



State of Child Health

England – Two Years On

State of Child Health: views from the RCPCH &Us network in England

The RCPCH &Us Network delivers engagement, involvement and participation activities to support children, young people and families in sharing voices, views and solutions on child health topics. RCPCH &Us asked children and young people to share their experiences of working on projects tackling some of the child health issues covered in this scorecard. This is what they told us...

Children, young people and families have been busy across England working with RCPCH &Us to make a difference to our health and the places that help us. We have heard from patients in clinics with asthma and epilepsy about the things that are really important like having help with our mental health if you have a long term condition. We also want all health workers to have access to our plan, talk about it and share it with the people that need it. It is also really important that we have the chance to meet other people who have conditions and illnesses and that we are able to say what is important to us to help make things different.

Young people also took part in lots of sessions this year about things like energy drinks, about what is needed to have the best doctors and health staff looking after us, how to feel included in services if you are from an LGBT+ background, have a disability, or even if you are going to adult's services for the first time. The RCPCH &Us Network has produced a report that looks at some of these topics and more – please read it and find out what is important to children, young people and families and our ideas for making it better!

RCPCH &Us Network – children, young people and families (England)

State of Child Health: England - Two Years On

In 2017, our inaugural State of Child Health report brought together the first snapshot of children and young people's health across the UK. Last year, we could see little progress towards our recommendations, however, we return in this scorecard to a much more positive picture for infants, children and young people in England.

We are delighted to see children and young people at the heart of the recently published Long Term Plan for the NHS. This promises to address many of our calls to prioritise care for our children and young people. In particular, the announcement of a new Children and Young People's Transformation Programme provides a hitherto missing strategic focus for child health in England, necessary to deliver the Plan's welcome commitment to providing children and young people up to the age of 25 with a seamless service delivered by an integrated health and care system. This is a powerful and welcome vision for the future.

2018 also saw a number of other major steps in the right direction. Mental health and obesity have rightly been prioritised. The publication of a national mental health survey for young in people in England will support planning of health care services for the one in eight children known to have a mental health problem. All children will now receive mental health education in schools as part of statutory health and wellbeing education from 2020. NHS England has invested in child mortality systems, progressed digital services for children and directed that money for child and adolescent mental health should reach the front line. The Government's Childhood Obesity: a Plan for Action Chapter 2 announced its bold ambition to reduce childhood obesity by 50% by 2030 and focus on reducing inequalities, with consultations on a range of very welcome measures.

However, it's not all good news. We remain disappointed and gravely concerned that the Government has made little progress towards reducing child poverty and inequality. UK infant mortality reductions have stalled after a century of improvement, and our recent projection modelling suggests a catastrophic picture by 2030 if this stall is not reversed. Child poverty is predicted to increase over the next decade and lies at the root of many risk factors for infant mortality and children and young people's health. A recent visit by the UN Special Rapporteur on extreme poverty and human rights highlighted serious concerns about the disparate impact on children of changes to social support and the lack of regard given to the impact of budget decisions on child poverty and inequality.

As we write, we are entering a period of change and uncertainty. We call for more to be done to support our children and our future. The UK's exit from the EU raises concerns about on-going access to important EU funding for child health and potential detrimental impact with respect to access to medicines and other forms of treatment. Investment into child health research must be prioritised to progress the science of paediatrics.

Universal early years services continue to bear the brunt of cuts to public health services, leaving many of our most vulnerable without access to critical children's health services. Our Government must do more to tackle poverty and inequality and place a moratorium on

further cuts whilst committing to comprehensive impact assessments. The announcement of a cross-government ministerial group on family support from conception to age two provides a platform for action, as does a promised Government green paper on prevention due in 2019, and we look forward to seeing these commitments being developed and implemented in the next 12 months and beyond.

We believe we are witnessing a hugely welcome shift towards prioritising children and young people in health and congratulate those responsible for their bold actions. The NHS Long Term Plan provides a crucial opportunity to provide children and young people with a twenty-first century health service and to focus our system on starting well and staying well. However implementation of the Plan will require significant investment and expansion in the child health workforce, and the promised Workforce Implementation Plan needs to be produced without delay. The voices of children and young people need to be centrally involved through the NHS Assembly and through the local and regional integrated care system. Urgent attention is needed on public health services for children, which offer the most powerful way to improve the health of our whole population.

We urge Government, NHS England and partner agencies to reflect carefully on our recommendations and seize this renewed opportunity to improve children and young people's health and wellbeing.

Professor Russell Viner, RCPCH President

Dr Carol Ewing, RCPCH Vice President for Health Policy

Key:  Significant progress made
 Some progress made
 No change

1. Develop and implement a cross-departmental child health strategy

Recommendations	Progress	Evidence
<p>The Prime Minister should establish a Cabinet Sub-Committee on Child Health to develop and implement a robust and comprehensive cross-departmental child health strategy</p>	<p> Some progress made</p>	<p>We are pleased to see the July 2018 announcement of a cross-government ministerial group on family support from conception to the age of two. This will seek to identify gaps in available provision for prevention and early intervention services and make recommendations on how coordination across departments can be improved. The review will build on recent government policy in this area including NHS England's Maternity Transformation Programme and the Neonatal Critical Care Review.</p> <p>We welcome Government funding injection into the NHS for the next ten years and NHS England commitment to prioritise children in their Long Term Plan. We continue to call for the development of a cross-party, cross-government child health and wellbeing strategy that bridges education, social care, youth justice, local government and the voluntary sector, in order to support the NHS in delivering the Long Term Plan.</p>

