State of Child Health 2020

Northern Ireland

RCPCH &Us
The voice of children, young people and families

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

A policy response for Northern Ireland

It has been a turbulent three years politically in Northern Ireland and just as the timing of the collapse of the institutions coincided with the publication of our landmark State of Child Health 2017 report, the restoration of the NI Executive coincides with our second report in 2020. Our 2017 report was the first of its kind and made a range of recommendations on child health and wellbeing and advocated for a child health in all policies approach. Our 2020 report expands on the first and covers 28 indicators of child health in the UK and makes recommendations to Government and policy makers as to what can be done to improve the outcomes for children in Northern Ireland.

In 2019 we reviewed progress made against meeting our policy recommendations and we were happy to report a mostly progressive trend in our State of Child Health: Two Years on report which reviewed and both acknowledged and appreciated the work of those in statutory, medical and third sector organisations who worked on these recommendations in what was a complex and uncertain political environment. In particular we welcome the ongoing implementation of the 'A Strategy for Paediatric Healthcare Services Providedin Hospitals and in the Community' (2016 - 2026) and the newly published 'Children and Young People's Strategy' (2019-29). These ambitious strategies must be fully resourced and implemented.

However, for too long child health in Northern Ireland has not been given priority and we must work to change this so that children and young people get the best start in life. They must be afforded the opportunity to look after their health and Government must also play its role in preventing poor health and treating illness. This includes high level priority areas such as reducing poverty, addressing obesity, improving mental health by understanding prevalence and targeting support, reviewing and improving services for long-term conditions and ensuring we have a fully resourced child health workforce. We have much room for improvement, and in particular, we need to address the gaps in data and information in Northern Ireland.

Our key findings have informed our three priority areas in the 2020 report including; reducing child health inequalities; prioritising public health, prevention and early intervention; and building and strengthening local, cross-sector services to reflect local need. By addressing these key issues, we can reduce the burden of disease during childhood and into adulthood with many benefits to the individual and society. Less pressure on adult services, a happier, healthier and productive workforce, and improvements in health and wellbeing are dividends we can enjoy by ensuring child health is always a priority.

The RCPCH looks forward to the support of the newly established Northern Ireland Executive in pressing forward with our recommendations and we urge Members of the Legislative Assembly to utilise their positions to advocate for improved child health outcomes.

Dr Raymond Nethercott,
RCPCH Officer for Ireland

Dr Ronny Cheung,
Clinical lead - State of Child Health

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 - Northern Ireland, 2020

We have been busy going all over Northern Ireland 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. We got lots of good ideas from people of all ages and places, which helped us to understand what it is like for children and young people living here. They told us:

We have lots of sports and clubs which help us to feel active and with friends. For some of us though, there isn't always easy access to support like for mental health, to talk about youth identities or experiences, help to manage gaming addictions, or to have the chance to learn about life skills for health with access to more support services and easier access to health services. We think it is important for all teachers and people supporting children and young people to have mental health first aid training as well as "listening ear" projects where children and young people have someone to go to talk to and who can find them the right help, quickly. Having good, healthy food and knowing how to cook it if you don't have lots of money is important too, along with freedom of choice, a happy home and feeling a sense of being cared for.

Children and young people have a right to voice their opinions on decisions which affect them. 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 Northern Ireland Executive

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. Northern Ireland Executive 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 publication of the Children and Young People's Strategy (2019-2029), which sets out how living in poverty can impact their potential to be healthy, their ability to learn and achieve maximum wellbeing. To meet these aims, **Northern Ireland Executive should:**

- Achieve the outcomes in the overarching Children and Young People's Strategy (2019-2029) and expedite the development of the associated delivery plan.
- Prioritise publication of a successor strategy to the Child Poverty Strategy to continue to monitor the impact of poverty and target intervention where it is needed most. It is encouraging that this strategy is identified in the New Decade, New Approach document as an underpinning strategy for the new Programme for Government.

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:

- Deliver the committed £1bn Barnett-based investment guarantee to allow the Northern Ireland Executive to deliver the New Decade, New Approach deal, which includes a committed £245m to transform public health services. The funding should also be recurrent.

