



State of Child Health

Northern Ireland – Two Years On

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

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

Children, young people and families across Northern Ireland have been working with RCPCH &Us to make a difference to our health and the places that help us. Children in community centres told us that they need access to good quality food and more things to do to help stop obesity, also saying it needed to be easily available for people who don't have much money.

Having good quality mental health services that children and young people can get to easily and get into quickly has also been a topic that comes up regularly. Through our Takeover Challenge in Belfast, we talked about why suicide prevention is so important and how schools also need to help students with mental health. In November 2017, we held a Mental Health Roundtable led by young people with members of the Legislative Assembly, top decision makers and the RCPCH to talk about what services are needed, who should be helping and what things can be done without having an Executive in place - we are all responsible for doing something that can help children and young people.

The RCPCH &Us Network has produced a report that looks at some of these topics and more – please read it and find out what is important to children, young people and families and our ideas for making it better!

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

State of Child Health: Northern Ireland – Two Years On

This document is entitled “State of Child Health: Two Years On” as it is two years since our landmark State of Child Health report was published in January 2017. We had intended to publish policy recommendations at the same time in Northern Ireland, but mere days before our launch date, the Northern Ireland Executive collapsed. Optimistic that power would be restored, we proceeded to publish our recommendations for Northern Ireland in June 2017. But two years on from the intended launch date, we remain in the same situation. No Executive, no Assembly. And minimal progress in advancing integrated policies that positively impact meaningful child health outcomes.

This scorecard reveals a stalled position for child health policy without a Northern Ireland Assembly or Executive. Where significant progress had been made before dissolution – for example with a draft Children and Young People’s Strategy, and a draft Suicide Prevention Strategy – the absence of Ministers and Members of the Legislative Assembly has meant that very little policy development or implementation have been achieved since.

It is not all bad news, as our scorecard demonstrates. The Department of Health published Delivering Together - Progress Report which stated that the regional paediatric managed clinical network had been initiated and is being led by the Public Health Agency. A graduated driver licensing system is set to be introduced in 2019/20 to protect young drivers from road traffic incidents. The Public Health Agency have prioritised safe-sleeping to reduce sudden infant deaths and will soon launch a public awareness campaign on this issue. New guidance for health professionals on smoking cessation in pregnancy has been published. The Department of Health have produced a mid-term review of their breastfeeding strategy and set out a monitoring report to assess its implementation. And 20mph speed limits have been rolled out in various residential areas across Northern Ireland, creating safer spaces for children to walk, cycle and play.

This minimal operational progress does not come close to contributing to the recommendations set out two years ago. The vast majority of our recommendations simply cannot be progressed without an Assembly or Executive. Meanwhile, children and young people’s mental health in Northern Ireland remains at crisis point. Obesity rates are stark, with a quarter of children in Northern Ireland overweight or obese. And Northern Ireland remains without a child death overview panel, despite 2018’s hugely concerning Hyponatraemia Related Death Inquiry Report highlighting the pressing need for its development.

With no end to Northern Ireland’s political turmoil in sight, and Brexit, with all its uncertainties, just around the corner, we fear that child health and wellbeing in Northern Ireland is in real jeopardy. The delivery of healthcare to children and young people in Northern Ireland is intimately bound up with the Republic of Ireland and Great Britain for highly specialist work – and this needs careful work and preservation as we approach the UK’s departure from the European Union. We need clear, decisive leadership in Northern Ireland to implement these recommendations, which is why we are calling for a commitment from all political parties to put an end to this damaging deadlock and progress its work-streams currently on hold with the Department of Health and other partner agencies to put child health at the top of the agenda before it is too late.