2. Reduce the number of child deaths		
Recommendations	Progress	Evidence
<p>Government should fund local authorities to deliver health visiting services and home safety equipment schemes which educate and equip parents and carers to keep their children safe, with a focus on water safety, blind cord safety and safe sleeping</p>	<p style="text-align: center;">  Some progress made </p>	<p>NHS England has established a Reduction of Avoidable Mortality in Children Programme. This has four key components:</p> <ol style="list-style-type: none"> 1. A National Child Mortality Database (NCMD), gathering socioeconomic and health data and accruing “active” learning through the identification of modifiable factors in a child’s death. 2. Working Together to Safeguard Children updated in July 2018. This includes a new chapter on Child Death, transferring the responsibility for Child Death reviews. 3. Child Death Review: statutory and operational guidance published in October 2018. This sets out the full process that follows the death of a child, clarifying how individual professionals and organisations across all sectors involved in the Child Death Review should contribute. 4. Publication of guidance When a child dies: a guide for parents and carers, setting out the steps that follow the death of a child. <p>In addition, implementation of the Neonatal Critical Care Review will take place over the next five years and is a key part of the strategy to reduce neonatal and infant mortality. The planned enhancements to neonatal services will deliver evidence based strategies associated with improved survival and reduced morbidities. This will be supported by commitment in the NHS Long Term Plan to address the shortage of neonatal capacity where the Neonatal Critical Care Review has identified under capacity, alongside developing the expert neonatal nursing workforce.</p> <p>The NHS Long Term Plan states that by spring 2019, every Trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative and every NHS organisation involved in providing safe maternity and neonatal care will have a named Maternity Safety Champion. The Healthcare Safety Investigation Branch reviews all term stillbirths, early neonatal deaths and cases of severe brain injury, and a Perinatal Mortality Review Tool is now used by all maternity providers. By 2022, technology will better support clinicians to improve safety and reduce the health risks faced by children.</p> <p>We also welcome the October 2018 publication of the Royal Society for the Prevention of Accidents (RoSPA) national strategy to prevent serious accidental injuries in England. This contains dedicated sections on children (0-14 years) and young people (15-24 years) and summarises evidence to show that the most effective interventions are those that provide education alongside home safety checks and the provision and fitting of various items of safety equipment in the home. This strategy serves as a clear call to action and we support RoSPA’s call for all organisations, including Government, to prioritise funding policy to take these recommendations forwards.</p> <p>Alongside this welcome activity, we remained concerned about cuts to local authority health visiting services, as highlighted in the Institute of Health Visiting (iHV) 10-year plan for health visiting.</p>

<p>Government should introduce graduated driving licences in Great Britain for novice drivers.</p>	 <p><i>Some progress made</i></p>	<p>The Prime Minister has verbally announced (February 2018) a request to the Department for Transport to investigate the introduction of a graduated licensing system in the UK.</p> <p>In April 2018, the Minister of State for Transport stated that the introduction of Graduated Driving Licences in Northern Ireland would be used as a pilot to gather evidence on effectiveness and to inform a potential roll out across Great Britain. Officials from the Department of Transport are in discussion with Northern Ireland to progress this. The Northern Ireland Graduated Driving Licences scheme includes: mandatory six month learning period, allowing lessons on motorways, 'new driver' period lasting 24 months, and passenger carrying restrictions.</p>
<p>All local authorities should introduce 20mph speed limits in built-up areas to create safer environments for children to walk, cycle and play</p>	 <p><i>Some progress made</i></p>	<p>We note the publication of the Report into the effectiveness of 20 miles per hour road speed limits, commissioned by the Department for Transport. This highlighted support for 20mph speed limits by the majority of residents and drivers, and we would encourage Government to act on this opportunity of support and to follow the lead set on taking this policy forwards in Wales and Scotland.</p> <p>We also welcome the Department for Transport announcement of a number of new initiatives as part of a two-year action plan to improve road safety. This includes encouragement of councils to spend around 15% of their local transport infrastructure funding on walking and cycling and Government appointment of a new cycling and walking champion, to ensure new policies meet the needs of road users across the UK.</p>

3. Develop integrated health and care statistics		
Recommendations	Progress	Evidence
<p>Government should direct NHS Digital to develop standards to ensure child health data are of high quality, captured to pre-specified definitions, and analysed consistently across the UK</p>	 <p><i>Significant progress made</i></p>	<p>The NHS England Digital Child Health Strategy Healthy Children: Transforming Child Health Information aims to know where every child is and how healthy they are, aimed at full interoperability, co-ordinating and joining all available child health records, including datasets relating to ill health and hospital episodes. This starts with the Healthy Child Programme and will also deliver a digital Personal Child Health Record.</p> <p>In November 2017, the Professional Record Standards Body (PRSB) published in draft the Healthy Child Record Standard, which has been reviewed throughout 2018 with a view to become a national information standard. The initial Healthy Child Record Standard Information Standards Notice (ISN) was published in December 2018, fully endorsed by the Professional Records Standards Body (PRSB) and the Royal Colleges. This gives providers of child health systems a baseline definition of the standard core record to starting work to make their systems compatible with the new data standards and paves the way for data to be shared between systems using the Fast Healthcare Interoperability Resources (FIHR) standard. The ISN will be further expanded at the end of 2019 to include details on the standard approach to handling messages between systems.</p> <p>We are pleased to see that The NHS Long Term Plan will deliver new screening and vaccination solutions by 2022. The Plan also announces that by 2023/24, a “digital flag” in the patient record will ensure staff know a patient has a learning disability or autism.</p> <p>The Child Protection Information System is continuing to be implemented and in November 2018 was reported to be live in 78% of local Authorities and 77% of health organisations offering unscheduled care. Further targets have been set for March 2019 to reach 90% of local authorities and 80% of health organisations.</p>
<p>NHS England should support local authorities and Trusts to submit data to the Maternity and Children’s Data Sets and Neonatal Data Set in a timely manner</p>	 <p><i>Some progress made</i></p>	<p>NHS England report that the Maternity and Children’s Data Sets are developing well and beginning to show output. Data continues to be collected and reported on a monthly basis, and NHS Digital are working closely with providers who did not respond and expect coverage and data quality to increase over time. For August 2018 data, 127 providers successfully submitted data for the Maternity Services Data Sets and 5 providers did not submit data. Completion of this dataset to the required standard has been included as a criterion in Year 2 of NHS Resolution’s Maternity Incentive Scheme.</p>
<p>NHS Digital should continue to work with health care professionals to develop the Maternity and Children’s Data Sets, so that outcomes and metrics that are important for child health and wellbeing can be progressively extended and improved</p>	 <p><i>Some progress made</i></p>	<p>NHS England report that the Maternity and Children’s Data Sets are developing well and beginning to show output. NHS England must ensure that digital innovation and transformation applies equitably to children’s health services and Government should ensure that there is a plan to join up data around the needs of each child using the NHS number as a unique identifier. The Government need to ensure this is formally linked into education and youth justice as well as health and social care to build a whole picture around a child’s profile and needs.</p> <p>The NHS Long Term Plan confirms that the roll-out and expansion of maternity digital care records will continue. By 2023/24 all women will be able to access their maternity notes and information through their smart phones or other devices.</p>

