



Draft Programme for Government Consultation

Background

In adopting an outcomes-based approach to the development of the Programme for Government, we have set ourselves a series of challenges, aiming to make positive progress on a range of the most important economic and social issues facing society.

This questionnaire aims to provide you with an opportunity to comment on the outcomes and indicators identified and the high level actions we will do to achieve outcomes. It goes through each outcome in turn (the outcomes are highlighted at the top of each page) and should take around twenty minutes to complete.

The PfG Consultation document and related papers are available to view on the NI Executive Website at tinyurl.com/pfgni and this survey should be completed in conjunction with that information.

Whilst the Programme for Government Consultation Document refers to a number of high level actions, these are covered in much more detail within the Delivery Plans, which can be found [here \(accessible version\)](#). The Delivery Plans are being developed by Senior Responsible Owners (SROs) through engagement with stakeholders and if you feel you have a contribution to make to them, please do so through the SRO - details of which can be found on the front cover of each plan.

Additional copies and/or alternative formats of this questionnaire can be made available on request from The Executive Office by emailing research@executiveoffice-ni.gov.uk

or by writing to:

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Responses should be received no later than 5.00 pm on 23rd December 2016.

Please note that all responses will be treated as public, and may be published on The Executive Office website. If you do not want your response to be used in this way, or if you would prefer for it to be used anonymously, please indicate this when responding (see Statement of Confidentiality and Access to Information at the end of this questionnaire). There is no obligation, however, to provide your name and other contact details should you not wish to provide them.

Following consideration of all responses, a full analysis report will be published on The Executive Office

Website Thank you for taking the time to complete this questionnaire and for giving us your views.



Draft Programme for Government Consultation

Your Details

1. Name:

Royal College of Paediatrics and Child Health

2. Preferred contact address:

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4. Preferred Email address:

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* 5. Are you responding as an individual or does this response represent the views of an organisation?

Individual (If individual, Go to Q.9)

* Organisation (If organisation, Go to Q.6)

6. If responding on behalf of an organisation, please tell us your organisation's name:

Royal College of Paediatrics and Child Health

7. What is your role in this organisation?

Regional Coordinator

8. Do you want your organisation's name to be included in the response to the consultation?

Yes

The Royal College of Paediatrics and Child Health have set out responses to consultation questions pertaining to the relevant indicators and high level delivery plans for the following Outcomes; Outcome 4, Outcome 11 and, Outcome 14:

OUTCOME 4: We enjoy, long, health, active lives

37. Are there any key issues not included under this outcome that should be included?

YES

38. Please provide more detail on the key issues not included under this outcome that you think should be included?

The Royal College of Paediatrics and Child Health (RCPCH) have provided additional commentary on issues pertaining to Outcome 4 in relation to Indicators 2, 3, 4, 5, 6 and 7.

Indicator 2: *Reduce health inequality (Gap between highest and lowest deprivation quintile in healthy life expectancy at birth)*

The RCPCH agree with Indicator 2 and the associated measure and advocate for concerted action across NI Executive Departments to reduce health inequalities. The RCPCH welcomes the fact that Senior Responsible Officers (SROs) from across the Departments of Health, Communities, the Economy, Justice and Education, came together signalling their intent to work together across functional boundaries to 'tackle shared problems, particularly in respect of tackling inequality through collaboration and co-owned interventions'.

RCPCH's *Vision 2016* manifesto calls for the NI Executive to meaningfully tackle child health inequalities. RCPCH observe that there is a stark link between poverty, inequality and a child's predisposition to negative health outcomes. In the worst cases, this can result in risk factors that can lead to premature death (*Vision 2016* Section 4.1). Given that 25% of our children now live in relative poverty (Department of Communities Annual Report on Child Poverty 2015/16), RCPCH implore the NI Executive to work together to closely monitor children's health and well-being across the life-course to enable intervention at the right time and, ensure full implementation of the provisions in the NI Executive's Child Poverty Strategy, in particular;

- ensure programmes and policies provide extra support for children in poverty to improve outcomes for children in low-income families and take children out of poverty
- Encourage joined up working across departments and with stakeholders to maximise the effectiveness of this work
- Evaluate this work, measuring the impact of programmes and policies to ensure that we are doing the right things

(Delivering Social Change, The Executive's Child Poverty Strategy, March 2016, p.39)

The RCPCH believes that tackling negative health behaviours such as smoking, or alcohol and drug consumption, requires more than just information. Policies to modify health behaviours need to address the social determinants of health, and interventions need to be proportionately targeted across the social gradient if they are to reduce health inequalities effectively (RCPCH, 2014, *Why Children Die – Part A*).