Professor Russell Viner, RCPCH President

Dr Raymond Nethercott, RCPCH Ireland Executive Committee Member

Key:  Significant progress made
 Some progress made
 No change

1. Implement in full A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 – 2026)		
Recommendations	Progress	Evidence
<p>The Northern Ireland Executive should adopt a 'child health in all policies' approach to decision making, policy development and service design. This is based on the recognition that the challenges facing child health are highly complex and often linked through the social determinants of health.</p>	 Some progress made	<p>The draft Children and Young People's Strategy is the Northern Ireland Executive's strategy for Children and Young People as required under Section 3 of the Children's Services Cooperation Act 2015. Following public consultation which ran from December 2016 to March 2017, a final draft Strategy is currently being prepared and includes the outcome that 'Children and young people are physically and mentally healthy'. The draft Strategy will need approval by the Northern Ireland Executive and will be laid before the Northern Ireland Assembly.</p> <p>Improving the wellbeing of children and young people: Interim Guidance on the Children's Services Co-operation Act (Northern Ireland) 2015 states that the Department of Education is currently developing a Children and Young People's Strategy implementation/delivery plan which will draw from the Programme for Government delivery plans and be supplemented with additional relevant actions. Northern Ireland Government Departments will be asked to contribute to the implementation/delivery plan by identifying what actions are the areas of greatest need in each of the strategy outcomes. Government Departments will be required to measure and report on how they have performed against each of their actions and to what extent they have achieved the outcomes.</p> <p>The Departments of Education and Health are also jointly developing a Looked After Children Strategy which aims to improve the overall wellbeing of looked after children and care experienced young people.</p>
<p>The Department of Health should establish a Northern Ireland paediatric network, headed by a children's clinical lead, to drive the implementation of A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016-2026) across Northern Ireland.</p>	 Some progress made	<p>The Department of Health published Delivering Together - Progress Report which stated that the regional paediatric managed clinical network had been initiated and is being led by the Public Health Agency. Network design was completed in early 2018.</p> <p>A programme manager to establish and manage the proposed Child Health Partnership will take up post early in 2019. Clinical lead posts will be advertised early in 2019 and the Partnership will be operational in 2019.</p>

2. Reduce the number of child deaths		
Recommendations	Progress	Evidence
<p>The Northern Ireland Executive should fully implement a Child Deaths Overview Panel to ensure that learning from child deaths in Northern Ireland is implemented comprehensively across all sectors.</p>	 Some progress made	<p>To date there is no operational child death overview panel. A pilot child death review process has been operational since 2016. The Hyponatraemia Related Death Inquiry Report (January 2018) led by Justice O'Hara recommended the Department of Health should engage with other interested statutory organisations to review the merits of introducing a Child Death Overview Panel (CDOP). This is ongoing - the Department of Health, together with the Public Health Agency (PHA) and the Safeguarding Board for Northern Ireland, have been working to put in place the most effective child death review processes in Northern Ireland, and consideration of a CDOP is part of this.</p>

<p>The Department of Health should ensure there is a greater focus on children and young people in Protect Life 2: A Strategy for Suicide Prevention in the North of Ireland and engage with stakeholders to ensure that the recommendations are implemented in full.</p>	 <p>No change</p>	<p>Suicide rates for the under 15 age group have increased slightly since 2016 but have decreased for the 15-19 age category. The Protect Life 2 Strategy remains in draft as it requires a Health Minister to sign it off. Chief Medical Officer, Dr Michael McBride has stated that the Department of Health is “exploring all options to progress the strategy”.</p> <p>The draft strategy recognises the prevalence of copycat behaviour and the effect of social media however children and young people are not a priority population group within the scope of the strategy (although young men age 19 years and upwards are) and there has been no additional ‘greater focus’ on children and young people since publication.</p> <p>The Revised Service Framework for Mental Health and Wellbeing 2018-2021 did not focus on children and young people. Also, the broader Service Framework for Children and Young People which contains several overarching standards pertaining to the mental health and wellbeing of infants, children and young people is still in development having been consulted upon in 2015.</p>
<p>The Northern Ireland Executive should introduce graduated licensing schemes for novice drivers.</p>	 <p>Some progress made</p>	<p>The graduated driver licensing system is expected to be introduced in 2019/20. The system is set out in the Road Traffic (Amendment) Act (NI) 2016 which received Royal Assent in March 2016.</p> <p>The Department of Infrastructure published the Graduated Driver Licensing (GDL) – Monitoring Report 2018 which intends to assess the impact of the graduated driver licensing system on road safety, and review overall statistics for collisions involving and caused by young drivers and motorcyclists. It is envisaged that future trends in these data will help determine how the introduction of the system has contributed to movement in collision statistics. Further data is also presented on learning to drive and driving tests to help monitor the impact the new system has had for learner drivers. The Department plan to update this information periodically.</p>
<p>The Northern Ireland Executive should introduce 20mph speed limits in residential areas and other urban areas where there is a significant presence of vulnerable road users to create safer environments for children to walk, cycle and play.</p>	 <p>Some progress made</p>	<p>The Department of Infrastructure published a Statutory Rule - The Schools (Part-Time 20mph Speed Limit) Order (Northern Ireland) 2018 which introduces a part-time speed limit of 20 miles per hour on lengths of a limited number of roads. Five sites are currently piloting the effectiveness of introducing ‘signs only’ 20mph zones.</p> <p>The RCPCH wants this extended and introduced across more residential areas where there is a significant presence of vulnerable road users to create safer environments for children to walk, cycle and play.</p>
<p>The Department of Health, the Public Health Agency, health and social care trusts and the Health and Social Care Board should prioritise children’s safety, and deliver health visiting services and home safety equipment schemes which educate and equip parents and carers to keep their children safe, with a focus on water safety, blind cord safety and safe sleeping.</p>	 <p>Significant progress made</p>	<p>The Department of Health and the Public Health Agency has published Delivering Care Phase 4 – Health Visiting - A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland which aims to improve access and resilience, and support the development of new models of care, make significant investment in primary care to ensure there is a multidisciplinary team focused on the patient and with the right mix of skills supported by ensuring every GP practice has a named Health Visitor.</p> <p>Implementation of this will be directed and supported regionally by the Health and Social Care Board and the Public Health Agency commissioning/professional team and in keeping with health visiting workforce availability. The PHA will ensure a regionally consistent approach to implementation.</p> <p>The annual progress report on the Health and Wellbeing 2026 - Delivering Together plan stated that named Health Visitors for each GP practice were in place in March 2017.</p> <p>The Public Health Agency have prioritised safe-sleeping due to several sudden infant deaths in a short period of time and are updating their webpage. The Public Health Agency has commissioned research and is launching a region wide public awareness campaign.</p>

