

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 15 August 2022
Title:	Director of Public Health Child Health Report
Responsible Director:	Lynne McNiven, Director of Public Health
Report Author:	Ruth Mellor, Child Health Consultant

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Annual Operational Plan
- Emerging issue

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The NHS Board Chair and Chief Executive have agreed a programme of Public Health reports to the NHS Board. This Director of Public Health (DPH) Child Health Report is the first such report. This outlines the range of child health related work that public health contribute or lead on, working with a range of partners across Ayrshire and Arran. The intention is that the report will be a public facing document of use to families in Ayrshire and Arran and also colleagues across Local Authorities and Health and Social Care Partnerships. It is being brought to the Board for awareness.

2.2 Background

As the Public Health Department have mostly moved away from pandemic response and have been remobilising services, we felt it would be useful to have a report that set the scene on the range of child health related work that the Public Health Department is leading on or involved with. The report covers a wide range of topics, in a taster format. We have provided some key information on each topic, what

actions are being progressed currently locally, and links to further information for those who want to find out more.

2.3 Assessment

With regards to the data in our report, which was mostly pre-pandemic, Ayrshire and Arran were highlighted as having worse outcomes, than the Scottish average, in a number (but not all) areas. Examples where we had worse statistics than the Scottish average include the percentage of children living in relative poverty; percentage of women reported smoking during pregnancy; percentages of babies exclusively breastfed, as reported at the 6-8 week child health review; lower percentage of Primary 1 (P1) children identified as having a healthy weight; lower percentage of S3 girls vaccinated for HPV; higher percentage of 13-year old pupils reporting ever having tried or used e-cigarettes; of drug-related hospital admissions among 11-25 year olds.

The COVID-19 pandemic and the restrictions in place to mitigate against it will have had a negative impact on children, furthermore those impacts will not have been equal, with the worst impact on those who were already experiencing poverty or other disadvantages.

Therefore it is good that local actions are in place to continue improving things, however we recognise that a significant challenge is faced. We must continue to work well together, across partners in Ayrshire and Arran, to promote the health and wellbeing of our infants, children, young people and their families.

2.3.1 Quality/patient care

The various examples of local working noted within the report are hoped to have positive impacts.

2.3.2 Workforce

As with other areas, the redeployment of staff during the pandemic period, retirements and people moving post will have impacted on child health related work. The creation of this report is in part a celebration of the good work that is ongoing, and an opportunity for the document to be used as a resource for partners, to help identify who/which teams they should link into, to help progress partnership working.

2.3.3 Financial

No financial resource is being requested at this time.

2.3.4 Risk assessment/management

Presentation of our data to the public increases transparency, opportunities for members of the public to engage with services and seek further information if they need it. However there is a risk of backlash to the data presented, highlighting Ayrshire and Arran is below Scottish averages in some areas. We will work with the Communications Department to disseminate the report.

2.3.5 Equality and diversity, including health inequalities

Public health aims to reduce inequalities and the work within the report highlights various ways in which we are doing this, for example the care experienced work and child poverty reduction. The report outlines a number of existing workstreams,

which will have completed their own impact assessment as necessary; it was not necessary for this report, as an overview document to provide one.

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Effective Partnerships
- Compliance with Corporate Objectives
- Local outcomes improvement plans, community planning etc

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

In designing the report, a list of potential topics for inclusion were circulated to the Public Health Department Senior staff, and wider NHS and HSCP colleagues to consider content. The leads for each section have been involved in the creation of their section and have liaised with local colleagues as appropriate, for example in some topics there are different local authority specific sections noting actions.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The Infant, Children, Young People Transformational Change Programme Board have been advised of the creation of the document; relevant members (who are topic leads) have received sections to review specific to their work areas; the final draft will be circulated to the group, once signed off by the board as part of the dissemination of the report.

2.4 Recommendation

For awareness. Members are asked to receive the report for information.

3. List of appendices

- Appendix 1 - Director of Public Health Child Health Report

Editors of the attached DPH Child Health Report are: Ruth Mellor, Alister Hooke and Michelle Kennedy, with contributions from many in the Public Health Department and wider partners.

Director of Public Health Child Health Report

August 2022



Acknowledgments

This Child Health Report was only possible because of the hard work and commitment of staff in the Public Health Department, colleagues from elsewhere within the NHS, and Health and Social Care Partnerships (HSCPs). In addition, we would like to extend our thanks to staff and colleagues in East, North and South Ayrshire Local Authorities and everyone else who works with us to protect and improve the health of the public.

Public Health Department
NHS Ayrshire & Arran
Afton House, Ailsa Campus
Dalmellington Road
Ayr
KA6 6AB

DPH Office (01292) 885873

<https://www.nhsaaa.net/better-health>



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Foreword

This is my first Director of Public Health report (DPH) of this year and I wanted to focus on Child Health. In Ayrshire and Arran, we are passionate about improving the health and social outcomes for infants, children, and young people.

In previous years, I have had a single large report covering all areas of public health. This year I will have a few 'chapter' reports focusing on different areas.

As we move out of the COVID-19 pandemic response, I want to take a moment to reflect on all that we have achieved these past two years, with the Public Health Department having a central role in COVID-19 testing, vaccination, outbreak management and contact tracing. It has been a challenging time and I recognise the hard work of our NHS colleagues and partners. Thank you. Unfortunately, the pandemic and the restrictions required to control it, have exacerbated problems for many Ayrshire and Arran residents. We hope going forwards that the innovation and excellent relationships that have been built through this period will help us work with the population to improve health and social outcomes.



A handwritten signature in black ink, which appears to read 'Lynne McNiven'.

Lynne McNiven

Director of Public Health



Introduction

“Children are our greatest treasure. They are our future”

By Nelson Mandela.

Welcome to the first DPH report chapter for 2022. Here we will cover: the aim of the report; how the report is organised; and who the report is for.

Aim of the report

We recognise that infants, children, young people and their families will have been some of the hardest hit by the restrictions put in place to control the COVID-19 pandemic. However, the impacts on children will not have been equal; the pandemic will have had a worse impact on those who were already experiencing poverty or other disadvantages.¹ Data is still emerging about its impacts.

Now that we have mostly moved away from pandemic response and are remobilising services, the aim of this report is to set the scene on the range of child health related work that the Public Health Department is leading on or involved with. Therefore, we have covered a wide range of topics, but in a taster format. We have provided some key information on each topic, what actions are being progressed locally, and links to further information for those who want to find out more.

How the report is organised

The report is designed to be dipped into, each topic is written as a standalone item, so it is not necessary to read through the entire report.

Where agreed, the lead author for the work covered within the topic is named, however in some instances just their title is given. We are fortunate to work with different partners and the work reported here is far wider than that covered by the public health department alone. Thank you to all those who contributed to the various topics.

¹ Public Health Scotland (2022). Ensuring Our Future. Link: [Ensuring our future: addressing the impact of COVID-19 on children, young people and their families \(scotphn.net\)](https://scotphn.net/ensuring-our-future-addressing-the-impact-of-covid-19-on-children-young-people-and-their-families). Accessed: 22 Jun 2022.

Who this report is for

This report is for families living within Ayrshire and Arran, and for staff who work primarily within the NHS, Local Authorities, HSCPs or third sector organisations in Ayrshire and Arran. We hope that reading about some of our current work will whet your appetite. For families, if you are interested in a particular topic, the links provided will direct you to more information. For staff, this is a chance to update you on what work is happening and who/which department to approach if you want to learn more.

Local Population Statistics and topics that affect the whole of childhood



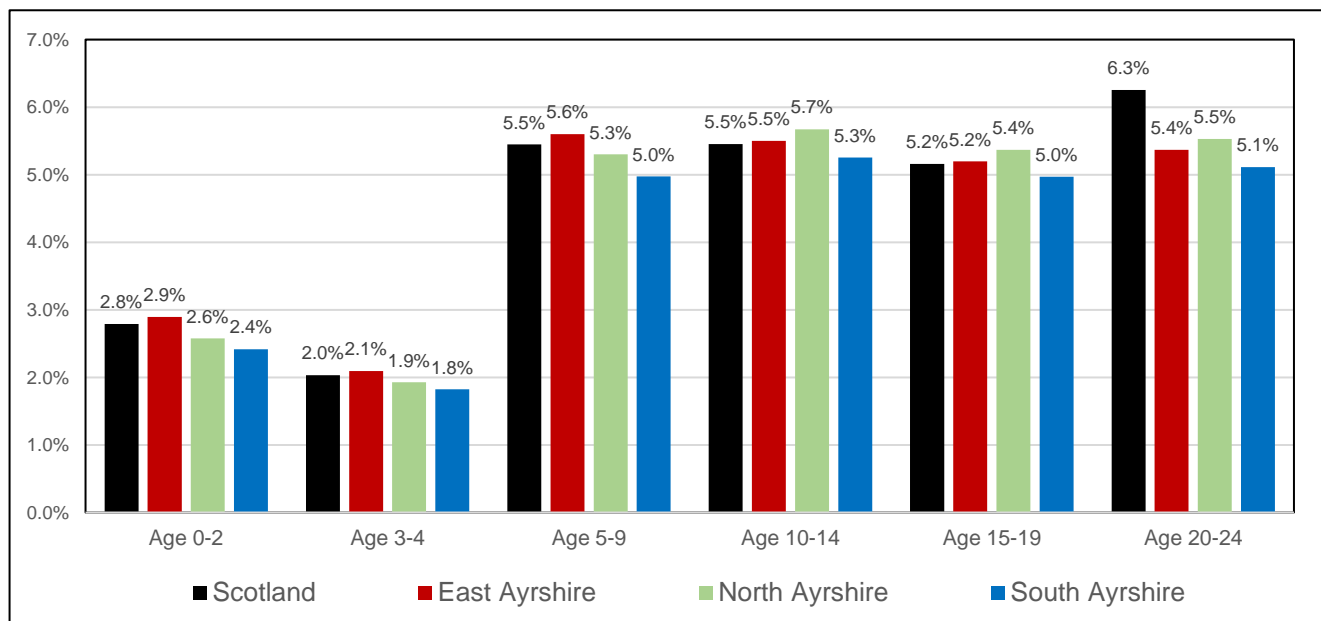
Local population statistics: infants, children and young people

Alister Hooke, Senior Public Health Research Officer

Under 25s in Ayrshire and Arran, 2020

There were 3,037 registered births in Ayrshire and Arran in 2020.² In 2020, there was an estimated total of 95,363 children and young people, aged under 25 years, living in Ayrshire and Arran - 32,417 in East Ayrshire, 35,410 in North Ayrshire and 27,536 in South Ayrshire. Within this, there were more males than females in all local authority areas - about 600 more in South Ayrshire, 700 more in East Ayrshire and almost 1,000 more in North Ayrshire.

Figure 1: Population estimates of children and young people aged 0-24 by age group, mid-2020: as a percentage of the total population



Source: National Records of Scotland

Within the under 25 population, in 2020, examination by selected age groups reveals distinctions between local authority areas. As a percentage of the total population, under 10s are more highly represented in East Ayrshire than in Scotland or the other two local authority areas (Figure 1). However, the pattern changes from age 10 upwards, with greater representation of that subgroup occurring in North Ayrshire, above that of East Ayrshire and South Ayrshire. South Ayrshire has consistently lowest representation within all age groups under 25.

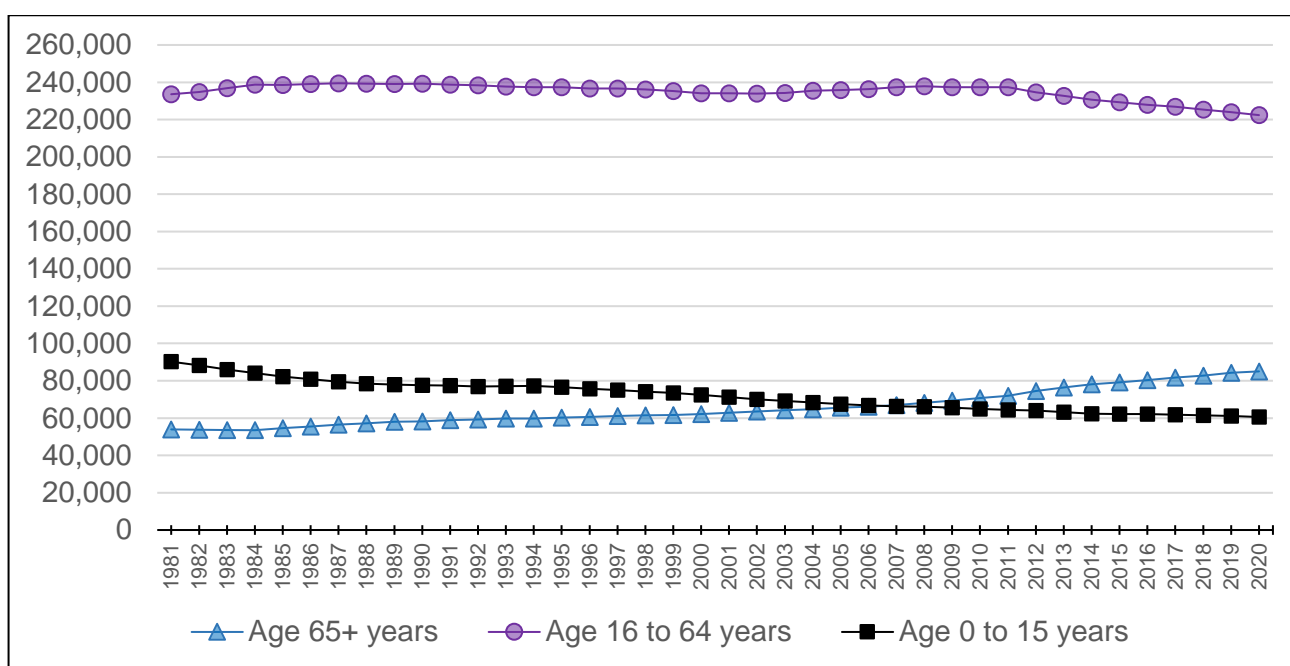
² National Records of Scotland. Data on Births and Deaths. Link: [Monthly Data on Births and Deaths Registered in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/data/monthly-data-on-births-and-deaths-registered-in-scotland). Table 3. Accessed: 16 Jun 2022.

Population changes over time

Children aged 0-15 years made up 16.8% of the total population of Scotland in 2020. South Ayrshire was well below the Scottish average (15.5%), while East (17.2%) and North (16.6%) were somewhat comparable to the national comparator.

Analysis of population trends over the last four decades shows that there has been a strong and systematic decline over time of around 30,000 children aged under 16 in Ayrshire and Arran (Figure 2). And while estimated numbers of children appear set to continue decreasing in future, it is worth noting that the rate of fall in numbers of under 16s has slowed over time.

