

REVIEW OF URGENT AND EMERGENCY CARE SERVICES IN NORTHERN IRELAND

Consultation Questionnaire

16 March 2022 – 1 July 2022

Name: Royal College of Paediatrics and Child Health (RCPCH)

Email: anna.mcdaid@rcpch.ac.uk

Are you responding as an individual or on behalf of an organisation, please highlight the most relevant option below:

Professional body. The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 20,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people in the UK across the world.

Introduction:

The landscape of urgent and emergency care provision for children has changed significantly in recent years and continues to evolve at pace, albeit with much complexity and variation across the UK. The RCPCH hosts the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings.¹ Its' biggest work-stream is to monitor, update and revise 'Facing the Future: Standards for children in emergency care settings', which provides healthcare professionals, providers and service planners with measurable and auditable standards of care applicable to all urgent and emergency care settings in the UK. This document is produced in partnership with the: Association of Paediatric Emergency Medicine, British Association of Paediatric Surgeons, Joint Royal Colleges Ambulance Liaison Committee, Royal College of Anaesthetists, Royal College of Emergency Medicine, Royal College of General Practitioners, Royal College of Nursing and the Royal College of Psychiatrists. The purpose of the standards is to ensure that urgent and emergency care is fully integrated, in turn, ensuring children are seen by the right people, at the right place and in the right setting. In total, there are 70 standards, covering: integrated urgent and emergency care system; environment in emergency care settings; workforce and training; management of the sick or injured child; safeguarding in

¹ RCPCH *et. al* available at: <https://www.rcpch.ac.uk/membership/committees/intercollegiate-committee-standards-children-young-people-emergency-care>

emergency care settings; mental health; children with complex medical needs; major incidents involving children and young people; safe transfers; death of a child; information system and data analysis and research for paediatric emergency care.²

'Facing the Future: Standards for Children in Emergency Care Settings' was published in June 2018; they reflect challenges in urgent and emergency care while also looking to a future of greater integration and networks of services. The standards are intended to be motivating, meaningful, and measurable with evidence, guidance and metrics accompanying each one to support implementation.

The Department must pay full cognisance to these standards to support the transformation of urgent and emergency care services for children within a regional Integrated Care System. The Department's response and strategic priorities document notes that it is important to recognise that children's needs are different to adults' and require a specialist approach in relation to urgent and emergency care. It then states, at para 3.38 that the services envisaged, including Phone First, Urgent Care Centres and the integrated Out of Hours service, will serve the whole population from the youngest to the oldest. While we are glad to see that the Department have acknowledged that it will be important that paediatric pathways are in place to support these service models and that this will be a key part of the implementation phase of this Review, significantly more consultation with paediatricians, the broader child health workforce and their representative bodies is needed on how this can be effectively delivered.

Strategic Priority 1

1. To what extent do you agree that the introduction of a regional 'Phone First' service will improve urgent and emergency care in Northern Ireland?

Agree, if bespoke to and modelled toward the needs of children throughout the childhood life course. Despite this being a key Departmental priority aimed at both child and adult populations, we hesitate because there is little detail on how this will be delivered for paediatric care at any level. Case studies exist which showcase how well services can work when the right people are situated in the right place and we ask that planners consider these. A key practice example took place in England to determine the feasibility and impact of having paediatric clinicians working in the Clinical Assessment Services (CAS) within NHS 111. Six providers across England with CAS were paired with volunteer paediatric clinicians (doctors and advanced nurse practitioners

² RCPCH *et al* (2018) Facing the Future: Standards for children and young people in emergency care settings, available at: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>

(ANPs) working between May and December 2020. A data reporting framework was used to compare the outcomes of calls taken by paediatric vs non-paediatric clinicians.