4. Develop research capacity to drive improvements in children’s health

Recommendations	Progress	Evidence
<p>Government should encourage increased investment in research relating to child health, across the pharmaceutical, medical, social sciences, youth justice and education domains</p>	<p> <i>Some progress made</i></p>	<p>In July 2018, the National Institute for Health Research (NIHR) launched a new set of 13 NIHR Policy Research Units to undertake research to inform decision-making by government and arms-length bodies. This includes the recommissioned Policy Research Unit in Maternal and Neonatal Health and Care, based at the University of Oxford, and the Policy Research Unit in Children and Families, based at the UCL Great Ormond Street Institute of Child Health. The full 15 units represent a £75 million investment over five years, with the 13 new units running from January 2019 to December 2023. The units work closely with the Department of Health and Social Care to determine priorities and provide evidence directly to the Secretary of State for Health, government departments and arms-length bodies, such as NHS England and Public Health England.</p> <p>We acknowledge there has been a strong commitment across the UK to strengthen research over the last two years, with the publication of the UK Life Science strategy in October 2017, launch of UK Research and Innovation in April 2018 and the establishment of Health Data Research UK. It is also encouraging to see in The NHS Long Term Plan that the NHS will actively support children and young people to take part in clinical trials. Whilst these initiatives are welcomed, further specific focus on child health research and investment in the development of health technology specific for children and young people is urgently needed, to progress the science of paediatrics and the healthcare of children and young people.</p> <p>The UK’s upcoming exit from the European Union (EU) raises concerns about on-going access to EU funding for child health research. We encourage the Government to make commitments now to ensure investment in child health research is prioritised.</p>
<p>Government should introduce incentives for industry to develop medicines, technologies, products, and devices for children</p>	<p> <i>No change</i></p>	<p>In October 2017 the European Commission published the report State of Paediatric Medicines in the EU: 10 years of the EU Paediatric Regulation. The report shows little progress has been made in medicines for diseases that only affect children or where the disease shows biological differences between adults and children, particularly rare diseases. It also reported on the levels of off-label use of adult medicines in infants and children.</p> <p>With the UK exiting the EU, there is a concern that the framework and standing in the UK in relation to children’s medicines development will be lost, and the pace of reduction in the continuing high usage of off-label and unlicensed medicines in children will be halted. To establish networks to support the development of devices and technologies for children, public sector investment and industry engagement is required. This will support sustainable change in the future NHS and the future health of the nation.</p>

<p>Health Education England and NHS Trusts should take steps to allocate time to allow trainees and clinicians to contribute to and support child health research</p>	 <p><i>Some progress made</i></p>	<p>We are pleased to see the new Medical Research Council Clinical Academic Research Partnerships Scheme launch in November 2018, providing a new flexible route for research-qualified NHS consultants to increase their research skills and experience.</p> <p>RCPCH continue to advocate for more time for research to be included in trainee and consultant job plans. The new RCPCH paediatric training curriculum, Progress, launched in August 2018. This features a research domain to support all paediatric trainees to show competency in research throughout the training levels. When working at level 3, paediatricians are required to demonstrate independent development and revision of guidelines and procedures to improve service delivery, centred around current clinical research and evidence-based healthcare. Meeting the requirements of this domain is encouraged by Health Education England through the Annual Review of Competence Progression process, including promotion of opportunities available to trainees wishing to focus more on research – through the National Institute for Health Research (NIHR) programmes, Out of Programme Research opportunities and more informal work within their Trust. We continue to ask Health Education England and NHS Trusts to support trainees and clinicians to do this with allocated time.</p>
<p>Higher educational institutions (HEIs) should ensure that faculty structures and career opportunities support careers and capacity development in child health research</p>	 <p><i>No change</i></p>	<p>No change. We remain concerned that medical schools continue to dismantle Departments of Paediatrics around the country.</p>
<p>The National Institute for Health Research should expand existing support for child health research training</p>	 <p><i>Some progress made</i></p>	<p>RCPCH has been working with the National Institute for Health Research (NIHR) to support child health research through the NIHR Children’s Speciality Group and the NIHR Clinical Study Group chairs.</p> <p>In October 2018, RCPCH held the second event for research-interested trainees, with support from the NIHR. This event focused on providing trainees with information on academic career pathways, different routes into research, and the opportunity to network with peers and professors in paediatric research. This event was extremely well regarded, and the NIHR have since pledged to support future events. Further to this, the NIHR Academy was launched in October 2018, which provides further opportunities for collaboration and investment in child health research, and the NIHR have also provided support for the new Medical Research Council Clinical Academic Research Partnerships Scheme.</p>

5. Reduce child poverty and inequality		
Recommendations	Progress	Evidence
Government should adopt a “child health in all policies” approach to decision-making and policy development, with Her Majesty’s Treasury disclosing information about the impact of the Chancellor’s annual budget statement on child poverty and inequality	 No change	<p>There has been no progress by the Government towards adopting a “child health in all policies” approach to decision making.</p> <p>Poverty lies at the root of many other risk factors for infant mortality and all of children and young people’s health. A recent visit to the UK by the United Nations (UN) Special Rapporteur on extreme poverty and human rights highlighted serious concern about how many of the recent changes to social support in the UK have a disparate impact on children, including the two child policy and the benefits cap.</p> <p>RCPCH remain very concerned about the lack of regard given to the impact of budget decisions on child poverty and inequality. Authoritative projections suggest that child poverty and resultant health inequalities are likely to rise over the next decade, and various sources, including the RCPCH Child Health in England in 2030 report, which predicts child poverty rates of as high as 40% over the next decade.</p> <p>We continue to ask for a “child health in all policies” approach to ensure that children are considered and supported on an equal footing with adults in all policy decision-making.</p>
Government should place a moratorium on further public health funding cuts until a clear impact assessment of the effects of the most recent cuts is undertaken	 No change	<p>Kings Fund analysis states that councils will spend only £2.52 billion on public health services in 2017/18 compared to £2.60 billion the previous year, estimating that planned public health spending is more than 5% less in 2017/18 than it was in 2013/14. This is set to continue: in December 2018, Government announced a further £85 million of cuts to frontline public health services in local authorities across 2019/20.</p> <p>British Medical Association (BMA) analysis of continued public health funding cuts published in 2018 shows the impact on children’s services. Between 2016/17 and 2017/18 overall local authority budgets for the provision of both public health programmes for children aged 5-19, and mandated services for 0-5 year olds have faced cuts. The impact is starting to show, with concerns that cuts are leading to variation in the local provision of children’s health services, including health visiting – for example, the proportion of 6-8 week reviews completed for new born children ranges from 90% in some areas to 10% in others.</p> <p>Further analysis to fully understand the full impact of these cuts is urgently needed and until then we strongly recommend the Government to prohibit further cuts to public health funding. We hope that the upcoming Green Paper on prevention, due to be published by the Department of Health and Social Care later this year, will consider funding arrangements for public health.</p>