Figure 2: Mid-year population estimates from 1981 to 2020, by selected age groups, in Ayrshire and Arran



Source: National Records of Scotland

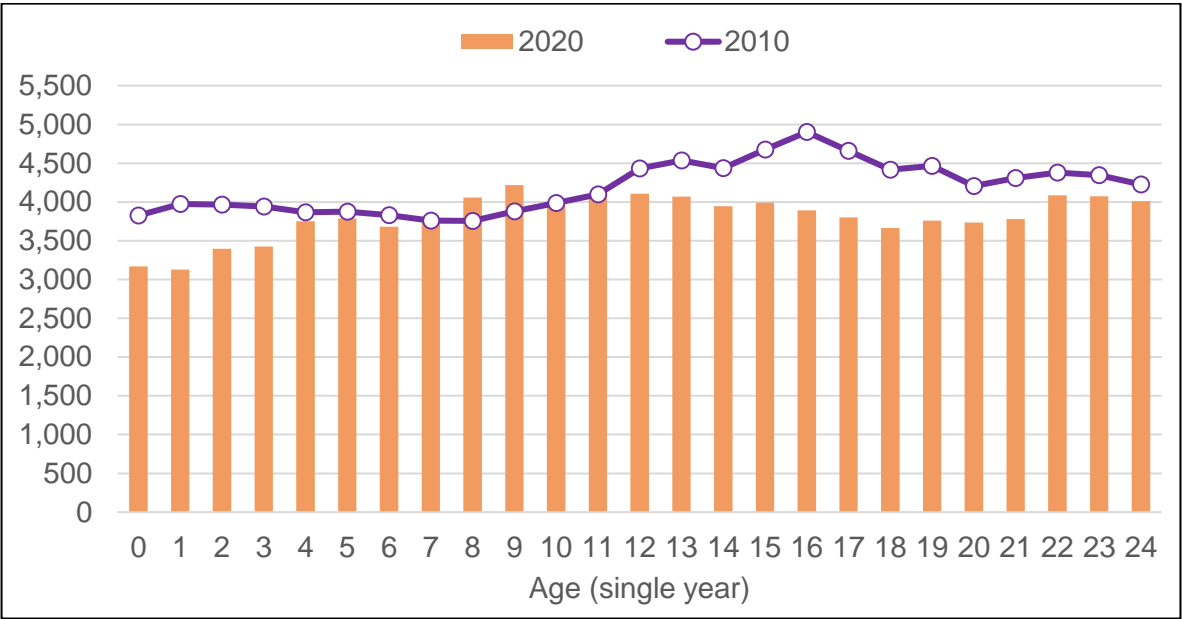
It is further worth noting from the above chart that the progressive decline of under 16s in Ayrshire and Arran has happened alongside a contrasting and comparably-sized incline in the age 65+ population. Meanwhile, the working-age population (age 16-64) has shown a consistent and prominent year-on-year fall since 2012.

Detailed population changes over the last decade

Comparing 2010 and 2020 mid-year population estimates, shows the rapidly changing nature of the under 25 population in Ayrshire and Arran, even within the short span of a single decade. In particular, there have been substantial decreases in the under 5s and among those aged 12-24 (Figure 3). Both of these age groups have seen marked declines in numbers, a pattern repeated in

the three local authority areas. Meanwhile, estimated annual numbers of primary school-aged children (aged 5-11) in Ayrshire and Arran were similar in 2010 and 2020, a pattern again repeated in all three local authority areas. This is largely explained by local numbers of births being somewhat level over the first half of the 2010s before declining over the latter half.³

Figure 3: Estimated numbers of children and young people aged under 25 in Ayrshire and Arran: comparison of 2010 and 2020 mid-year population estimates by single year of age



Source: National Records of Scotland

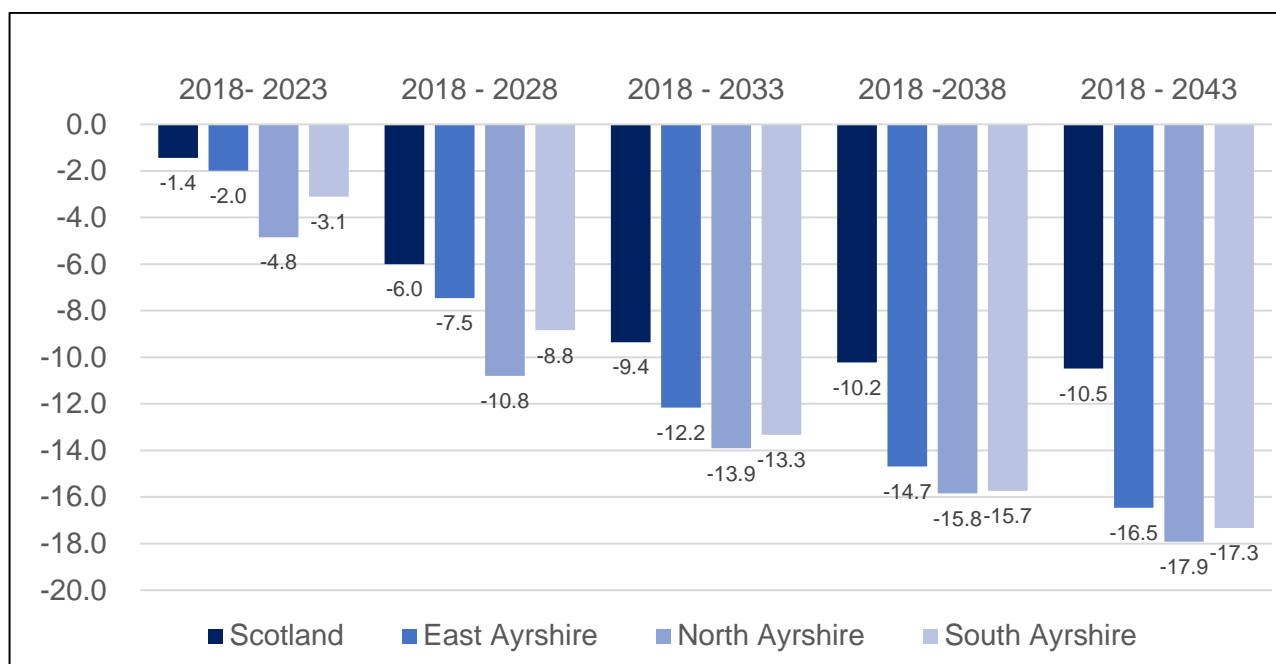
Projected changes in population

Looking ahead over the next two decades, it is anticipated that the population of children aged under 16 will continue to decline in a strong and systematic manner. Figure 4 shows relevant predictions for Scotland and the three local authority areas and for selected 5-year intervals up to and including the year 2043, with 2018 as baseline. The bar chart shows that rapid decline over the next two decades in the under 16 population is expected in all areas.

Based on a reported estimate of 61,537 children aged 0-15 living in Ayrshire and Arran in mid-2018, and anticipating an approximately 17% drop by mid-2043, it is estimated that the population size of this group will be in the vicinity of 51,000 by then, representing a drop of just over 10,000 children. However, this would be happening against the backdrop of an increasingly ageing population. It is clear, therefore, that services will have to adapt in future to the rapidly changing composition of their local populations.

³ See previous reference above.

Figure 4: Projected percentage change (2018-based) in estimated number of children aged 0-15, by area and selected years



Source: National Records of Scotland

Impact of COVID-19 on the Health Service

The NHS Ayrshire & Arran response to the COVID-19 pandemic included creating and staffing COVID-19 wards, COVID-19 testing teams, the COVID-19 vaccination programme, and the NHS Ayrshire & Arran Test and Protect service. This required a proportion of staff to be redeployed, other staff had to shield, and there were changes to how services were delivered to minimise the risk of infection transmission. This response to the pandemic was needed, but as resources are finite, there were impacts across NHS Ayrshire & Arran and the HSCPs.

For services related to infants, children and young people, the changes in working practices, and seeing what can be achieved, provided an opportunity to look afresh at our systems and services and consider how we can best deliver them going forwards.

The climate and ecological crisis

Emily Tweed, Clinical Lecturer and Honorary Specialty Registrar in Public Health

Anon, Public Health Programme Lead

Background and data

We live at a unique moment in history: we know that climate and ecological breakdown poses an existential threat to human society, and we know what we need to do to prevent this. In this window of opportunity, as adults we must live up to our responsibilities and act now to ensure a liveable future for all.

To survive and thrive, children and adults alike need clean air and water; a stable climate; natural spaces in which to play and relax; fertile land for food. These are the planetary 'life support systems' on which human life depends – but over-exploitation means that they are in a critical state. **Though the climate and ecological emergency affects us all, it is especially profound for children and young people:** they are more vulnerable to environmental hazards, and they will have to live with the consequences of our actions for longer.

But with a swift and effective response, we still have time to turn this all around. We have the knowledge and tools we need to face this challenge, and **much of what we need to do will radically improve the health and prospects of children and young people in other ways.** Locally, we are seeking to prioritise these 'win-win' actions – which provide health, social, and environmental benefits for current and future generations.



What do children and young people think?

Climate change was identified by children across Scotland as one of the four 'Big Problems' they want to see fixed, alongside poverty, discrimination, and digital inequality – as part of a project with over 11,000 children across Scotland, led by the Children's Parliament.

"Climate change impacts our human rights as the effects caused to our climate will eventually affect all of us in different ways. We have to all work together in order to change the outcome."

Member of the Children's Parliament, Age 9, South Ayrshire⁴

Priority actions from the Children's Climate Assembly in Scotland included making it easier and cheaper for children to travel to school in environmentally friendly ways; giving money and help to people who struggle to heat their homes; creating sharing libraries for toys, clothes, and other items; improving the availability of healthy, local, and sustainable food; preserving and extending nature-rich spaces and traffic-free areas; and helping children to play and learn outside. These priorities have influenced our local actions identified below.

Access to green and blue spaces

In relation to the local environment, children and young people should have access to green and blue space. Green and blue spaces are defined as "public green or open spaces in your local authority area, for example a park, countryside, wood, play area, canal path, riverside or beach."⁵

There is a need, especially in urban areas, to ensure that local planning and housing policies acknowledge the different contributions of private and public green spaces, and that new and existing housing provides access to gardens, parks and other green spaces.

In 2019, the percentage of people within a five minute walking distance of green or blue space were as follows – 66% in Scotland; 65% in North Ayrshire; 66% in East Ayrshire; and 75% in South Ayrshire.

⁴ Children's Parliament (2021). Climate Change for the Climate Assembly. Link: [Climate change for the Climate Assembly - Children's Parliament \(childrensparliament.org.uk\)](https://childrensparliament.org.uk). Accessed: 16 Jun 2022.

⁵ Scottish Government. Access to Green and Blue Space. Link: [Access to Green and Blue Space | National Performance Framework](#). Accessed: 16 Jun 2022.

However, it is unclear to what extent physical distance from green or blue spaces deters children and young people from accessing them. This may also be determined by parents' willingness, or otherwise, to accompany smaller children when access to green or blue spaces requires relatively more effort.



Local actions

A challenge as big as the climate and ecological emergency requires action on multiple fronts. Within NHS Ayrshire & Arran, we are focusing on:

1) Healthy and sustainable places

- Our public health teams continue to work with wider partners to support the creation and renewal of healthy and sustainable places: for instance, we are partners in the Shaping Places for Wellbeing programme of work in Ayr and are developing a programme of work to enhance our input to planning decisions with a view to maximising health benefits of new developments.
- NHS Ayrshire & Arran and the HSCPs continue to foster access to greenspace for health and wellbeing. This includes access for play. With regard to this, we have been involved in directing groups to access funding. This includes:
 - access to community gardens and allotment for children's groups and schools;
 - greening school grounds; and
 - access to all terrain mobility aids for disabled children.

2) Healthy and sustainable households

We are exploring opportunities with the Energy Agency on energy saving measures for children and families with long-term health conditions, particularly those using medical devices and equipment at home which might increase their energy use.

3) Healthy and sustainable services

We are involved in work across NHS Ayrshire & Arran to minimise the impact of our healthcare services on the environment and increase their resilience in extreme weather: mitigating the emissions we produce as part of the delivery of care is a crucial part of ensuring a healthy future for our children and young people. For instance, the forthcoming National Treatment Centre will be NHS Ayrshire & Arran's first net zero facility.

Where you can find more information

- You can find more information on:
 - The Children's Parliament [here](#).
 - Children's Parliament 'Big Ideas' vote [here](#).
 - Scotland's changing climate [here](#).
- What does a climate-ready Scotland look like? Find out using this interactive tool from Adaptation Scotland [here](#).
- The Woodland Trust have produced this short guide to climate change for children [here](#).
- The UK Health Alliance on Climate Change brings together health professionals to advocate for just responses to the climate and ecological crisis [here](#).

Care experienced children

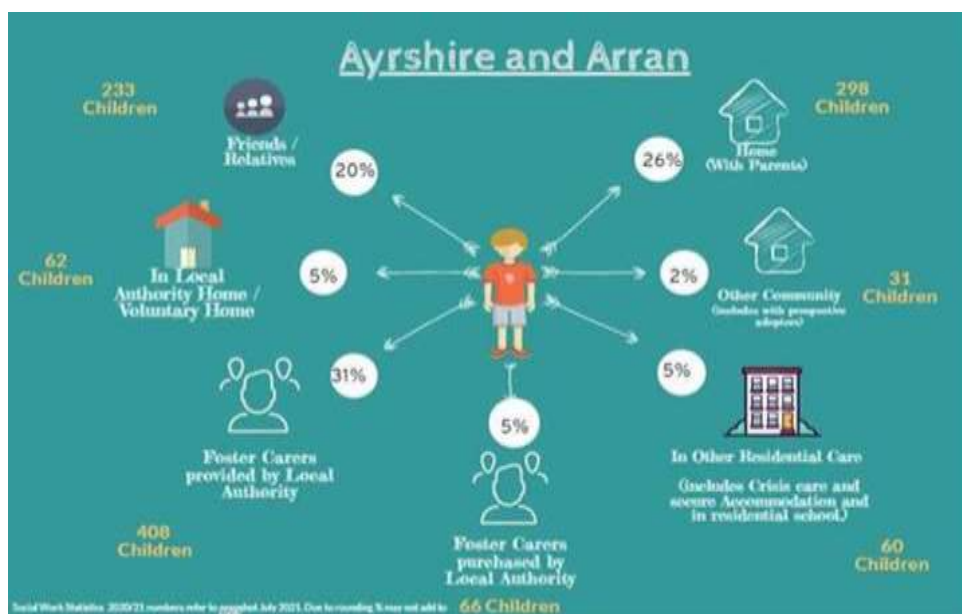
Laura Doherty, Public Health Project Manager for Infants Children and Young People

Background and data

Under the Children (Scotland) Act 1995, 'looked after children' are defined as those in the care of their local authority – sometimes referred to as their 'corporate parent'.

We become corporate parents to children for a very wide range of reasons but, regardless of the cause, our job as a corporate parent is to ensure that the children in our care receive what every child needs to grow up healthy and well and to reach their full potential, the right support at the right time in the right setting, and strong stable and loving relationships from the people they call family.

Figure 5: Where are our 1,149 Looked after Children?



Source: Social Work Statistics, 2020/21

Since 2012, Ayrshire and Arran has rates of children under the care of corporate parents higher than the national average. In 2020/21, NHS Ayrshire & Arran were corporate parents to 1,149 children (394 from East Ayrshire, 522 from North Ayrshire, and 233 from South Ayrshire) who lived across a number of different settings dependent on their needs and circumstances (Figure 5).

NHS Ayrshire & Arran, is proud to be a corporate parent and recognises the opportunity and duty that we have to ensure all of our children grow up healthy and well, regardless of whether they experience care, or which area or setting they call home.

We must keep the health and social needs of our care experienced population at the forefront of our considerations and ensure there are adequate resources to meet their needs, or we risk widening inequalities in multiple areas of their lives. Inequalities which already existed are likely to have been compounded by the impact of the COVID-19 pandemic, as the data regarding the full and true impact on infants, children and young people is still emerging.

Local actions

Within NHS Ayrshire & Arran we have a Corporate Parenting Taskforce. It currently has nine workstream areas of focus, as follows:

- Assurance and Accountability;
- Accurate and Timely Notification Processes;
- Data – Population Health Need, Outcomes and Performance;
- Medical workforce – Delivery and Model;
- Nursing workforce – Delivery and Model;
- Meeting Immediate Health Needs – The Health Safety Check;
- Dental health needs of looked after children are identified and met;
- Mental health needs are identified and their care needs met; and
- Rights Respecting participation of care experienced young people.

Each workstream is interlinked and the task force provides the platform for leads to ensure that cohesive progress is being made in relation to each area and that leads are aware of related work and how this affects the whole system.