3. Develop integrated health and care statistics		
Recommendations	Progress	Evidence
<p>The Northern Ireland Executive should work with the other UK nations to develop standards to ensure child health data are of high quality, captured to pre-specified definitions and can be analysed consistently with England, Scotland and Wales.</p>	 No change	<p>The RCPCH is particularly concerned that there has been no apparent progress on this indicator as we specifically highlighted in the State of Child Health report in 2017 that there was a lack of data on many of the included indicators for Northern Ireland.</p> <p>The RCPCH urges the Northern Ireland Executive to implement this recommendation and ensure that data systems are interoperable and connected so that the needs of children and young people can be identified and met.</p>
<p>The Department of Health and health and social care trusts should invest in integrated electronic systems to collect and manage child health information with a clear focus on outcomes.</p>	 Some progress made	<p>The encompass programme has been tasked with underpinning the digitally enabled transformation of Health and Social Care Northern Ireland (HSCNI) and in particular selecting a partner to work with to deliver and implement an Electronic Health and Care Record (EHCR) across Health and Social Care services throughout Northern Ireland.</p> <p>The encompass programme will deliver benefits to patients and service users, including children and young people, in terms of supporting safety and quality of care, such as through the introduction of electronic prescribing in hospitals. The new digital record will provide functionality – currently sitting in a variety of systems – from one system and allow health and social care teams to securely share information about their patients and service users.</p> <p>As part of the procurement process the encompass team will select a supplier to help them develop the new system. It is anticipated that the procurement process will be completed by March 2019, with implementation by 2020/21.</p> <p>The Department of Health Delivering Together Progress Report states that investment in a digital record-in-common will dramatically contribute to improving the health and wellbeing of the community including quality, safety and ultimately, health outcomes.</p>

4. Develop research capacity to drive improvements in children’s health		
Recommendations	Progress	Evidence
<p>The Northern Ireland Executive should encourage increased investment in research relating to child health, across the pharmaceutical, medical, social sciences, youth justice and education domains.</p>	 No change	<p>No change. The UK’s upcoming exit from the European Union (EU) raises concerns about ongoing access to EU funding for child health research. We encourage the UK Government to make commitments now to ensure investment in research is prioritised.</p>
<p>The Health and Social Care Board and health and social care trusts should ensure protected time in job plans for clinicians to contribute to and support child health research.</p>	 No change	<p>No change.</p>