We welcome intentions from the 2016 Draft Programme for Government to ensure children and young people are given the best start to life. To ensure this is provided, **Northern Ireland Executive should:**

- Deliver the Department of Health's 'Fitter Future for All Strategy' Revised Outcome Framework for 2019-2022, specifically:

  - Achieve the reduction percentage target for overweight and obese children and young people by prioritising the long and short term outcomes for physical activity, healthy food choices and early identification of weight issues.
  - Continue to work on creating a society in which children and young people grow up a healthy weight, by focusing on difficult issues on a cross-departmental basis and by using innovative approaches, such as collaborating with the Department of Finance's Innovation Lab.
- Publish a successor strategy to the Maternity Strategy (2013-2018).
- Ensure all aspects of the Healthy Child, Healthy Future; Child Health Promotion Programme are achieved, through adequate investment and review of the framework, to maximise health from pregnancy throughout the childhood life course.
- Ensure that funding from the New Decade, New Approach deal and the Northern Ireland Health Budget is channelled not only toward resolving crisis and maintaining provision in our health services in general, but also toward preventative services set out in the Healthy Child, Healthy Future; the Child Health Promotion Programme and real investment in re-forming paediatric services.

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

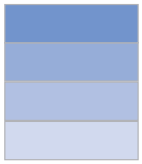
Infants, children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing. Health and Social Care Trusts, Education Authority and District Councils should have adequate resource to provide services to meet the local needs of the population they serve.

Northern Ireland Executive should:

- Ensure that funding to progress the New Decade, New Approach deal provides all schools with a sustainable core budget to deliver the curriculum, including the focus on wellbeing education.
- Protect cross-departmental funding for the provision of programmes under the Early Intervention Transformation Programme with a greater focus on health being prioritised going forward.
- Continue financial allocation for the Public Health Agency to provide funding for universal community youth engagement services, which promote the wellbeing and mental health of children and young people.

At a glance: Child health in Northern Ireland (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.



Highest rate or percentage of the four UK nations

Lowest rate or percentage of the four UK nations

	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.ta 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 Northern Ireland?

Children, young people, parents, carers and advocates took part in sessions across Northern Ireland, 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 Northern Ireland, vulnerable groups were involved including patients with long term conditions, children experiencing inequalities, different faith groups, young people with learning disabilities, in care experiences as well as children and young people from universal backgrounds.

EXERCISE & HOBBIES

FOOD & DRINK

HEALTHCARE

Their ideas were collated and reviewed, identifying 12 recurring themes across the UK. Children and young people in Northern Ireland prioritised access to good quality/cheap food and drink, exercise/hobbies (places to go/things to do) good quality healthcare services as their priority areas to stay "healthy, happy and well". Data in the table below presents the total responses collected from 161 children and young people in Northern Ireland; 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	**Northern Ireland**	England	Wales	Scotland
Exercise / hobbies / extra curriculars	803	**188**	334	50	231
Food / drink	630	**187**	284	29	130
Healthcare / NHS	254	**119**	96	11	28
Emotional / mental health	312	**88**	137	3	84
Support	310	**86**	111	17	96
Friends	187	**84**	63	8	32
Belongings / material	245	**71**	101	17	56
Health / healthy living	292	**70**	163	18	41
Home life	168	**67**	69	7	25
Education / school life	217	**58**	89	17	53
Family	160	**52**	62	8	38
Rights / safety	179	**14**	76	21	68
Total responses:	**3,757**	**1,084**	**1,585**	**206**	**882**

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 4.2 per 1,000 live births in Northern Ireland, compared to 3.9 per 1,000 in England, 3.5 per 1,000 in Wales and 3.2 per 1,000 in Scotland.
- In 2018, the neonatal mortality rate was 3.2 per 1,000 live births in Northern Ireland, compared to 2.8 per 1,000 in England, 2.5 per 1,000 in Wales and 2 per 1,000 in Scotland.
- In 2018, the post-neonatal mortality rate was 1.0 per 1,000 live births in Northern Ireland, compared to 1.1 per 1,000 in England, 1.0 per 1,000 in Wales and 1.2 per 1,000 in Scotland.

Policy recommendations for Northern Ireland:

- The Maternity Strategy for Northern Ireland 2012-2018 should be revised and implemented in Northern Ireland with appropriate linkage to the Tobacco Control Strategy and A Great Start Breastfeeding to ensure integrated and coherent reporting and targeted intervention.
- There should be renewed investment and resource to support the revision of the Healthy Child, Healthy Future (Northern Ireland) Framework and associated Programme. Revision of the Programmes should be aligned to the latest evidence-base, namely the 5th edition of 'Health for All Children' (2019).