Specific measures pertaining to negative health behaviours could be added to this Indicator to provide a more holistic overview of whether reducing health inequality is actually happening at a population level and at the lower end of the deprivation quintile. Issues around smoking, obesity etc. are complex and universal and targeted programmes focused on outcomes are needed. If the NI Executive adhere to the Outcome Based Accountability model across the delivery of such public health initiatives at all levels, these programmes would generate data to measure against the Indicator. Ultimately, the RCPCH advocates tackling these negative health behaviour issues early

through the delivery of mandatory, high quality, evidence based, health and social well-being improvement programmes to all primary and post primary pupils which specifically tackle issues around mental health, sex and relationships and drugs and alcohol use. Similarly, we call for the commissioning of high quality research dedicated to reducing child health inequalities and ensure that the findings are acted upon by the relevant executive departments.

The Executive should also ensure that universal public health services, including health visitors and school nurses are prioritised and supported, with targeted support for those most in need.

Indicator 3: Increase healthy life expectancy (Healthy life expectancy at birth)

The RCPCH agree with Indicator 3 and the associated measure, and welcome the commitment to establish a “Healthier Lives” programme, consisting of a Healthier Pregnancy programme in the delivery plans. However, breastfeeding has an important role in protecting children’s health and provides infants with the best start in life. RCPCH notes that Northern Ireland continues to have the lowest levels of breastfeeding in the UK, a trend which is particularly prominent for young mothers and those living in areas of deprivation. The RCPCH believes there is a need for an increased drive to improve breastfeeding rates across Northern Ireland. The [delivery plans pertaining to Indicator 15](#) of the PfG highlight that in 2014 the Child Health System recorded that 46.4% of mums were breastfeeding at discharge from hospital. No detail is provided about breastfeeding maintenance at later stages of infancy. The RCPCH note that mothers commonly stop breastfeeding exclusively shortly after discharge from hospital, and observe research indicating that if all UK infants were exclusively breastfed for six months, admissions to hospital due to diarrhoea would be halved and those due to respiratory infections would fall by a quarter (RCPCH Position Statement Breastfeeding 2011 at:

<http://www.rcpch.ac.uk/system/files/protected/news/RCPCH%20Position%20Statement%2020.06.11.pdf>). We hope to see further detail on this issue in the forthcoming Healthier Pregnancy Programme.

The RCPCH advise the continued implementation of *Breastfeeding – A Great Start (2013 – 2023)* in partnership with other key executive departments with particular focus on: providing consistent, targeted breastfeeding support and education, in particular for young mothers and those living in areas of higher deprivation by achieving equitable Family Nursing Partnership provision across all of Northern Ireland; working directly with local communities to identify barriers to breastfeeding and develop measures to overcome these and; ensuring neonatal units recruit or train existing staff to deliver consistent, specialist breastfeeding advice and support.

Indicator 4: Reduce preventable deaths (Preventable mortality)

RCPCH believe that in order to reduce preventable child deaths the full and swift implementation of a Child Deaths Overview Panel (CDOP) is needed and is a key mechanism to ensure lessons are learned from childhood deaths in NI (RCPCH *Vision* manifesto, 2016, Section 3.1). The RCPCH welcomes the pilot of the Child Death Notification mechanism (HSCB, *Health and Social Care Board Paper on HSC Restructuring*, February 2016) but notes with concern that Section 3(5) of the Safeguarding Board Act 2011 which pertains to the Board’s function to review information relating to child deaths has not been commenced, this is despite Recommendation 6 of the *Independent Review of the Safeguarding Board for Northern Ireland* (Professor Alexis Jay and Kathy Somers, February 2016) that legislation to give way to the phasing in of a CDOP should be commenced. The RCPCH calls on the NI Executive and the Department of Health to address these policy and legislative gaps if instances of preventable deaths among infants, children and young people are to be reduced.