Overall, 70 paediatric clinicians (66 doctors and 4 ANPs) worked flexible shifts over the course of the study period. 2535 calls for under 16-year-olds were taken by paediatric clinicians and 137,008 by non-paediatric clinicians. Overall, disposition rates differed significantly between the calls taken by paediatric versus (vs) non-paediatric clinicians: 69% vs 43% were advised on self-care only, 13% vs 18% to attend emergency departments (EDs), 13% vs 29% to attend primary care, 1% vs 4% to receive an urgent ambulance call out and 4% vs 6% referred to another health service, respectively. When compared with recent (all age) national whole data sets, the feedback from calls taken by paediatricians noted a greater proportion of patients/carers reporting that their problem was fully resolved (92% vs 27%). It is envisaged that future work will evaluate the impact of a national paediatric clinical assessment service to which specific case types are streamed.³

A further short report paper outlines how paediatric trainees undertaking NHS 111 shifts can develop learning outcomes and key capabilities mapped to the RCPCH Progress curriculum domains. Such capabilities sit at the interface between primary and secondary paediatric care. Endorsement has been granted by the RCPCH's Curriculum Review Group, therefore we recommended that they form part of the NHS England Integrated Urgent Care service specification and workforce blueprint.⁴

The Department has an opportunity to embrace and retain new models of care. However, to ensure the needs of children and young people are met, tailored child health workforce planning across primary, community, emergency and secondary care alongside ringfenced funding will be required.

2. To what extent do you agree that the introduction of Urgent Care Centres and rapid assessment and treatment services in all Trusts, to accompany the 'Phone First' service, will improve urgent and emergency care in Northern Ireland?

³ Stilwell, PA *et al.* (2021) Paediatric NHS 111 Clinical Assessment Services pilot: an observational study, Arch Dis Child, BMJ, Vol 107, available at: <https://adc.bmj.com/content/107/3/e14>, accessed: 5 June 2022

⁴ Stilwell PA, *et al.* (2021) 'NHS 111 Clinical Assessment Services: paediatric consultations Arch Dis Child, BMJ, Vol 107, available at: <https://adc.bmj.com/> accessed: 5 June 2022

Difficult to say. The population health needs assessment⁵ of 2017/8 which informed the Review Team's report into Urgent and Emergency Care clearly showed the highest level of 'walk ins' within a Type 1 ED occurred in the Royal Belfast Hospital for Sick Children (Figure 47) indicating once again that bespoke provision needs built into the system to improve urgent and emergency care for children and young people within an Integrated Care System. The Review Team recommended (Recommendation 7) the development of ambulatory care in addition to short stay units to meet population needs for paediatrics; this should be accepted by the Department as it is congruent with RCPCH Standards for Short-Stay Paediatric Assessment Units (SSPAU)⁶ which states that the provision and coordination of emergency ambulatory care should be a core SSPAU function. More broadly, while it is encouraging that the Department have acknowledged SSPAUs and their utility within the priorities document, the model is not currently a fully regionalised model.⁷ This does not fully meet the RCPCH standard that SSPAUs operate as part of a regional paediatric network of local and specialised children's services. Further engagement with the child health workforce as well as children, young people and families is crucial to the success of ensuring timely and appropriate access to urgent care for the local population.

3. To what extent to do you agree that the introduction of a reshaped, integrated Out of Hours GP service will improve urgent and emergency care in Northern Ireland?

Agree. However, there must be the requisite access via care pathways and skilled workforce in place to be able to manage the logistics for children and young people. The RCPCH, in conjunction with the RCGP and the RCN created the 'Facing the Future Standards; Together for Child Health'. A clear key component to truly integrated primary and secondary care is an electronic healthcare record which provides an efficient means of recording and sharing healthcare information in order to deliver high-quality care and drive service improvement. Access to an electronic healthcare record with key details about a child's healthcare would increase the ability of healthcare professionals to make informed decisions, providing them with key medical information to decide on safe treatment without having to wait. It also reduces the time, effort and resources needed to obtain medication information

⁵ Department of Health (2018) Delivering Together 2026: Urgent and Emergency Care in Northern Ireland - Population Health Needs Assessment available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/NI-population-needs-assessment-report.pdf>

⁶ RCPCH (2017) Standards for Short-Stay Paediatric Assessment Units, available at: https://www.rcpch.ac.uk/sites/default/files/SSPAU_College_Standards_21.03.2017_final.pdf

⁷ Department of Health (March 2022) Review of urgent and emergency care services in Northern Ireland consultation report & strategic priorities, available at: <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-consultation-report-and-strategic-priorities.PDF>

directly from the patient's GP practice. Ideally this means full digitisation of the 'Red Book'- the roll out of which is hoped for 2023 in England. Time saved can be reinvested in direct care.⁸ In the same vein, SSPAUs, if fully resourced and formally regionalised, can support reduced capacity within general practice to manage children in the community.⁹

4. Taking into account the proposals under Strategic Priorities 2 and 3, are there in your view any important actions missing under Priority 1?