Where you can find more information

- Information on the Children and Young People (Scotland) Act 2014 [here](#).
- Information on The NHS Responsibilities, the Chief Executives Letter (CEL16) on Looked after Children (2009) [here](#).
- Information on The Looked After Children and Young People: We Can and Must Do Better report (2007) [here](#).
- Information on The Independent Root and Branch review of the Care System in Scotland in 2016 [here](#).
- Information on The Promise and The Promise Plan [here](#).

Child poverty

Ruth Mellor, Child Health Consultant

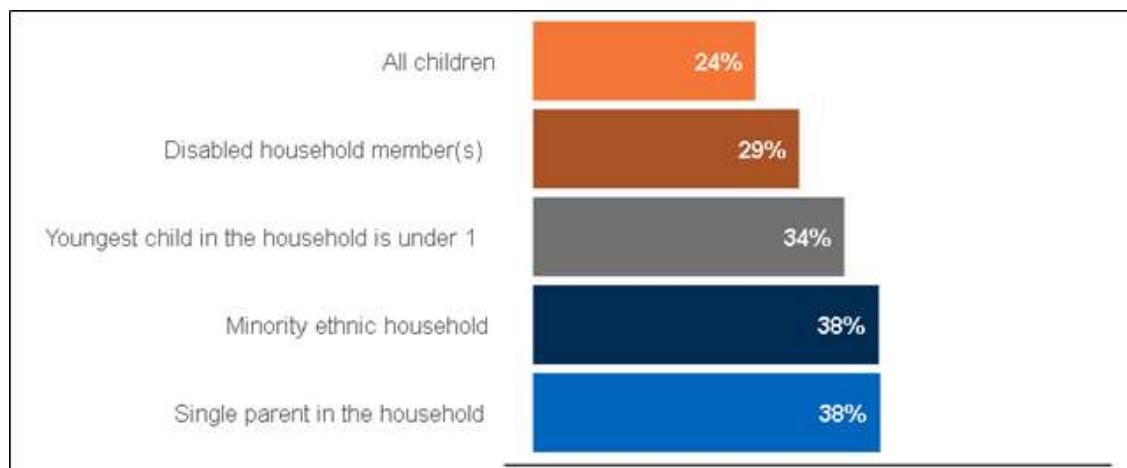
Background and data

In Scotland in 2019/20, the percentage of children living in relative poverty (after housing costs which are the unavoidable costs of rent or mortgage re-payments) was 24.3%, an increase of 2.7% on the previous five year period. In North, East and South Ayrshire, the percentage of children living in relative poverty was 27.9%, 27.3% and 24.8% respectively. All Ayrshire areas had percentages in excess of the Scottish average.⁶

In 2017-20, more than half of all those in relative poverty in Scotland lived in a working household: 400,000 Scottish working-age adults and 160,000 children.⁷

Some families are at a higher risk of poverty. This includes households with single parents, three or more children, disabled household members, of a minority ethnic background, with a child aged under one, or a mother aged under 25 (Figure 6).

Figure 6: Percentage of all children and those in specific priority groups in relative poverty (AHC), Scotland – 2017-20



Source: Scottish Government (2021).
Link: [Poverty and income inequality statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/poverty-and-income-inequality-statistics).
Accessed: 16 Jun 2022.

⁶ Juliet Stone and Donald Hirsch (2021). End Child Poverty Scotland. Centre for Research in Social Policy, Loughborough University, published in March 2021. Link: [Child poverty in your area 2014/15 – 2019/20 - End Child Poverty](#). Accessed: 16 Jun 2022.

⁷ ScotPHO (2021). Working-age Poverty. Link: [Working-age poverty - ScotPHO](#). Accessed: 16 Jun 2022.

Local actions

- Create a workshop around financial inclusion (how to increase income from benefits, etc.) and provide training to paediatrics, midwifery and other interested staff within the NHS, to enable them to direct patients and staff members, as needed, to referral pathways for relevant services.
- Work with midwifery colleagues to take forward the Cost of Pregnancy Pathway project recommendations.
- Communicate with all NHS staff on the cost of living and where people who are facing financial struggles can get support.

Where you can find more information

- More information is available on the Better Health Hub website [here](#).
- Financial help can be accessed using the relevant links below:
 - East Ayrshire Council webpages [here](#).
 - North Ayrshire Council webpages [here](#).
 - South Ayrshire financial webpages [here](#).



Trauma-informed approaches

Kathleen Winter, Child Health Commissioner - Public Health Department

Alison Sutherland, Head of Service, Children, Families and Justice - North Ayrshire Heath & Social Care Partnership

Clare Wilson, Senior Manager - Authority Wide Services Children's Health, Care and Justice - East Ayrshire Health & Social Care Partnership

Angela Pinkerton, Trauma Informed Practice Officer - South Ayrshire Council

Background and data



The shared ambition of the Scottish Government and The Convention of Scottish Local Authorities (COSLA) is to develop a trauma-informed workforce across Scotland. The aim of this work is to ensure that we deliver services in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives. To support this, the Scottish Government and COSLA wrote in 2020 to all Chief Executives asking for their support in identifying champions to help promote, oversee and embed trauma-informed systems, services and workforces across all parts of the organisation.

Trauma is often defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”. This could be a single incident such as rape, suicide and sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse, human trafficking or different forms of violence against women, including domestic abuse.

The evidence that adversity in childhood is a key driver of morbidity and mortality amongst our populations is compelling and as a direct consequence has a significant impact on healthcare

need and demand. In Scotland 2019, examining the population prevalence of adverse childhood experiences, over one in seven adults reported four or more adverse childhood experiences. Adverse childhood experiences provide a proxy measure across a range of indicators of adversity within communities.⁸

It is estimated that around 60% of the UK population has experienced psychological trauma in their lifetime.⁹

There has been an investment in the National Trauma Training programme to recognise and respond to psychological trauma. The vision of the national training programme is to *'achieve a trauma-informed nation capable of recognising where people are affected by trauma and adversity, capable of responding in ways that prevent further harm and which supports recovery and in ways which addresses inequalities and improves life changes'*.¹⁰ Across Ayrshire there is a growing body of trauma champions who are working together to support and develop approaches further.

The COVID-19 pandemic and the restrictions put in place to contain the virus have also increased the risk of citizens experiencing trauma and re-traumatisation. This can include living in households with domestic abuse or child abuse; facing poverty and unemployment; severe or chronic illness, as well as loss and sudden bereavement. The Scottish workforce, especially key frontline staff, have also had an increased exposure to potentially distressing situations and increased risk of stress and burnout. It should also be noted that there will be positive lessons to learn from the pandemic and examples of creativity and resilience that can be built on moving forward, alongside the growing evidence that trauma-informed systems and practice, where the impact of trauma on those affected is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma.

Local actions/approaches

Locally partners are developing their approach with a view to sharing good practice on a pan-Ayrshire basis.

⁸ Scottish Government (2020). Scottish Health Survey 2019. Link: [Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2019/volume-1-main-report/pages/1_to_100.aspx). Accessed: 22 Jun 2022.

⁹ Improvement Service, with COSLA and NHS Education for Scotland (2020). ELECTED MEMBER BRIEFING NOTE. Link: [Taking a trauma-informed lens to Scotland's COVID-19 recovery, renewal and transformation \(cosla.gov.uk\)](https://www.cosla.gov.uk/media/1234567/taking-a-trauma-informed-lens-to-scotland-s-covid-19-recovery-renewal-and-transformation). Accessed: 22 Jun 2022.

¹⁰ NHS Education of Scotland, with the Scottish Government (2019). THE SCOTTISH PSYCHOLOGICAL TRAUMA TRAINING PLAN. Link: [trauma-training-plan-final.pdf \(transformingpsychologicaltrauma.scot\)](https://www.nhs.uk/mentalhealth/trauma-training-plan-final.pdf). Accessed: 22 Jun 2022.

East Ayrshire has developed a Trauma Advisory Board (TAB) that has membership across all public sector services and community planning partners. This Board is in the process of developing a TAB Delivery Plan to ensure focus and measure of progress. The TAB reports to the Wellbeing Delivery Group which is one of the three priorities of the East Ayrshire Community Plan 2021-30. East Ayrshire are in the process of recruiting a Trauma Lead Officer to help deliver on the ambitions and aspirations of East Ayrshire.

North Ayrshire are actively working with multi-agency partners to plan and further develop the local response to trauma-informed practice. Central to this will be the voice and experience of citizens and service users to continue to build and shape responsive, trauma-informed approaches across all community planning partners. Recruitment of a lead officer is currently being explored to ensure a co-ordinated and connected response across partnerships.

South Ayrshire Council has recruited a dedicated Trauma Informed Practice Officer who will focus on supporting the organisational change required to become a trauma-informed organisation. An initial pilot study within the council identified key areas of focus and these include, developing a trauma-informed leadership, staff well-being, training, collaboration, and co-design.

Within NHS Ayrshire & Arran there are a range of services which provide specialist support for people affected by trauma. Various training programmes are also in place to support professional knowledge and learning. Current developments include identifying local trauma-informed champions alongside translating the national guidance into local action and using this to support planning with partners and delivery models. We are also part of the National short life advisory group to develop Trauma-informed Services, Systems and Workforces Quality Indicator Framework.

Where you can find more information

- Information on the National trauma training programme, [here](#).
- If you would like to access Information regarding case studies and the trauma champions, here is the [link](#).

Topics related to pregnancy and birth



Fetal alcohol spectrum disorder (FASD)

Rachel Burn, FASD/Maternal Health Public Health Officer



Background

Fetal alcohol spectrum disorder (FASD) is a term used to describe the permanent impacts on the brain and body of babies exposed to alcohol during pregnancy resulting in a spectrum of physical, neurological, emotional and behavioural regulation characteristics.¹¹

Data

In the UK, 41.3% of pregnant women consume alcohol at least once during pregnancy.¹² FASD is estimated to affect 3-5% of the British population.¹³ However, this prevalence rate is likely to be significantly underestimated.

Local actions

Work in relation to FASD was suspended from March 2020 due to COVID-19. However, remobilisation of this topic started recently and an overview of future local work includes:

- FASD scoping exercise in Ayrshire and Arran – post COVID-19.
- Connecting with colleagues across Health and Social Care and education to establish priorities in relation to FASD.
- Development and delivery of FASD multi-disciplinary training calendar.
- Prevention work, including linking with maternity and addictions colleagues in relation to ante-natal alcohol brief interventions.

Where you can find more information

Further information regarding FASD can be found on the Fetal Alcohol Advisory, Support and Training Team (FAAST Team), website [here](#).

¹¹ FASD Network UK. What is FASD? Link: [What is FASD? - FASD Network UK](#). Accessed: 22 Jun 2022.

¹² Popova S., et al. (2017). Estimated Prevalence of FASD. Link: [Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis - PubMed \(nih.gov\)](#). Accessed: 22 Jun 2022.

¹³ Lange S., et al. (2017). Global Prevalence of FASD. Link: [FAB: Lange et al 2017 - Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth \(fabresearch.org\)](#). Accessed: 22 Jun 2022.

Smoking during pregnancy

Lesley Reid, Health Improvement Lead

Background

Maternal smoking during pregnancy is linked to doubling of the risk of sudden infant death and birth defects, while exposure to second-hand smoke during pregnancy is linked to a 23% increased risk of stillbirth and a 13% increased risk of congenital malformation.¹⁴

One consequence of smoking is that carbon monoxide is absorbed through the lungs into the blood stream. This is especially dangerous during pregnancy because it deprives the baby of oxygen, which slows its growth and development, and increases risk of miscarriage, stillbirth and sudden infant death. It is important that all pregnant women are tested for carbon monoxide.

Data

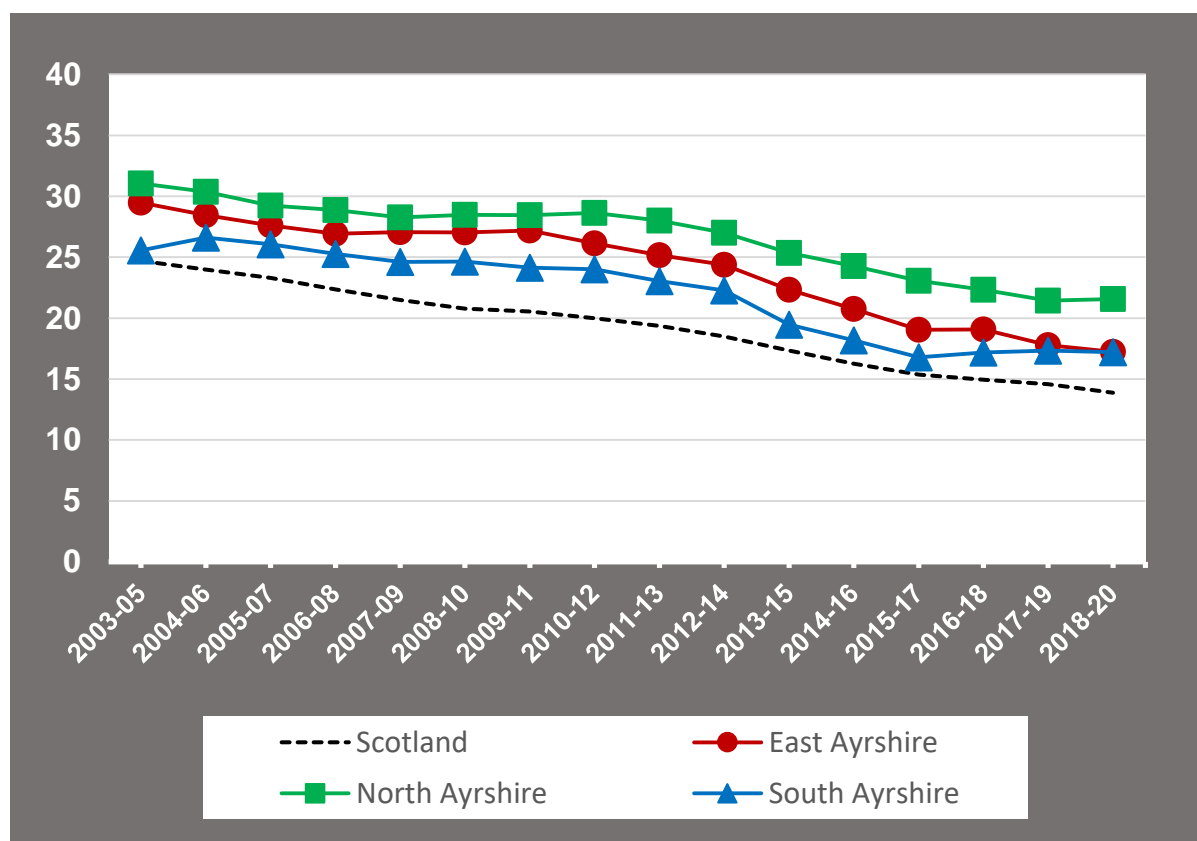
In 2018/19-2020/21, 13.9% in Scotland; 17.2% in East and South Ayrshire; and 21.6% in North Ayrshire of women reported smoking during pregnancy. All local rates were significantly above the Scottish average during that period.

Area rates for smoking during pregnancy have been steadily declining since the mid-2000s (Figure 7). It appears that the public smoking ban introduced in Scotland in 2006 has profoundly influenced maternal antenatal smoking trends, which look set to continue to fall in future.



¹⁴ World Health Organisation (2021). Devastating Harms from Exposure to Second-hand Smoke. Link: [New brief outlines devastating harms from tobacco use and exposure to second-hand tobacco smoke during pregnancy and throughout childhood - Report calls for protective policies \(who.int\)](#). Accessed: 22 Jun 2022.

