeeding designed to bring about social change and normalise breastfeeding in Scotland. Scottish Government should provide additional funding for this campaign, which should be targeted in areas with high maternal deprivation and broadcast through print and digital media.

Prevention of ill health

Promoting healthy lifestyles and preventing people from becoming ill is key to reducing existing and future burden of disease on the NHS and ensuring that everyone can live long and healthy lives. Early intervention in childhood fosters healthy behaviours, especially for improvements in immunisation take up, healthy weight and oral health.

Vaccination rates above 95% provide immunity and protection for wider society and can lead to the elimination of some diseases. We welcome Scotland's achievement in sustaining the WHO immunisation target for the 5-in-1 vaccine and the protection this provides for our children, though would like to see similarly high rates for both doses of the MMR vaccination.

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

Dental extractions due to tooth decay can lead to increased risk of dental problems later in life.

Current trends in these areas can be prevented and reversed with action.

Immunisations

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

Policy recommendations for Scotland:

- NHS Scotland should ensure full implementation of the Vaccination Transformation Programme by April 2021. We welcome the Programme's focus on improving IT systems, communication with the public and targeted interventions for vulnerable groups. Funding should be provided to develop local community practitioner and health visitor services (or other community-based services), to improve access to immunisation information and provision.

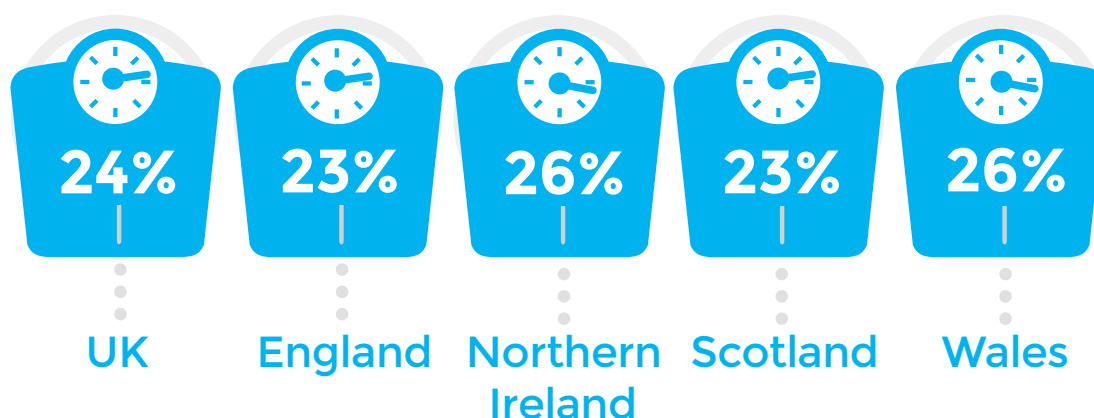
Policy recommendations for the UK:

- 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, 22.4% of 4-5 year olds in Scotland were recorded as either overweight or obese, compared to 22.6% in England and 26.1% in Northern Ireland. In 2017/18, 26.4% of 4-5 year olds in Wales were recorded as either overweight or obese.
- In 2017/18, the most deprived children aged 4-5 years in Scotland were 1.7 times more likely to be overweight than the least deprived.

Healthy weight | 4-5 year olds overweight or obese



Policy recommendations for Scotland:

- Local Authorities should 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).
- Scottish Government should provide funding for Local Authorities to maintain and expand on current sports and leisure facilities available for children and young people to exercise at.
- Physical education or activity should be in line with the UK Chief Medical Officers' 2019 Physical Activity Guidelines. Scottish Government should introduce measures of the quality of physical education, in line with the resources recently published by Education Scotland, 'Quality learning, teaching and assessment in physical education' (2020) and report on them annually.
- We welcome the inclusion of nutrition and healthy diet education within the 2010-11 Scottish Government Curriculum for Excellence, which should be reviewed to ensure it is up to date. The quality of nutrition and healthy diet education should be monitored by Education Scotland.

