

Service Framework for Children and Young People – Consultation Response Questionnaire



Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

SERVICE FRAMEWORK

CHILDREN AND YOUNG PEOPLE

Consultation Response Questionnaire

November 2014

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

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Responses should be sent to:

E-mail: serviceframeworks@dhsspsni.gov.uk

Written: Service Frameworks Unit
DHSSPS
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Responses must be received no later than 30th January 2015.

I am responding: as an individual
 on behalf of an organisation
 (please tick a box)

<input type="checkbox"/>
<input checked="" type="checkbox"/>

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Background

The overall aim of the Department of Health Social Services and Public Safety (DHSSPS) is to improve the health and social well being of the people of Northern Ireland. In achieving this, the DHSSPS has been developing a range of Service Frameworks which set out explicit standards for health and social care that are evidence based and are capable of being measured. Through the setting of targets, timeframes and measurable outcomes, they have the capacity to achieve and demonstrate quality improvement.

The Service Framework for Children and Young People sets standards that relate to: improving birth outcomes; promoting child development across the life course; children and young people with acute and long term conditions; childhood disability; positive mental health; and children and young people in special circumstances.

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Each standard is supported by levels of performance to be achieved over the Framework's three year life cycle, after which it will be subject to both review and refinement in the light of new evidence. This ensures that there is a solid basis for continued improvement in the quality of health and social services.

Purpose

This questionnaire seeks your views on the Service Framework for Children and Young People, and should be read in conjunction with the document which includes the draft standards. It is particularly important to know whether the proposed standards will ensure that health and social care services are safe, effective and person-centred.

All Service Frameworks incorporate a specific set of standards that are identified as generic. The generic standards were subject to public consultation during 2012, with the consultation closing on 6 August 2012. The standards have since been finalised and agreed.

We are therefore not seeking comment on these standards as part of this consultation. The relevant standards are clearly marked as generic throughout the document.

The consultation questionnaire

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

Part A: provides an opportunity to provide some general feedback on the service framework document and should be completed by all respondents.

Part B: provides an opportunity for respondents to give additional feedback relating to specific standards and/or sections of the service framework.

Please indicate which section(s) you are providing feedback on:

I am providing general feedback on the document and will complete Part A.

I am providing general feedback on the document with a focus on the specific section(s) indicated in the table below and will complete Part A and Part B.

Please tick which sections or subsections you are providing feedback on	
Summary of Standards	
Section 1: Introduction	
Section 2: Service Framework for Children and Young People	
Section 4: Standards: Improving Birth Outcomes	

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Section 5: Standards: Promoting Child Development Across the Life Course	
Section 6: Standards: Children and Young People With Acute and Long Term Conditions	
Section 7: Standards: Childhood Disability	
Section 8: Standards: Positive Mental Health and Emotional Wellbeing of Children and Young People	
Section 9: Standards: Children in Special Circumstances	

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Part A – General feedback on the document (all respondents please complete this part).

Q1. Please indicate your views on the following statement (please circle response)

“In general the language and organisation of the document is easy to follow.”

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q2. Please indicate your views on the following statement (please circle response)

“The standards covered by the service framework are important for children and young people”.

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

The RCPCH welcomes the opportunity to respond to this consultation and considers these Standards to be of great importance for improving the health outcomes of children and young people in Northern Ireland. The RCPCH is pleased to see that children and young people will be considered up until their 19th birthday and that participation from children, young people and their families is being sought.

The document aligns with the College’s strategic direction for service improvement for children and young people, ensuring all children and young people receive the right care, at the right time, in the right place, delivered by appropriately qualified and trained staff. The following documents may assist in the providing benchmarks for acute and urgent care:

- Intercollegiate standards for children and young people in emergency care settings, RCPCH 2012
<http://www.rcpch.ac.uk/system/files/protected/page/Intercollegiate%20Emergency%20Standards%202012%20FINAL%20WEB.pdf>
- Back to Facing the Future, RCPCH 2013.
<http://www.rcpch.ac.uk/facingthefuture#BtFtF>
- Bringing networks to life, RCPCH 2012 <http://www.rcpch.ac.uk/child-health/standards-care/service-configuration/networks-childrens-health-services/networks-childr>

The RCPCH is currently working in partnership with the RCGP and the RCN on developing a set of standards for unscheduled care, looking across the urgent care pathway at how we can

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improve paediatric care and health outcomes for children and young people with acute illness. The project builds on the *Facing the Future* standards and the *Standards for Children and Young People in Emergency Care*, expanding them into care outside the hospital setting with the aim of ensuring that there is always high-quality care and diagnosis early in the pathway, and to reduce unnecessary attendances at emergency departments and admissions to hospital.