Figure 7: Percentage of women smoking during pregnancy as reported at antenatal booking: 3-year rolling average (financial years)



Source: Public Health Scotland (SMR02). Reported in ScotPHO area profiles. Accessed: 08 Jun 2022.

Local actions

- The Quit Your Way smoking prevention and cessation team have developed training for midwives to support them to have conversations with pregnant women who smoke or may be exposed to second-hand smoke.
- All community midwives in Ayrshire and Arran are supplied with a carbon monoxide monitor. A breath test is performed with every pregnant woman at their first maternity appointment. If the reading is four or above this suggests smoking or exposure to second-hand smoke so the midwife will refer the pregnant woman to Quit Your Way for advice and support.

Where you can find more information

- Information on tobacco use in pregnancy [here](#).
- Information on stopping smoking in pregnancy [here](#).
- Information about the Standard Treatment Programme for Pregnant Women [here](#).

Maternal obesity

Ruth Campbell, Consultant Dietitian in Public Health Nutrition

Background

Pregnant women are identified as obese if they have a body mass index (BMI) higher than 30 kg/m² at the 8-12 week antenatal booking appointment.

Maternal obesity is associated with poorer outcomes for mothers and their children. For the mothers there is a greater risk of: early miscarriage and still birth; maternal gestational diabetes and hypertension.¹⁵ For the infants: babies born from mothers who are overweight or obese are two to three times more likely to be of a high birth weight (categorised as 9lb or over), resulting in elevated risk of type 2 diabetes, hypertension, and being overweight or obese in later life.¹⁶

In Scotland in 2020, in areas of highest deprivation, 13% more pregnant women were obese compared to those living in areas of lowest deprivation.¹⁷

Data

In 2018/19-20/21, percentages of pregnant women identified as obese at antenatal booking were – 25.3% in Scotland; 25.4% in South Ayrshire; 29.9% in East Ayrshire; and 31.0% in North Ayrshire. Rates in East Ayrshire and North Ayrshire were significantly above the Scottish average in this period.

There have been steady increases over the last decade, locally and nationally, in the percentages of women recorded as obese at antenatal booking, with local rates rising at a faster pace than the Scottish average.

Local actions

Maternal obesity:

Healthy Bump, Healthy Baby is a one-off interactive group session delivered by a midwife and dietetic assistant practitioner, which focuses on healthy eating and safe exercise for pregnant

¹⁵ Scottish Government (2018). Scottish Maternal and Infant Nutrition Survey 2017. Link: [2. Pregnancy Planning and Maternal Nutrition - Scottish maternal and infant nutrition survey 2017 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-maternal-and-infant-nutrition-survey-2017/pages/2-pregnancy-planning-and-maternal-nutrition-scottish-maternal-and-infant-nutrition-survey-2017-gov.scot/www.gov.scot/). Accessed: 22 Jun 2022.

¹⁶ Obesity Action Scotland (2020). Maternal Obesity Rates Increasing in Scotland. Link: [Obesity Action Scotland | Healthy Weight For All - Maternal Obesity Rates Increasing in Scotland](https://www.obesityaction.scot/healthy-weight-for-all/maternal-obesity-rates-increasing-in-scotland/). Accessed: 22 Jun 2022.

¹⁷ See reference above.

women with a BMI above 30 kg/m². All group-based activity was paused during COVID-19. Delivery of Healthy Bump, Healthy Baby is currently being reviewed with a view to redesigning it as part of a broader programme of support for pregnant women.

Gestational diabetes:

As part of the diabetes prevention programme, work is underway to improve care for women at high risk of gestational diabetes. Pregnant women with a BMI above 35 kg/m² are offered group education on healthier eating and physical activity. This service was paused during COVID-19 but has recently resumed.

Where you can find more information

- Information on eating well and keeping active in pregnancy [here](#).
- Pregnant women who would like more information about local services can speak to their midwife.



Premature birth

Clinical Midwifery Manager Integrated Care and Perinatal Mental Health Lead

Background

Premature or pre-term birth is defined as babies born alive before 37 weeks of gestation are completed. Known risk factors for pre-term delivery include: maternal poverty, deprivation, and stress; low or high maternal age; maternal smoking; maternal alcohol or drug misuse; maternal underweight or overweight; previous pre-term deliveries; multiple pregnancy (twins or more); a wide range of maternal health problems and complications or infections arising during the pregnancy.¹⁸



Gestation at delivery strongly influences babies' health. Babies born prematurely can have multiple difficulties in the days and weeks following birth, and the consequences of being born too early can continue to affect health and development throughout childhood and adult life. In Scotland, being born too soon is the single biggest reason babies require admission to neonatal care and the single biggest cause of death in early infancy.¹⁹

Data

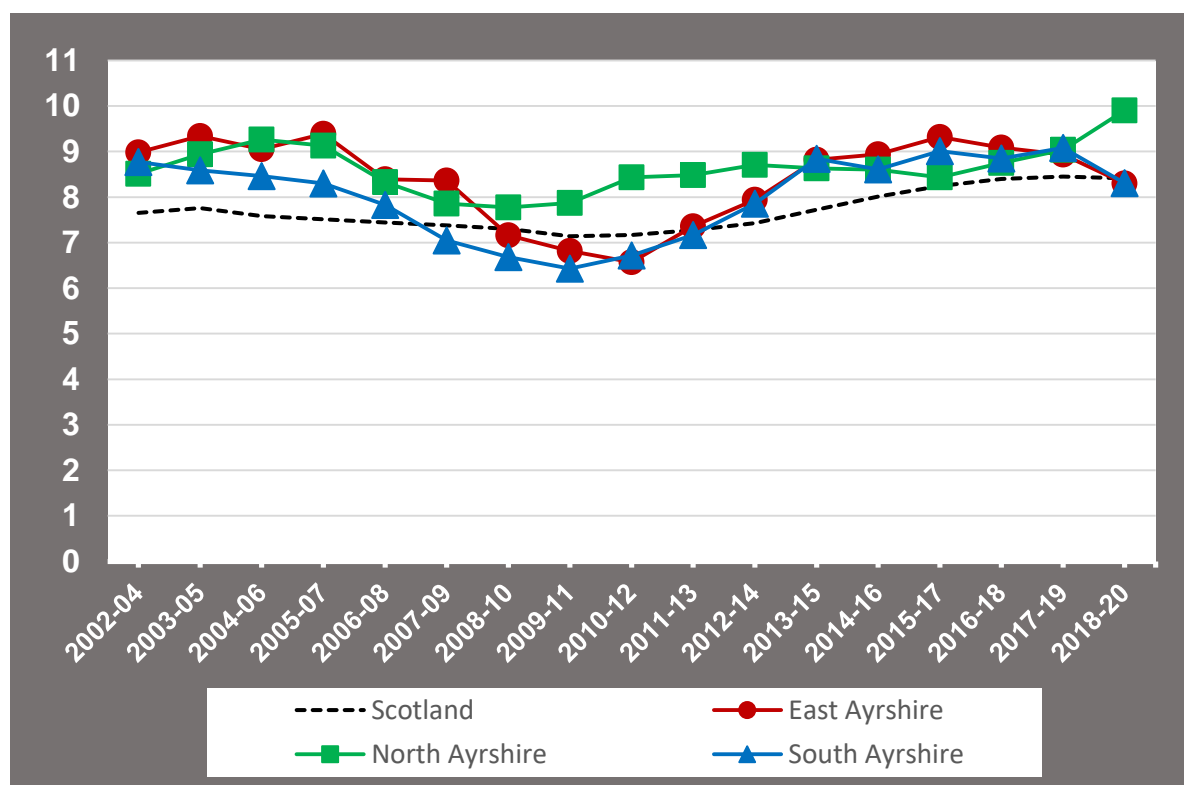
In 2018/19-20/21, reported percentages of live births classified as pre-term were – 8.4% in Scotland; 8.3% in East and South Ayrshire; and 9.9% in North Ayrshire. Local area rates were not significantly different from the Scottish average.

¹⁸ Public Health Scotland (2021). Births in Scotland: Year ending 31 March 2021. Link: [Births in Scotland \(publichealthscotland.scot\)](https://publichealthscotland.scot). Accessed: 22 Jun 2022.

¹⁹ See reference above.

In the last two decades, rates of premature birth fell before rising again, locally and nationally (Figure 8). A drop in pre-term births which occurred from the mid- to late-2000s may reflect the impact of the public ban on smoking introduced in 2006. If that is the case, the potential gains from that initiative appear to have disappeared over the course of the 2010s in relation to rates of premature birth.

Figure 8: Premature birth: Percentage of all live births; 3-year rolling average (financial years)



Source: Public Health Scotland (SMR02). Reported in the ScotPHO area profiles. Accessed: 08 Jun 2022.

Local actions

- Working on strengthening our maternal nutrition pathways.
- Referrals to Quit Your Way, following referral criteria.

Where you can find more information

- Information on immunisation and vaccines [here](#).
- To read the NHS Ayrshire & Arran's Maternity strategy, it can be accessed [here](#).

Topics related to infants and early years



Breastfeeding

Ruth Campbell, Consultant Dietitian in Public Health Nutrition

Background

Breastfeeding provides the best nutrition for babies and young children and supports children's health in the short and longer term. Current guidance recommends that babies should receive just breast milk for the first six months of life, then, after introduction of solid foods, they should continue to breastfeed up to their second birthday or for as long as the mother and baby wish.²⁰

There is strong evidence that breastfeeding reduces children's risk of gut, chest, and ear infections and leads to a small but significant improvement in brain development.²¹ Moreover, breastfeeding in infancy reduces risk of acute otitis media, urinary infections and risk of respiratory tract diseases requiring hospitalisation. Breastfed babies are also less likely to be admitted to hospital with asthma and dental decay, and are more likely to maintain a healthy weight and have a reduced risk of developing diabetes when they are older.²²

Meanwhile, women who breastfeed are less likely to develop breast and ovarian cancer and type 2 diabetes.²³



Data

In 2021, percentages of babies exclusively breastfed, as reported at the 6-8 week child health review, were – 32.6% in Scotland; 20.2% in East Ayrshire; 22.9% in North Ayrshire; and 25.2% in South Ayrshire ([data source](#) accessed: 08 Jun 2022).

²⁰ Public Health Scotland (2021). Infant Feeding Statistics. Link: [Infant feeding statistics - Financial year 2020 to 2021 - Infant feeding statistics - Publications - Public Health Scotland](#). Accessed: 22 Jun 2022.

²¹ See reference above.

²² ScotPHO (2020). Pregnancy, Births and Maternity: Infant Feeding and Breastfeeding. Link: [Infant feeding and breastfeeding - ScotPHO](#). Accessed: 22 Jun 2022.

²³ Victora CG, et al. (2016). Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect. *The Lancet*, VOLUME 387, ISSUE 10017, P475-490. Link: [Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect - The Lancet](#). Accessed: 22 Jun 2022.

Breastfeeding rates continue to increase in Scotland, but the figures still remain relatively low compared to other countries and recommended targets.²⁴ There are marked inequalities in breastfeeding, with babies born to mothers in more deprived areas, younger mothers, and those of White Scottish ethnicity least likely to be breastfed. However, the gap is reducing with biggest improvements seen among babies born to mothers in the most deprived areas.²⁵

Local actions

- Maternity, Health Visiting and Family Nurse, and Neonatal Teams have achieved UNICEF Baby Friendly accreditation.
- Scottish Government funding has been used to develop an integrated infant feeding team bringing together staff from maternity and community infant feeding teams with the Breastfeeding Network. Breastfeeding peer support is offered to all first time mums who are breastfeeding on discharge from Ayrshire Maternity Unit up until their baby reaches the age of 6-8 weeks. This complements work to change local cultural attitudes towards breastfeeding by gathering support of local premises, such as cafes, restaurants, health centres, libraries, and so on to welcome mums who wish to breastfeed when out and about with their baby.

Where you can find more information

- Information on breastfeeding [here](#).
- Information on the Ayrshire breastfeeding network [here](#).
- Information on the UNICEF Baby Friendly website [here](#).
- Information on the Parent Club is available [here](#).

²⁴ Scottish Government (2011). Nutrition Guidance for Children. Link: [Section 3 Nutrition Guidance - Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings - gov.scot \(www.gov.scot\)](#). Accessed: 22 Jun 2022.

²⁵ Public Health Scotland (2020). Quality Measurement Framework. Link: [Quality Measurement Framework | Healthy Birthweight | Health Topics | ISD Scotland](#). Accessed: 22 Jun 2022.

Exposure to second-hand smoke

Lesley Reid, Health Improvement Lead

Background

Children are particularly vulnerable to the effects of second-hand smoke and exposure increases the risk of cot death, glue ear, asthma and other respiratory disorders, including emphysema later in life.²⁶

Data

In 2018/19-20/21, the percentages of babies exposed to second-hand smoke, as reported at the 6-8 week review, were as follows – 7.3% in Scotland; 6.8% in South Ayrshire; 9.6% in East Ayrshire; and 10.3% in North Ayrshire. The rates in East Ayrshire and North Ayrshire were significantly above the Scottish average in that period.

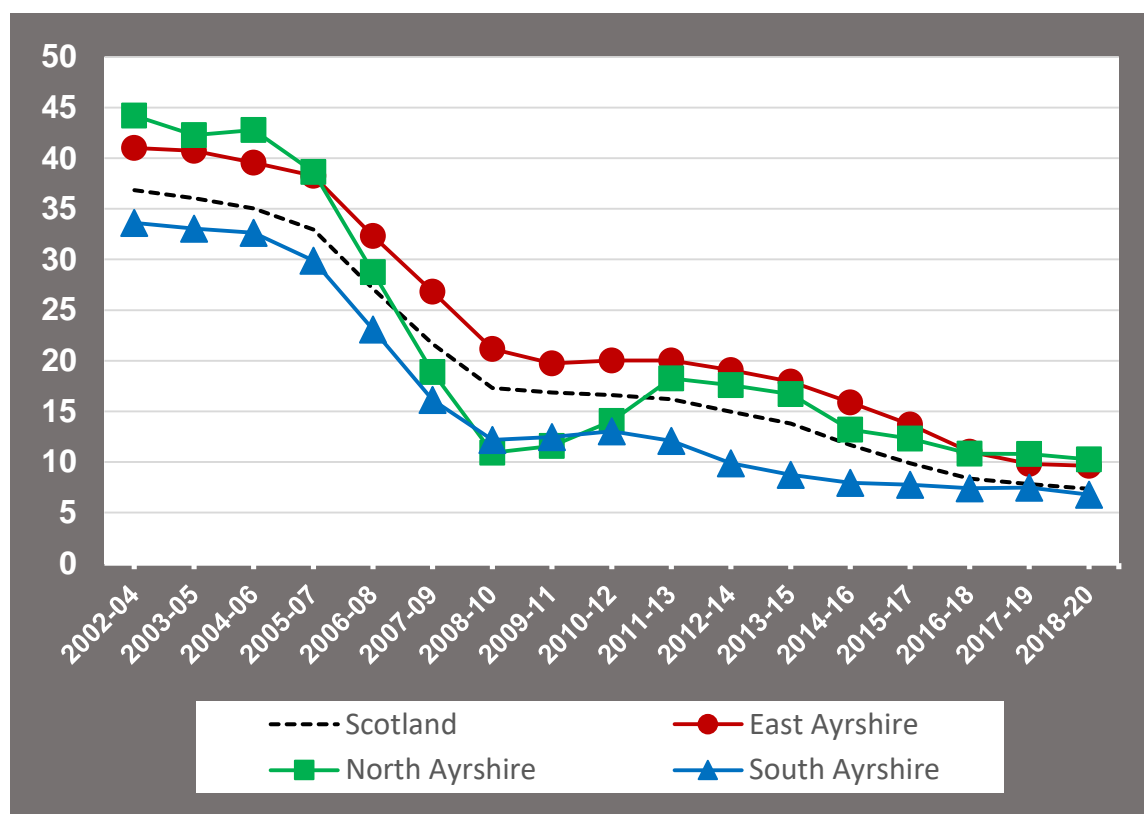


Examining the trends over time, all area rates for babies exposed to second-hand smoke declined rapidly following the public smoking ban in 2006, though rates now appear to have generally levelled out and settled between 5-10 percentage points since the mid-2010s (Figure 9). This is strikingly below the rates reported before the public smoking ban which exceeded 30 percentage points, locally and nationally.