Yes. At Section 4, Chapter 6, the Review Team report identifies that Children and Young People (CYP) account for just over a quarter of all ED attendances (26%). Indeed, Figure 3 of the report clearly demonstrates that the largest group attending EDs are the under-fives.¹⁰ The report goes on to state that children's needs are different to adults' and require a specialist approach in relation to urgent and emergency care and that demand from this section of the population is unlikely to decrease but adapting how and where care is delivered could help cope with pressures more effectively. The Departmental response and priorities document does not reflect how the new models of care will reduce pressures on paediatrics specifically. Ambiguity around how children and young people will 'fit in' within transformed urgent and emergency care must be eradicated with a view to ensuring both the workforce and service users understand care pathways and that they are child centred and rights focussed.

The Department of Health's' most recent Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2022) and Urgent and Emergency Care Strategic Priorities document at Table 11(I) clearly show a marked increase between March 2021 and March 2022 at ED Departments across NI within the 0-5 and 5-15 age groups (35.4 March 2021 and 50.0 March 2022 and 19.1 in March 2021 to 34.5 per 1000 population respectively).¹¹ The document also highlights that Type 1 ED RBHSC has seen increases in both new and unplanned review with 2,453 new in March 2021 and 3,802 in March 2022, with unplanned reviews at 224 in 2021 now at 341 as of March 2022. It is not unfair to infer that access to care for children is flowing through our

⁸ RCPCH, RCGP, RCN (2015) Facing the Future; Together for Child Health, available at:

https://www.rcpch.ac.uk/sites/default/files/Facing_the_Future_Together_for_Child_Health.pdf

⁹ Ibid

¹⁰ Department of Health (March 2022) Review of urgent and emergency care services in Northern Ireland consultation report & strategic priorities, available at:

<https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-consultation-report-and-strategic-priorities.PDF>

¹¹ Department of Health; Information Analysis Unit (January 2022 – March 2022) available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-q4-21-22.pdf>

EDs in NI, most notably, the regional RBHSC site. This is not surprising given the fact the Review Team noted children and young people 0-19 years make up 26% of all ED attendances and are reportedly the most likely group to attend EDs inappropriately.

The Review Team rightly noted that bottlenecks at EDs represent care failures elsewhere in the system, hence the imperative requirement to include children and young people's needs as part of this sea-change transformation project from the outset, ensuring a child rights approach is at the core, usually best done via a Child Rights Impact Assessment.¹² Indeed, the *More than a Number* Report published by the NI Children's Commissioner crystallises the impact of our unacceptable waiting times across outpatients, diagnostics and treatment for u18s,¹³ so it is unsurprising that presentations are finding their way to EDs inappropriately.

As noted at the introduction of this response, the RCPCH produced (2018) and monitors the 'Facing the Future - standards for children and young people in emergency care settings'. A self-assessment tool was also issued at the time of the publication of the standards.

There are some limitations around this analysis:

- As self-assessments, there may be inconsistencies between results; reports of 'partly met' standards may have indicated that work is in progress that would mean the service is expected to meet the standard at a known date.
- Circumstances will change over time, so a standard that was reported as 'met' may not remain so over time, if for example vacancies arise in nursing or medical roles, or training is not provided.
- There is an inherent variation in results from separate, unmoderated self-assessments, such that performance may be judged as 'partly meeting' a standard by one service or 'not meeting' a standard by another.

Despite the limitations, results from NI at the time of reporting appear to indicate that there was a significant degree of failure to fully meet the standards (further detail at question 10).¹⁴

Strategic Priority 2

¹² NICCY (2020) CRIAs, available at: <https://www.niccy.org/about-us/childrens-rights/child-rights-impact-assessment-cria/>

¹³ NICCY (2021) More than a Number, available at: <https://www.niccy.org/media/3976/more-than-a-number-child-health-waiting-lists-in-ni-final-19-october-2021.pdf>

¹⁴ RCPCH et al, EM Audit

5. To what extent do you agree that the proposed actions under Strategic Priority 2 will improve the efficiency and effectiveness of the urgent and emergency care system in Northern Ireland?