- A service specification for neonatal care should be established to improve neonatal services, as recommended within the Department of Health's 'Strategy for Paediatric healthcare services provided in hospitals and in the community, 2016-2026'. The service specification should address issues in neonatal units which were highlighted in the report 'Bliss and TinyLife: Northern Ireland Baby Report'.
- We welcome the Public Health Agency's 'Weigh to a healthy pregnancy' programme (2019), which offers targeted support for pregnant women with a BMI of 38 and over. Public Health Agency should continue funding for this programme. Similar enhanced support for pregnant mothers with lower BMI rates should be available.
- A Child Death Overview Panel should be created and resourced in Northern Ireland, with meaningful ongoing consultation with key stakeholders.

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 Northern Ireland, compared to 9.9 per 100,000 in England & Wales and 9.7 per 100,000 in Scotland.

Policy recommendations for Northern Ireland:

- The Northern Ireland Executive should deliver the commitment to publish the Northern Ireland Cancer Strategy and delivery plan by December 2020, to ensure that innovative treatments and inclusion of children and young people in clinical trials are prioritised.
- There should be investment in children's palliative services to deliver the objectives in 'A Strategy for Children's Palliative and End of Life Care' (2016-26).

Adolescent mortality (10-19 years)

- In 2018, the adolescent mortality rate was 20.5 per 100,000 children aged 10 to 19 in Northern Ireland, compared to 17.0 per 100,000 in England & Wales and 24.6 per 100,000 in Scotland.

Policy recommendations for Northern Ireland:

- The Department of Infrastructure should continue to provide safer environments for children and young people to walk, play and travel. Including:
  - Expansion of 20mph zones within built up / urban areas;
  - Implementation of the 'Bicycle Strategy for Northern Ireland';
  - Creation of more pedestrian zones and implementation of 'Exercise – Explore – Enjoy: A strategic plan for greenways';
  - Monitor and measure of the 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 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 the 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 during pregnancy have improved over time in the UK 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, 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.
- In 2018/19, 10.6% of pregnant women were smoking at the time of delivery in England, compared to 16.0% in Wales.

Policy recommendations for Northern Ireland:

- Northern Ireland Executive should set targets to become a tobacco free generation (defined as a prevalence of <5%) in the successor Tobacco Control Strategy, when the current one expires in 2022. We welcome the existing target to reduce the number of pregnant women who smoke to 9%.
- Northern Ireland Health and Social Care (HSC) Trusts and the Public Health Agency should commit to delivering the extension of carbon monoxide testing to women prior to hospital discharge which will improve postnatal smoke free support as per the Mid-term Review of the Ten-year Tobacco Control Strategy for Northern Ireland (February 2020).
- We welcome the Public Health Agency and Queens University Belfast's trial on financial incentives smoking cessation scheme for pregnant women, running until November 2020. The Public Health Agency should review and publish the findings of the trial with a view to the making the scheme available to all eligible women in Northern Ireland if successful.

Breastfeeding

- 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, 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 2017/18, 20.8% of women exclusively and 7.6% partially breastfed their children at the 6 week health visitor review in Wales.
- In 2017 in Northern Ireland, women from the most deprived areas were 1.6 times less likely to initiate breastfeeding at the first health visitor review women from the least deprived areas.

Policy recommendations for Northern Ireland:

- We welcome that all hospitals providing maternity services in Northern Ireland are now accredited as "Baby Friendly" under the WHO/UNICEF Baby Friendly Initiative, as are four of five HSC Trust health visiting services. All five Trusts should attain this accreditation.
- We welcome that the Northern HSC Trust maternity and health visiting services achieved the first joint UK "Baby Friendly" Initiative Gold Standard, the remaining Trusts should work toward achieving this standard.
- HSC Trusts should provide access to peer support networks as well as trained counsellors across Northern Ireland and funding for these services should be ringfenced within areas with high maternal deprivation.

- We welcome the #NotSorryMums breastfeeding campaign. The Public Health Agency should provide recurrent funding for this campaign on initiation and continuation of breastfeeding. Future campaigns should be targeted in areas with high maternal deprivation.
- The Department of Health should introduce legislation to support and protect breastfeeding infants and their mothers in public places.