<p>Government should ensure universal early years public health services, including health visiting and school nursing, are prioritised and supported financially, with targeted help for children and families experiencing poverty</p>	 <p>No change</p>	<p>Although the health visiting mandate has been extended, universal early years' services continue to bear the brunt of cuts to public health services, and we have not seen any targeted help provided for children and families experiencing poverty. Statistics from NHS Digital show there were 8,588 health visitors working in the NHS in June 2017, compared to 9,491 the year before – representing a drop of 9.5% of health visitors in the NHS. The Institute for Health Visiting (iHV) 10-year plan for health visiting highlighted the transfer of commissioning of the service to local authorities has seen previous health visitor gains diminished, with drastic workforce attrition and weakening of the service model. This is largely explicable in terms of the cuts in local authority funding and in the public health grant.</p> <p>We are pleased to see the July 2018 announcement of a cross-government ministerial group on family support from conception to the age of two, led by The Rt Hon Andrea Leadsom MP, which will seek to identify gaps in available provision for universal services and make recommendations on how coordination across departments can be improved. We are also pleased to see The NHS Long Term Plan give consideration to a stronger role for the NHS in commissioning health visitors and school nurses going forwards, as well as commitment to locally designed models of care that bring together physical and mental health services by providing holistic care across local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health and acute and specialised services.</p> <p>These are excellent opportunities for the Government to ensure early years public health services are prioritised and supported financially, with targeted help for children and families experiencing poverty.</p>
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6. Maximise women’s health before, during and after pregnancy

<i>Recommendations</i>	<i>Progress</i>	<i>Evidence</i>
<p>The Department of Health should reinstate the UK-wide Infant Feeding Survey</p>	 <p>No change</p>	<p>We remain concerned that the Government has expressed that there are no plans to reinstate this UK-wide survey, given the role it plays in ensuring robust monitoring and informing commissioning strategies. In the UK we have some of the lowest breastfeeding rates in the world, with eight out of ten women stopping breastfeeding before they want to. The 2010 UK Infant Feeding Survey reported that 81% of mothers in the UK initiated breastfeeding, but only 34% and 0.5% were breastfeeding at 6 and 12 months respectively. We hope to see reinstatement of this survey as part of England's Becoming Breastfeeding Friendly recommendations, and urge the Government to prioritise this.</p>

<p>Government should develop a cross-departmental initiative to support breastfeeding. This should include a national public health campaign that promotes breastfeeding and a sector wide approach to support women to breastfeed, including in the workplace</p>	 <p><i>Some progress made</i></p>	<p>There has been slow progress towards a cross-departmental initiative to support breastfeeding.</p> <p>Public Health England have been leading England through the international Becoming Breastfeeding Friendly process from April 2018. The programme is aiming to create an evidence based toolbox to help policy makers and guide development of national breastfeeding promotion programmes, as well as support scaling up breastfeeding. Key recommendations have been made across eight “gears” of breastfeeding. These will be reported to Government in 2019 and are expected to include a key recommendation for a cross-departmental initiative to support breastfeeding, which we encourage the Government to adopt.</p> <p>Public Health England has also identified breastfeeding as a priority action as part of its responsibility for the Improving Prevention work stream of the Maternity Transformation Programme.</p>
<p>Government should protect funding for public health services so that health visiting, smoking cessation programmes and breastfeeding support are accessible to all pregnant women and new mothers</p>	 <p><i>Some progress made</i></p>	<p>There is welcome commitment in The NHS Long Term Plan to making improvements to reductions in smoking during pregnancy as part of the Saving Babies’ Lives Care Bundle. The Plan also states plans for maternity outreach clinics, which will integrate maternity, reproductive health and psychological therapy, with specialist perinatal mental health services available from preconception to 24 months.</p> <p>Public Health England continue to publish the child and maternal health statistics to support improvements in decision making when planning services for pregnant women, children, young people and families.</p> <p>However, we remain concerned about public health spending reductions: in December 2018, Government announced a further £85 million of cuts to frontline public health services in local authorities across 2019/20.</p>
<p>NHS England should mandate that all maternity services in England achieve and maintain UNICEF UK Baby Friendly Initiative Accreditation by January 2019</p>	 <p><i>Significant progress made</i></p>	<p>UNICEF reports that the majority of maternity units (91%) and health visiting services (89%) across the UK are now working towards Baby Friendly Initiative Accreditation.</p> <p>The NHS Long Term Plan states that all maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation progress in 2019/20.</p>

7. Provide statutory comprehensive personal, social and health education, including sex and relationships education, in all schools