5. Reduce child poverty and inequality

Recommendations	Progress	Evidence
The Northern Ireland Executive should implement the new Child Poverty Strategy for Northern Ireland with urgency.	 <p><i>Some progress made</i></p>	<p>A Report on the Northern Ireland Executive's Child Poverty Strategy 2017/18 sets out progress on delivering the four high level outcomes and associated indicators and actions set out in the 2016 - 2019 Child Poverty Strategy. These include:</p> <ul style="list-style-type: none"> • Families experience economic wellbeing; 15 associated actions – 8 are completed, 7 are in progress • Children in poverty learn and achieve; 18 associated actions – 4 are completed, 14 are in progress • Children in poverty are healthy; 16 associated actions – 1 is complete, 15 are in progress • Children in poverty live in safe, secure and stable environments; 15 associated actions – 2 are completed, 13 are in progress <p>The next child poverty strategy progress report for 2018/19 is due to be published on 25 March 2019.</p>
The Department of Health and Public Health Agency should ensure public health and prevention services, including health visitors, school nurses and the Family Nurse Partnership, are prioritised and supported ensuring equitable access to services across Northern Ireland. This should include a focus on primary care in order to mediate the adverse health effects of poverty.	 <p><i>Some progress made</i></p>	<p>The Health and Social Care Workforce Strategy 2026 was published in May 2018 and sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system. The strategy includes references to Family Nurse Partnerships and the children's nursing workforce. The strategy commits to a Regional Health and Social Care careers service to be established by the end of 2020 and re-establishing a group to take forward regional workforce planning. The RCPCH urges the Department of Health and Social Care to prioritise health visitors and school nurses and that specific numbers of these groups of healthcare professionals are detailed so they can be properly recruited to.</p> <p>A Nursing and Midwifery Task Group has also been established to identify how the contribution of nurses and midwives can be maximised to improve population health outcomes, underpinned by a public health approach that promotes health and wellbeing. The task group is looking at workforce planning; the need to invest in education; the need to align services to population needs; and early intervention.</p>

6. Maximise women's health before, during and after pregnancy

Recommendations	Progress	Evidence
The Department of Health should monitor progress against Breastfeeding - a great start: a strategy for Northern Ireland 2013-2023 and publish an annual report.	 <p><i>Significant progress made</i></p>	<p>The Department of Health has published a mid-term review monitoring report to assess implementation of Breastfeeding – A great start - A strategy for Northern Ireland (2013-23).</p> <p>The May 2018 mid-term review reports a green rating for annual health intelligence breastfeeding briefing reports and details the monitoring and indicators work strand within the Department of Health to progress informed improvements to breastfeeding data collection and collation within the Northern Ireland Maternity System (NIMATS) and the Child Health System (CHS). The Public Health Agency Health Intelligence unit also collates and analyses CHS and NIMATS data to produce a regional report providing a statistical profile of children's health in Northern Ireland which is available online and includes breastfeeding statistics.</p>

<p>The Public Health Agency, Health and Social Care Board and health and social care trusts should provide consistent, targeted breastfeeding support and education, in particular for young mothers and those living in areas of higher deprivation.</p>	 <p><i>Some progress made</i></p>	<p>Breastfeeding – A great start - A strategy for Northern Ireland (2013-23) includes an indicator to develop and deliver community support programmes, including peer support targeting those least likely to breastfeed. In the May 2018 mid-term review, this indicator was given a positive rating based on the following evidence:</p> <ul style="list-style-type: none"> • La Leche League • Breastfeeding groups and training of counsellors • Tiny Life Breast pump loan service • UNICEF support for the Baby Friendly Initiative (BFI) across hospital, community and Sure Start services • Breastival 2017, including The Big Latch On, supported by the Public Health Agency <p>An Infant Lead post funded by the Public Health Agency was introduced into the Neonatal Unit at Altnagelvin in March 2017. The post holder is responsible for promoting breastfeeding within the neonatal unit and providing training to medical and nursing colleagues. The post is due to be extended to promote breastfeeding and offer support and follow up to identified babies and their families, with an overall aim of reducing potential admissions to the paediatric wards.</p>
<p>The Public Health Agency, working through local champions and peer supporters, should work with local communities to identify barriers to breastfeeding and develop measures to overcome these.</p>	 <p><i>Some progress made</i></p>	<p>The mid-term review of Breastfeeding - A great start - A strategy for Northern Ireland (2013-2023) commits to develop and deliver community support programmes, including peer support targeting those least likely to breastfeed. Peer Support training and provision has been supported and developed across Trusts in Northern Ireland, an Open College Network certification for peer support training has been established and maintained and over 70 breastfeeding support groups are operational across Northern Ireland.</p>