- We welcome Scottish Government's commitment to provide healthier food within primary schools in 2020, including: a minimum of two portions of fruit or vegetables within each school lunch, a maximum amount of red meat served within each school lunch, removal of fruit juices and smoothies. Scottish Government should monitor the implementation of this and consider expanding this to all school children.
- National Child Measurement Programme (NCMP) should be maintained in Scotland. Scottish Government should consult on expanding their Programme to collect data upon exit of primary school, which also provides an intervention for this age group who are more likely to be overweight or obese. NCMP data should be embedded within electronic health records.

Policy recommendations for the UK:

- UK Government should introduce 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.
- UK Government should ensure that the Soft Drinks Industry Levy is maintained and regularly monitored. It should be expanded to include other products with high sugar content (e.g. natural sugars in infant foods).

Oral health

- In 2017/18, 2.3 per 1,000 children aged 0-5 years had a tooth extraction due to tooth decay in Scotland, compared to 2.8 per 1,000 children England in 2018/19.
- In 2018, 28.9% of 5 year old children in Scotland had obvious tooth decay, compared to 31% of 5 year old children in England and 40% in Northern Ireland. In 2013, 41% of 5 year old children in Wales had obvious tooth decay.

Policy recommendations for Scotland:

- Scottish Government should commission a review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in Scotland.
- We welcome NHS Scotland's Child Smile Programme, which provides oral health resources for families and professionals and offers targeted support (supervised tooth brushing / dental packs) for children aged 3- 12. Funding and resource should be provided for Child Smile to continue.
- Scottish Government should resource and support 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 dangerous 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, though reducing in Scotland. We welcome the move toward public health approaches to tackling youth violence across the UK, as demonstrated in the Scottish Violence Reduction Unit.

Accidental injury

- In 2017/18, the rate of hospital admissions due to unintentional injury was 10.7 per 1,000 children aged 0-4 in Scotland, compared to 12.8 per 1,000 in England and 16.1 per 1,000 in Wales in 2018/19.
- In 2017/18, the top three reasons for admission in Scotland were: falls, poisonings and unspecified.
- In 2017/18, the most deprived children aged 0-4 in Scotland were 1.4 times more likely to require hospital admission from accidental injury than the least deprived children.

Policy recommendations for Scotland:

- Local Authorities should implement in full NICE public health guideline [PH30] 'Unintentional injuries in the home: interventions for under 15s'.
- We welcome the launch of Scottish Government's online hub for local level practitioners working with communities to deliver targeted safety messages and initiatives to prevent accidental injuries. This should be routinely reviewed and updated with new evidence and exemplars.
- Scottish Government should work with the Royal Society for the Prevention of Accidents (RoSPA) to develop a national strategy for accident prevention in Scotland.

Road traffic accidents

- In 2017, the rate of road traffic injuries was 2.8 per 1,000 young people aged 17-19 years in Scotland, compared to 3.4 per 1,000 in England and 3.4 per 1,000 in Wales.

- In 2017, the rate of fatal or serious road traffic accidents was 36.4 per 100,000 young people aged 17-19 years in Scotland, compared to 37.7 per 100,000 in England 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 Scotland:

- Local Authorities should provide safer environments for children and young people to walk, play and travel. They 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.

Policy recommendations for the UK:

- UK Government should devolve power to Scottish Government to allow the introduction of Graduated Driving Licence schemes for novice drivers in Scotland.

Youth violence

- In 2017, the rate of children aged 10-14 years who were injured by a sharp object was 14.9 per 100,000 in Scotland, compared to 21.2 per 100,000 in England, 13 per 100,000 in Wales 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 38.5 per 100,000 in Scotland, compared to 38.3 per 100,000 in England, 33.8 per 100,000 in Wales 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 53.7 per 100,000 in Scotland, compared to 49.9 per 100,000 in England, 48.8 per 100,000 in Wales and 53.6 per 100,000 in Northern Ireland.
- In 2017, males aged 20-24 in Scotland were 9.3 times more likely to be injured by a sharp object than females the same age.