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 and we are disappointed to see childhood immunisation rates in Northern Ireland fall below this WHO target.

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

Policy recommendations for Northern Ireland:

- The Public Health Agency should deliver a public health messaging campaign on the importance of childhood vaccinations and provide signposting for families on how to access vaccination services. Northern Ireland Executive should provide funding for campaigns.

  - Campaigns should be broadcast through print and digital media and should target the general population.
  - Increased campaign coverage should target groups known to be less likely to vaccinate (for example, migrant populations, rural communities).
- Department of Health should provide funding for the Healthy Child, Healthy Future; Child Health Promotion Programme to increase compliance with the regional immunisation schedule through local community practitioner and health visitor services (or other community-based services), to improve access to immunisation information and provision.

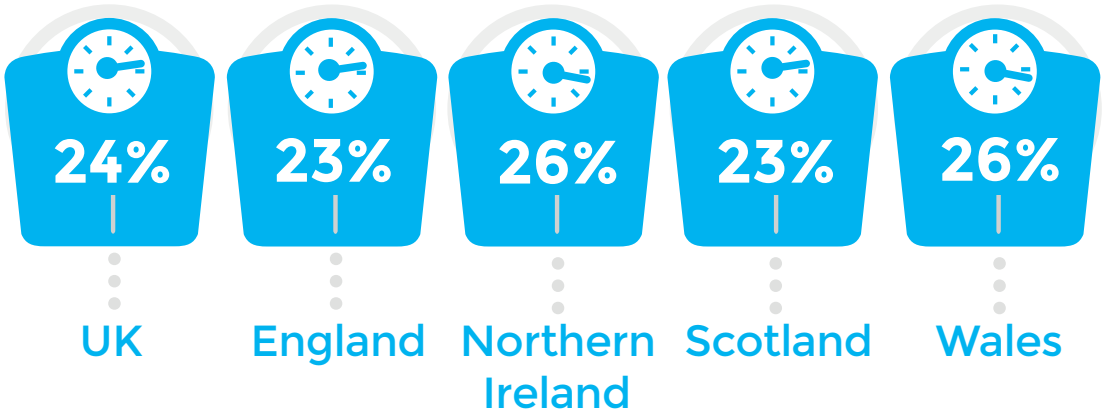
Policy recommendations for the UK:

- 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, 26.1% of 4-5 year olds in Northern Ireland were recorded as either overweight or obese, compared to 22.6% in England 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, 35.2% of 11-12 year olds in Northern Ireland 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.

Healthy weight | 4-5 year olds overweight or obese



Policy recommendations for Northern Ireland:

- Local Councils and, where appropriate, the Department of Infrastructure should review planning 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).
- The Department of Education should ensure that physical education or activity is in line with the UK Chief Medical Officers' 2019 Physical Activity Guidelines.
- Northern Ireland Executive should prioritise the development of the '2020-2030 Strategy for Physical Activity and Sport'. The predecessor strategy 'Sport Matters Northern Ireland' consolidated the importance of play opportunities for pre-school children through its objectives to develop and deliver physical literacy skills for very young children and to encourage and sustain those skills into the physical education curriculum in key stages 1 & 2.
- Primary school children should have access to free fruit and vegetables in school. Northern Ireland Executive should consider implementation of a School Fruit and Vegetable Scheme to ensure all children are receiving daily fruit and vegetables, that is fresh and to a certain quality standard.
- National Child Measurement Programme (NCMP) should be maintained across Northern Ireland. 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 should be 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

- Latest available data from 2013, shows that 40% of 5 year old children in Northern Ireland had obvious tooth decay, compared to 31% in England and 41% in Wales. In 2018, 28.9% of 5 year old children in Scotland had obvious tooth decay.
- 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.
- There is no publicly available comparable data on tooth extractions for this age band for Northern Ireland.

Policy recommendations for Northern Ireland:

- We support the Northern Ireland British Dental Association's call for an updated Oral Health Strategy for Northern Ireland, which was last published in 2007 and in terms of children's oral health, was based on data from the 1993 Children's Dental Health Survey. The updated strategy should include:
  - A review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in Northern Ireland.
  - A public health messaging campaign on children's oral health which raises 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).
  - Increased access to support programmes for children and families to enable them take up positive oral health habits.
- We welcome the Happy Smiles programme for pre-school children in Northern Ireland. Funding for the scheme should be provided for the programme to continue and expansion of the programme for older children should be considered.
- Northern Ireland Executive should consider 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. We welcome the move toward public health approaches to tackling youth violence across the UK.