It is clear from these trends that the public smoking ban appears to have provided considerable public health gains for mothers and babies.

²⁶ Action on Smoking and Health (ASH) (2020). Second-hand Smoke. Link: [SecondhandSmoke.pdf \(ash.org.uk\)](https://www.ash.org.uk/second-hand-smoke). Accessed: 22 Jun 2022.

Figure 9: Babies exposed to secondhand smoke: Percentage of babies at 6-8 week review; 3-year rolling averages (financial years)



Source: Public Health Scotland (SMR02). Reported in ScotPHO area profiles. Accessed: 07 Jun 2022.

Local actions

- Working with paediatric staff on a nursery nurse model which will include discussion on second-hand smoke.
- Working with health visitors with air quality intervention.
- Training offered to early years workers on second-hand smoke.

Where you can find more information

- Information on Second-hand Smoke visit ASH Scotland [here](#).
- Information on tobacco use in pregnancy [here](#).
- Information about the Standard Treatment Programme for Pregnant Women [here](#).

Assessment of developmental needs

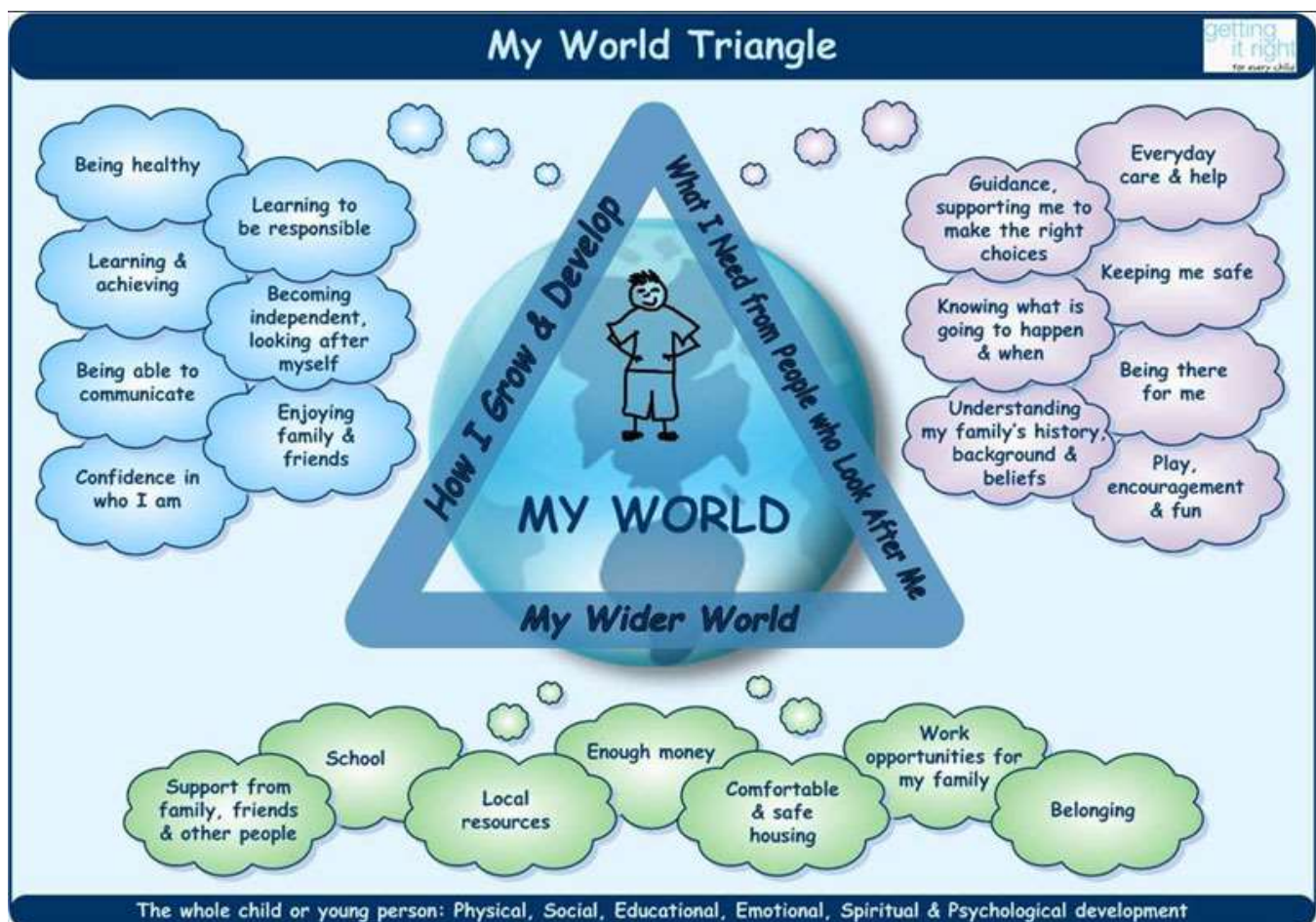
Jayne Miller, Senior Manager - Children's Health, South Ayrshire Health & Social Care Partnership

Sina Currie, Senior Nurse Manager - Children's Services, East Ayrshire Health & Social Care Partnership

Joanne Inglis, Senior Manager - Children and Families, North Ayrshire Health & Social Care Partnership

Background

Figure 10: My World Triangle



Source: GIRFEC. Link: [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/getting-it-right-for-every-child/pages/introduction.aspx). Accessed: 22 Jun 2022.

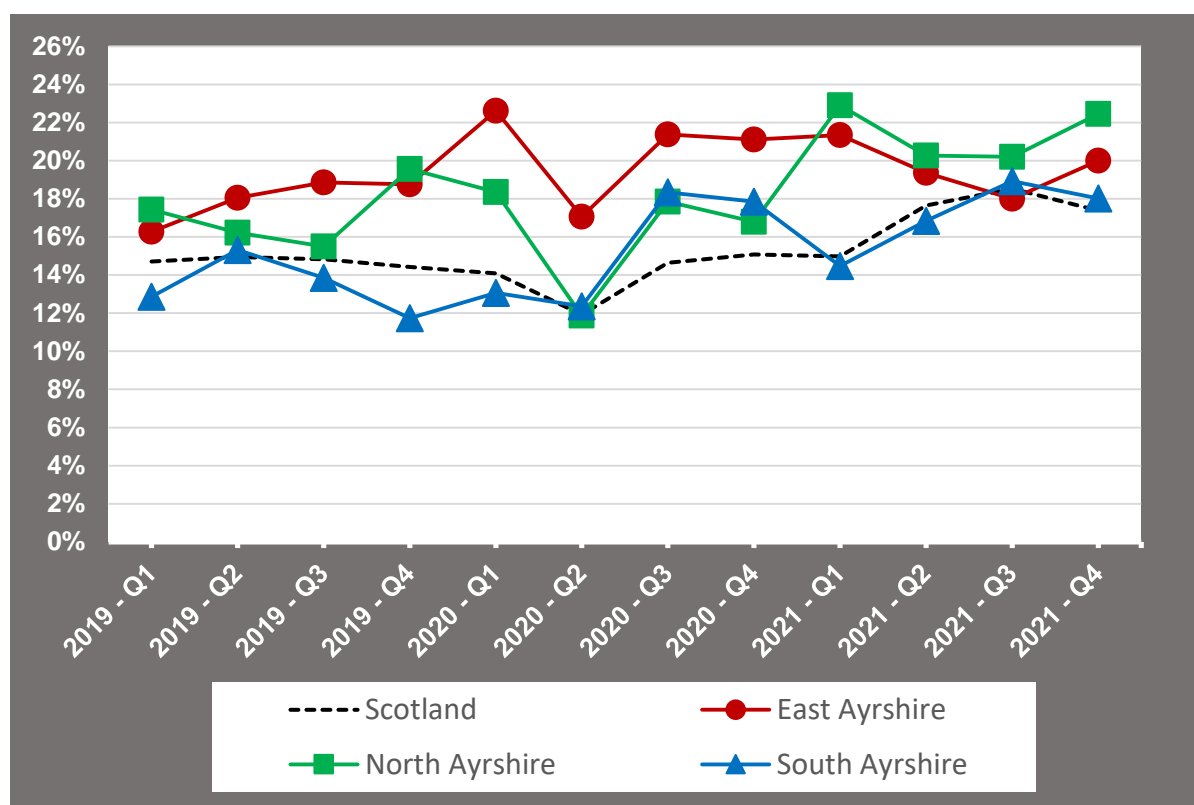
Child development is about the biological, psychological and emotional changes that take place from infancy up until the end of adolescence. [GIRFEC](#) introduced the [My World Triangle](#) (Figure 10), which can be used when working with children or young people at every stage to think about their world and how children grow and develop. My World Triangle promotes a holistic perspective

of influence in a child's life and encourages a practitioner to think about their needs, risks and positive aspects of their lives.

Data

The 27-30 month review is an assessment generally carried out by a health visitor. This review started in April 2013 and is offered to all children in Scotland. A wide range of information is collected, conducted within the GIRFEC approach and encompassing key developmental domains including speech, language and communication, hearing, vision, behavioural and emotional, personal and social, fine motor and gross motor.

Figure 11: Developmental concerns at the 27-30 month review: Percentage of all children reviewed; quarterly aggregates



Source: Child Health Systems Programme Pre-school, Public Health Scotland.
 Link: <https://scotland.shinyapps.io/phs-covid-wider-impact/>.
 Accessed: 31 May 2022.

In the period from October to December 2021, percentages of children identified with one or more developmental concerns at 27-30 month review were: 17.4% in Scotland; 18.0% in South Ayrshire; 20.0% in East Ayrshire; and 22.5% in North Ayrshire. The rate of toddlers identified with one or more developmental concerns has increased by 3 to 5 percentage points in all areas over the last three years (Figure 11).

Local actions

- Teams are more focused and are undertaking scrutiny of the data to identify improvement activity - this includes accuracy of data reported.
- Strengthening partnership working to enable improvements in areas such as speech, language and communication and maternal and infant nutrition.
- Post-COVID-19, we are focusing on improving continuity of health visiting caseloads and on early intervention and preventative supports in early years.

Where you can find more information

- Information on the East Ayrshire HSCP Strategic Plan 2021-2030 [here](#).
- Information on the East Ayrshire's Children's services Plan 2020-2023 [here](#).
- Information on all plans for North Ayrshire HSCP [here](#).
- Information on South Ayrshire HSCP Strategic Plan 2021-2031 [here](#).
- Information on South Ayrshire's Children's services Plan 2020-2023 [here](#).



Vaccination uptake

Dr Elvira Garcia, Board Immunisation Coordinator

Background

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people have either disappeared or are seen very rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9% since their vaccines were introduced. However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again.²⁷



An effective vaccination programme is one which will be taken up by at least 95% of the population, to ensure that the greatest number of children and young people are protected.²⁸

Data

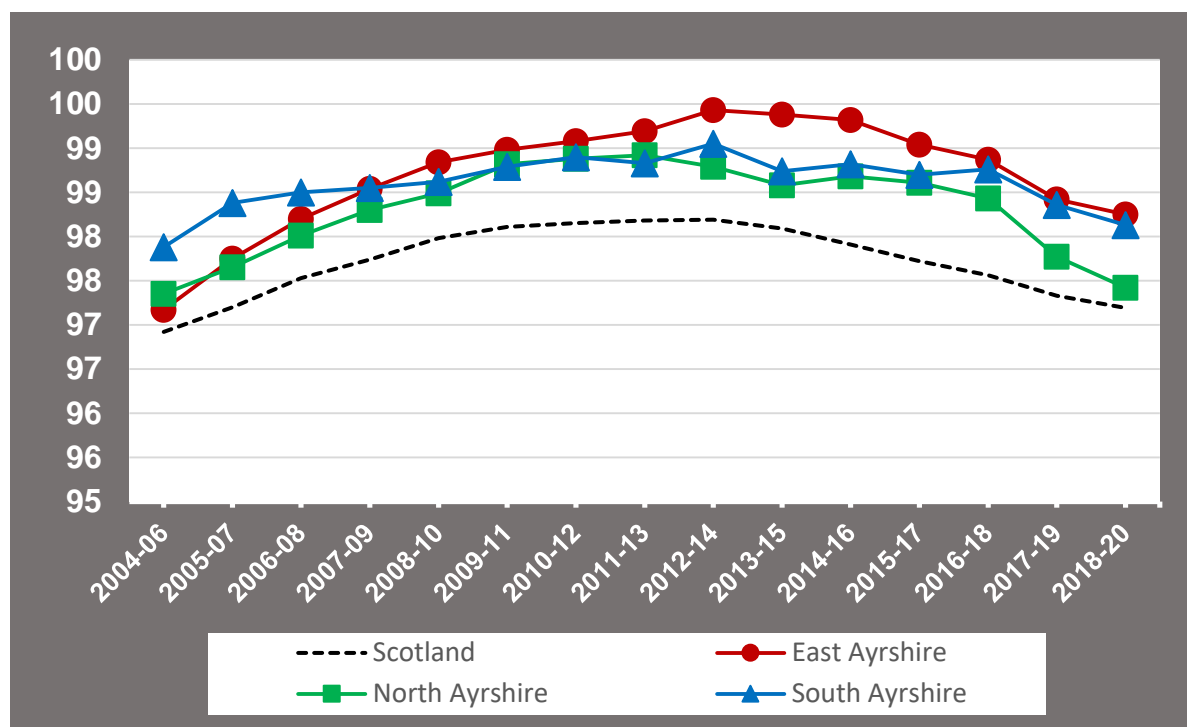
The **6-in-1 vaccine** protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B (Hib) and Hepatitis B. The data below correspond to immunisation uptake at 24 months of age for the 5-in-1 (diphtheria, tetanus, pertussis, polio, Hib) and 6-in-1 (including Hep B) from October 2017.

²⁷ NHS UK (2019). Why Vaccination is Safe and Important. Link: [Why vaccination is safe and important - NHS \(www.nhs.uk\)](https://www.nhs.uk/why-vaccination-is-safe-and-important/). Accessed: 22 Jun 2022.

²⁸ See previous reference.

In 2018-20, percentages of eligible children vaccinated for 6-in-1 at age 24 months were as follows – 97.2% in Scotland; 97.4% in North Ayrshire; 98.1% in South Ayrshire; and 98.3% in East Ayrshire.

Figure 12: Uptake of 6-in-1 vaccine at age 24 months: Percentage of eligible children; 3-year rolling average (calendar years)



Source: Scottish Immunisation & Recall System (SIRS), Public Health Scotland. Reported in the ScotPHO area profiles. Accessed: 08 Jun 2022.

While uptake rates remain comfortably above the desired 95% threshold, a gradual decline in rates since the start of the previous decade is still of some concern should it continue (Figure 12).

The **MMR vaccine** protects against measles, mumps and rubella.

In 2018-20, percentages of eligible children vaccinated for MMR at age 24 months were as follows – 94.4% in Scotland; 94.4% in North Ayrshire; 96.0% in East Ayrshire; and 96.2% in South Ayrshire. South and East Ayrshire rates were about one percentage point above the desired threshold of 95% for effective immunisation, however those in North Ayrshire and Scotland were just over half a percentage point below.