7. Deliver high quality, evidence based, meaningful and consistent, health and social well-being improvement programmes to all primary and post primary pupils

Recommendations	Progress	Evidence
<p>The Department for Education and the Department for Health should introduce standardised (high quality, evidence based, meaningful and consistent) personal, social and health education programmes, which specifically tackle issues around mental health, nutrition, sex and relationships, bullying and social inclusion and drugs and alcohol, across all primary and post primary schools.</p>	<p style="text-align: center;"> <i>Some progress made</i></p>	<p>Personal, Social and Health Education (PSHE) is delivered via Personal Development and Mutual Understanding for Key Stages 1 and 2 and Learning for Life and Work at Key Stages 3 and 4. In recognition of the importance of Relationships and Sex Education (RSE), the Department of Education requires each school to have in place its own written policy on how it will address the delivery of RSE.</p> <p>To support schools in the delivery of curriculum, the Council for the Curriculum, Examinations and Assessment (CCEA) develops and produces curricular guidance and teaching support materials for use in schools, last revised in August 2015. In 2018/19, the Department of Education has asked CCEA to carry out a further review of existing guidance and resources to support teachers in the teaching of RSE and to ensure it is up-to-date and relevant to modern society. This includes identifying, signposting and developing guidance and curriculum resources to support the delivery of priority areas in the context of teaching sensitive issues including sexual consent, domestic and sexual violence and abuse, LGBTQ+ issues, and the effect of social media on relationships and self-esteem. There are also plans to develop a curriculum framework which clearly sets out for schools and teachers what should be covered at each key stage in relation to RSE.</p> <p>This activity from the Department for Education to update their RSE curricula guidance is a welcome start in the right direction. We continue to call for the PSHE curriculum to be standardised, and suggest further, urgent action is needed to tackle issues around mental health, nutrition, sex and relationships, bullying and social inclusion, resilience, drugs and alcohol, across all primary and post primary schools.</p> <p>In 'Still waiting' - A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland, the Northern Ireland Children's Commissioner found that while there are many examples of mental health programmes being taken forward by individual schools there is no consistent regional direction which can ensure that every school provides high quality information and education on mental health.</p>
<p>The delivery of these programmes should be included in robust Education Training Inspectorate inspections to ensure consistency.</p>	<p style="text-align: center;"> <i>No change</i></p>	<p>The Education and Training Inspectorate has completed 'An evaluation of the effectiveness of Emotional Health and Well-Being support for pupils in schools and EOTAS centers'. We would like to see health and social wellbeing improvement programmes to be routinely inspected to ensure high quality provision and consistency.</p>

8. Strengthen tobacco and alcohol control		
Recommendations	Progress	Evidence
The Department of Health should implement the 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.	 <i>Some progress made</i>	<p>The Public Health Agency published Carbon monoxide screening; Advice for Health Professionals. This states that professionals are required to:</p> <ul style="list-style-type: none"> • Assess what a woman knows about carbon monoxide (CO) and fill in the gaps in her knowledge; • Explain to the woman what exposure to CO means and the dangers it presents; • Explain the purpose of CO screening and how it's a routine procedure; • Explain how the CO screening results will allow the woman to see a physical measure of her exposure to CO; • Ask if the woman, or anyone else in her household, smokes; • Undertake the CO screen using the CO monitor; • After carrying out the CO screen, inform the woman of the CO levels in her system etc.
The Northern Ireland Executive should commence the necessary subordinate legislation to ban smoking in cars when children are present and to ensure adequate enforcement of that ban.	 <i>Some progress made</i>	<p>An amendment to Article 6 of the Smoking (Northern Ireland) Order 2006 has been made and prohibits the use of tobacco or nicotine products in a private vehicle where under eighteens are present in the vehicle. The amendment came into force on the 1 June 2017. The RCPCH would welcome further information about how this is being enforced.</p>
The Northern Ireland Executive should extend bans on smoking in public places to school grounds, sports fields and playgrounds, coupled with sustained public health campaigns about the dangers of second hand smoke.	 <i>No change</i>	No change.
The Northern Ireland Executive should restrict access to alcohol by children and young people by introducing minimum unit pricing for alcohol.	 <i>No change</i>	No change. We encourage action to be taken in Northern Ireland following examples set in Scotland and Wales.