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 16.1 per 1,000 in Wales. In 2017/18 the rate was 10.7 per 1,000 in Scotland.
- There is no publicly available comparable data on unintentional injury hospital admissions available for Northern Ireland.

Policy recommendations for Northern Ireland:

- We welcome Northern Ireland's 'Home Accident Prevention Strategy' (2015-2025), which focuses on children under the age of five as a priority group. The Department of Health should implement the strategy in full and provide regular reporting on the progress of implementation. Implementation of the strategy will deliver the following stated aims to:
  - Empower people to better understand the risks and make safe choices to ensure a safe home with negligible risk of unintentional injury.
  - Promote safer home environments.
  - Promote and facilitate effective training, skills and knowledge in home accident prevention across all relevant organisations and groups.
  - Improve the evidence base.
- The Department of Health should implement in full NICE public health guideline [PH30] 'Unintentional injuries in the home: interventions for under 15s'.

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, 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, 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.
- While there is road traffic accident data available from Northern Ireland for the age bands 0-15 and 16-24, there is no publicly available data for the age band considered by this indicator (17-19) for Northern Ireland.

Policy recommendations for Northern Ireland:

- Department of Infrastructure should prioritise publication of a successor strategy to the Road Safety Strategy to 2020.
- We welcome the 2018 Statutory Rule – The Schools (Part-time 20mph Speed Limit) Order, which introduced a part-time speed limits on a select number of roads where primary schools are located and the ongoing expansion of 20 mile per hour areas generally. This should be expanded to cover more built up / urban areas where there is a significant presence of vulnerable road users.
- The Department of Infrastructure should continue to provide safer environments for children and young people to walk, play and travel. Including:
  - Implementation of the 'Bicycle Strategy for Northern Ireland';
  - Creation of more pedestrian zones and implementation of 'Exercise – Explore – Enjoy: A strategic plan for greenways';

  - Monitor and measure of the population's exposure to air pollution, particularly in urban areas and near schools.
- We welcome the Road Traffic (Amendment) Act (NI) 2016, which made provision for the introduction of a Graduated Driving Licence (GDL) scheme. The Department of Infrastructure should ensure that the scheme is implemented by the target date of the end of 2020. Continued reporting by way of the GDL Monitoring Reports should be ensured.

Youth violence

- In 2017, the rate of children aged 10-14 years who were injured by a sharp object was 14.4 per 100,000 in Northern Ireland, compared to 21.2 per 100,000 in England, 13.0 per 100,000 in Wales and 14.9 per 100,000 in Scotland.
- In 2017, the rate of children aged 15-19 years who were injured by a sharp object was 38.2 per 100,000 in Northern Ireland, compared to 38.3 per 100,000 in England, 33.8 per 100,000 in Wales and 38.5 per 100,000 in Scotland.
- In 2017, the rate of young people aged 20-24 years who were injured by a sharp object was 53.6 per 100,000 in Northern Ireland, compared to 49.9 per 100,000 in England, 48.8 per 100,000 in Wales and 53.7 per 100,000 in Scotland.
- In 2017, males aged 20-24 in Northern Ireland were 9.4 times more likely to suffer from injury by a sharp object than females the same age.

Policy recommendations for Northern Ireland:

- Northern Ireland Executive should adopt a preventative, multi-agency public health approach to tackling youth violence. A public health approach should incorporate: exposure to available services, prevention of youth violence, reducing risk factors which make young people vulnerable to violence.
- Northern Ireland Executive should ensure funding for the Department of Education to provide youth services across Northern Ireland.
  - Agencies should collaborate to provide youth services in local areas (e.g. healthcare, youth workers, police and third sector organisations).
  - Youth outreach workers and community youth projects should be prioritised in urban areas and supported with mental health provision.

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 can impact 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 premature mortality. Alcohol and drug use are some of the leading risk factors for overall burden of disease in the UK.

Similarly, teenage pregnancy is 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 2016, 4.1% of 11-16 year olds in Northern Ireland self-reported as having smoked within the last week.
- 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.
- The proportion of regular smokers in Scotland was the higher for males (8%) than females (6%) in 2018.