A properly commissioned and managed CDOP would ensure that a multi-agency investigation would take place following child death occurrences allowing for the identification of the modifiable factors associated with death, alongside any wider public health or safety concerns arising from a particular death or pattern of deaths in Northern Ireland. This would inform regional learning, training and

service provision, and support development of policy aimed at reducing the number of preventable deaths in Northern Ireland (RCPCH, National Children's Bureau (2014) *Why Children Die*; Part E).

RCPCH believe that given that child mortality rates in the UK continue to be higher than those in comparable European countries, lessons must be learned and used to influence policy and practice. We call for the development of programmes in Northern Ireland that support multidisciplinary and multiagency child health and well-being research to strengthen the evidence base for child mortality, with a particular focus on better understanding the causes of neonatal deaths (RCPCH, NCB, (2014) *Why Children Die* – Part D, Recommendation 2 & 4).

The RCPCH particularly welcome the observation in the delivery plans in pursuance of the realisation of achieving Outcome 4 to consider the; 'strong evidence that the introduction of minimum unit alcohol pricing could reduce levels of hazardous and harmful drinking and address related health inequalities'. The RCPCH note the consideration of this very issue by the Committee for Communities while carrying out the committee stage of the Licensing and Registration of Clubs (Amendment) Bill. Indeed, members questioned the viability of tabling an Executive amendment which would introduce minimum pricing. The RCPCH *Vision* manifesto 2016 has called for the NI Executive to restrict access to alcohol by young people by introducing minimum unit pricing for alcohol, regulating marketing and availability, and taking action on underage sales. We implore the NI Executive to do more than consider the issue and call on the Department of Health to bring forward the appropriate legislative vehicle to introduce minimum unit pricing in NI.

We welcome the Department of Health's recent consultation on an updated suicide prevention strategy (Protect Life 2: A Strategy for Suicide Prevention in the North of Ireland) and particularly the continued focus on reducing the differential in suicide rate between the most and least deprived areas. Adolescent suicide rates in Northern Ireland have remained higher than all other UK countries since 2006 and we would encourage the Department to ensure there is a greater focus on children and young people (including implementing a multifactorial outcome based approach).

Child pedestrians have been identified as particularly vulnerable road users and higher incidences of death and serious injury have also been found amongst young drivers. We welcome the targets set out in Northern Ireland's Road Safety Strategy to 2020 and encourage the Northern Ireland Executive to deliver on subsequent commitments to lower the speed limits in built-up areas and strengthen graduated licensing schemes.

Further information and policy recommendations will be made available in the forthcoming RCPCH State of Child Health Report due for publication 25 January 2017.

Indicator 5: Improve the quality of the healthcare experience (Percentage of people who are satisfied with health and social care [based on their recent contact])

The RCPCH welcome the inclusion of this indicator and indeed the NI Executive delivery plans led by the Department of Health to turn the curve. In particular, the RCPCH welcomes the development of the Quality Healthcare Experience Framework and the long-term plan to create a data set to record experiences and use that information to improve them. The RCPCH also welcome the inclusion in the delivery plans to resume the regional programme of patient surveys in 2017/18 including consideration of A&E services, outpatient care, domiciliary care, GP care and a repeat of the Inpatient Survey carried out in 2014.

However, the RCPCH *Vision* 2016 manifesto has called upon those responsible for the provision of child services to effectively engage with children and young people and to embed their recommendations in quality improvement programmes (*Vision* 2016, Section 5.2). The RCPCH believes that to improve the quality of the healthcare experience across the population children, young people and their carers should be involved in the development of services to ensure they deliver the outcomes that matter most to them.

It follows that the NI Executive should consider implementing a survey akin to the Children and Young People's (inpatient) Survey carried out by the Care Quality Commission which captures the views of 8-15 year olds (younger children by way of their parents / carers) about the care they received in hospital (available at: <http://www.cqc.org.uk/content/children-and-young-peoples-survey>). The RCPCH believes that no one is better qualified to comment upon the care provided by a paediatric centre than the children and young people receiving that care.

