Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Consultation on the Public Health Agency Draft Corporate Plan 2017-2021

Response submitted by the Royal College of Paediatrics and Child Health

February 2017

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,500 members in the UK and internationally, with approximately 350 in Northern Ireland and 150 in the Republic of Ireland. The College 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 across the world.

The following response draws on evidence from three recent RCPCH NI reports, Why Children Die (2015), Vision 2016 and State of Child Health 2017.

Q1: Do you agree with the vision and values? If not, what alternative do you suggest?

Yes, the RCPCH agrees with the vision and values. In particular we note values of bullet points 3 and 4 (page 9), which refer to partnership and listening to individuals and the community. The RCPCH's Children and Young People's Engagement Team actively seeks out the views of children, young people, parents and carers. RCPCH also runs The Engagement Collaborative for professionals. We urge PHA to make it easy for children, young people and their families as well as clinicians and health professionals to engage with these issues throughout the lifespan of the corporate plan, as well as during the consultation phase. It is vital that services provided for infants, children and young people are shaped by their voice in order for them to achieve maximum effectiveness.

Q2: Do you agree with Outcome 1: All children and young people have the best start in life? If not, what alternative do you suggest?

Yes, the RCPCH agrees with Outcome 1. We are pleased to note the focus on the early years, prevention and early intervention. The RCPCH's reports *Securing Better Health for Northern Ireland's Infants, Children and Young People, A Vision for 2016 and State of Child Health 2017* highlighted the following factors we would like to see included under this overarching outcome:

Prioritising the commissioning of a long term programme of investment in both universal and targeted maternal and child health services by:

- Reviewing existing universal services (including maternity and health visiting services, and parental education) for all new parents, ensuring equitable access to services across Northern Ireland.
- Using child health data more effectively to inform service provision and gain a better understanding of local need.
- Expanding the Family Nurse Partnership across Northern Ireland.
- Increasing recognition of the importance of infant, child and youth mental health in both public health information and in workforce development as recommended by the PHA Infant Mental Health Framework.
- Improving connectivity between health and early years education services, including review at age three as per DHSSPS's Healthy Child Healthy Future recommendation.

Promoting breastfeeding

Continued work to support all new mothers who wish to breastfeed is intrinsic to achieving this Outcome. Progress against *Breastfeeding – A Great Start: a strategy for Northern Ireland 2013-2023* should be monitored in partnership with other key government departments with particular focus on:

- Encouraging commissioners and healthcare providers to ensure that all maternity services obtain UNICEF UK Baby Friendly Initiative accreditation.
- Supporting universities that currently deliver midwifery, health visiting and public health nursing education to achieve UNICEF UK Baby Friendly Initiative University Standards accreditation.
- Providing consistent, targeted breastfeeding support and education, in particular for young mothers and those living in areas of higher deprivation.
- Working directly with local communities to identify barriers to breastfeeding and develop measures to overcome these.
- Ensuring Neonatal Units recruit or train existing staff to deliver consistent, specialist breastfeeding advice and support.
- Extending the collection of accurate data on rates of breastfeeding beyond the time of discharge to the first six months after discharge.

Older children and adolescents

However, to ensure that all of childhood provides a strong start in life attention is also required on older children and young people. Five out of the top ten risk factors for the total burden of disease in adulthood are initiated and shaped in adolescence, so the principles of early intervention and prevention should continue to be applied across childhood and adolescence by protecting and supporting school nurses who play a vital part in on-going early intervention.

Addressing poor mental health

RCHPH's Why Children Die report (2015) demonstrates need to promote mental health and reduce risk taking behaviour. In 2014 Northern Ireland had the highest suicide rate among 15-19 year olds of all UK nations. We continue our call for the

PHA to work with partner departments and agencies towards regional, consistent delivery of appropriate child and adolescent mental health services encompassing all levels of provision. A clear focus on prevention and early intervention (i.e. quickly once poor mental health manifests, which may be later than a child's early years) is needed, backed by additional resources and clear referral pathways, ensuring there is parity of esteem for children and young people, particularly for those most at risk of mental health difficulties, such as looked-after children, children involved in youth justice, children in kinship care, children who have been excluded from school and others identified at risk.

Drug and alcohol use has also been identified as an important risk factor for suicide in children and young people. Existing provision should be reviewed to ensure children and young people have access to adequate locally based early intervention services in addition to specialist provision, with the necessary investment secured to support this.