Policy recommendations for Northern Ireland:

- Northern Ireland Executive should set targets to become a tobacco free generation (defined as a prevalence of <5%) in the successor Tobacco Control Strategy, when the current one expires in 2022.
- Northern Ireland Executive should prohibit all forms of marketing of e-cigarettes to children and young people, for example by marketing sweet flavours.
- Relevant authorities should extend bans on smoking in public places to locations with a high child footfall.

Alcohol and drug use in young people

- In 2016, 12.6% of 11-16 year olds in Northern Ireland self-reported as having been drunk two to three times.
- 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 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.
- There is no comparable data on young people ever having tried cannabis from the Northern Ireland Young Person's Behaviour and Attitude Survey.

Policy recommendations for Northern Ireland:

- Northern Ireland Executive should introduce a minimum unit price for alcohol, as has been delivered in Scotland and Wales, 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 and 19.5 per 1,000 in Wales. In 2017, the rate was 16.3 per 1,000 in Scotland.
- There is no publicly available comparable data on under-18 conceptions for Northern Ireland. In 2017, the live birth rate was 4.7 per 1,000 females aged 15-17 in Northern Ireland.

Policy recommendations for Northern Ireland:

- The Department of Education should ensure that the full complement of relationships and sexuality education (RSE) as set out by the reviewed CCEA guidance is delivered to all pupils across Northern Ireland, to ensure that consistent and meaningful education is delivered to all young people. The quality of this education should be inspected by the Education Training Inspectorate

Mental health

Early intervention in mental health problems is key to reducing the damage caused by mental health problems. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24. Improving children and young people's mental health is everyone's responsibility and 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 concerns, there should be adequate services available to meet growing demand.

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 for Northern Ireland.

Mental health services

- In 2016/17, the rate of mental health admissions for young people under the age of 18 was 40.0 per 100,000 in Northern Ireland, compared to 33.0 per 100,000 in England, 13 per 100,000 in Wales and 61 per 100,000 in Scotland.
- In 2016/17, the rate of available mental health beds for young people under the age of 18 was 9.0 per 100,000 in Northern Ireland, compared to 11.0 per 100,000 in England, 3.0 per 100,000 in Wales and 10.0 per 100,000 in Scotland.
- In 2016/17, the average length of stay on Child and Adolescent Mental Health Services (CAMHS) inpatient wards was 52 days in Northern Ireland, compared to 72 days in England, 99 days in Wales and 50 days in Scotland.

Suicide

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

Policy recommendations for Northern Ireland:

- HSC Trusts should improve integration and coherence of delivery of Stepped Care to ensure a less fragmented approach, as recommended by the Children's Commissioner.
- Northern Ireland should improve data collection on children and young people's mental health. We welcome the transformation funding which was allocated to the HSC Board to conduct a prevalence study which is currently underway and due to complete in 2020 – this should be repeated 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 HSC Trusts should report their data into the benchmarking data collection.
- We welcome the Department of Health's inter-departmental draft action plan (in response to Still Waiting), which committed to developing a regional governance structure for CAMHS services and creating a funding map of spending on CAMHS services. There should be delivery, adequate resourcing and ring-fenced funding of

CAMHS services, which should be provided in a manner that is reflective of local service demand. Funding needs should be regularly reviewed and should grow faster than both overall NHS funding and total mental health spending.

- We also welcome the Department of Health's inter-departmental draft action plan, which committed the Department of Health, Department of Education, Public Health Agency and Education Authority to jointly publish an Emotional Health and Wellbeing Framework, covering prevention and early intervention. This should be published in 2020 and implemented.
- The Public Health Agency should deliver a public health messaging campaign aimed at reducing stigma among children and young people around seeking help and support for mental health concerns, such as the Change Your Mind campaign.

Family and social environment

Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. A 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 and we welcome the policy focus on preventing exposure to ACEs.

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

Policy recommendations for Northern Ireland:

- Northern Ireland Executive should achieve the outcomes in the overarching Children and Young People's Strategy (2019-2029) and expedite the development of the associated delivery plan.
- Northern Ireland Executive should prioritise publication of a successor strategy to the Child Poverty Strategy to continue to monitor the impact of poverty and target intervention where it is needed most. It is encouraging that this strategy is identified in the New Decade, New Approach document as an underpinning strategy for the new Programme for Government.

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 (NEET) in the UK.
- In 2018, 10.7% of young people aged 16-24 in Northern Ireland were not in education, employment or training.