The RCPCH Service Level Quality Improvement Measures for Acute General Paediatric Services (2016 available at: http://www.rcpch.ac.uk/system/files/protected/page/SLQMAPS%20Main%20Report%20v1.0_0.pdf) observes the feasibility of child specific data capture by virtue of the CQC National Children and Young People's Survey 2014 which captured data from nearly 19,000 children across NHS Trusts in England. The results of the Survey allow the CQC to intelligently monitor data and inform inspections. Moreover, commissioners and health trusts are expected to use the results to make quality improvements. The RCPCH is well placed to advise on the utility of the patient response experience measures (PREM) having developed [PREM tools](#) for emergency departments / walk-in centres, GP surgeries and ambulance services in conjunction with the Picker Institute Europe. The RCPCH recommend that work is undertaken with children, young people and their families / carers to improve the healthcare experience which in turn will contribute to the achievement of this Outcome.

Indicator 6: *Improve mental health (Percentage of population with GHQ12 scores ≥ 4 [signifying possible mental health problem])*

While the RCPCH agree with the Indicator and associated measure, in terms of improving mental health across the whole life-course, a better understanding of the causes of ill-mental health and delivering appropriate and timely treatment are essential if Indicator 6 is to be realised.

The RCPCH notes the delivery plans for this Indicator and welcome the overarching policy development of 'improving CAMHS provision as part of cross-cutting Executive focus on the needs of vulnerable children and young people and investment in education'. We also welcome the note of caution assigned to the measure, in that, with GHQ 12 - it essentially measures potential prevalence of ill-mental health, and arguably does not exactly correlate with mental health generally, and, the commitment to discuss and consider potential alternatives as appropriate.

We also welcome the linkage with the *Draft Children and Young People's Strategy 2017 – 2027* (CYP Strategy) and note that Indicator 6 is replicated as a proposed indicator under Population Outcome: *Children and young people are physically and mentally healthy*. The CYP Strategy highlights that as of March 2015, there were 899 young people waiting for a first mental health outpatient appointment, an increase of 31.2% compared to the baseline in 2009 when 685 young people were waiting for a first mental health outpatient appointment. Of these 899 young people, 28% were waiting longer than 6 weeks for their appointment. While the RCPCH acknowledges that the CYP Strategy will link directly to the Programme for Government, little detail is provided in terms of developing and investing in CAMHS. This is also the case in the newly published *Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community* (2016 – 2026).

The RCPCH notes the UN Committee on the Rights of the Child Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland which recommended 'rigorous' investment in CAMHS across the UK (July 2016 available at: <http://www.niccy.org/media/2536/un-concluding-observations-june-2016.pdf>). The RCPCH calls for consistent and appropriate CAMHS across Northern Ireland with; a focus on prevention and early intervention, more efficient use of existing resources and, a clear referral pathway. There must be a parity of esteem in the provision of mental health compared to physical care for children and young people and particularly for those most at risk of mental health difficulties. This recommendation could be bolstered by establishing basic training in infant, child and youth mental health as a core capability of all health and social care and educational professionals to ensure that potential issues are identified at the earliest opportunity and referrals to early intervention services made. The RCPCH

recommend the use of MindEd, (<https://www.minded.org.uk/>) a free, practical e-learning tool, written by leading experts in child mental health, to help identify and understand children and young people with mental health issues whenever and wherever they are needed.

The RCPCH acknowledges that *Our Children deserve better: prevention pays* (Annual Report of the Chief Medical Officer in England 2012, October 2013) reported that 50% of mental illness in adult life (excluding dementia) starts before age 15 and up to 75% by age 18. The RCPCH therefore notes the value of commissioning a regular survey to identify the prevalence of mental health problems among children and young people across Northern Ireland.

Indicator 7: Improve health in pregnancy (proportion of babies born at a low birth weight)

The RCPCH welcome the Indicator and the associated measurement, and in particular, welcome the commitment to establish a Healthier Pregnancy Programme to include a “core care pathway for antenatal care”.