Local actions

- Undertaking a review of the Childhood Immunisation Service within Ayrshire and Arran. This will identify areas where improvement can be made and where services require to be more aligned.
- The Scottish Immunisation Recall System appointment system is being implemented across all three local authorities which will see the appointment process being managed by Child Health and removed from GP Practices.
- The Vaccination Transformation Programme has been in progress since 2018 which has seen the delivery of certain vaccine programme removed from GP responsibility to that of the Board. North Ayrshire was the only H&SCP that did not have board Immunisation Nurses administering the childhood vaccines as it was done by Practice Nurses.

Where you can find more information

- Information from NHS Inform [here](#).
- Immunisation coordination team by e-mail on:
immunisationcoordinationteam@aapct.scot.nhs.uk.

Topics related to children



Child Healthy Weight

Ruth Campbell, Consultant Dietitian in Public Health Nutrition

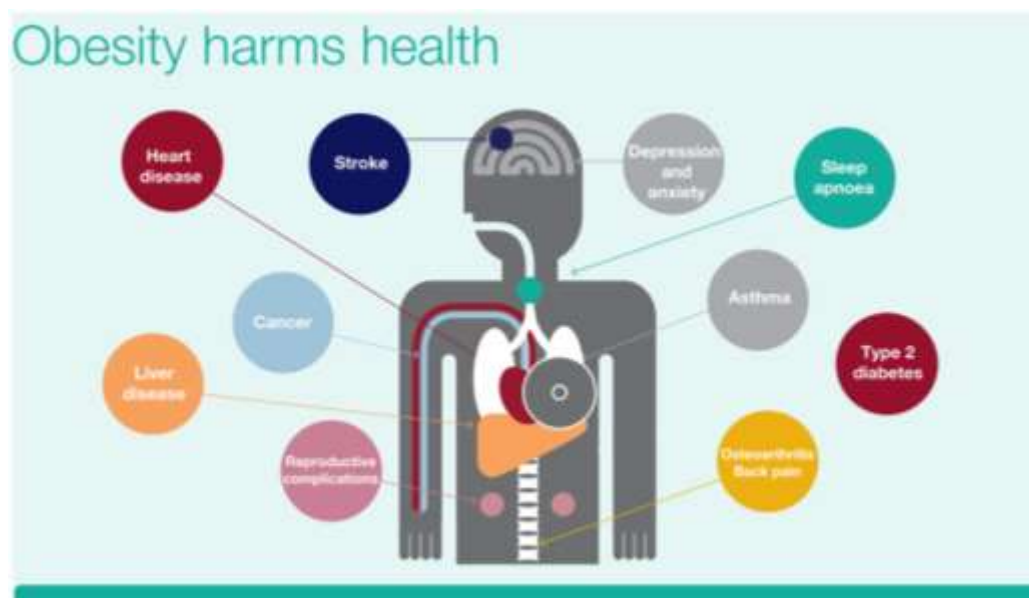
Background

The health harms associated with carrying excess weight are severe. Obesity is the second-biggest preventable cause of cancer, behind only smoking, and is linked to around 2,200 cases of cancer a year in Scotland. Being overweight and obese is also the most significant risk factor for developing type 2 diabetes, and can result in increased risk of other conditions including cardiovascular disease and hypertension.

Poor diet and weight often also go hand in hand with other risk factors such as low physical activity, smoking and harmful drinking – compounding health harms.²⁹ Figure 13 below summarises the health harms commonly associated with obesity.

People who live in more deprived areas tend to be most impacted. Significant inequalities in levels of obesity persist between people living in the least and most deprived groups in Scotland – and the gap may be widening for children.³⁰

Figure 13: Health harms commonly linked to obesity



Source: Public Health England

²⁹ Scottish Government (2018). A Healthier Future. Link: [Supporting documents - A healthier future: Scotland's diet and healthy weight delivery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/supporting-documents-a-healthier-future-scotland-s-diet-and-healthy-weight-delivery-plan/pages/1-4.aspx). Accessed: 22 Jun 2022.

³⁰ Public Health Scotland (2021). Primary 1 Body Mass Index (BMI) Statistics. Link: [Primary 1 Body Mass Index \(BMI\) statistics Scotland - Publications - Public Health Scotland](https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland-publications-public-health-scotland/). Accessed: 22 Jun 2022.

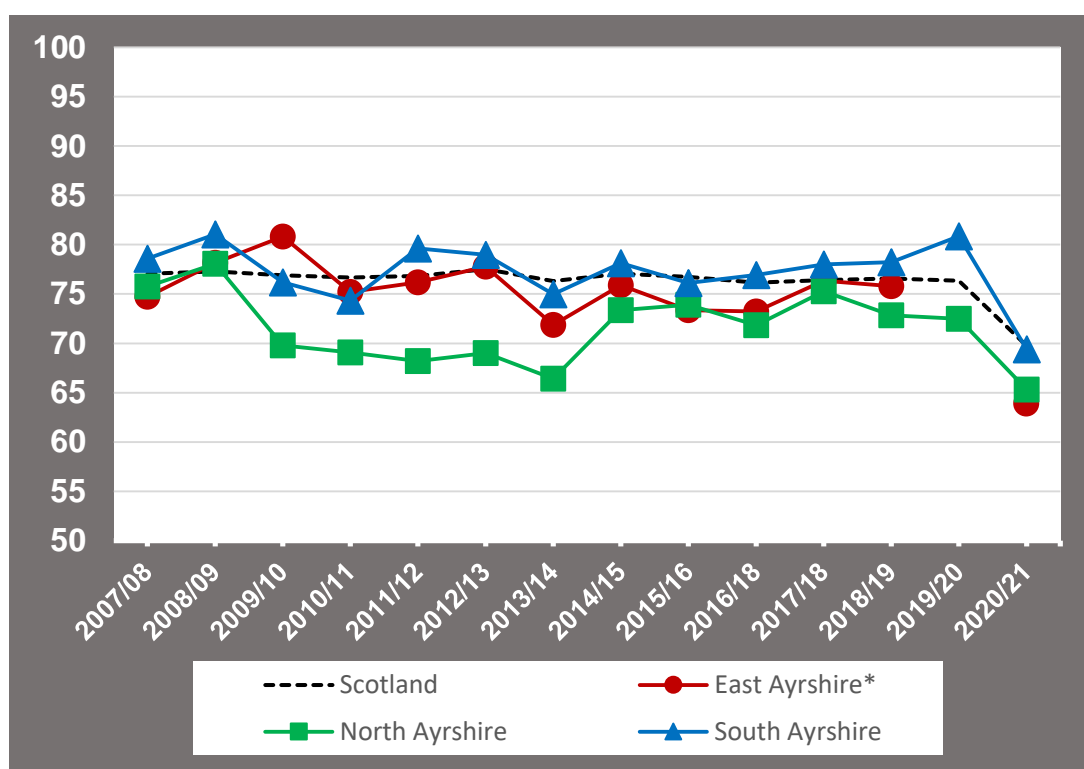
Data

A child's body mass index (BMI) is calculated by dividing their weight (in kilograms) by their height (in metres) squared. Children are then allocated to a healthy or unhealthy weight category by comparing their BMI to the range of BMIs seen among a reference group of children of the same age and sex.

In 2020/21, percentages of Primary 1 (P1) children identified as having a healthy weight (that is, having a BMI in the 5th to 85th centile range) were as follows: 69.8% in Scotland; 63.9% in East Ayrshire; 65.3% in North Ayrshire; and 69.4% in South Ayrshire. This is the first time all area rates have dropped below 70%.

Examining trends over time, national rates of P1 child healthy weight remained above 75% throughout pre-COVID-19 years before falling abruptly below 70% in 2020/21 (Figure 14). And while local rates were more erratic during pre-COVID-19 years, a similar abrupt drop in the local rates occurred in 2020/21.

Figure 14: Child healthy weight (5th to 85th centile) in Primary 1, with a valid height and weight recorded



* No review data was available for East Ayrshire in 2019/20

Source: Child Health Systems Programme School (CHSP-S), Public Health Scotland.
Link: [Body Mass Index of Primary 1 Children in Scotland \(publichealthscotland.scot\)](https://publichealthscotland.scot/).
Accessed: 22 Jun 2022.

However, as only 37% of P1 children were measured in 2020/21 compared to pre-pandemic coverage exceeding 70%, this may have skewed the results. However, the scale of increase in results for children at risk of overweight and obesity which was observed in 2020/21 is substantial and less likely to be attributable to differences in composition of the data alone. Indeed, there is some international evidence suggesting that children have gained weight more rapidly over the pandemic period.³¹

The negative impacts of COVID-19 on children's weight could have been influenced by:

- Unhelpful dietary changes: unhealthier food choices within households; comfort eating driven by boredom or increased anxiety and so on.
- Decreased physical activity: less inclined to be active outdoors or in general; increased sedentary behaviours, such as electronic game playing; suspended or more restricted access in 2020/21 to school PE activities, public play areas, community leisure and sports centres.



³¹ See previous reference above.

Local actions

- Jumpstart Tots is a one-to-one programme delivered in the family home, for children with a BMI above the 91st centile identified at the 27-30 month Health Visitor assessment. The programme is delivered by Dietetic Assistant Practitioners with input from a Health Coach and supervised by the Child Healthy Weight Dietitian. It consists of a minimum of eight sessions tailored to meet family needs.
- Jumpstart is a 10-session family- and community-based multi-component intervention focused on children aged 5-17 years old with a BMI on or above the 91st centile. The two-hour weekly programme focuses on healthy eating, physical activity and positive health behaviour change, with children attending alongside their parents or carers.



Where you can find more information

- Ayrshire Healthy Weight app [here](#).
- Visit our Facebook page [here](#).

Being Active

Ruth Campbell, Designation: Consultant Dietitian in Public Health Nutrition

Background

Physical activity and sport are a powerful force in transforming lives. Physical activity and sport improve the health of the heart, skeletal muscles, bones and blood, the immune system and nervous system; and enable people to live longer, healthier lives. Being active improves psychological wellbeing, boosts self-esteem, plays an important role in maintaining a healthy weight and improves mood and sleep quality.

The early years is a vitally important period to intervene to improve outcomes for children. There is strong evidence that intervention in this period, including through play, improves health and cognitive development.³²



Data

Key findings relating to physical activity in childhood in Scotland:³³

- Neither low physical activity nor high 'screen time' were associated with being overweight or obesity at age six. This is a common finding in studies looking at children at this age.
- Factors associated with a child being overweight or obese at age 10 were: being overweight/obese at age six, having a mother who was obese when child was aged six,

³² Scottish Government (2018). Active Scotland Delivery Plan. Available from: [Supporting documents - Active Scotland Delivery Plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/supporting-documents/active-scotland-delivery-plan/pages/active-scotland-delivery-plan.aspx). Accessed: 22 Jun 2022.

³³ Growing Up in Scotland. Key Findings. Link: [Key findings \(growingupinscotland.org.uk\)](https://growingupinscotland.org.uk/). Accessed: 22 Jun 2022.

skipping breakfast, high screen time and a TV in the child's bedroom. Thus inactivity – and perhaps particularly a home environment which facilitates higher levels of inactivity – appears to play a more important role when children are slightly older.

- 'Whole family' approaches to reducing and preventing child obesity might be more effective than approaches that focus on the child only. At neighbourhood level, better access to places where children can be active in a safe environment, including attractive green spaces, may increase activity levels and reduce sedentary behaviour amongst younger children.

Local actions

Work to improve children's physical health and activity levels is led by the three local authorities and is set out in their Children's Services Plans. Our locality Health Improvement Officers work alongside colleagues to support implementation of these plans.

Where you can find more information

Information on North, East and South Ayrshire Children's Services Plans, as below:

- North Ayrshire's Children's services Plan 2020-2023 [here](#).
- East Ayrshire's Children's services Plan 2020-2023 [here](#).
- South Ayrshire's Children's services Plan 2020-2023 [here](#).



Eating Well

Ruth Campbell, Consultant Dietitian in Public Health Nutrition

Background

Children and young people need the right balance of food and nutrients to develop and grow. Healthy eating is about getting that balance right in order to provide enough of the important nutrients (such as vitamins, minerals and protein) and fibre without too much fat (especially saturated fat), sugar and salt. Imbalances in diet can contribute to children and young people developing a number of serious diet-related diseases and conditions over the course of their lifetime. On the other hand, improvements to the diet of children and young people can positively influence their current and future health.³⁴

Data

Please see the data section in the 'Being Active' section.

Local actions

Messy Munchers is an interactive, practical workshop, aimed at parents, families and carers across Ayrshire, and is delivered by the Dietetic Health Promotion Team. Sessions are targeted within key local areas and focus on reinforcing developmental signs of readiness, appropriate choices and textures and promoting home cooked foods.



Where you can find more information

- Information on Messy Munchers [here](#).
- Information on Food Standards Scotland [here](#).
- Download our NHS Ayrshire and Arran Healthy Weight App available through Google Play or the Apple App store.

³⁴ Scottish Government (2011). Nutrition Guidance for Children. Link: [Section 3 Nutrition Guidance - Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/nutrition-guidance-for-children/pages/section-3-nutrition-guidance-health-promotion-guidance-nutritional-guidance-for-children-and-young-people-in-residential-care-settings.aspx). Accessed: 22 Jun 2022.

Child Dental Health, Service Access and Dental Decay

Jacky Burns, Consultant in Dental Public Health

Background

Childsmile is a programme based on robust evidence and incorporates oral health promotion and clinical prevention. It is a Scottish Government-funded programme delivered via nursery schools, primary schools and dental practices. The programme includes free daily supervised toothbrushing, application of fluoride varnish, and dietary and oral hygiene advice.³⁵

Since 1 February 2022, dental practices can now also provide preventive care as part of the Childsmile programme for children and young people up to 17 years of age.



Data

In 2019/20, percentages of Primary 1 children identified as having no obvious tooth decay (that is, no obviously decayed, missing or filled teeth) at basic inspection were as follows – 72.4% in Scotland; 66.8% in North Ayrshire; 68.9% in East Ayrshire; and 75.8% in South Ayrshire.

³⁵ Scottish Government. Dentistry and Oral Health. Link: [Dentistry and oral health - Primary care services - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/dentistry-and-oral-health/primary-care-services)

In 2019/20, percentages of Primary 7 children identified as having no obvious tooth decay at basic inspection were as follows – 75.0% in Scotland; 62.2% in East Ayrshire; 68.8% in North Ayrshire; and 75.4% in South Ayrshire.

Local actions

- Recruitment of additional dental health support workers to support vulnerable families across NHS Ayrshire & Arran focusing on minority ethnic communities and those living in deprived communities.
- Ongoing multidisciplinary working to support families referred for oral health support via the Childsmile pathway, including referrals from health visiting teams.
- Supporting dental practices to remobilise following COVID-19 restrictions and provide the best possible oral care for their patients.

Where you can find more information

- You can find out more by visiting the NHS Ayrshire & Arran dental App, which includes more detail on practices registering patients and helpful advice. You can download the “NHS Ayrshire & Arran App” by searching for it in your Apple or Android mobile telephone App store. Then search for “Dental”.
- Information about Childsmile is available [here](#).
- To find out more about Oral health, visit the NHS Ayrshire & Arran website [here](#).

Child Death Overview Process

Victoria Maxwell – Child Death Review Team Lead

Background

Scotland has a higher mortality rate for under 18s than any other Western European country, with over 300 children and young people dying every year. Around a quarter of those deaths could be prevented.³⁶

In order to support consistent reviewing and learning from deaths of all infants, children and young people in Scotland, the Scottish Government commissioned Healthcare Improvement Scotland and the Care Inspectorate to set up the National Hub for Reviewing and Learning from the Deaths of Children and Young People. The National Hub wants to *‘ensure the death of every child and young person is reviewed to an agreed minimum standard. Review should be conducted on the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care leavers who are in receipt of continuing care or aftercare at the time of their death’*.³⁷ This will apply to all deaths that meet the criteria from 1st October 2021 onwards.

