With almost half a million infants, children and young people living in Northern Ireland, child health matters! Yet, despite having one of the most advanced health systems in the world, child health outcomes in Northern Ireland are amongst the poorest in Western Europe.

The challenges and financial pressures facing the health and social care system in Northern Ireland are widely documented but important indicators demonstrate real inequality in health outcomes, particularly in infant mortality, obesity, mental health and childhood accidents. We must recognise that this is unacceptable and in many cases, preventable; we must learn to improve.

Where we can, we must prevent children and young people from becoming unwell. Where prevention is not an option, we must intervene early to give our children the best life chances and opportunities possible. There are serious consequences to inaction. Five of the top 10 risk factors for the total burden of disease in adults are initiated and shaped in adolescence. These risk factors include tobacco and alcohol use, being overweight and obese, and physical inactivity.

Our healthcare workforce in Northern Ireland delivers care to our children with a high level of commitment and skill despite the significant challenges posed by current service design and resources. However, the Donaldson review and the proposed reform of health services provides an opportunity for real change to enable the delivery of high quality, patient centred, outcomes based healthcare. If we are to make better use of our existing resources, reduce waste and foster a culture of excellence we need a networked, whole of system approach to the operational delivery of children’s health and social care services, where innovation and research is valued and supported, and which is grounded by standardised clinical policy.

The impending Assembly elections provide an important opportunity for our politicians to be bold and ambitious in their commitments to our children. The RCPCH supports enhanced medical engagement and clinically lead conversation throughout the health and social care system as a model to deliver the strong leadership we need to drive forward improvement. We are ready to work with Government to deliver a world-class health service for all our children.

The RCPCH is therefore calling on both the current and future Northern Ireland Government to stand up to its responsibilities and take the concerted actions necessary to reform and reconfigure paediatric and child health services. Working together we can secure better health for Northern Ireland’s infants, children and young people. This is our Vision.

Dr Karl McKeever
Chair, RCPCH Northern Ireland Committee
October 2015
Despite having one of the most advanced health systems in the world, child health outcomes in Northern Ireland are amongst the poorest in Western Europe. Levels of childhood obesity remain high, mental health issues continue to cause concern and the childhood mortality rate is higher than that found in comparable countries.

Whilst healthcare professionals have a role to play in improving child health, it also requires political will and leadership. With concerted action from the Northern Ireland Government, better health for our infants, children and young people can be secured.

The RCPCH calls on the Northern Ireland Assembly to commit to action on five fronts:

1. Prevent infants, children and young people from becoming unwell, act early and intervene at the right time
2. Make the health and social care system in Northern Ireland a better place for infants, children and young people
3. Reduce the number of child deaths
4. Tackle child health inequalities
5. Involve children and young people in decision making on health and wellbeing issues

Why we need to secure better health for our infants, children and young people in Northern Ireland
Investment in prevention and early intervention means that children will grow up to be resilient adults. This will reduce the pressure on the health and social care service in the long term.

The prevalence of childhood obesity and mental health problems in Northern Ireland continue to cause alarm. With 25% of children in Northern Ireland being classified as overweight or obeseii and 20% of young people suffering significant mental health problems before their 18th birthdayiii, early intervention for both mental and physical health is crucial if we are to prevent the causes of serious illnesses.

Intervening early, taking measures to reduce risk, and working in collaboration is crucial if we are going to improve children and young people’s health outcomes for both mental and physical health and wellbeing. There must be more effort to tackle issues upstream, prevent health problems and not wait until illness becomes a feature in the life of an infant, child or young person.

5 ways you can help us improve child health

1 Prevent infants, children and young people from becoming unwell, act early and intervene at the right time

Recommendations

1 Increase investment to extend the provision of weight management services across Northern Ireland. Implement recommendations outlined in the Academy of Medical Royal College’s Measuring Up Reportiv to tackle obesity including early intervention programmes and greater provision for severe and complicated obesity, including bariatric surgery. Make adjustments to the Quality and Outcomes Framework for Northern Ireland to provide incentives for GPs to refer patients to such services.