Recommendations	Progress	Evidence
<p>The Department for Education should introduce statutory and comprehensive personal, social and health education programmes, comprising sex and relationship education, across all primary and secondary schools, including free schools and academies</p>	<p> <i>Significant progress made</i></p>	<p>During the passing of the Children and Social Work Act 2017, the Secretary of State for Education announced that Relationships Education (primary) and Relationships and Sex Education (secondary) would be made mandatory for all schools in England. Following a consultation from November 2017 to March 2018, the Secretary of State concluded that a proportionate and effective response to the evidence from the engagement process is to also introduce compulsory Health Education.</p> <p>A six-month consultation on the draft regulations, statutory guidance and regulatory impact assessment relating to Relationships Education, Relationships and Sex Education (RSE) and Health Education ran from July to November 2018. This invited the views of schools, parents, young people and professional organisations on the proposed draft content for these subjects, and whether the guidance provides sufficient information and support to schools in teaching the subjects.</p> <p>The RCPCH welcomes the introduction of statutory Physical Health and Wellbeing Education, alongside Relationships and Sex Education (RSE). We particularly welcome the expectation that mental health education should have the same high expectations for children as other subjects, including proper staffing and timetabling, the facilitation of a safe learning environment and using external visitors to teach. As curriculum development moves forwards, it is important to ensure a full range of supportive services, for example, for healthy eating, substance misuse, smoking cessation and emotional resilience, are built into Health and Wellbeing Education. Children who are home-schooled or excluded from schools must not be missed in this development.</p>
<p>The delivery of these programmes should be included in robust Ofsted inspections</p>	<p> <i>Some progress made</i></p>	<p>Whilst there is no formal assessment for Relationships Education, Relationships and Sex Education (RSE) and Health Education in the sense of an examination, Ofsted has highlighted some areas to consider in strengthening quality of provision, which demonstrate how teachers can assess outcomes. Ofsted cites an example of outstanding practice in assessment in a secondary school that uses a range of methods, for example, written assignments and self-evaluations, to capture progress.</p> <p>Key aspects of Relationships Education, RSE and Health Education are in scope for Ofsted inspection, for example through inspectors' consideration of pupils' personal development, behaviour and welfare; and pupils' spiritual, moral, social and cultural development.</p>

8. Strengthen tobacco and alcohol control		
Recommendations	Progress	Evidence
Government should publish a new Tobacco Control Plan for England, with a focus on implementing measures to reduce smoking uptake in children	 Significant progress made	<p>In June 2018 the Department of Health published a Tobacco Control Delivery Plan to monitor how the aims of the Tobacco Control Plan for England, launched in 2017, are being met. The delivery plan sets out specific milestones and what is expected at national and local levels between 2017 and 2022.</p> <p>The key objectives of the plan relating to children include:</p> <ul style="list-style-type: none"> • reduce the number of 15 year olds who regularly smoke from 8% to 3% or less • reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less <p>The Smoking in Pregnancy Challenge Group have highlighted, based on Government data on smoking in pregnancy published in July 2018, that unless more is done, this ambition (to reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less) is unlikely to be met. This lack of progress is concerning and we would encourage the Government to take note of recommendations suggested by the Smoking in Pregnancy Challenge Group in order to increase the pace of change. We are pleased to see commitments in The NHS Long Term Plan to support this, including that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services, as well as plans to adapt this model for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.</p>
Government should extend bans on smoking in public places and cars to schools, sports fields, playgrounds and on NHS premises	 No change	<p>There has been no national progress made on extending bans on smoking. We note the Public Health England (PHE) review Smokefree outdoor public places and outdoor commercial places: an Evidence Synthesis Report, published in October 2018, and their call for greater evidence, which we recommend is taken forwards.</p> <p>In related activity, PHE have committed to support all NHS premises to go fully smokefree by 2020. The introduction of a tobacco-related Commissioning for Quality and Innovation framework (CQUIN) to prevent ill-health by addressing risky behaviour is one measure to help embed routine identification of smokers on admission.</p>
Public Health England should support Government measures through sustained public health campaigns about the dangers of second hand smoke	 No change	<p>In November 2018, Action on Smoking and Health (ASH) published the report Smoking in the home: New solutions for a Smokefree Generation. The report showed that exposure to second-hand smoke remains a major cause of childhood illness, costing the NHS nearly £12 million a year, with the Government's regular survey of 11-15 year olds finding that 14% report being exposed to second-hand smoke in the home on most days. The report recommended that conversations about second-hand smoke are delivered as standard in brief advice across health, social care and public health professionals.</p> <p>Whilst we know the eradication of smoking remains a priority for Public Health England, we encourage them to take these specific second-hand smoke recommendations forwards in the form of sustained public health campaigns.</p>

<p>Government should prohibit all forms of marketing of e-cigarettes for non-medicinal use.</p>	 <p><i>Significant progress made</i></p>	<p>The European Union (EU) Tobacco Products Directive (TPD), which came into full effect in May 2017, prohibits all cross-border advertising of e-cigarettes within the EU, meaning no non-medicinally licensed e-cigarette can be advertised on TV or radio.</p> <p>The major forms of advertising most likely to expose children to e-cigarette imagery have been restricted through implementation of the EU TPD. Advertising rules on the remaining advertising platforms specifically preclude marketing products in a way that will appeal to children. We are pleased to see that rates of e-cigarette use among young people have remained low with little signs of increasing since the rules came into effect. In order to fully protect all children, we ask that restrictions are further tightened to include all forms of advertising, including online and billboards.</p>
<p>Government should introduce a minimum unit price for alcohol.</p>	 <p><i>No change</i></p>	<p>No change. We encourage the Government to take action in England following examples set in Scotland and Wales.</p>

<h2>9. Tackle childhood obesity effectively</h2>		
<p>Recommendations</p>	<p>Progress</p>	<p>Evidence</p>
<p>Her Majesty's Treasury should commission an independent and on-going evaluation of the soft drinks industry levy.</p>	 <p><i>Significant progress made</i></p>	<p>The Soft Drinks Industry Levy (SDIL) came into effect in April 2018. The tax on soft drinks, commonly referred to as the 'Sugar Tax', has already resulted in over 50% of manufacturers reducing the sugar content of drinks since it was announced in March 2016. Soft drinks manufacturers who don't reformulate will pay the levy, which is expected to raise £240 million each year to go towards healthy school activity.</p> <p>The Sugar Reduction Programme Report report in May 2018 showed that for retailers own brand and manufacturer branded products for the drinks included in the SDIL there has been an 11% reduction in sugar levels per 100ml. The calorie content of SDIL drinks likely to be consumed on a single occasion also fell by 6%. There was, in addition, a shift in volume sales towards products with levels of sugar below 5g per 100g (these are not subject to the levy).</p> <p>The National Institute for Health Research have funded the Centre for Diet and Activity Research to conduct an evaluation of the SDIL. In Childhood Obesity: a Plan for Action Chapter 2, published in June 2018, Government committed to consider the sugar reduction progress achieved in sugary milk drinks as part of its 2020 review of the milk drinks exemption from the SDIL. Sugary milk drinks may be included in the SDIL if insufficient progress on reduction has been made.</p>