Policy recommendations for Scotland:

- Scottish Government should continue to resource and fund the Scottish Violence Reduction Unit, which provides a preventative, multi-agency public health approach to tackling youth violence.
- Local Authorities should be provided with additional funding for youth services.
 - Youth services should provide multidisciplinary 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. We welcome Scottish Government's commitment to 'Raising Scotland's tobacco-free generation' and its target for 3% or less of 13-15 year old smokers.

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

Smoking in young people

- In 2018, 7% of 15 year olds in Scotland self-reported as regular smokers (smoking within the last week), compared to 5.1% in England and 9% in Wales. In 2016, 4.1% of 11-16 year olds in Northern Ireland self reported as having smoked within the last week.
- The proportion of regular smokers in Scotland was higher for males (8%) than females (6%) in 2018.

Policy recommendations for Scotland:

- We welcome the First Minister's commitment to consulting on a complete ban on the advertising and marketing of vaping products / electronic cigarettes and urge Scottish Government to implement a ban without delay.
- Local Authorities should 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, 31.5% of 15 year olds in Scotland self-reported as having been drunk two or more times, compared to 26% of 15 year olds in England. In the same year, 18% of 15 year olds in Wales self-reported as having been drunk at least four times. In 2016, 13% of 11-16 year olds in Northern Ireland self reported as having been drunk two to three times.
- The proportion of young people who reported having been drunk two or more times in Scotland was higher for females (33%) than for males (30%) in 2018.
- In 2018, 16.5% of 15 year olds in Scotland self-reported as ever having tried cannabis,

compared to 21% in England and 21% in Wales.

- The proportion of young people ever having tried cannabis in Scotland was higher for males (20%) than for females (13%) in 2018.

Policy recommendations for Scotland:

- We welcome the 2018 Alcohol (Minimum Pricing) (Scotland) Act, which sets the minimum price for alcohol as 50p per unit and the commitment to review the Act and subsequent price adjustment. Scottish Parliament should pay due regard to the review report evidence due in 2023 and act accordingly in the subsequent legislative vote.

Conceptions in young people

- In 2018, the under-18 conception rate was 16.3 per 1,000 females aged 15-17 years in Scotland compared to 19.5 per 1,000 in Wales. In 2017, the rate was 17.3 per 1,000 in England.
- In 2016, the conception rate amongst under 18s was 5.5 times higher for the most deprived young women than the least deprived.

Policy recommendations for Scotland:

- Scottish Government should provide extra funding for Local Authorities to expand and deliver sexual health services.

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; professionals should be able to identify concerns to signpost to services and resources before they reach crisis or suicide.

Increased public discourse on mental health is aimed at reducing stigma around discussing mental health concerns and improving understanding of individual experience. As more young people are able to recognise their mental health and wellbeing, there should be adequate services available to meet growing demand.

Much work has already been carried out by Scottish Government in order to identify the gaps in mental health provision. We welcome the progress made so far and the introduction the Children and Young People's Health and Wellbeing Programme Board to oversee a set of reforms designed to ensure CYP and their families receive the support they need, when they need it.

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. 5.8% of these were emotional disorders, 5.5% behavioural disorders and 1.9% hyperactivity disorders.
- There is no comparable mental health prevalence data collected in Scotland.

Mental health services

- In 2016/17, the rate of mental health admissions for young people under the age of 18 was 61 per 100,000 in Scotland, compared to 33 per 100,000 in England, 13 per 100,000 in Wales 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 10 per 100,000 in Scotland, compared to 11 per 100,000 in England, 3 per 100,000 in Wales and 9 per 100,000 in Northern Ireland.
- In 2016/17, the average length of stay on Child and Adolescent Mental Health Services (CAMHS) inpatient wards was 50 days in Scotland, compared to 72 days in England, 99 days in Wales and 52 days in Northern Ireland.
- In Scotland, 70.5% of total CAMHS patients wait between 0-18 weeks for treatment, which is the current target waiting time in Scotland.