Tackling obesity

One in four children in Northern Ireland is overweight or obese. There is a clear need for increasing investment and extending the provision of weight management services across Northern Ireland to robustly tackle the childhood obesity crisis.

The PHA is planning to use only the percentage of obese children aged 4-5 years to measure its progress towards the outcomes (page 16). The Children and Young People's Strategy 2017-2027 consultation document from the Department of Education (DE) proposes to use the percentage of Primary 1/Year 8 children who are obese (including breakdown by deprivation quintiles to examine the impact of deprivation) to measure its progress towards the outcome that children and young people are physically and mentally healthy (page 48). More needs to be done to align PHA's corporate plan and DE's strategy and one simple way is for the PHA to adopt DE's measurement of childhood obesity. RCPCH recommends that measuring points should be consistent across the UK to ensure data is comparable.

Other key child health indicators

Children and young people are absent from other monitoring key indicators and for all children and young people to have the best start in life this must be addressed.

The PHA is aware that eight out of ten adult smokers report that they started smoking before they were 16[1], but is not proposing to monitor the number of under 18s who smoke. Similarly, the Young Person's Behaviour and Attitudes Survey 2013 found that 38% of 11-16 year olds had drunk alcohol but the plan proposes to use the measure of alcohol-related hospital admissions for over 18s

[1] http://www.publichealth.hscni.net/directorate-public-health/health-and-social-wellbeing-improvement/stopping-smoking

only. RCHPCH notes that the Children and Young People's Strategy 2017-2027 consultation document from the Department of Education does not propose use these measures as key indicators either, making it difficult to track progress on these important health behaviours and we call on PHA to broaden the key indicators it proposes to use to measure its progress on the outcomes.

Whilst much of this will fall outside the remit of the PHA, we urge the PHA to work with the Executive and relevant Departments to support legislative changes including:

- Introducing a ban on smoking in cars when children are present. We are pleased to note the current consultation on this issue to which we will also be responding.
- Restricting access to alcohol by children and young people by introducing minimum unit pricing.
- Commissioning high quality research which is dedicated to reducing child health inequalities and ensure that the findings and recommendations are acted upon by the Executive.

As well as legislation, we would like to see the above supported by educational programmes and relevant public health campaigns.

Wellbeing improvement programmes

RCPCH's Children and Young People's Engagement Team actively seeks out the views of children, young people, parents and carers. Through the & Us network young people have repeatedly told us that they need better health education, particularly around drugs and alcohol, sex and relationships, and mental health awareness. The PHA should work in partnership with Department of Education and the Department of Health to ensure all primary and post primary schools deliver mandatory, high quality, evidenced based, meaningful health and social well-being improvement programmes. PHA should also take a role in ensuring young people outside of mainstream education have access to this learning. This will give children and young people the tools to meet Outcome 1 and also Outcome 3.

Q3: Do you agree with Outcome 2: All older adults are enabled to live healthy and fulfilling lives? If not, what alternative do you suggest?

This question is outside the scope of the RCPCH. However, a life course approach demonstrates that early intervention can circumvent the need for more intensive and expensive treatment in adulthood and would lead to more people approaching older adulthood from a position of good health.

Q4: Do you agree with Outcome 3: All individuals and communities are equipped and enabled to live long healthy lives? If not, what alternative do you suggest?

Yes, the RCPCH agrees with Outcome 3.

The life course approach to child health demonstrates that maternal health and wellbeing profoundly affects the health of children. Efforts to ensure this outcome is achieved start by educating the next generation of parents and the PHA should work in partnership with the Department of Education and the Department of Health to ensure all primary and post primary schools deliver mandatory, high quality, evidenced based, meaningful health and social well-being improvement programmes. As outlined in our response to Q2, we would also want to see steps taken to improve mental health support and to tighten smoking and alcohol control.

Maternal health during pregnancy

To increase maternal health during pregnancy and reduce the incidence of poor outcomes for child health associated with smoking in pregnancy the PHA should implement recommendations outlined in *Smoking cessation in pregnancy: a call to action*, and should also achieve the targets set out in the *Ten year tobacco control strategy for Northern Ireland*, *2012* so that smoking is de-normalised.