<p>Public Health England should outline its plans for a regulatory framework for reformulation if the current voluntary programme does not achieve the targets set. Clear guidance on evaluation of industry reformulation and a specific timetable for implementation should also be published.</p>	 <p><i>Some progress made</i></p>	<p>Public Health England published a progress report on the sugar reduction program in May 2018. This showed reductions in sugar levels in five out of the eight food categories where progress has been measured.</p> <p>RCPCH acknowledges progress made in this area, however, it is clear from the report that leading manufacturers and retailers alike are failing to achieve their sales weighted average sugar reduction target of 5%. Three product categories reached the target 5% change, however one product category showed an increase in sugar. These results show industry can reformulate but must do better. We support the voluntary reformulation programme for sugar and for calories but call for greater clarity from Government about the timeline for introduction of mandatory targets if industry fail to meet further voluntary targets. We also support Government plans outlined in Childhood Obesity: A Plan for Action Chapter 2 to consider further use of the tax system to promote healthy food if the voluntary sugar reduction programme does not deliver sufficient progress.</p>
<p>Government should ban the advertising of foods high in saturated fat, sugar and salt in all broadcast media before 9pm.</p>	 <p><i>Some progress made</i></p>	<p>As part of Childhood Obesity: A Plan for Action Chapter 2, the Government have announced the intention to consult on introducing a 9pm watershed on TV advertising of products high in fat, sugar and salt (HFSS). This has also extended to similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation.</p>
<p>Government should undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather.</p>	 <p><i>Some progress made</i></p>	<p>We are pleased to see recommendations from the Health Select Committee published in May 2018 and strongly support recommendations that health should be made a licensing objective for local authorities. Their Time for Action report called for the next round of the Government's Childhood Obesity Plan to include provisions for changes to planning legislation to make it easier for local authorities to limit the proliferation of unhealthy food outlets in their areas. The Committee also concluded that local authorities need further powers to limit the prevalence of high fat, sugar and salt food and drink billboard advertising near schools. Currently, the only powers available to local authorities extend to the positioning of the billboards themselves, not the content of the advertising.</p> <p>Local authorities also need further powers to tackle the proliferation of existing takeaways. At a devolved level in England, the Mayor of London has proposed a ban on new fast food restaurants being built within 400m of schools across the capital, and we would like to see this expanded across England and the UK.</p> <p>As mentioned in Childhood Obesity: A Plan for Action Chapter 2, in October 2018 the Department of Health and Social Care launched a trailblazer programme to work closely with local authorities to find solutions to barriers at a local level to address childhood obesity. The aim of the programme is to harness the full potential of existing powers and levers but also to understand the obstacles and challenges local authorities have delivering them in practice. In spring this year, five authorities will be selected for the three-year trailblazer programme.</p>

<p>Government should extend the mandatory school food standards to all free schools and academies, and to early years settings. Compliance with these standards should be monitored through Ofsted inspections.</p>	 <i>Some progress made</i>	<p>The standards for school food in England were last updated in 2015. In 2016, the Department of Health and Social Care committed to update them in light of the latest advice on nutrition which revised the recommended daily intake of sugar and fibre. This commitment was confirmed in Childhood Obesity: A Plan for Action Chapter 2, and we urge Government to take this forwards as a priority, given the important role of schools in defining food habits and helping their pupils make healthier choices.</p>
<p>NHS England and professional bodies should ensure that all health care professionals make every contact count by empowering them to have the often difficult conversation with patients about their weight</p>	 <i>Some progress made</i>	<p>Public Health England published an All Our Health Promoting a Healthier Weight resource in June 2018 to provide evidence-based healthy weight messages for health and social care professionals to give to children, young people and families.</p> <p>We are pleased to see the National Institute for Health and Care Excellence (NICE) commit to updating their Behaviour change guideline [PH49] to recognise 60 new studies, two reports and ten pieces of on-going research in this area since it was last published in 2014.</p> <p>NHS England have continued to take action to support healthy eating messages by adding calorie limits on confectionary sold in hospital canteens, stores, vending machines and other outlets and asking hospitals to cut the sale of sugar sweetened beverages. Latest figures showed that over a third of Trusts have signed up to reduce the sale of sugar sweetened beverages and patients and visitors have consumed 632 million fewer calories over the last year.</p>
<p>Government should extend the National Child Measurement Programme to measure children after birth, before school and during adolescence</p>	 <i>No change</i>	<p>We are very concerned that there has been no change to the National Child Measurement Programme and make our recommendations again to Government to measure children after birth, before school and during adolescence.</p>

10. Maximise mental health and wellbeing throughout childhood

<i>Recommendations</i>	<i>Progress</i>	<i>Evidence</i>
<p>Government should carry out the National Mental Health survey every three years to identify the prevalence of mental health problems among children and young people in order to aid the planning of health care services</p>	 <i>Significant progress made</i>	<p>Mental Health of Children and Young People in England 2017 was published in November 2018 by NHS Digital. This collected information from 9,117 children and young people and combines information - depending on their age - from children and young people and their parents and teachers. This new dataset is very welcome to support planning of health care services in comparison with similar surveys published in 1999 and 2004.</p> <p>The Government have stated their intention to update the data on children and young people's mental health by conducting a prevalence survey every seven years. We ask that data is captured at a higher frequency, every three years, to support the most effective planning of health care services.</p> <p>We are aware that the Government have also started work to commission a survey on the mental health prevalence of looked after and previously looked after children to better understand their needs. This will inform both the services to be commissioned, as well as the training of professionals in contact with these children, and is very welcome.</p>