Suicide

- In 2018, the suicide rate for young people aged 15-24 was 15.1 per 100,000 in Scotland, compared to 9.7 per 100,000 in Wales, 8.1 per 100,000 in England and 17.8 per 100,000 in Northern Ireland.
- In 2018 in the UK, 3.5 times more men aged 20-24 ended their own lives than females of the same age.

Policy recommendations for Scotland:

- Scottish Government should introduce and fully fund criteria free, community-based therapies for all children and young people, as well as family therapy to address all levels of mental health needs.
- Local Authorities should provide local pathways, agreed by multi-agencies, which improve access to support, resources and mental health services.
- Scottish Government should collect data on the prevalence of mental health conditions in children and young people and report this at a minimum of every three years.
- We welcome the NHS Benchmarking Unit's data collection on the performance of CAMHS services across the UK. All Health Boards in Scotland should report their data into the benchmarking data collection.

- We welcome the Scottish Government's commitment for an additional £28 million investment in CAMHS in the 2020-21 budget. This funding should be reflective of local service demand and 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.
- We welcome Scottish Government's 'Suicide Prevention Action Plan: Every Life Matters'. Scottish Government should commit to providing 24/7 crisis support services specifically for children and young people as recommended by the National Suicide Prevention Leadership Group.

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. We welcome the poverty targets outlined in the Child Poverty (Scotland) Act.

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. We welcome the incorporation of the UNCRC into Scottish law and the benefit that this will bring to all children and young people. We also welcome the Scottish Government's legal duty on Local Authorities to provide advice and support for young care leavers up to the age of 26.

The impact of adverse childhood experiences (ACEs) in later life has been well documented and researched; all children deserve equal opportunities and we welcome the policy focus on preventing exposure to adverse childhood experiences.

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.

Child poverty

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

Policy recommendations for Scotland:

- Scottish Government should action all measures contained in the Child Poverty (Scotland) Act and ensure these actions are appropriately resourced and funded, enabling the interim and 2030 targets to be met on time. The Child Poverty (Scotland) Act progress reports should include the views of children and young people in how these actions impact the (UNCRC).
- Scottish Government should publish the Children and Young People's Health and Wellbeing Outcomes Framework without delay, to complement the Child Poverty (Scotland) Act.
- Scottish Government should provide renewed investment in services for children and families, which support the child's school readiness.
- Scottish Government should ensure full rollout of the Scottish Child Payment by 2022, which will provide low income families with an additional £10 per week for each child aged 0-6 (payments will increase annually in line with inflation).

Education, employment or training

- In 2019, 3.1% of young people aged 16 - 19 were not in education, employment or training in Scotland.

Policy recommendations for Scotland:

- Local Authorities should provide health and wellbeing hubs designed for young people.

Young carers

- Latest available census data from 2011 shows the rate of young carers aged 0-9 was 3.1 per 1,000 in Scotland, compared to 3.3 per 1,000 in England, 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 60.1 per 1,000 in Scotland, compared to 32.3 per 1,000 in England, 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 44.1 per 1,000 in Scotland, compared to 49

per 1,000 in England, 58.9 per 1,000 in Wales and 78.7 per 1,000 in Northern Ireland.

- In Scotland in 2011, 9.6% of young carers aged 0-15 that provided more than 50 hours of care per week reported that their health was 'not good'.

Policy recommendations for Scotland:

- We welcome the Carers (Scotland) Act 2016, which places a duty to provide the Young Carer Statement and to involve young carers in hospital discharge planning. Adequate resource must be provided to ensure these are implemented effectively. Scottish Government should monitor the Act and routinely publish progress.
- Scottish Government should provide adequate funding to Local Authorities to resource and commission annual health assessments for young carers.

Children in the child protection system

- In 2018, the rate of children under the age of 18 on the child protection register was 26 per 100,000 in Scotland, compared to 47.7 per 100,000 in Northern Ireland and 47 per 100,000 in Wales.
- In Scotland, the most common reason for being on the child protection register was emotional abuse (15.6%).