Young carers

We note that the PHA does not measure the number of children and young people acting as young carers. The contribution that young carers make towards helping disabled family members (often adults) live healthy and fulfilling lives, whilst often missing out on critical education and development opportunities themselves, should be acknowledged and measured in order that appropriate support for their social wellbeing can be planned, resourced and implemented.

Young drivers

The PHA accepts that a partnership approach will be essential to achieve these outcomes. It should work with partners to achieve the targets 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.

Q5: Do you agree with Outcome 4: All health and wellbeing services should be safe and high quality? If not, what alternative do you suggest?

Yes. RCPCH agrees with Outcome 4.

To do this PHA should:

- Ensure paediatric and child health experts are consulted and represented on any forum established to drive forward reform and reconfiguration of health and social services.
- Continue to implement and embed an Outcomes Based Accountability approach to impact measurement.
- Ensure that those responsible for the provision of child health services demonstrate how they are effectively engaging with children and young

people in Personal and Public Involvement and embedding the recommendations they make in quality improvement programmes for their services.

Q6: Is there an outcome or action you feel is missing or is not sufficiently reflected?

Additional outcome on data collection

RCPCH believes the key indicators chosen by PHA should be expanded (see answer to Q2). However this will only resolve part of the data issue. Everyone working in child health should understand the importance of data, as well as how it is collected and categorised. There is an urgent need to measure health metrics, services, processes and outcomes more reliably and consistently. The PHA should work with the Northern Ireland Executive to develop standards to ensure child health can be analysed consistently with England, Scotland and Wales. RCPCH would be happy to work with PHA towards this goal.

Prevalence of poor mental health amongst children and young people

A regular survey should be commissioned by the Department of Health (DoH) to identify the prevalence of mental health problems among children and young people across Northern Ireland. The DoH, Health and Social Care Board and PHA should ensure that this forms the basis of commissioning of emotional and mental health services across the country; this will also enable international comparisons to be made.

Accident prevention

Health and Social Care Trusts should make maximum use of existing family support services, health visiting and school nursing services, and safety equipment schemes to educate and equip parents to keep their children safe, focusing on home accident prevention, with consideration given to any recommendations in the forthcoming Home Accident Prevention Strategy. The PHA, and Health and Social Care Trusts should play a role in ensuring that good practice already happening across Northern Ireland is disseminated across the region to provide a consistent approach.

Q7: Have you any other comments or suggestions to improve the document as a whole? If so, please outline these below

The report outlines the key indicators that will serve as measures to monitor progress towards the outcomes. PHA should make these more comprehensive, covering more areas, such as the number of under 18s who smoke, the number who drink alcohol, by using additional data on measuring children and young people to help the fight against obesity, and on breastfeeding maintenance in later stages of infancy. The data needs to be captured in such a way as to be comparable with data from England, Scotland and Wales.

We note that the PHA is using PfG indicator 6: improve mental health, and that this uses the GHQ 12. As noted in the Department of Education's Children and Young People's Strategy 2017-27 consultation document, this is not suitable for under 16s. The DE document states, 'We will investigate the use of the psychological scale from Kidscreen as an appropriate mental health prevalence indicator for u16s.' This is a further example of where the wording between PHA and DE should be aligned to avoid confusion. The RCPCH supports the proposal to undertake a survey that uses appropriate tools to identify the prevalence of mental health problems among children and young people in order to aid the planning of mental health care services. This survey should be repeated on a regular basis.

Q8: In your opinion, is there anything set out in this draft Plan likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

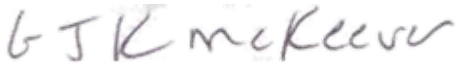
Yes.

The plan as it stands does not give due regard to children and young people aged 5-18. Although the focus of on the early years in Outcome 1 is welcomed, and well evidenced, it cannot be to the exclusion of the remainder of childhood and adolescence. 75% of mental health issues present prior to the age of 24 and continued vigilance through later childhood and adolescence is vital as early intervention can prevent the need for more intensive, expensive treatment later in life.

Q9: In your opinion, is there an opportunity for the draft Plan to better promote equality of opportunity or good relations?

Yes. Please see RCPCH's answer to question two for input on how to ensure older children and adolescents are provided with equality of opportunity by this plan.

Sincerely



Dr Karl Mc Keever

RCPCH Officer For Ireland

C/O RCPCH

Forysth House

Cromac Square.

Belfast.

E: C/O john.mcbride@rcpch.ac.uk