2 Establish basic training in infant, child and youth mental health as a core capability of all health and social care and educational professionals to ensure that potential issues are identified at the earliest opportunity and referrals to early intervention services made.

3 Deliver mandatory, high quality, evidence based, health and social well-being improvement programmes to all primary and post primary pupils which specifically tackle issues around mental health, sex and relationships, bullying and social inclusion, and drugs and alcohol use.

4 Introduce legislation in Northern Ireland which bans smoking in cars when children are present.

5 Restrict access to alcohol by children and young people by introducing minimum unit pricing for alcohol, regulating marketing and availability, and taking action on underage sales.
Children need to see the right professional at the right time and will often require care from a range of health professionals. The integration of care based on the needs of infants, children, young people and their families is fundamental to improving health outcomes and experiences.

Existing pressures on the health system are widely documented and a timely report of the challenges going forward is provided by the Donaldson Review. The RCPCH supports the principles and recommendations outlined within the Transforming Your Care (TYC) initiative but evidence of progress is limited. Issues relating to workforce, including the appropriate level of training for GPs working with children and young people, and the achievement of RCPCH Standards require attention to ensure that all children in Northern Ireland have access to an equitable, safe and sustainable health service.

A networked, whole of system, approach to the operational delivery of children’s health and social care services in Northern Ireland is supported for reasons of best practice and equity of access to services. Such a network should drive the reform and commissioning of children’s health and social care services across the whole of Northern Ireland, be headed by a children’s clinical lead, and be grounded by standardised clinical policy.

Clinical informatics is vital to the delivery of high quality, accurate and timely health and social care for all citizens. However, current Information systems available for health and social care are not fit for purpose and there is limited capability to accurately measure delivery outcomes for children and young people in Northern Ireland. A robust evidence base is essential if we are to make better use of our existing resources and reduce inefficiencies caused by duplication, waste and ill-informed service delivery decisions. Investment is needed to collect and manage clinical information for population health management and to plan and implement an outcomes and value based commissioning system which results in health and social care services that are responsive to service delivery challenges, share information appropriately, and learn from previous experiences.

Make the health and social care system in Northern Ireland a better place for infants, children and young people.
Recommendations

1. Establish a Northern Ireland paediatric network, headed by a children’s clinical lead, to drive the reform and commissioning of children’s health and social care services across Northern Ireland.

2. 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.

3. Implement an Outcomes Based Accountability approach to impact measurement which focusses on outcomes and whole system collaboration across the whole health and social care system in Northern Ireland.

4. Implement *Facing the Future: Standards for Acute General Paediatric Services* and *Facing the Future: Together for Child Health Standards* to improve hospital based care for children, reduce unnecessary hospital attendances and ensure the right number of paediatricians and child health professionals are in the right place at the right time. Measures include:
   - providing specialist child health expertise directly into primary care to support GPs to care for children safely in the community (e.g. through consultant-GP hotlines, named paediatricians for GP practices, joint clinics and joint training and sharing of best practice)
   - enhancing the role of community children’s nursing teams to provide a 24/7 service and provide acute care for children at home
   - developing care pathways for the most common conditions.

5. Provide every child with a long-term condition with a named doctor or health professional.

6. Deliver consistent and appropriate Child and Adolescent Mental Health Services (CAMHS) across Northern Ireland. A focus on prevention and early intervention, more efficient use of existing resources and a clear referral pathway is needed. There must be a parity of esteem in the provision of mental health compared to physical care for children and young people and particularly for those most at risk of mental health difficulties. This includes looked-after children, children involved in youth justice, children in kinship care, children who have been excluded from school and others identified at risk.

7. Ensure that paediatrics and children’s health services are included in Regulation and Quality Improvement Authority’s acute hospitals and community health service inspection programmes ensuring that inspections are tailored to service type and have due regard to RCPCH standards.

8. Ensure protected time for NHS clinicians to contribute to and support child health research.
Child mortality rates in the UK continue to be higher than those in comparable European countries. Many of these deaths are preventable and much can be done to reduce these rates through improving access to health care and services, targeted public health policies and addressing the inequalities which predispose children to negative health outcomes.