Policy recommendations for Scotland:

- Scottish Government should ensure that investment in services for children and young people in the child protection system reflects the long term costs of not supporting the child, to ensure a holistic approach to their follow-up healthcare.

Looked After Children

- In 2017, the rate of Looked After Children under the age of 18 was 144.4 per 10,000 in Scotland, compared to 101.7 per 10,000 in Wales and 71.2 per 10,000 in Northern Ireland in 2018. In 2019, the rate was 65 per 10,000 in England.

Policy recommendations for Scotland:

- We welcome the report of the Independent Care Review. Scottish Government should develop guidance to guarantee continuity of healthcare for Looked After Children (LAC) regardless of changes in their residential location.
- Where possible, Local Authorities should provide local pathways, agreed by multi-agencies, which improve access to support and services for LAC. 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.

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. However, 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 this 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 157.2 per 100,000 under 19 year olds in Scotland, compared to 174 per 100,000 in England and 165 per 100,000 in Wales.
- In Scotland in 2017/18, the most deprived young people with asthma were 3.3 times more likely to require emergency admission to hospital than the least deprived.

Policy recommendations for Scotland:

- NHS Scotland should support the ongoing establishment of a UK-wide clinical network for asthma. Appropriate support and resources should be provided to support key network functions at national and regional levels. The network should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.

- All units across Scotland should engage with the Royal College of Physician's National Asthma and COPD Audit Programme (NACAP). NHS Health Boards should support this data collection.

Epilepsy

- In 2017/18, the rate of emergency admissions to hospital for epilepsy was 73.8 per 100,000 under 19 year olds in Scotland, compared to 66.8 per 100,000 in England and 87.9 per 100,000 in Wales.
- In Scotland in 2017/18, the most deprived young people with epilepsy were 2 times more likely to require emergency admission to hospital than the least deprived.

Policy recommendations for Scotland:

- We welcome NHS Scotland's development of the Scottish Paediatric Epilepsy Network (SPEN), which provides a managed clinical network to improve epilepsy services. NHS Scotland should ensure this network is maintained. To expand this, NHS Scotland should support the ongoing establishment of a UK-wide clinical network for epilepsy. Appropriate support and resources should be provided to support key network functions at national and regional levels. The network should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.
- Scottish Government and NHS Scotland should support the implementation of the Epilepsy12 National Audit Programme to cover Health Boards in Scotland, or collect and report comparable data with accompanying action planning and quality improvement.
- All Health Boards in Scotland should invest in sufficient epilepsy specialist nurses to ensure children and young people are supported across health and education pathways. This resource would decrease unnecessary acute admissions and emergency department attendance as well as reducing avoidable epilepsy deaths.

Diabetes

- In 2017/18, the median HbA1c (mmol/mol) value was 64 in England and 64.5 in Wales.
- No comparable data is available for Scotland, as units do not submit data to the National Paediatric Diabetes Audit (NPDA).

Policy recommendations for Scotland:

- NHS Scotland should support the ongoing establishment of a UK-wide clinical network for diabetes. Appropriate support and resources should be provided to support key network functions at national and regional levels. The network should include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.
- RCPCH, Scottish Government and NHS Scotland should support the implementation of the National Paediatric Diabetes Audit (NPDA) to cover Health Boards in Scotland, or collect and report comparable data with accompanying action planning and quality improvement.
- NHS Scotland should ensure digital capacity in primary care and across child health professionals is strengthened with the necessary IT systems so that information on children'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 Scotland, compared to 2.9 per 100,000 in England, 2.5 per 100,000 in Wales and 2.6 per 100,000 in Northern Ireland.
- In 2017, the cancer mortality rate for children aged 5-14 was 2.8 per 100,000 in Scotland, compared to 2.3 per 100,000 in England, 2.5 per 100,000 in Wales and 2.3 per 100,000 in Northern Ireland.
- In 2017, the cancer mortality rate for young people aged 15-19 was 4.3 per 100,000 in Scotland, compared to 3.3 per 100,000 in England, 4.1 per 100,000 in Wales and 4.2 per 100,000 in Northern Ireland.