In 2014 the RCPCH and the National Children's Bureau released a report titled *Why Children Die: death in infants, children and young people in the UK*¹. The report showed that during 2010 around two-thirds of deaths occurred in the first year of life, and one in five deaths occurred in young people between 15 and 19 years of age. While the report illustrates the crucial role of poverty and inequality in reducing mortality during childhood, it also highlights key areas for focus, including improving birth outcomes through measures such as reducing smoking during pregnancy, and reducing deaths from injuries and poisoning. A policy response for Northern Ireland by the RCPCH and the NCB NI to this report is due to be launched in February 2015 and is likely to echo many of the priorities set out in these standards.

The RCPCH would also like to acknowledge the emphasis placed on improving transitions for children and young people. There is a growing evidence base documenting the significant mortality and morbidity risks in relation to young people's acute and long term health and wellbeing if disengagement and non-concordance with their recommended health care plan occurs during adolescence and young adulthood. Effective and timely transition planning should be a routine part of all long-term condition management for children and young people.

We would suggest that reference be made within the Standards to additional requirements for some children with complex needs and disabilities who may need to be accommodated by children's services up until their 25th birthday. We would also suggest that adolescents are given a choice as to where they receive their care, i.e. in child or adult settings.

Finally, it is widely acknowledged that mental health outcomes for children and young people can be significantly improved through early identification, timely assessment and treatment, therefore recognition of the importance of promoting and responding to children and young people's mental health within the standards is welcomed.

Q3. Please indicate your views on the following statement (please circle response)

"Overall this framework will provide an opportunity to help set priorities for commissioning services for children and young people".

Strongly agree

Agree

Neither

Disagree

Strongly disagree

¹ <http://www.rcpch.ac.uk/child-mortality/>

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Comments:

The RCPCH agrees that this framework provides a platform for ensuring provision of needed, safe and effective services to children and young people and their families, using a systematic and evidence based approach where possible to measure outcomes.

We note that key RCPCH projects have been referenced within the Standards, including the Epilepsy 12 national audit² and the National Paediatric Diabetes Audit (NPDA)³.

We are also pleased to note that children, young people and their families can be involved in the design and development of their services. It is important when using patient experience that this is for children, young people and families through their life course and that experience is gathered from all children, young people and families including vulnerable groups, seldom seen and heard groups, along with children and young people with complex needs and disabilities.

The RCPCH has a Youth Advisory Panel and a Parent and Carers Group who support the College's work. *Not just a phase*⁴, developed by the RCPCH, is a guide to the participation of children and young people in health services⁵.

Q4. Which of these standards will have the greatest impact on the health and wellbeing of children and young people, and why?

Comments:

Once again, the RCPCH welcomes the systematic methodology which underpins the Standards, and recognises how data captured through the KPI process will be integral to answering this question in future.

Acknowledging that mortality is only one of many indicators for measuring of the health of children and young people, the following standards have been identified as important for reducing risk of avoidable deaths during childhood.

Standards 6 – 10 (Improving birth outcomes)

Risk of death during infancy is strongly influenced by preterm delivery and low birthweight; risk factors which disproportionately and alarmingly affect those most disadvantaged in our society⁶. Smoking during pregnancy is recognised as one of the most important preventable factors associated with adverse pregnancy outcomes, therefore mechanisms to reduce smoking at a population level in addition to targeted support for smoking cessation during pregnancy are vitally important.