9. Tackle childhood obesity effectively		
Recommendations	Progress	Evidence
The Public Health Agency should expand its national programmes to measure children after birth, before school and in adolescence.	 <i>No change</i>	No change.
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.	 <i>No change</i>	No change.

<p>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.</p>	 <i>Significant progress made</i>	<p>Safefood, a new online blended learning pack, is now live and available to GPs, and a communication plan is being developed to promote the resource to general practice teams through the Royal College of General Practitioners (RCGP) and the Health and Social Care Group. Training for health professionals will be a core component of the Public Health Agency's Childhood Obesity Prevention and Weight Management Programme.</p>
<p>The Northern Ireland Executive should continue to 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.</p>	 <i>Some progress made</i>	<p>A Fitter Future for All Progress Report – Framework for Preventing and Addressing Overweight and Obesity published by the Department of Health states that the PlayBoard Northern Ireland has completed development of overarching play strategies for a number of councils. The Department of Education has also rolled out an Early Intervention Transformation Programme for a project focused on play and leisure. Enjoyment of Play and Leisure is also High Level Outcome 2 in the 2018-28 NI Executive draft Children and Young People's Strategy and is contained within the Children's Service Cooperation Act (NI).</p> <p>The draft Children and Young People's Strategy includes the outcomes that children and young people are physically and mentally healthy, and that they enjoy play and leisure. In addition, one of the eight outcomes within the Looked After Children Strategy is that children and young people enjoy play and leisure.</p> <p>The Department of Infrastructure has implemented The Schools (Part-Time 20mph Speed Limit) Order (Northern Ireland) 2018 to specified roads. 20 mph speed limits and traffic calming measures have been introduced and are ongoing in various residential areas in line with the Department's commitment to consider the wider introduction of enforceable and advisory 20mph speed limits in residential areas and to continue to target traffic calming measures in those areas where there are vulnerable road users, such as children as stated in the Northern Ireland Road Safety Strategy.</p> <p>The Early Intervention Transformation Programme (EITP) Play Matters Project aims to ensure that policy makers, practitioners and parents understand that play is a vital part of childhood and is necessary for children and young people's overall healthy development.</p>
<p>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.</p>	 <i>No change</i>	<p>No change.</p>

10. Maximise mental health and wellbeing throughout childhood		
Recommendations	Progress	Evidence
<p>The Northern Ireland Executive should commission a regular survey to identify the prevalence of mental health problems among children and young people in order to aid the planning of mental health care services.</p>	 <p><i>Some progress made</i></p>	<p>The Northern Ireland Commissioner for Children and Young People's report Still Waiting - A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland stated that the Health and Social Care Board has confirmed that a prevalence survey will be commissioned and that funding will be protected in order to deliver the first prevalence survey.</p>
<p>The Department for Education should ensure that appropriate mental health support is offered in all primary and post primary schools in Northern Ireland.</p>	 <p><i>Some progress made</i></p>	<p>The Northern Ireland Commissioner for Children and Young People report Still Waiting - A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland stated that need outstripped resource and capacity but the Northern Ireland Education Authority (EA) funds the following:</p> <ul style="list-style-type: none"> • Educational Psychology Service: this service undertakes assessments of educational needs and delivers tailored interventions to children and young people as well as providing advice and training to parents and teachers; • Behaviour Support Services (primary and post-primary): these services support children and young people with a range of social, emotional and behavioural issues, including bullying; • The EA's Youth Service also deliver a Public Health Authority funded support service for young people experiencing mental health issues. <p>The report also identified that there are many examples of programmes being taken forward by individual schools, but there is no consistent regional direction which can ensure that every school provides high quality information and education on mental health. It recommended that schools should be inspected by the Education and Training Inspectorate on their ability to develop the conditions required to nurture young people's wellbeing.</p> <p>The National Children's Bureau (NCB) has been commissioned to carry out a research project scoping and evaluating the support and interventions currently being utilised by schools and beyond to inform development of a framework for delivery across Government to deliver coherent and effective support to children and young people.</p> <p>An Independent Counselling Service for Schools (ICSS) is available to all post-primary pupils in both mainstream and special schools and aims to ensure access to a consistent, high quality, professional and independent counselling service and to reduce underachievement and improve the life chances of young people by enhancing their educational development and fostering their health, wellbeing and social inclusion.</p> <p>The Department for Education is developing a wellbeing module to incorporate into the Young Life and Times and Kids Life and Times surveys which are conducted through Queen's University and the University of Ulster. Analysis of the feedback from these surveys will help to inform future policy development in this area.</p>
<p>The Health and Social Care Board should commission child and adolescent mental health services so that they are structured around the child or young person, delivered as close as possible to their home and supported by a family centred approach to care planning and information sharing.</p>	 <p><i>Some progress made</i></p>	<p>The Health and Social Care Board Working Together: A Pathway for Children and Young People through CAMHS sets out the Integrated Care Pathway within Northern Ireland's Child and Adolescent Mental Health Stepped Care Model. The core feature of the Integrated Care Pathway is that it is a person-centred and evidenced based framework. A core component is children first which means everyone will work with the child and the family to make sure the child's best interests are at the heart of their care.</p>