The majority of childhood deaths occur during the child’s first year of life. Preterm birth and low birthweight are important risk factors which disproportionately affect the most disadvantaged in society. Teenagers are the second most at risk group with suicide, self-harm or assault being leading causes. Injury through accident is also a frequent cause and Northern Ireland has historically displayed higher injury mortality rates for boys than the rest of the UK.

Recommendations

1 **Establish a Child Deaths Overview Panel** to ensure that lessons are learned from childhood deaths in Northern Ireland.

2 **Implement recommendations outlined in Smoking cessation in pregnancy: a call to action** focusing on the provision of carbon monoxide screening in routine pregnancy care, alongside sustained and intensive reinforcement of public health messages related to smoking cessation as recommended in key Department of Health, Social Services and Public Safety (DHSSPS) / Public Health Agency (PHA) documents.

3 **Achieve targets set out in the DHSSPS’s Ten year tobacco control strategy for Northern Ireland**, to reduce smoking rates across all stages of pregnancy and early parenthood. Implement routine reporting mechanisms to measure progress against targets.

4 **Commission a regular survey to identify the prevalence of mental health problems** among children and young people across Northern Ireland.

5 **Improve multi-disciplinary approaches to delivering CAMHS ensuring a focus on those most at risk of suicide.**

6 **Implement an enhanced Graduated Driving Licensing Scheme** with urgency.
There is a stark link between poverty, inequality and a child’s health. In the worst cases, this can result in risk factors that can lead to premature death. With 23%\(^\text{viii}\) of children in Northern Ireland reported to live in relative poverty – social and fiscal policy matters. It is therefore essential that the Child Poverty Strategy for Northern Ireland is implemented with urgency and that Government departments work together to closely monitor children’s outcomes.

Breastfeeding has an important protective role and Northern Ireland continues to have the lowest levels of breastfeeding in the UK. This trend is particularly prominent for young mothers and those living in areas of deprivation. Issues relating to smoking during pregnancy and diet and nutrition are also more pronounced in these areas.

**Recommendations**

1. **Implement the Child Poverty Strategy for Northern Ireland with urgency.**

2. **Prioritise 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 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.

3. **Continue to implement DHSSPS’s strategy Breastfeeding – A Great Start** 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.

4. **Commission high quality research which is dedicated to reducing child health inequalities and ensure that the findings and recommendations are acted upon by the Executive.**
The benefits of involving children and young people when designing quality health services are evidenced, yet in many parts of the health and social care system, adults fail to take account of their views or measure their health outcomes.

Children’s services should not be a ‘bolt on’ to adult services. Children, young people and their carers should be involved in the design and development of services to ensure that they deliver the outcomes that matter most to patients. Where children are too young or have special needs which limit their ability to communicate, the parents or carers must have an opportunity to express their views and opinions on their behalf.

**Recommendations**

1. **Ensure children and young people and their carers contribute to the planning and design of the new children’s hospital in Belfast**, and to the ongoing evaluation of the environment and services provided.

2. **Ensure that those responsible for the provision of child health services demonstrate how they are effectively engaging with children and young people**, and embedding their recommendations in quality improvement programmes for their services. Those responsible include the DHSSPS, PHA, the Health and Social Care Board and Commissioners, Health Trusts, and RQIA.

3. **Provide the resources necessary to train the healthcare workforce to engage appropriately and effectively with infants, children and young people** to ensure their needs are met.
The RCPCH

The College is a UK organisation which comprises over 16,500 members who live in the UK, Ireland and abroad and plays a major role in advocacy, policy development, postgraduate medical education, as well as in supporting the maintenance of professional standards for its members.

Contact us

RCPCH works with politicians and policy makers in Northern Ireland, Scotland, Wales and Westminster.

RCPCH is the first port of call for enquiries on child health and can provide briefings on request.

Email: enquiries.ireland@rcpch.ac.uk
Tel: 028 90511 570
www.rcpch.ac.uk/ireland
@RCPCHIreland
#childhealthmatters

References


vi Ibid.