Disagree. We wholly agree with recommendation 7 under Strategic Priority 2, viz. it is recommended that there should be an initial piece of work to establish where additional capacity would have the greatest impact in reducing pressures on urgent and emergency care services. However, the needs of children and the child health workforce within urgent and emergency care transformation, as part of a broader shift to a full integrated HSC System, need to be at the fore within Departmental priorities. For example, major amendments made to the Health and Social Care Act (2022) in England as part of the nation-wide shift to integrated care, the WM Government confirmed that new statutory guidance will require Integrated Care Boards to nominate an executive children's lead. Leads will be responsible for ensuring Integrated Care Boards set out the steps they will take to address the needs of those aged 0–25. RCPCH had highlighted that not including this in the new legislation for England would risk children and young people being forgotten in planning and commissioning decisions. Ideally, the move should enable a system-wide view across all services for those aged 0–25 for high quality, safe and effective integrated services.¹⁵

Much more clarity in terms of staffing and workforce planning, linkage with the Paediatric Strategy and how models of care for children and young people under this strategic priority is needed. Indeed, the RCPCH have called for a bespoke child health workforce strategy generally as we believe this is the best approach to delivering better health outcomes for children.¹⁶ In the same thread, despite the limitations noted regarding the standards audit, the data provides a unique and important insight into provision of emergency care for children and young people, and where further attention and improvement activity may be focused now. In that context, RCPCH makes the following recommendations:

- We urge all those involved in the planning and delivery of emergency care for children and young people to work towards meeting these standards. The granularity of the 70 standards in 'Facing the Future: Standards for Children in Emergency Care Settings' allows individual departments and services to identify room for improvement locally, as well as setting expectations for regional and national policy development.

¹⁵ RCPCH (2022) Insights; *The Health and Social Care Bill*, available at: <https://medium.com/rcpch-insight/what-will-the-health-and-care-act-do-for-child-health-315021b81bb7>

¹⁶ RCPCH (2022) *Health and wellbeing of children and young people; A manifesto from the Royal College of Paediatrics and Child Health - Northern Ireland*, available at: <https://www.rcpch.ac.uk/sites/default/files/2022-02/RCPCH-Northern-Ireland-manifesto-2022.pdf>

- We recommend all emergency departments providing care to children and young people in the UK reflect on how they are currently performing against the standards and draw on these summary results in focusing their quality improvement activities.
- We recommend that regional and national system leaders consider these findings in their work to support the recovery of the urgent and emergency care system following the pandemic. In particular, we highlight three themes that indicate considerable room to improve: the opportunity to develop integrated urgent and emergency care pathways across systems; taking all opportunities to improve the standards of emergency care for children and young people presenting in mental health crises; and providing an emergency care environment that is tailored for and meets the specific needs of children and young people.

6. Taking into account the proposals under Strategic Priorities 1 and 3, are there in your view any important actions missing under Strategic Priority 2?

Yes. The RCPCH acknowledge the utility of conducting a *Getting it Right First Time* review into Emergency Care as was carried out in England. Within the report, the RCPCH saw an opportunity to consolidate the impact if additional detail was included to explicitly describe how it will apply to the emergency care of children and young people, this should be considered from the outset in Northern Ireland.¹⁷

It should also be noted that RCPCH members in NI are committed to implementing the standards to provide world class care to children, thusly, they are engaging with emergency departments across NI and have formed a working group to discuss innovative ways of implementing approaches for the Intercollegiate Standards for Children and Young People in Emergency Settings. Ideally this should include support from Trusts i.e., releasing funding and staff. The RCPCH is hopeful that resource can be allocated to this important work.

Strategic Priority 3

¹⁷ RCPCH consultation response (GIRFT EM)

7. To what extent do you agree that the proposed introduction of the regional Intermediate Care model will improve urgent and emergency care services in Northern Ireland?