Data

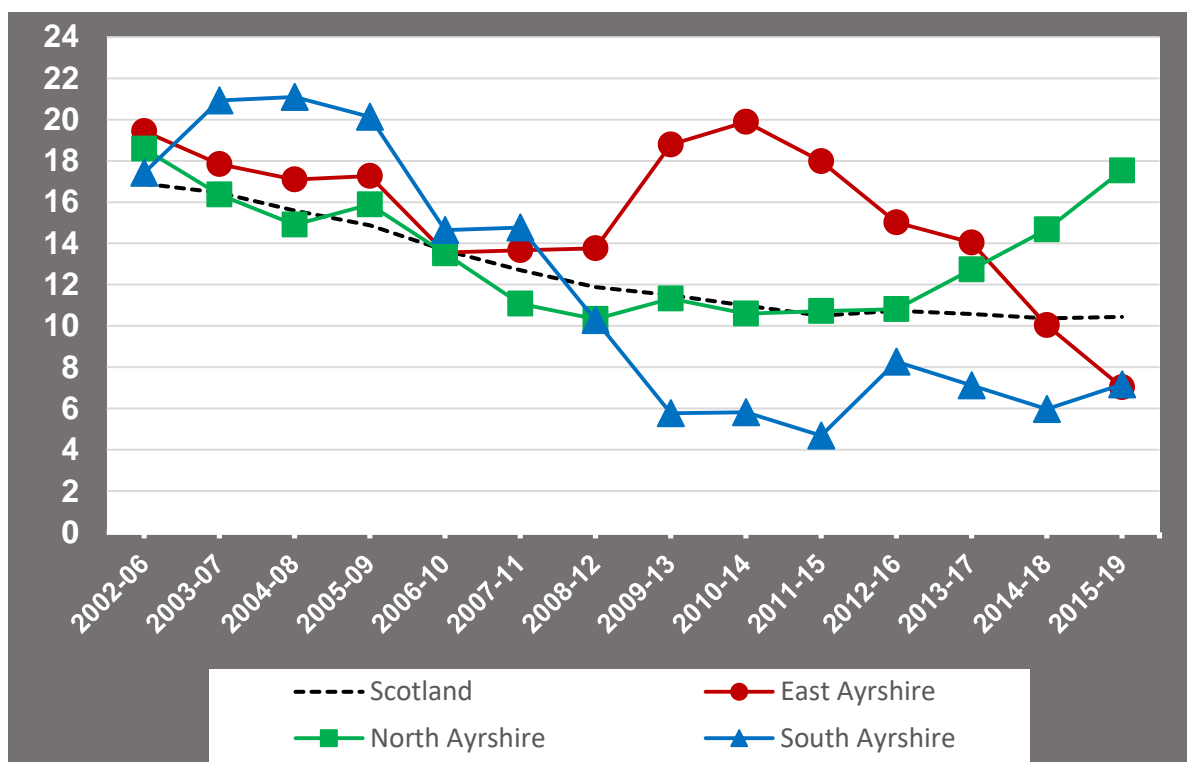
In 2016-20, rates of death among children aged 1-15, expressed as a crude rate per 100,000 population, were as follows – 10.7 per 100,000 in Scotland; 7.2 in South Ayrshire; 8.1 in East Ayrshire; and 17.7 in North Ayrshire. Local area statistics were not significantly different from the Scottish average in this period.

The trends over time in death rates among children aged 1-15 have mostly declined, nationally and locally (Figure 15). However, indications are contrary in North Ayrshire, with a strong and ongoing increase in the rates in that area from the mid-2010s.

³⁶ Healthcare Improvement Scotland. National Hub for Reviewing and Learning. Link: [National Hub for Reviewing and Learning from the Deaths of Children and Young People \(healthcareimprovementscotland.org\)](https://healthcareimprovementscotland.org). Accessed: 22 Jun 2022.

³⁷ See reference above.

Figure 15: Deaths from all causes: Crude rate per 100,000; children aged 1-15 years; 5-year rolling average (calendar years)



Source: National Records of Scotland (NRS). Reported in ScotPHO area profiles. Accessed: 22 Jun 2022.

Meanwhile, infant deaths aged 0-1 years old have steadily fallen over the last two decades, both locally and nationally, from around 5-6 per 1,000 live births in 2002-06 to around 2-4 per 1,000 in 2016-20.

Local actions

Partners are working together across Ayrshire and Arran to ensure the structures and processes for reviewing the deaths of children and young people are in place. This is very much a multi-agency approach and grounded in respect for the rights of children and their families and aimed towards the prevention of future child deaths.³⁸

More information will become available as we work together through this first implementation year.

Where you can find more information

National Hub for Reviewing and Learning from the Deaths of Children and Young People website can be found [here](#).

³⁸ Fraser J, et al. (2014). Learning from Child Death Review in the USA, England, Australia, and New Zealand. *The Lancet*, VOLUME 384, ISSUE 9946, P894-903. Link: [Learning from child death review in the USA, England, Australia, and New Zealand - The Lancet](#). Accessed: 22 Jun 2022.

Topics related to young adults



Human Papillomavirus (HPV) Vaccine Uptake

Immunisation Coordinator

Background

The Human Papillomavirus (HPV) vaccine protects against two types of HPV that cause about 90% of genital warts cases. The HPV vaccine also protects against two types of HPV that cause 75% of cervical cancer cases. Uptake of the HPV vaccine has reduced levels of cancer-causing HPV in young women in Scotland by 90%.³⁹

In Scotland, the HPV vaccine is now offered to all secondary year 1 (S1) pupils – boys and girls - in secondary school, because the vaccine is most effective before they become sexually active.³⁹

Uptake can differ when looking at deprivation, with rates being lower amongst children and teenagers living in the most deprived areas, or who are from Black and Minority Ethnic (BME) groups, or those with a learning disability.⁴⁰



³⁹ Public Health Scotland. Human Papillomavirus (HPV) Immunisation Programme. Programme Briefing. Link: [HPV immunisation programme briefing for all school staff 20/21 \(healthscotland.scot\)](https://www.healthscotland.scot/immunisation-programme-briefing-for-all-school-staff-2021). Accessed: 22 Jun 2022.

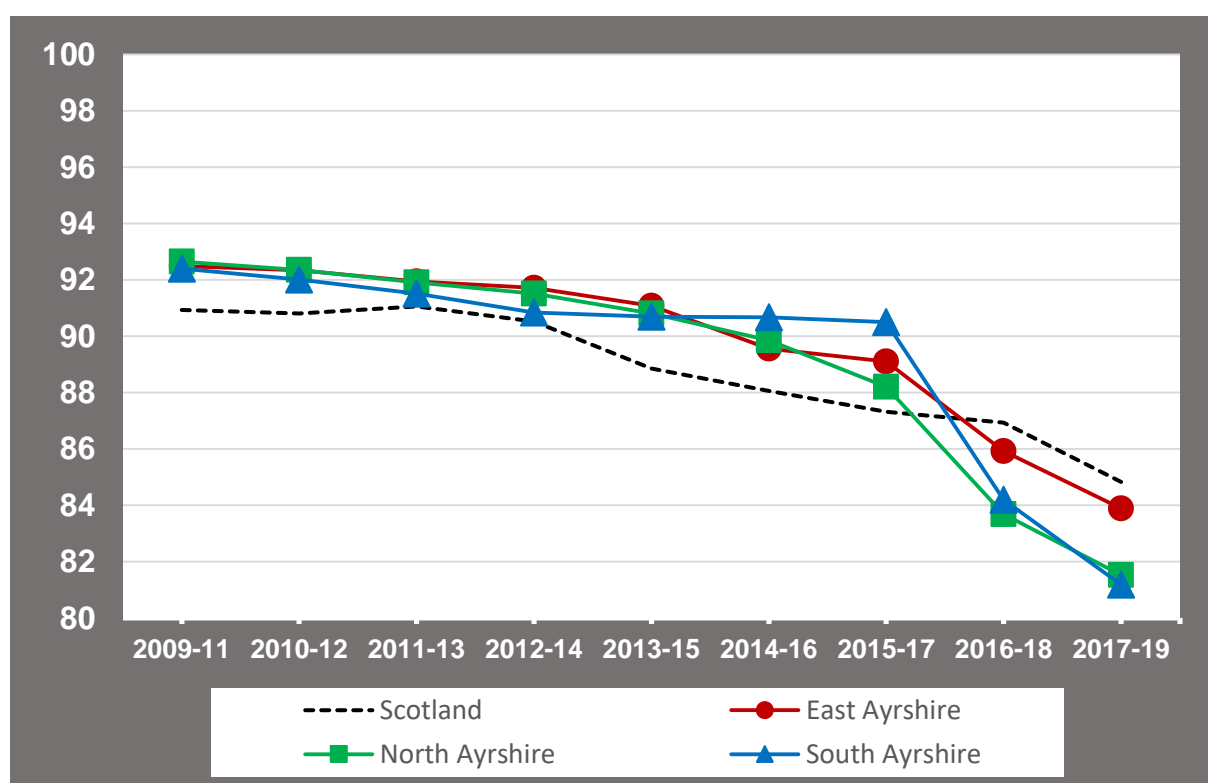
⁴⁰ Public Health Scotland (2021). Immunisations by Age Group. Link: [Child and teenager immunisations - Immunisations by age group - Immunisation - Health topics - Public Health Scotland](https://www.healthscotland.scot/child-and-teenager-immunisations-immunisations-by-age-group-immunisation-health-topics-public-health-scotland). Accessed: 22 Jun 2022.

Data

In 2017/18-19/20, percentages of S3 girls vaccinated for HPV were as follows – 84.8% in Scotland; 81.2% in South Ayrshire; 81.5% in North Ayrshire; and 83.9% in East Ayrshire. Rates in North and South Ayrshire were significantly below the Scottish average.

Looking at the trends over time, local and national uptake rates of the HPV vaccine among S3 girls fell over the previous decade (2010s), gradually at first and then more steeply over the latter half of the decade (Figure 16). The drop in the uptake rates has been more marked locally than nationally.

Figure 16: Uptake of the HPV vaccine in S3 girls: Percentage of S3 girls; 3-year rolling average (financial years)



Source: Scottish Immunisation & Recall System (SIRS), Public Health Scotland. Reported in the ScotPHO area profiles. Accessed: 09 Jun 2022.

Local actions

- The school vaccination team provide the opportunity for 'mop-up' vaccination for pupils who missed the team when they visited. This means they offer HPV vaccines when other vaccination programmes are being delivered for example, Td/IPV or MenACWY programmes.
- HPV vaccine can also be provided by Sexual Health services if an individual leaves school but has not finished a course.
- Self-consent is facilitated for S2 and above pupils.

Where you can find more information

- Information on data, visit the Public Health Scotland website [here](#).
- Information about the gold standard for vaccination, visit the NHS Inform website [here](#).
- To find out more from the Immunisation coordination team you can email them at: immunisationcoordinationteam@aapct.scot.nhs.uk.

Substance use (tobacco, drugs and alcohol) among young people

Lesley Reid, Health Improvement Lead (South Team)

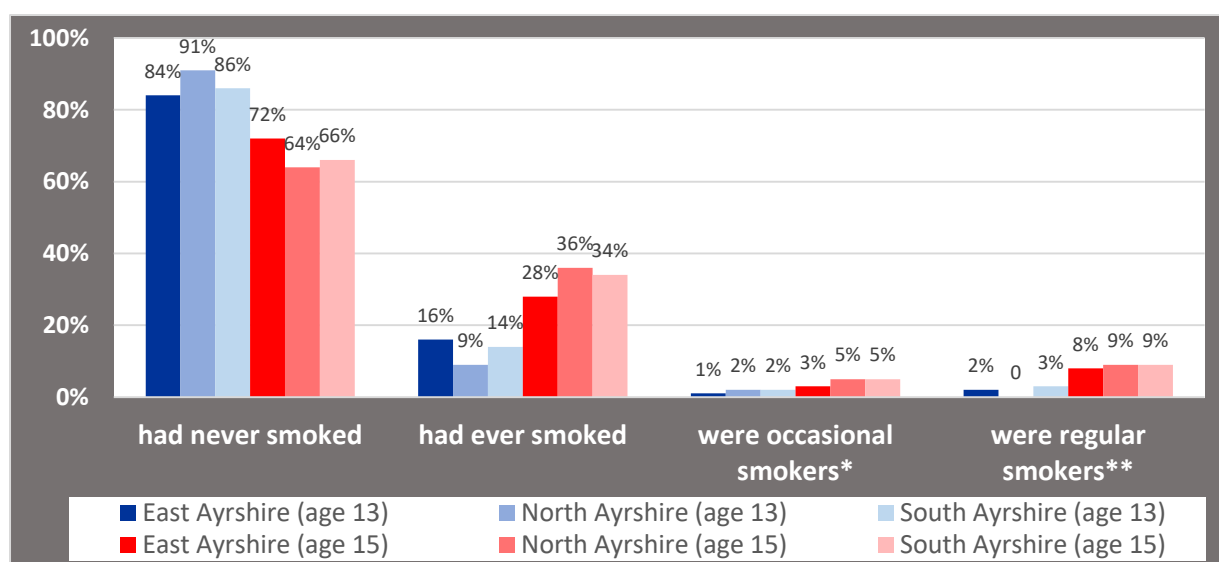
Background and data

This data comes from the Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).

Tobacco and smoking:

- Prevalence:
 - In 2018, reported percentages of 13-year old pupils ever having smoked cigarettes were as follows – 13% in Scotland; 9% in North Ayrshire; 14% in South Ayrshire; and 16% in East Ayrshire. Equivalent figures for 15-year olds were as follows – 30% in Scotland; 28% in East Ayrshire; 34% in South Ayrshire; and 36% in North Ayrshire.
- Frequent use: Within the age 15 group, as many as one in 11 indicated a regular smoking habit (at least one cigarette per week) – 7% in Scotland; 8% in East Ayrshire and 9% in North Ayrshire and South Ayrshire. Equivalent figures for 13-year olds were low.
- Notable trends: Reports of ever having smoked stepped up substantially from age 13 to 15 in all partnership areas. Regular smoking at age 15 appears to be a far more prolific behaviour than occasional smoking (Figure 17).

Figure 17: SALSUS 2018 - Smoking prevalence among S2 and S4 pupils: percentages of pupils reporting that they...



* **Occasional:** sometimes smoke cigarettes but less than one per week

** **Regular:** usually smoke one or more cigarettes per week

Source: SALSUS 2018. Summary findings for partnership areas.

E-cigarette use:

- Prevalence:
 - In 2018, reported percentages of 13-year old pupils ever having tried or used e-cigarettes were as follows – 17% in Scotland; 19% in North Ayrshire; 21% in South Ayrshire; and 25% in East Ayrshire. Equivalent figures for 15-year olds were as follows – 37% in Scotland; 37% in East Ayrshire; 39% in North East Ayrshire; and 41% in South East Ayrshire.
- Frequent use: Within the age 15 group, reported weekly use of e-cigarettes was as follows – 3% in Scotland; 2% in North Ayrshire; 4% in East Ayrshire; and 5% in South Ayrshire. Local reports of weekly use among 13-year olds were low, except for those in South (4%).
- Notable trend: Between the surveys conducted in 2013 and 2018 there has been a large increase in e-cigarette activity in all local partnership areas among 13 and 15 year olds.