Policy recommendations for Scotland:

- Scottish Government should commit to publishing an impact assessment of the Strategic Framework for Action on Palliative and End of Life Care 2016 – 2021.
- Scottish Government should undertake an impact assessment of the Cancer Plan for Children and Young People in Scotland 2016 – 2019.
- Scottish Government should publish a new cancer plan for children and young people based on the findings of the impact assessment. The plan should consider prevention, diagnosis and treatment.

Disability and additional learning needs

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

Policy recommendations for Scotland:

- NHS Scotland should implement all recommendations from the independent review of Learning Disability and Autism in the Mental Health Act (2019) in full.
- Scottish Government should implement the Proposed Disabled Children and Young People (Transitions) (Scotland) Bill in full, which would ensure development and implementation of a National Transitions Strategy. It would also require Local Authorities to introduce a transitions plan to ensure appropriate care is provided.

Workforce

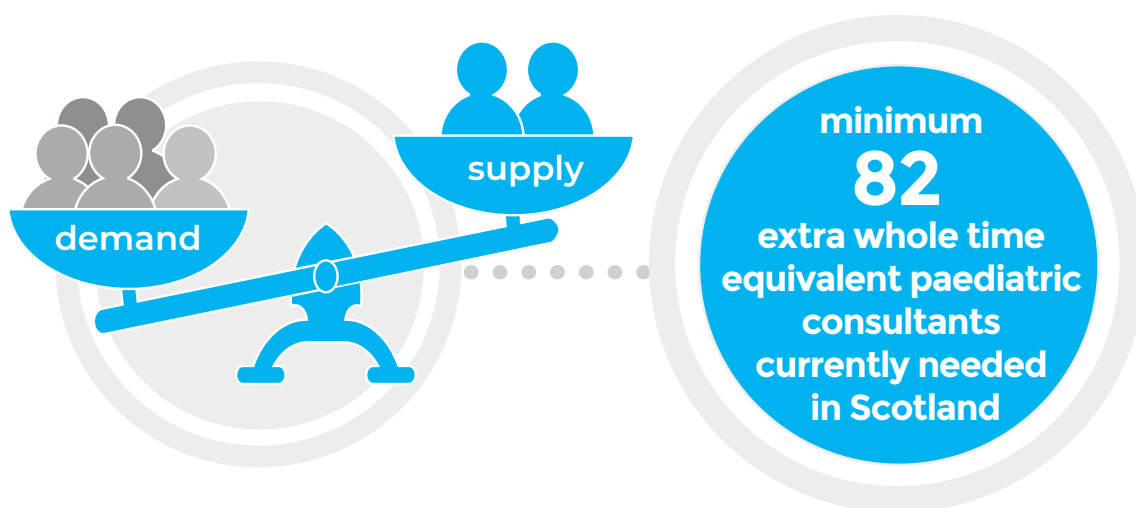
A child health workforce of sufficient number and skill is crucial to efforts to improve the health of children and young people in the UK: not simply paediatricians, but also children's nurses, health visitors, mental health professionals, primary care and allied health professionals. Currently, demand 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 Scotland, compared to 2.2 per 10,000 CYP in England, 2 per 10,000 CYP in Wales and 2 per 10,000 CYP in Northern Ireland.
- In 2017, there were 339.3 CYP per fully qualified GP in Scotland and 471.8 CYP per fully qualified GP in Northern Ireland. In 2018, there were 489.7 CYP per fully qualified GP in England and 463 CYP per fully qualified GP in Wales.

Policy recommendations for Scotland:

- Scottish Government should provide funding for NHS Scotland to develop a bespoke child health workforce strategy, which espouses a coherent and consistent approach to planning. The strategy 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.
 - Provide adequate time and regular structured support for the healthcare workforce.
 - Ensure their healthcare workforce data is robust, reliable and comprehensive.
 - Be based around robust and proactive modelling, 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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