Policy recommendations for Northern Ireland:

- We welcome the Department for the Economy's Pathways to Success strategy to prevent exclusion and promote participation amongst young people that are not in education, employment or training, or at risk of becoming so. The strategy should be implemented in full in 2020.
- We welcome the Children and Young People's Strategy 2019-2029 which includes young people in need of education, employment or training as one of the key areas on which departments will focus their attention during the lifetime of the strategy. Northern Ireland Executive should ensure that provision of support and services for this population of young people are available and that information and advice on how best to access health services is readily available.

Young carers

- Latest available census data from 2011 shows the rate of young carers aged 0-9 was 3.8 per 1,000 in Northern Ireland, compared to 3.3 per 1,000 in England, 3.1 per 1,000 in Scotland and 4.1 per 1,000 in Wales.
- In 2011, the rate of young carers aged 10-19 was 45.5 per 1,000 in Northern Ireland, compared to 32.3 per 1,000 in England, 60.1 per 1,000 in Scotland and 39.5 per 1,000 in Wales.
- In 2011, the rate of young carers aged 20-24 was 78.7 per 1,000 in Northern Ireland, compared to 49 per 1,000 in England, 44.1 per 1,000 in Scotland and 58.9 per 1,000 in Wales..

Policy recommendations for Northern Ireland:

- The Northern Ireland Executive should deliver on the commitment in the Children and Young People's Strategy 2019-29 to ensure that children and young people acting as carers receive the support they need to fully undertake their education and have opportunities to relax, socialise and have breaks from their caring responsibilities. Young carers should also be able to access annual health checks.

Children in the child protection system

- In 2018, the rate of children under the age of 18 on the child protection register was 47.7 per 100,000 in Northern Ireland, compared to 47.0 per 100,000 in Wales and 26 per 100,000 in Scotland.
- In 2018, the rate of children under the age of 18 on a child protection plan in England was 45.0 per 100,000.

Policy recommendations for Northern Ireland:

- The Safeguarding Board Northern Ireland should ensure the delivery of the priorities of the Child Protection Sub-Group to continue work on measuring outcomes for children in the child protection system as per the Safeguarding Board Northern Ireland Report 2018/19.

Looked After Children

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

Policy recommendations for Northern Ireland:

- We welcome the Department of Health's and Department of Education's 2018 'Strategy for Looked After Children', which commits to improving the wellbeing of LAC measured by eight specific outcome areas. It should be implemented in full.
  - The strategy should be expanded to 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.
- The Children and Young People's Strategy 2019-2029 (December 2019) includes improving the educational and personal achievement of LAC, providing stability in the lives of LAC should be one of the key areas on which departments will focus their attention during the lifetime of the strategy.

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 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, 157.2 per 100,000 in Scotland and 165 per 100,000 in Wales.
- There is no publicly available comparable data for asthma hospital admissions for Northern Ireland.
- In 2018, there were 20 asthma mortalities in the UK for children aged 0-14, 19 of which were in England and Wales. None were in Northern Ireland.
- In 2017, there were 22 asthma mortalities in the UK for young people aged 15-24, 18 of which were in England and Wales. None were in Northern Ireland.

Policy recommendations for Northern Ireland:

- HSC Northern Ireland should support the ongoing establishment of a UK wide clinical network for asthma, building on existing professional networks. Appropriate support and resources should 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.
- Northern Ireland Executive & Department of Health should support the expansion of the Royal College of Physician's National Asthma and COPD Audit Programme (NACAP) to cover units in Northern Ireland, or collect and report comparable data with accompanying action planning and quality improvement.

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, 73.8 per 100,000 in Scotland and 87.9 per 100,000 in Wales.
- There is no publicly available comparable data for hospital admissions for Northern Ireland.

Policy recommendations for Northern Ireland:

- HSC Northern Ireland should support the ongoing establishment of a UK wide clinical network for epilepsy building on existing professional networks. Appropriate support and resources should 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.
- RCPCH, Northern Ireland Executive and HSC Northern Ireland should support the implementation of the Epilepsy12 National Audit Programme to cover trusts and health boards in Northern Ireland, or collect and report comparable data with accompanying action planning and quality improvement.

- All HSC Trusts 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.
- There is no comparable data available for Northern Ireland as HSC Trusts do not contribute data to the National Paediatric Diabetes Audit (NPDA).