<p>Professional bodies representing all those working with infants, children and young people in health, social care, education, criminal justice and community settings should equip their members with the necessary tools to identify mental health issues through the promotion of resources such as the MindEd portal.</p>	 <p><i>Some progress made</i></p>	<p>The Northern Ireland Children’s Commissioner’s Report Still Waiting - A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland identified that more work needs to be done to introduce a mandatory programme of mental health training for all professionals likely to come into contact with young people with mental health problems.</p> <p>RCPCH have appointed an Assistant Officer for Health Promotion, focusing on Mental Health and Wellbeing to support members with identifying mental health issues in children and young people. We continue to promote mental health resources on our website, including MindEd and children and young people emoji cards. RCPCH have also hosted education courses for members on ‘How to manage: child mental health in general paediatrics’.</p> <p>RCPCH have established a multi-professional working group to promote excellence in the mental health care of children and young people under the care of hospital paediatric teams. This includes the Paediatric Psychology Network, Royal College of Psychiatrists Paediatric Liaison Network, and the Paediatric Psychotherapy Network.</p>
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11. Tailor the health system to meet the needs of children, young people, their parents and carers		
Recommendations	Progress	Evidence
<p>The Belfast Health and Social Care Trust should ensure children and young people and their carers contribute meaningfully to the planning and design of the new children’s hospital in Belfast, and to the ongoing evaluation of the environment and services provided.</p>	 <p><i>Significant progress made</i></p>	<p>The Belfast Health and Social Care Trust have reported the following engagement of children and young people:</p> <ul style="list-style-type: none"> • What Matters to Me: inpatient engagement activity, led by specialist Play Therapists • Schools Project: exploring things we can do to make spaces more welcoming. • Clinic Chats: one-to-one conversations with parents/carers that took place in outpatient clinics, • Public Surveys: these were located in outpatient departments, Emergency Departments and inpatient wards. Over 200 responses received to date. • Workshops held with Autism charities to explore the needs of children and parents with Autism. • Drop-In sessions at the existing children’s hospital providing opportunity for parents, children and visitors to see some concept images in 3D. • Development of a project website
<p>The Regulation and Quality Improvement Authority should introduce a regular patient survey of children and young people to measure their experiences of healthcare in all settings.</p>	 <p><i>Some progress made</i></p>	<p>The Regulation and Quality Improvement Authority (RQIA) is currently working with Voice and Young People in Care (VOYPIC) to create a care experienced apprenticeship that will assist in the assessment of the quality of care provided in our children’s homes and hospital facilities. Through a co-design process, the apprentice will work with Inspectors to enhance the scrutiny process by providing a more comprehensive picture of the care experienced within the care home/hospital setting. It is anticipated this apprenticeship will commence in 2019.</p>