The RCPCH *Vision* manifesto calls for the full implementation of recommendations outlined in *Smoking cessation in pregnancy: a call to action* focussing on the provision of carbon monoxide screening in routine pregnancy care, alongside sustained and intensive reinforcement of public health messages related to smoking cessation and work to achieving the targets set out in the *Ten-year tobacco control strategy for Northern Ireland*, to reduce smoking rates across all stages of pregnancy and early parenthood. Implement routine reporting mechanisms to measure progress against targets.

This Indicator is replicated in the proposed headline indicators for the ‘Children and young people are physically and mentally healthy’ outcome in the *Draft Children and Young People’s Strategy 2017-2027* currently out to consultation. The RCPCH welcomes the NI Executive’s acknowledgement of the linkage between the 2 strategies and indeed the life-long impact of negative health behaviours during pregnancy.

OUTCOME 11 – We have high quality public services

86. Are there any key issues not included under this outcome that should be included?

YES

87. Please provide more detail on the key issues not included under this outcome that you think should be included?

The RCPCH has provided commentary pertaining to issues associated with Indicator 5.

***Indicator 5:** Improve the quality of the healthcare experience (% of people who are satisfied with health and social care system)*

The RCPCH welcome the inclusion of this indicator and indeed the NI Executive delivery plans led by the Department of Health to turn the curve. In particular, the RCPCH welcomes the development of the Quality Healthcare Experience Framework and the long-term plan to create a data set to record experiences and use that information to improve them. The RCPCH also welcome the inclusion in the delivery plans to resume the regional programme of patient surveys in 2017/18 including consideration of A&E services, outpatient care, domiciliary care, GP care and a repeat of the Inpatient Survey carried out in 2014.

However, the RCPCH Vision 2016 manifesto has called upon those responsible for the provision of child services to effectively engage with children and young people and to embed their recommendations in quality improvement programmes (*Vision 2016*, Section 5.2). The RCPCH believes that to meaningfully improve the healthcare experience across the board, the voice of infants, children, young people, their families and, their carers is crucial and should inform the design and development of services to ensure they deliver the outcomes that matter most to patients.

The NI Executive should consider implementing a survey akin to the Children and Young People's (inpatient) Survey carried out by the Care Quality Commission which captures the views of 8-15 year olds (younger children by way of their parents / carers) about the care they received in hospital (available at: <http://www.cqc.org.uk/content/children-and-young-peoples-survey>). The RCPCH believes that no one is better qualified to comment upon the care provided by a paediatric centre than the children and young people receiving that care.

The RCPCH Service Level Quality Improvement Measures for Acute General Paediatric Services (2016 available at:

http://www.rcpch.ac.uk/system/files/protected/page/SLQMAPS%20Main%20Report%20v1.0_0.pdf)

observes the feasibility of child specific data capture by virtue of the CQC National Children and Young People's Survey 2014 which captured data from nearly 19,000 children across NHS Trusts in England. The results of the Survey allow the CQC to intelligently monitor data and inform inspections. Moreover, commissioners and health trusts are expected to use the results to make quality improvements. The RCPCH is well placed to advise on the utility of the patient response experience measures (PREM) having developed [PREM tools](#) for emergency departments / walk-in centres, GP surgeries and ambulance services in conjunction with the Picker Institute Europe.

The RCPCH recommend that work is undertaken with children, young people and their families / carers to work to improve the healthcare experience which in turn will contribute to the achievement of this Outcome.

OUTCOME 14 – We give our children and young people the best start in life

107. Are there any key issues not included under this outcome that should be included?

YES

108. Please provide more detail on the key issues not included under this outcome that you think should be included?

The RCPCH has provided additional comments pertaining to issues associated with Indicators 7 and 15.

Indicator 7: Improve health in pregnancy (% babies born at low birth weight)

The RCPCH welcome the indicator and the associated measurement, and in particular, welcome the commitment to establish a Healthier Pregnancy Programme to include a “core care pathway for antenatal care”.

The RCPCH *Vision* manifesto calls for the full implementation of recommendations outlined in Smoking cessation in pregnancy: a call to action focussing on the provision of carbon monoxide screening in routine pregnancy care, alongside sustained and intensive reinforcement of public health messages related to smoking cessation and work to achieving the targets set out in the *Ten-year tobacco control strategy for Northern Ireland*, to reduce smoking rates across all stages of pregnancy and early parenthood. Implement routine reporting mechanisms to measure progress against targets.