Neither Agree or Disagree. The Department's strategic priorities document focuses significantly on the intermediate care of the older population (in response to population projections). With little detail in this document, and no overarching 'area of greatest focus' pertaining to the physical health of all children in NI within the Children and Young People's Strategy 3-year Delivery Plan¹⁸ and no associated funding plan to accompany the Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 – 2026) strategy, the RCPCH believes further work can be done to identify how children and young people will 'fit in' to the intermediate care dynamic, particularly those with complex needs or long-term conditions and their parents / carers.

8. Taking into account the proposals under Strategic Priorities 1 and 2, are there in your view any important actions missing under Strategic Priority 3?

Yes. While it is difficult to elaborate on this point under this question, it should be noted that the RCPCH *State of Child Health* Report could not collect data on key long-term conditions among children and young people in NI due to unavailability of benchmarkable data and non-participation in UK-wide audits such as Epilepsy 12 and RCP Asthma audit. Consideration should be given to collecting and utilising this data for care planning, commissioning and benchmarking purposes for care at home both for parents and older children and young people. Children and young people with long term conditions are more likely to develop mental health problems and may have poorer education outcomes. Young people with long term conditions should be empowered with self-management tools to control their health condition as they become adults.¹⁹ The Intercollegiate Standards for the Care of Children and Young People in Emergency Care settings details that the child with complex needs can pose a particular assessment and diagnostic challenge in the early stages of illness or injury. Many will have a mild self-limiting condition but may present with signs consistent with more serious disease, or vice versa. Expertise, safety netting and the ability to observe children for a period of time are critical to providing safe care. Easy access across the network to community nursing teams and paramedics with enhanced competencies who can provide assessment and treatment at home, or to paediatric emergency departments or paediatric short-stay assessment units is pivotal to supporting a whole urgent care system that is safe and effective. Children with

¹⁸ NI Executive (2022) Children and Young People's Strategy – 3 Year Delivery Plan, available at: <https://www.education-ni.gov.uk/articles/children-and-young-people>

¹⁹ RCPCH (2020) *State of Child Health*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/northern-ireland/>

complex care needs are predominantly managed in the community and sometimes limited access to community services may lead to unscheduled attendance to the hospital.²⁰

GENERAL QUESTIONS

9. To what extent do you agree that the proposed Strategic priorities as a package will deliver the Vision: *‘To ensure that all citizens in Northern Ireland have equal access to safe urgent and emergency care services, tailored to their specific needs at the right time and in the right place.’*

Disagree. At present the Department’s strategic priorities document as a package does not focus on the bespoke nature of delivering paediatric care within this context. The RCPCH audit of Intercollegiate Standards for Children in Emergency Settings main findings were that there is scope to improve the delivery of emergency care for children and young people and that while some themes – such as safeguarding – showed many standards were widely met, other themes revealed areas for improvement, e.g., support for those with mental health problems, the emergency department environment, and in integrating urgent and emergency care systems. These were identified as UK-wide issues, but some respondents working in Northern Ireland at the time of reporting stated that their service wasn’t meeting key standards around timeframes for visual review of presentations to assess priority category; staffing; availability of paediatric practitioner/s via telephone 24/7; information sharing and collection for improvement; and limited adherence to the mental health specific standards.²¹ Overall, self-returns from NI members indicated limited implementation of the standards with less than 3% detailing that the service within which they work were fully meeting them.²²

Despite the audit limitations previously mentioned pertaining to self-returns above, these data provide a unique and important insight into the provision of emergency care for children and young people, and where further attention and improvement activity may be focused now. In that context, RCPCH makes the following recommendations:

²⁰ RCPCH et al. (2022) Facing the Future: Standards for children and young people in emergency care settings, available at: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>

²¹ RCPCH et al. (2022) Facing the Future: Standards for children and young people in emergency care settings - audit findings, available at: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings-audit-findings#introduction>