<p>Health and Social Care Trusts should ensure better transitions from child to adult services, involving children and young people and, where appropriate social care, education and youth justice, in planning the transfer, and promoting the many examples of best practice that exist.</p>	 <i>Some progress made</i>	<p>The Northern Ireland Executive stated in the draft Children and Young People 2018-28 Strategy that the needs of the child or young person should be paramount and services tailored for each individual, with additional support and assistance provided at times of transition and urges all children's authorities to collaborate effectively to support children through their transitions - with the greatest focus on vulnerable, marginalised and disadvantaged groups of children.</p> <p>The Strategy for Paediatric Healthcare in hospitals and the community states that the needs of children should be recognised in developing services for people with long-term conditions, including at transition to adulthood, and supported by improvements in connected health technologies. The Strategy also details that for the purposes of this Strategy, the management of transition of such services into adult services will be concentrated on. As part of implementing the Strategy, funding to deliver age-appropriate care and improve transition has been prioritised.</p>
<p>Health and Social Care Trusts should provide every child and young person with a long-term condition with a named doctor or health professional.</p>	 <i>Some progress made</i>	<p>Different trusts provide this for different conditions. For example, the Western Health and Social Care Trust states that every child with a long term condition that requires ongoing review will have a named Paediatric Consultant.</p>
<p>Health and Social Care Trusts should ensure that clinical teams looking after children and young people with known medical conditions make maximum use of up to data tools, including digital portals or online health records, to support improved communication and clarity around ongoing management, for example the use of epilepsy passports or asthma management plans where appropriate.</p>	 <i>Some progress made</i>	<p>There are a number of different tools used for different conditions. This is also supported by the Electronic Care Record (ECR) which provides detailed health records for every registered patient within Northern Ireland. There are plans to expand this to include different care pathways in the evolving encompass record.</p>
<p>The Department for Education in collaboration with Department of Health should undertake a review of existing guidance and procedures in Northern Ireland schools relating to students with medical conditions and following this, consider the introduction of a legislative duty to support pupils with medical conditions in schools.</p>	 <i>Some progress made</i>	<p>A new Special Educational Needs Framework for children and young people in Northern Ireland has been developed and this states that when making an assessment, medical or other health advice must be sought from a health and social care trust, who shall obtain the advice from a registered medical practitioner. The Framework will be implemented in phases from 2020.</p> <p>The Northern Ireland Executive also made a commitment in the draft Children and Young People 2018-28 strategy that effort is required ensure that children and young people with a disability and/or complex health needs, including life limiting conditions, are given the opportunity to achieve in education; have time and space to play; are listened to; and have their rights respected. The needs of the child or young person should be paramount and services tailored for each individual, with additional support and assistance provided at times of transition.</p>
<p>The Northern Ireland Executive should fund mandatory child health training for all GP trainees.</p>	 <i>No change</i>	<p>No change.</p>

12. Implementing guidance and standards

Recommendations	Progress	Evidence
<p>The Department of Health, Health and Social Care Board and Health and Social Care Trusts should identify the barriers to implementing guidelines and standards then create an action plan to overcome them.</p>	<p> <i>Some progress made</i></p>	<p>The Northern Ireland Paediatric Strategy for Hospitals and Community incorporates a range of RCPCH Facing the Future standards. Implementation of standards will be taken forward by the regional Paediatric Managed Clinical Network.</p> <p>The RCPCH is committed to supporting its members in Northern Ireland to implement standards and held an implementation event in January 2019 with involvement from the Public Health Agency.</p>
<p>The Department of Health should ensure that children's healthcare services are included in the Regulation and Quality Improvement Authority's inspection programmes for acute hospitals and community health services.</p>	<p> <i>Significant progress made</i></p>	<p>The Regulation and Quality Improvement Authority (RQIA) hospital inspection list indicates that an acute inspection of the Royal Belfast Hospital for Sick Children was carried out in May 2017. A further unannounced inspection was carried out to the Royal Belfast Hospital for Sick Children, 11-13 December 2017. RQIA has held three monitoring meetings with Royal Belfast Hospital for Sick Children in 2018, to progress learning emerging through the above inspections. The Paediatric Network is taking forward the recommendations, as well as some service specific working groups.</p> <p>In addition, the Royal Belfast Hospital for Sick Children Outpatient Department was subject to an unannounced inspection as part of RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Health and Social Care Trust, with a particular focus on Neurology and other high-volume specialties.</p> <p>RQIA also undertook a review of general paediatric surgery in Northern Ireland in 2017.</p>

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