The 2013 Child Health Review-UK (CHR-UK) overview of child deaths found a persisting effect of young maternal age on risk of death throughout childhood. CHR-UK identified that children born to mothers less than 30 years of age were at an

² <http://www.rcpch.ac.uk/child-health/standards-care/clinical-audit-and-quality-improvement/epilepsy12-national-audit/epileps>

³ <http://www.rcpch.ac.uk/improving-child-health/quality-improvement-and-clinical-audit/national-paediatric-diabetes-audit-n-1>

⁴ <http://www.rcpch.ac.uk/improving-child-health/voice-children-young-people-and-their-families/publications/not-just-phase/no>

⁵ <http://www.rcpch.ac.uk/child-health/voice-children-young-people-and-their-families/voice-children-young-people-and-their-fa>

⁶ Euro-Peristat. *European perinatal health report: health and care of pregnant women and babies in Europe 2010*. 2012. www.europeristat.com/reports/european-perinatal-health-report-2010.html

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increased risk of death compared to mothers aged 30-34 years; this association was independent of birth weight but closely linked to social disadvantage⁷. Therefore ensuring young people are equipped with the knowledge and skills to make informed decisions about their reproductive health, in addition to supporting young families through targeted evidence-based initiatives such as the Family Nurse Partnership for young mothers under 19 years of age.

Standard 16

Children with long-term or pre-existing medical conditions must have access to high quality ongoing management. A review of healthcare received in cases of mortality and prolonged seizures in children and young people with epilepsies⁸, clearly highlighted the importance of comprehensive management plans to ensure coordinated care between parents, schools and other carers to enable timely and appropriate responses to acute episodes of illness. The 2014 National Review of Asthma Deaths (NRAD) also recommended that all people with asthma have a personal asthma action plan⁹.

Standards 25-28

A large proportion of the mortality burden in adolescence is related to intentional injuries linked to poor mental health and wellbeing, including self-harm, suicide, drug abuse and assault¹⁰ and promoting good mental health Building resilience, promoting respect and fostering positive social interactions is vital for reducing these deaths. A specific focus on those a greater risk of mental health difficulties including looked after children and children in youth justice is also vital.

Specifically in relation to Standard 33, the RCPCH in partnership with in the Royal College of General Practitioners, Royal College of Nursing, Royal College of Psychiatrists, Faculty of Forensic and Legal Medicine and Faculty of Public Health have developed '*Healthcare of Children and Young People in Secure Settings*' to help plan, deliver and quality assure the provision of children and young people's health services in secure settings¹¹.

Q5. Which of these standards might affect existing or potential health inequalities for people in Northern Ireland, and how? Please consider social, economic and geographic challenges in response to this question.

Comments:

Although not an exhaustive list, the following standards have been identified by the RCPCH as important for reducing health inequalities.

Standards 6, 8

Smoking is a recognised reproductive risk-factor, increasing the risk of adverse

⁷ Royal College of Paediatrics and Child Health and University College London. *Overview of child deaths in the four UK countries: report*. September 2013. Child Health Reviews-UK, London: RCPCH.

⁸ RCPCH. Coordinating epilepsy care: a UK-wide review of healthcare in cases of mortality and prolonged seizures in children and young people with epilepsies. 2013. Child Health Review – UK, London: RCPCH. www.rcpch.ac.uk/chr-uk

⁹ Royal College of Physicians. *Why asthma still kills: the National Review of Asthma Deaths (NRAD)*. Confidential enquiry report. 2014. London, RCP www.rcplondon.ac.uk/projects/national-review-asthma-deaths.

¹⁰ RCPCH & NCB. *Why children die: death in infants, children and young people*. 2014. RCPCH <http://www.rcpch.ac.uk/child-mortality/>

¹¹ Royal College of Paediatrics and Child Health. *Healthcare of Children and Young People in Secure Settings*. 2013. <http://www.rcpch.ac.uk/CYPSS>

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pregnancy outcomes such as low birth weight (LBW), babies being born prematurely and miscarriage¹². Smoking prevalence is higher in areas of greater social deprivation and therefore investing in smoking cessation programmes in low socio-economic areas can potentially reduce health inequalities.

Standard 14

Over the last twenty years with an ever-increasing evidence base, breastfeeding has been recognised as a major contributor to public health which can play a key role in reducing health inequalities. Breastfeeding protects children from a range of later problems including reducing the risk of ear (otitis media) and lung infections, asthma, obesity and diabetes, sudden infant death syndrome (SIDS), dermatitis, gastrointestinal disorders (coeliac and inflammatory bowel disease) and leukaemia, and may also have an impact on neurodevelopmental outcomes including intelligence^{13,14,15}.