This Indicator is replicated in the proposed headline indicators for the ‘Children and young people are physically and mentally healthy’ outcome in the *Draft Children and Young People’s Strategy 2017-2027* currently out to consultation. The RCPCH welcomes the NI Executive’s acknowledgement of the linkage between the 2 strategies and indeed the life-long impact of negative health behaviours during pregnancy.

Indicator 15: Improve child development (% children at appropriate stage of development in their immediate pre-school year)

The RCPCH welcome the inclusion of Indicator 15 and particularly welcome the measurement. The clear acknowledgement of the NI Executive that birth weight that is not within normal ranges has a strong association with poor health outcomes in infancy, childhood and across the whole life course is a step in the right direction. The commitment to; adopt and embed a coordinated, collaborative approach to the investment in and implementation of early childhood development policies and programmes for children aged 0-4, to develop a regional approach to measuring children’s development in their immediate pre-school year by way of the ‘3+ Health Review’ including putting in place timely interventions for those children and families who need additional support and, improve the quality of early childhood development services by increasing the capacity of the workforce as part of the Delivering Social Change Early Intervention Transformation Programme will go some way in setting the framework for improving child development.

The delivery plans acknowledge that data for March 2015 shows that 5.5% of primary 1 children in NI were obese and 15.71% of primary 1 children were overweight inferring that such children are not acquiring the nutrition and exercise they require and are therefore not being provided with the best start in life. The RCPCH *Vision* manifesto calls for an increase in investment to extend the provision of weight management services across Northern Ireland including implementing recommendations outlined in Academy of Medical Royal Colleges, *Measuring Up – The Medical Profession’s Prescription for the Nation’s Obesity Crisis* (2013, http://www.rcpch.ac.uk/sites/default/files/page/MU_REPORT.pdf) including early intervention programmes. Moreover, we call for the full and formal testing of the impact of marketing and advertising restrictions upon reducing the consumption of food and drinks high in fat, sugar and salt

and commit to investing all revenue raised through the forthcoming UK sugar tax, as allocated to Northern Ireland, into physical activity initiatives in schools (RCPCH, 2016, 100 Day Challenge to the new NI Executive).

Moreover, the RCPCH recommends the following:

- The Health and Social Care Board should commission services for children who are overweight or obese to help them lose weight. This should include incentives for GPs to refer patients to such services in the Quality and Outcomes Framework for Northern Ireland.
- Health and social care trusts and professional bodies should ensure that all health care professionals can make every contact count by having that difficult conversation with their patients (whatever their age) who are overweight.
- The Northern Ireland Executive should continue encourage physical activity for all children and young people and support parents and families to adopt healthy lifestyles by improving social and physical environments by ensuring local authorities planning decisions include a public health impact assessment and introduce 20 mph speed limits in built up areas to create safe places for children to walk, cycle and play.
- The Northern Ireland Executive should undertake an audit of local licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather.

The RCPCH also welcomes the acknowledgement of *The 1001 Critical Days* report and the need to focus on child development by introducing a child development measure and tracking improvements including at age 2 and potentially later at 5-6, in the Executive delivery plans. The RCPCH supported the document and continues to support the need for focus on the importance of the conception to age 2 period. We believe that more now than ever, the *1001 Days* vision that maternity services, health visitors, social care, adult mental health services and children's centres should work closely together to share vital data, ensuring those who need additional support receive appropriate, timely, and sensitive help must be realised in Northern Ireland. The pooling of budgets for these services will encourage innovative commissioning and induce a culture of joined-up working.

Crucially, targeted early intervention initiatives, equitably available across Northern Ireland such as the Family Nurse Partnerships to help embed positive health behaviours and put those at risk on the right path before the pre-school year are required.



Northern Ireland
Executive

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Confidentiality and Access to Information Legislation

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with access to information legislation: these are chiefly the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004 (EIR).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice (section 45) with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on The Executive Office.

For further information about confidentiality of responses please contact the Information Commissioner's Office on 028 9026 9380 or email ni@ico.gsi.gov.uk (or see their website).

115. Please tick the box below if you wish your response to be treated as confidential.

I want my response to be treated as confidential