²² Ibid

- We urge all those involved in the planning and delivery of emergency care for children and young people to work towards meeting these standards. The granularity of the 70 standards in Facing the Future: Standards for Children in Emergency Care Settings allows individual departments and services to identify room for improvement locally, as well as setting expectations for regional and national policy development.
- We recommend all emergency departments providing care to children and young people in the UK reflect on how they are currently performing against the standards and draw on these summary results in focusing their quality improvement activities.
- We recommend that regional and national system leaders consider these findings in their work to support the recovery of the urgent and emergency care system following the pandemic. In particular, we highlight three themes that indicate considerable room to improve: integrated urgent and emergency care pathways across systems, taking all opportunities to improve the standards of emergency care for children and young people presenting in mental health crises and providing an emergency care environment that is tailored for, and meets the specific needs of children and young people.²³

Equal, equitable and inclusive access to safe urgent and emergency care services can only be achieved by properly engaging with children, young people, families and the child health workforce, particularly those paediatricians who deliver these services. The 'right place' and 'right time' means different things in terms of adult vs. paediatric care. The future of urgent and emergency care for children is dependent upon building whole system networks that harness expertise within the subspecialty of paediatric emergency medicine that links across all urgent care and community settings. Developing robust care pathways, building capability amongst professionals (such as GPs, health visitors, pharmacists and paramedics), and providing seamless links via intuitive governance and information sharing platforms will enable children to be managed by the right person, in the right place, at the right time and as close to home as is possible.²⁴ Indeed the NI Paediatric Strategy²⁵ identifies that funding to improve access to emergency and urgent care is one of the 12 improvement themes which combined with the seven principles are meant to improve outcomes for children and young people.²⁶ However, the same report notes that transformation monies allowed for implementation of some of the priorities of the 2016-26 Strategy, there remains no recurrent, protected budget for implementation. When the opportunity arises

²³ Ibid

²⁴ RCPCH et al (2018) Facing the Future: Standards for children and young people in emergency care settings, available at: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>

²⁵ Department of Health (2016) 'A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 - 2026)', available at: <https://www.health-ni.gov.uk/publications/strategy-paediatric-healthcare-services-provided-hospitals-and-community-2016-2026>

²⁶ Department of Health (September 2021) A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 - 2026): Mid-term report, available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscb-paediatric-care-prog-report-sept-2021.pdf>

to agree a multi-year budget, monies must be protected to deliver on paediatric priorities if long-term population health improvements are to be realised.

10. If you have any further comments on any aspect of this Review and / or the Strategic Priorities please include below.

The Review Team's report acknowledges at page 64 that it is frequently necessary to secure a place of safety for children and young people who demonstrate risk-taking and self-harming behaviour. Admission impacts on paediatric bed capacity either at ED or ward level. Consideration should be given as to where the best place is to care for young people with acute mental health needs as current arrangements impact on patient flow and do not provide appropriate care settings. This is the same finding as that of the NICCY review *Still Waiting*.²⁷

We are aware of the good work taking place via the Executive's Mental Health Strategy,²⁸ however RCPCH members working in Emergency Departments are reporting increases in emergency mental health presentations, where admission is either inappropriate or not possible, said children and young people presenting outside of hours where dedicated psychological support is not available are left helpless and paediatricians treating them powerless to help. This is not congruent with our Facing the Future Standards which state that; telephone availability of paediatric mental health practitioner 24hours a day, 7 days a week, for advice and able to attend for assessment when appropriate.²⁹ Indeed, our recently published audit indicates that no self-returns (at the time of reporting i.e., pre-pandemic) from RCPCH members in NI fully met this standard, although the majority of returns noted a partial meeting of the standard. Our members have consistently called for commissioning a digital mental health and wellbeing app that provides timely, evidence based, clinically supported resources and interventions for children and young people awaiting or in between referrals and appointments for mental health treatment.³⁰ We hope this can be prioritised, as well as broader measures to help address needs of Children and Young People in mental health crisis.

²⁷ NICCY (2018) Still Waiting, available at: <https://www.niccy.org/StillWaiting>

²⁸ NI Executive (2021) Mental Health Strategy (2021 – 2031), available at: <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>

²⁹ RCPCH et al (2018) Facing the Future: Standards for children and young people in emergency care settings (standard 45), available at: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>

³⁰ RCPCH (2022) Health and wellbeing of children and young people; A manifesto from the Royal College of Paediatrics and Child Health - Northern Ireland, available at: <https://www.rcpch.ac.uk/sites/default/files/2022-02/RCPCH-Northern-Ireland-manifesto-2022.pdf>