Standards 25-28

The peak onset of most mental health conditions is between 8 and 15 years¹⁶, with children and young people in the poorest households three times more likely to have a mental health problem than their wealthier counterparts¹⁷. Therefore interventions which focus on fostering mental health and wellbeing throughout childhood are vital.

¹² El-Mohandes AAE, Kiely M, Blake SM (2010) An intervention to reduce environmental tobacco smoke exposure improves pregnancy outcomes. *Pediatrics* **12**: 721 -727

¹³ Kramer MS, Aboud F, Mironova E, et al (2008). Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group. Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Arch Gen Psychiatry*; **65**(5):578-584.

¹⁴ Working for Health Equity: The Role of Health Professionals. UCL Institute of Health Equity, 2013

¹⁵ World Health Organization. Worldwide prevalence of Anaemia 1993 – 2005. World Health Organization, Geneva, Switzerland, 2008.

¹⁶ Suhrcke M, Puillas D, Selai C: *Economic aspects of mental health in children and adolescents. In Social cohesion for mental wellbeing among adolescents*. Copenhagen: WHO Regional Office for Europe, 2008:43-64.

¹⁷ Green H, McGinnity A, Meltzer H, Ford T, Goodman R: Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave, Macmillan, 2005.

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Equality implications

Before completing this section, please refer to Appendix 2 which relates to equality of opportunity, and the guidance regarding this produced by the Equality Commission for Northern Ireland.

Q6. What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?

Minor Major None

If you have indicated minor or major, please provide details:

Q7. Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?

Yes No

Comments:

Q8. To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Minor Major None

If you have indicated minor or major, please provide details:

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Comments:

Q9. Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Yes No

Comments:

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Q10. Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the draft Service Framework for Children and Young People.

Comments:

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

The College's responsibilities include:

- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics
- running postgraduate examinations in paediatrics
- organising courses and conferences on paediatrics
- issuing guidance on paediatrics
- conducting research on paediatrics
- developing policy messages and recommendations to promote better child health outcomes
- service delivery models to ensure better treatment and care for children and young people

In 2014, the RCPCH opened an office in Northern Ireland. We aim to engage on key health policy issues that impact on children and will be developing close working relationships with paediatric staff and the wider children's workforce to improve health outcomes for all children and young people in Northern Ireland.

**Please continue and complete Part B, or return your response questionnaire.
Responses must be received no later than <Insert date>
Thank you for your comments.**

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Part B – Feedback relating to specific standards and/or sections of the service framework.

If necessary please copy and complete this part of the questionnaire for each section or standard you are reviewing.

Please insert the specific section or standard you are reviewing in the box provided

e.g.
Section 4: Standards: Improving Birth Outcomes
Section 9: Standards: Children in Special Circumstances

Q(i). Please indicate your views on the following statement (please circle response)

“It was easy to locate my specific standard/section of interest in the service framework document.”

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Q(ii). Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, which should be included and which would alter the nature of this particular section/ standard?

Yes

No

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Comments:

Q(iii). Please indicate your views on the following statement (please circle response)

“The performance indicators and the expected performance levels where provided, are reasonable and they will help progress towards achieving the overarching standard(s).”

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Q(iv). Please indicate your views on the following statement (please circle response)

“I plan to use the/these standard(s) to improve my practice, or services for ‘children and young people.’

Strongly agree

Agree

Neither

Disagree

Strongly disagree

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Comments:

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Q(v). Please use the box below to insert any further comments, recommendations or suggestions you would like in relation to this particular standard or section.

Comments:

**Please return your response questionnaire.
Responses must be received no later than 30th January 2015. Thank you for your
comments.**

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

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The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

For further information about this particular consultation please contact Anne-Marie Blaney (contact details are shown on page 2).

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Appendix 2

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the standards proposed in the Service Framework for Children and Young People, are likely to have a significant impact on equality of

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opportunity and should therefore be subject to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not required. This decision will be reviewed following the completion of the public consultation.

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