<p>The Department for Education should ensure that appropriate mental health support is offered in all primary and secondary schools in England, including free schools and academies</p>	 <p><i>Some progress made</i></p>	<p>In December 2017 plans were announced in Transforming Children and Young People’s Mental Health Provision: a Green Paper, to incentivise and support schools and colleges to identify and train a Designated Senior Lead for mental health to oversee the approach to mental health and wellbeing. Although a welcome step, RCPCH remain concerned that this role will not be made mandatory in all schools, which may prevent adequate responsibilities being given to the role or limit its effectiveness.</p> <p>There is on-going concern about the suggested timeframes for the Green Paper proposals – namely to reach at least a fifth to a quarter of the country by the end of 2022/23. RCPCH would like to see a more ambitious roll out of these proposals to support more children, including those who are outside mainstream education.</p>
<p>NHS England should commission child and adolescent mental health services so that they are structured around the child or young person, delivered as close as possible to their home and supported by a family centred approach to care planning and information sharing</p>	 <p><i>Significant progress made</i></p>	<p>The NHS Long Term Plan makes a commitment to investing in community-based mental health services over the next five years, with a goal over the next decade of ensuring that 100% of children and young people who need specialist care can access it. This includes increased investment in eating disorder and crisis services. Overall, funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending.</p> <p>Recruitment began in autumn 2018 for a new children’s mental health workforce for the Mental Health Support Teams that were announced in the December 2017 Transforming Children and Young People’s Mental Health Provision: a Green Paper,. When operational, these teams will provide specific extra capacity for early intervention and on-going help, supervised by NHS staff. This is a welcome introduction, however RCPCH remain concerned about the lack of any mention of paediatric or other child health services, such as the school nursing service, with regard to these teams. The same Green Paper also announced intention to trial a four-week waiting time for access to specialist NHS children and young people’s mental health services, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services.</p> <p>The first Mental Health Support Teams will be set up in 25 trailblazer areas of which 12 trailblazers will also trial a four-week waiting time. These are expected to begin work by the end of 2019. There is on-going concern about the suggested timeframes for the green paper proposals – to reach at least a fifth to a quarter of the country by the end of 2022/23 – RCPCH calls for a more ambitious roll out of these proposals to support more children.</p> <p>In March 2018, the Care Quality Commission (CQC) published Are we listening?, a review of children and young people’s mental health services, which included a recommendation for local systems to be given greater power and responsibility to plan, publish and deliver a shared ‘local offer’ for children and young people’s mental health and wellbeing. RCPCH fully supports this recommendation, and asks that the CQC recommendations are implemented in full.</p> <p>RCPCH are very pleased to see in The Long Term Plan that the NHS will extend current service models to create a comprehensive mental health service offer for 0-25 year olds, integrating services across health, social care, education and the voluntary sector.</p>

<p>Professional bodies representing all those working with infants, children and young people in health, social care, education, criminal justice and community settings should equip their members with the necessary tools to identify mental health issues through the promotion of resources such as the MindEd portal</p>	 <p><i>Some progress made</i></p>	<p>RCPCH have established a multi-professional working group to promote excellence in the mental health care of children and young people under the care of hospital paediatric teams. This includes the Paediatric Psychology Network, Royal College of Psychiatrists Paediatric Liaison Network, and the Paediatric Psychotherapy Network.</p> <p>RCPCH have appointed an Assistant Officer for Health Promotion, focusing on Mental Health and Wellbeing, to support members with identifying mental health issues in children and young people. We continue to promote mental health resources on our website, including MindEd and children and young people emoji cards. RCPCH have also hosted education courses for members on 'How to manage: child mental health in general paediatrics'.</p> <p>RCPCH and the Royal College of Psychiatrists have held meetings with national clinical directors at NHS England to discuss further support for members with regard to education and training to support identification of mental health issues.</p> <p>The Royal Colleges have also been working closely with NHS England to refresh the 'Intercollegiate Healthcare Standards for Children and Young People in Secure Settings'.</p>
<p>NHS England should ensure that funding designated for expanding Child and Adolescent Mental Health Services reach frontline services in Clinical Commissioning Groups.</p>	 <p><i>Some progress made</i></p>	<p>In 2018 the British Medical Association (BMA) published the report, Lost in transit, which explored concerns that funding for child and adolescent mental health services is not reaching the frontline, and made recommendations for improving this.</p> <p>In December 2018, NHS England published new guidance on Preparing for 2019/20 Operational Planning and Contracting. This states that in the next financial year, clinical commissioning groups (CCGs) will have to increase the share of investment in both frontline mental health provision and children and young peoples' services, as a proportion of their overall mental health spend. This is very welcome and we look forward to seeing it put into action in the next year.</p>

11. Tailor the health system to meet the needs of children, young people, their parents and carers

Recommendations	Progress	Evidence
<p>NHS England should ensure that the health and care needs of infants, children and young people are prioritised in the implementation of all Sustainability and Transformation Plans. Child health professionals and children and young people should be consulted in this implementation.</p>	 <p><i>Some progress made</i></p>	<p>The NHS Long Term Plan announces the creation of a Children and Young People's Transformation Programme, which will oversee the delivery of the children and young people commitments in the Plan. This commitment to prioritise the health and care needs of infants, children and young people is very welcome. The Plan makes further commitments to seek the views of patients aged under 16 to inform service design and transformation and ensure it offers the very best services to children and young people. Accountability of this board to the commitments in the plan will be very important as we move forwards.</p> <p>According to the Long Term Plan, over the next five years, paediatric critical care and surgical services will evolve to meet the changing needs of patients, with paediatric networks involving hospitals, NHS staff and patients and their families to ensure that there is a coordinated approach to critical care and surgical services. This increased consultation with children and young people is very welcome.</p> <p>NHS England co-hosted an event with RCPCH and the NHS Youth Forum in October 2018. The event brought together all of the Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) leads across England. This was an opportunity for STP/ICS leads to network and hear about best practice. We ask for more collaborative events. We also call for every STP/ICS plan to have a dedicated lead for children and young people at executive or board level responsible for delivering a children and young people's health and wellbeing plan, and to produce a plan which is co-designed with children and young people, and which connects with other sectors such as education, social care, youth justice, local government and the voluntary sector.</p> <p>We are pleased to see that the NHS will be moving to create Integrated Care Systems everywhere by April 2021. A particular step forward is that, under The NHS Long Term Plan, Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSS) will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism.</p>
<p>NHS England should ensure better transitions from child to adult services, involving children and young people in planning the transfer, and promoting the many examples of best practice that exist</p>	 <p><i>Significant progress made</i></p>	<p>We are very pleased by the announcement in The NHS Long Term Plan that, by 2028, the NHS will move to a 0-25 years service and towards service models for young people that offer person-centred and age appropriate care for both mental and physical health needs, rather than arbitrary transition to adult services that are based on age rather than need.</p> <p>In July 2018, NHS England also published a guide to support commissioners and providers with Commissioning for transition to adult services for young people with special educational needs and disability (SEND).</p> <p>RCPCH Facing the Future: standards for children with on-going health needs, launched in June 2018, include a specific standard on how to manage transition - Standard 6: "Service planners ensure there is a designated person within the child health service who is responsible for ensuring that developmentally appropriate transitional care is provided and coordinated by both child and adult services." NHS England should encourage commissioners to ensure this is considered when commissioning services.</p>