Alcohol use:

- Prevalence:
 - In 2018, across Ayrshire and Arran, almost twice as many 15-year olds (73-78%; Scotland 71%) than 13-year olds (34-40%; Scotland 36%) reported ever having consumed a whole alcoholic beverage.
 - Relatively few 13-year olds (4-7%; Scotland 6%) drank in the week prior to the survey, but a fair proportion of 15-year olds had done so – 20% in Scotland; 16% in North Ayrshire; 20% in East Ayrshire; and 27% in South Ayrshire.
- Drunkenness:
 - In 2018, across Ayrshire and Arran, reports of ever having been drunk were not hugely different between those of 13-year olds (53-57%; Scotland 53%) and those of 15-year olds (65-72%; Scotland 70%).
 - On the other hand, frequent drunkenness (drunk on more than 10 occasions) was more prolific among 15-year olds (28-30%; Scotland 25%) than among 13-year olds (9-19%; Scotland 10%).



Drug use:

- Prevalence:
 - In 2018, across Ayrshire and Arran, about three to four times as many 15-year olds (17-24%; Scotland 21%) than 13-year olds (6-8%; Scotland 6%) reported ever using drugs.
 - Relatively few 13-year olds (3-4%; Scotland 4%) had taken drugs in the last month, but a modest amount of 15-year olds had done so – 12% in Scotland; 10% in East Ayrshire; 11% in South Ayrshire; and 14% in North Ayrshire.
 - Cannabis use in the last year was modestly indicated by 13-year olds (3-5%; Scotland 4%), and more prolifically by 15-year olds - 17% in Scotland; 14% in East Ayrshire and South Ayrshire; and 19% in North Ayrshire.
- Frequent use: In 2018, across Ayrshire and Arran, a modest amount of 15-year olds (3-4%; Scotland 3%) reported weekly drug use. Very few 13-year olds (1% or less) reported weekly use of drugs.

Substance-related hospital admissions, aged 11-25

Background



Problem alcohol and drug use among young people is widely accepted to be influenced by various aspects of a young person's life. Furthermore different aspects interact with each other and can influence each other. For example having a mental health problem can both contribute to and be exacerbated or caused by alcohol and/or drug use.⁴¹

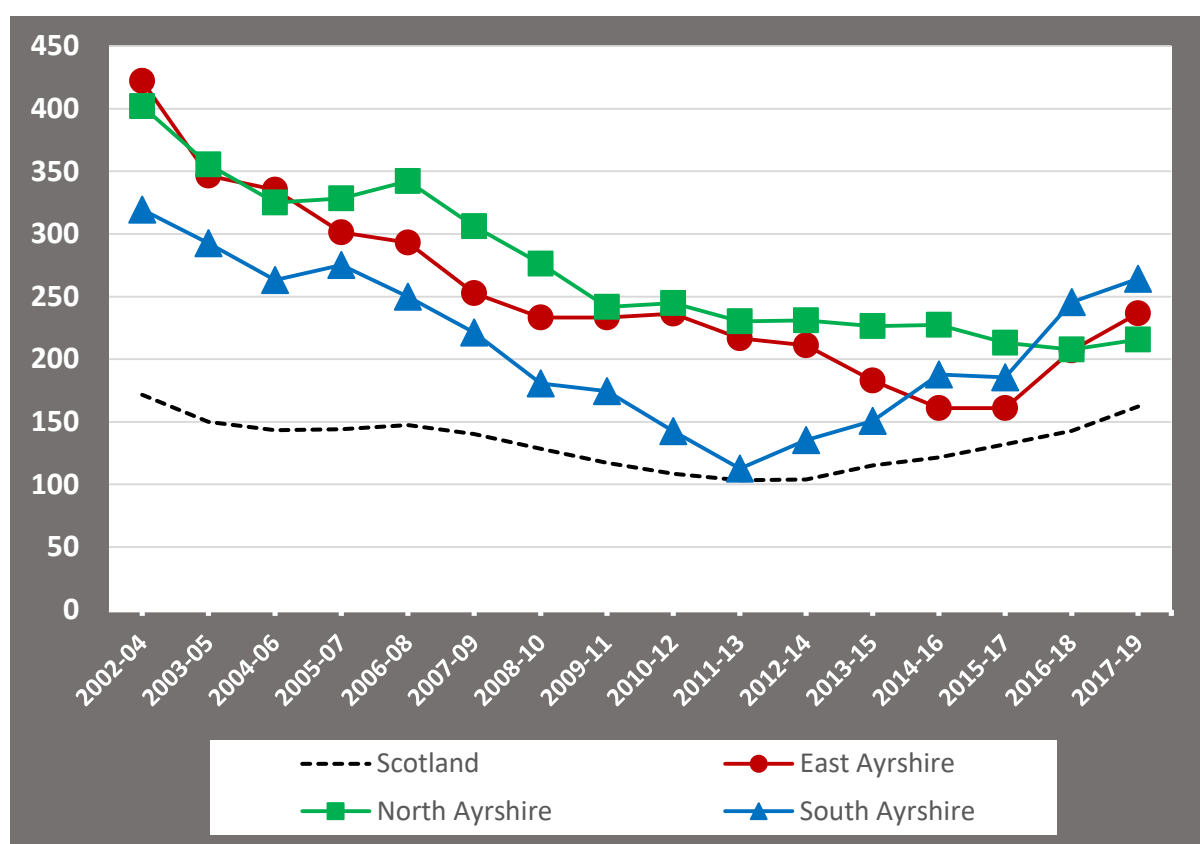
⁴¹ Scottish Government (2021). Young People Experiencing Harms from Alcohol and Drugs. Link: [Supporting documents - Young people experiencing harms from alcohol and drugs: literature and evidence review - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/supporting-documents-young-people-experiencing-harms-from-alcohol-and-drugs/literature-and-evidence-review/pages/11-25-substance-related-hospital-admissions-11-25.aspx). Accessed: 22 Jun 2022.

Alcohol-related hospital admissions, aged 11-25:

In 2018/19-20/21, reported rates (age-sex standardised per 100,000) of alcohol-related hospital admissions among 11-25 year olds were as follows – 270 per 100,000 in Scotland; 247 in East Ayrshire; 269 in North Ayrshire; and 397 in South Ayrshire. The South Ayrshire rate was significantly above the Scottish average in this period.

Drug-related hospital admissions, aged 11-25:

Figure 18: Drug-related hospital admissions age 11-25: Age-sex standardised rate per 100,000; 3-year rolling average (financial years)



Source: Public Health Scotland (SMR01). Reported in the ScotPHO area profiles. Accessed: 14 Apr 2022.

In 2017/18-19/20, reported rates (age-sex standardised per 100,000) of drug-related hospital admissions among 11-25 year olds were as follows – 162 per 100,000 in Scotland; 216 in North Ayrshire; 237 in East Ayrshire; and 264 in South Ayrshire. Rates in East and South Ayrshire were significantly above the Scottish average in this period (Figure 18).

Local actions

On cigarette and e-cigarette use:

NHS Ayrshire & Arran's Tobacco Action Plan 2021-24 aims to:

- Provide school lessons plans for Primary 5 and Primary 6 (covering tobacco prevention / knowledge / non-vaping products).
- Provide care experienced establishments with Action on Smoking and Health (ASH) training to prevent children from taking up smoking, support those who already do and establish the living environment as one conducive to non-smoking.
- NHS Ayrshire & Arran responded to the Scottish Government's call for replies to their Consultation Paper 2022 on "Tightening rules on advertising and promoting vaping products". NHS Ayrshire & Arran agreed that these rules should be tightened mainly to protect non-smoking young people from trying and becoming addicted to the nicotine in them.



On alcohol and drug use:

- Alcohol and Drug Partnerships and local authorities continue to conduct anti-drug and alcohol education in schools.
- Support and care for children in homes where drugs and alcohol is a problem is carried out by partners.
- Support and intervention is offered to young people with drug and alcohol addictions.
- Promoting other activities – for example, arts, green agenda, and so on - to channel youth activity.

Where you can find more information

- The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): national overview 2018 can be accessed [here](#).
- To find out more about stopping smoking, visit the Quit Your Way Ayrshire page on the NHS Ayrshire & Arran website [here](#).
- To obtain a copy of the NHS Ayrshire & Arran Tobacco Action Plan 2021-24, contact the Ayrshire and Arran Quit Your Way Helpline 0800783 9132.
- Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths can be accessed [here](#).
- Actions, milestones and timeframes for implementing the 'Rights, respect and recovery' alcohol and drug treatment strategy may be found [here](#).
- And version 2 of the strategy can be accessed [here](#).

Suicide rates among young people

Lindsey Murphy, Health Improvement Lead – North Ayrshire

Sarah Watts, Suicide Prevention lead – North Ayrshire

Fiona Longmuir, Suicide Prevention lead – South Ayrshire

Linda Chisholm, Suicide Prevention lead – East Ayrshire

Background

A complex range of factors can contribute to people contemplating suicide. Many are not to do with mental ill-health and can instead relate to stressful life circumstances, events or changes in a person's life. Moreover, research suggests that adults and young people who identify as gay, lesbian, bisexual or transgender have a greater risk of suicidal ideation and suicide attempts.⁴²

The following characteristics and factors are known to contribute to elevated suicide risk, and can be cumulative and overlapping:

- History of self-harm;
- Bereavement from suicide;
- Adverse childhood experiences (ACES) and later trauma;
- Deprivation, poverty, and social exclusion;
- Isolation;
- Living with or developing an impairment or long-term condition;
- Affected by drugs and/or alcohol;
- Migrants;
- Lesbian, gay, bisexual and transgender (LGBT) adults and young people;
- Gypsy/Travellers; and
- Homelessness.⁴³

Data

In 2016-20, reported rates (crude rate per 100,000) of deaths from suicide aged 11-25 were as follows – 11 per 100,000 in Scotland; 13 in East Ayrshire; and 15 in North Ayrshire and 15 in South Ayrshire. Local area rates were not significantly different from the Scottish average in this period.

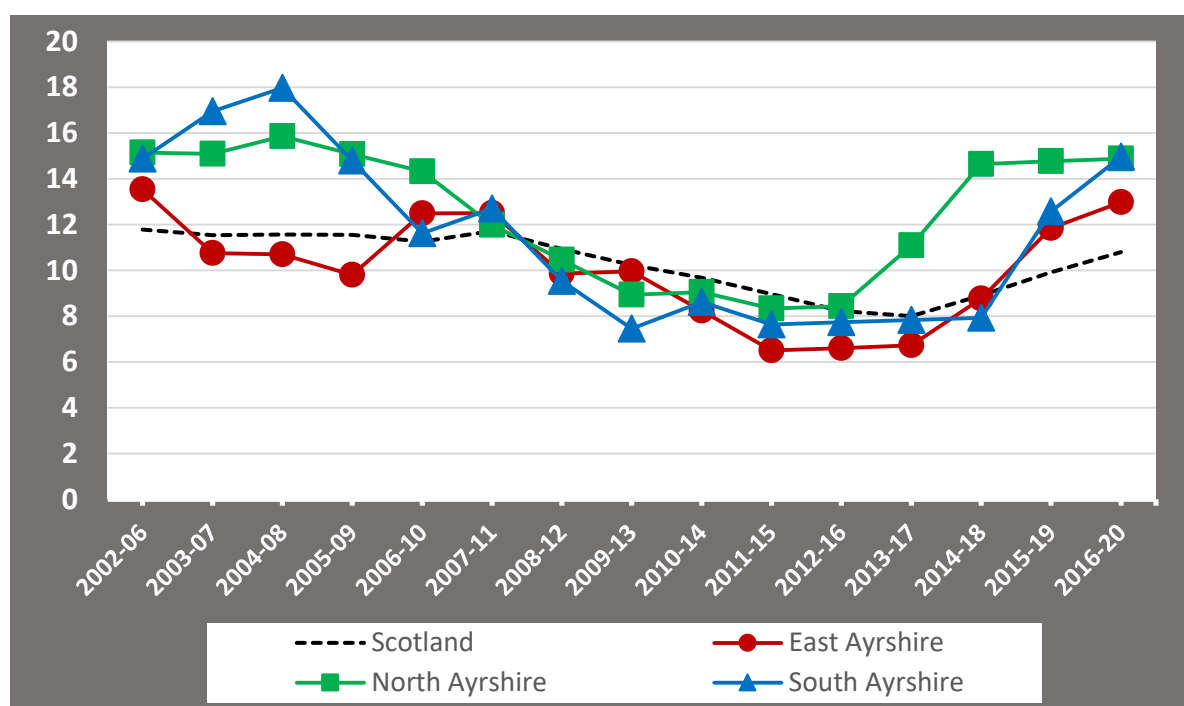
⁴² Scottish Government (2018). Every Life Matters. Link: [Supporting documents - Suicide prevention action plan: every life matters - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/every-life-matters/pages/supporting-documents-suicide-prevention-action-plan.aspx). Accessed: 22 Jun 2022.

⁴³ See reference above.

Rates of suicide among 11-25 year olds broadly declined, locally and nationally, from the early 2000s to the mid-2010s (Figure 19). Since then, rates have increased sharply, more so locally than nationally, with all local rates currently sitting above the Scottish average.

It is unclear what has been pushing up rates of suicide among the 11-25 demographic in the latter half of the last decade, but it is noted that the increase coincides with a marked and concurrent rise in reported drug harm among the same age group (as reported in the next section).

Figure 19: Deaths from suicide: Crude rate per 100,000; aged 11-25; 5-year rolling interval (calendar years)



Source: National Records of Scotland. Reported in the ScotPHO area profiles. Accessed: 15 Jun 2022.

Local actions

The pan Ayrshire Suicide Prevention Plan contains a number of actions across a range of themes, Public Health are responsible along with local coordinators for actions relating to communications and digital. This plan will be reviewed alongside publication of a new national suicide prevention strategy. Public Health will be a key partner in this review and in delivering the next plan when established.

East Ayrshire have provided mental health and wellbeing training and resources for teachers which provides resources and content on suicide, schools are also encouraged to deliver Applied Suicide Intervention Skills training (ASIST) with senior secondary pupils. Other training delivered

includes Scottish Mental Health First Aid for Young People and staff are able to access a blog which offers a range of mental health training opportunities. East Ayrshire has a group which meets quarterly to review deaths that are suspected suicides.

North Ayrshire has a Young People's Suicide Taskforce which aims to respond quickly as a multi-agency group when a young person dies by suicide, identify those most impacted and initiate appropriate support as well as working together to reduce the instances of suicides in young people in North Ayrshire. Teachers and other Education staff have received both safeTALK and ASIST training and schools have a self-harm worker available for pupils. Young people are involved in suicide prevention developments, including development of campaigns (13 ways to support your friend) and contributing to consultations.

Within South Ayrshire, schools have access to a self-harm worker and there is a dedicated mental health and wellbeing support website for children and young people. The site provides a range of information and resources as well as a number that children and young people can text for free if they need to talk at any time of the day or night. South Ayrshire are currently setting up a Strategic Prevention Oversight Group, which is about preventing all suicides in South Ayrshire, including children.

The Public Health Department provide a wide range of work relating to public mental health more broadly with a focus across the life course and a variety of activities targeting children and young people.

Where you can find more information

- Animated learning resources: Promoting children and young people's mental health and preventing self-harm and suicide can be found [here](#).
- South Ayrshire Mental Health and Wellbeing Support for Children and Young People [here](#).
- East Ayrshire Suicide Support Directory [here](#).
- Development of a new Suicide Prevention Strategy for Scotland [here](#).
- United to Prevent Suicide Social Movement [here](#).
- Suicide Prevention Day [here](#).
- East Ayrshire Multi-agency guidance for people working with children and young people at risk of self-harm or suicide in [here](#).
- 13 Ways to Support Your Friends If They Are Struggling [here](#).
- Children & Young People – NAC [here](#).

Thank you

The report has captured some of the wealth of work that is going on between the public health department and partners in relation to child health. We hope that you have found this a useful taster and that the links can help you find out more about topics of particular interest. Thank you again to all our partners, and the people of Ayrshire and Arran for making this work possible and successful.