Policy recommendations for Northern Ireland:

- We welcome the Diabetes Network, which operates to support the implementation of the Department of Health's Strategic Framework for Diabetes. The network should include links to mental health, education and transition and include input from both multidisciplinary professionals and family/young person engagement.
- RCPCH, Northern Ireland Executive and HSC Northern Ireland should support the implementation of the NPDA to cover HSC Trusts in Northern Ireland, or collect and report comparable data with accompanying action planning and quality improvement.
- We welcome the Public Health Agency's 2019 launch of the Diabetes Prevention Programme. Funding should be provided to continue this programme and reports should be published on the implementation.

Cancer

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

Policy recommendations for Northern Ireland:

- The Northern Ireland Executive should deliver the commitment to publish the Northern Ireland Cancer Strategy and delivery plan by December 2020, to ensure that innovative treatments and inclusion of children and young people in clinical trials are prioritised.
- There should be investment in children's palliative services to deliver the objectives in 'A Strategy for Children's Palliative and End of Life Care' (2016-26).

Disability and additional learning needs

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

Policy recommendations for Northern Ireland:

- We welcome the Children and Young People's Strategy 2019-2029, which includes children and young people with special educational needs as one of the key areas of focus during the lifetime of the strategy. The Northern Ireland Executive should prioritise the commitment of progressing the Special Educational Needs and Disability Act (NI) 2016 to enable a new and more responsive and effective SEN Framework to be put in place.

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 with appropriate skills and experience to manage children and families. Currently, demand for child health services outstrips capacity and is a barrier for young people accessing high quality care.

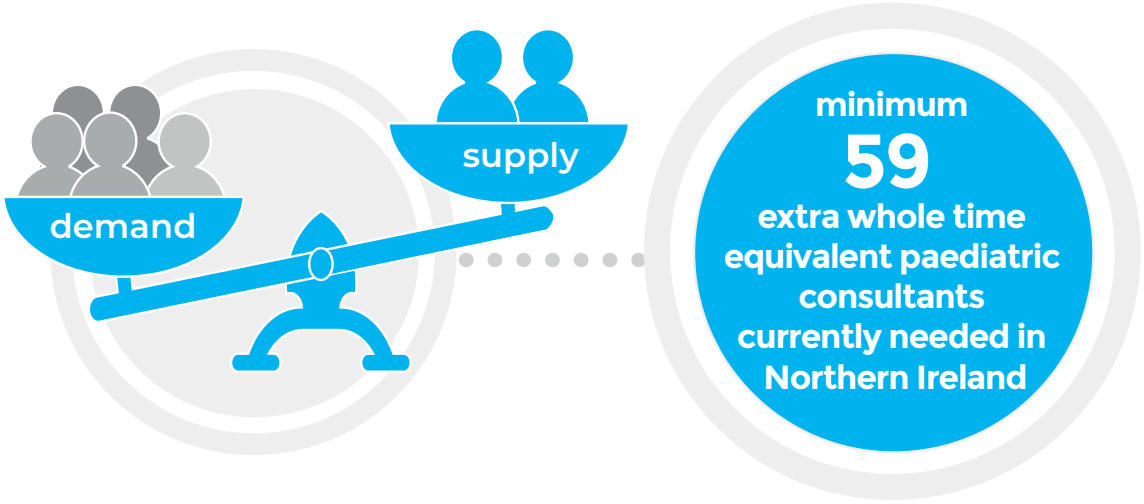
- In 2017, there were 2.0 paediatric consultants per 10,000 children and young people (CYP) in Northern Ireland, compared to 2.2 per 10,000 CYP in England, 2.0 per 10,000 CYP in Wales and 2.2 per 10,000 CYP in Scotland.

- In 2017, there were 471.8 CYP per fully qualified GP in Northern Ireland and 339.3 CYP per fully qualified GP in Scotland. 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 Northern Ireland:

- We welcomed the 2018 long-term strategy for Northern Ireland's health and social care workforce under Delivering Together 2026. The strategy should be expanded to consider the child health workforce, which espouses a coherent and consistent approach to planning. Any specific focus on the child health workforce as part of 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 child healthcare workforce.
  - Ensure child 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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Royal College of
Paediatrics and Child Health,
5–11 Theobalds Road,
London, WC1X 8SH

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