<p>Health Education England should fund mandatory child health training for all GP trainees</p>	 <i>No change</i>	<p>No change</p>
<p>NHS England should ensure every child and young person with a long term condition has a named doctor or health professional</p>	 <i>Some progress made</i>	<p>We are pleased to see commitments in The NHS Long Term Plan that by 2023/24, children and young people with the most complex needs, including those with a learning disability and/or autism, will have a designated keyworker. This will also be extended to include those who face multiple vulnerabilities, including looked after and adopted children and children and young people in transition between services.</p>
<p>The Care Quality Commission should extend the patient survey of young people in inpatient settings to cover outpatient and community settings</p>	 <i>No change</i>	<p>No change</p>
<p>NHS England should ensure parents and carers are engaged and equipped with the appropriate skills and knowledge to navigate the planned digital health and care system</p>	 <i>Some progress made</i>	<p>The content of the Personal Child Health Record (PCHR) is being piloted in a more secure and easily accessible online format for parents and healthcare professionals to use in the management of a child’s healthcare. The electronic version will help parents to record and use information about their child, including immunisation records and growth. NHS England has funded three accelerator pilots of an electronic version of the PCHR across Lancashire & Cumbria, London, and Bristol.</p> <p>The NHS Long Term Plan also announces plans to create a range of apps to support particular conditions, and by 2020 to endorse a number of technologies that will deliver digitally-enhanced models of therapy for children, including virtual augmented reality. Although encouraging, NHS England need to ensure that parents and carers are fully engaged in this development and have the appropriate skills and knowledge to navigate it.</p>
<p>NHS England should provide information to all Trusts through its Clinical Reference Groups, commissioning structures and assurance processes to ensure that clinical teams looking after children and young people with known medical conditions make maximum use of tools to support improved communication and clarity around on-going management, for example the use of epilepsy passports or asthma management plans where appropriate</p>	 <i>Some progress made</i>	<p>The NHS Long Term Plan announces that, from 2019/20, clinical networks will be rolled out to ensure the NHS improves the quality of care for children with long-term conditions, such as asthma, epilepsy and diabetes. These models should align with regional sector-wide models developed by Sustainability and Transformation Partnerships and Integrated Care Systems.</p> <p>We are very pleased to see The NHS Long Term Plan commit to develop and implement networked care to improve outcomes for children and young people with cancer, to simplify pathways and transitions between services. The Plan also commits, over the next five years, to match funding clinical commissioning groups (CCGs) who commit to increase their investment in local children’s palliative and end of life care services.</p> <p>Over the next three years, the NHS and local authority children’s social care and education services will work with expert charities to jointly develop packages to support children with autism and other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families through the diagnostic process – as announced in The NHS Long Term Plan.</p> <p>RCPCH are aware that currently, 34 out of 46 clinical reference groups do not have paediatric representatives, which is concerning. Provisional data from the 2017 RCPCH workforce census shows that 46.3% of subspecialty services in England deliver planned work as part of a funded/managed clinical network.</p>

12. Implementing guidance and standards

Recommendations	Progress	Evidence
<p>NHS England should support clinical commissioning groups to commission quality health and care services against evidence-based standards and support all Trusts to implement guidelines and standards</p>	 <p><i>Some progress made</i></p>	<p>As Clinical Commissioning Groups move to Accountable Care Organisations and Systems, urgent clarification is needed about the regulatory and accountability status of these entities and their responsibility to promote the health and wellbeing of infants, children and young people.</p> <p>There have been developments in respect of some secondary and tertiary services, with national reviews commissioned for Neonatal Critical Care, Paediatric Critical Care and Specialised Surgery and Congenital Cardiac Surgery. As part of The NHS Long Term Plan, we are pleased to see that over the next five years, national learning disability improvement standards will be implemented and will apply to all services funded by the NHS.</p> <p>In November 2018, RCPCH were pleased to support NHS England to hold an event to support service planners and health professionals to meet RCPCH Facing the Future and NHS England Seven Day Service Standards. 140 delegates registered for this event from across England. We encourage NHS England to build on this enthusiasm and hold future events to support this further.</p>
<p>Public Health England should support local authorities to deliver quality public health services against evidence-based standards</p>	 <p><i>Significant progress made</i></p>	<p>The second release of Public Health England's All Our Health, a framework to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing, was launched in June 2018. This includes specific guidance on how to apply All Our Health across health protection, health improvement and improving the wider determinants of health. A number of these relate specifically to child health, including childhood obesity, child oral health, early adolescence and healthy beginnings. In addition, a specific statement on breastfeeding and dental health was published by Public Health England (PHE) in December 2018 to bring together relevant evidence and associated policy and practice guidance and resources on these areas.</p> <p>In March 2018, PHE published updated guidance on the Healthy Child Programme to support local authorities commissioning health visiting and school nursing services. The Early Intervention Foundation has also published a report in June 2018 - What works to enhance the effectiveness of the Healthy Child Programme: An evidence update - which provides a wealth of information about the evidence for approaches to early intervention for mothers and infants, which may be commissioned and delivered locally as part of the Healthy Child Programme. There is also a commitment in The NHS Long Term Plan to prioritise improvements in childhood immunisation, working closely with the Healthy Child Programme to achieve this.</p> <p>Data on the PHE Fingertips tool, including school-age children and indicators for young people, continues to be updated regularly. This includes the Child Health Profiles, updated in June 2018.</p>

State of Child Health:
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