From the Chief Medical Officer
Dr Henrietta Campbell CB

To:

General Practitioners
Chief Executives of HSS Boards and Trusts
Medical Directors of HSS Trusts
Directors of Nursing of HSS Trusts
Directors of Public Health of HSS Boards
Directors of Nursing/Chief Nurses of HSS Boards
Consultant Paediatricians

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 9052 0563
Fax: 028 9052 0574
Email: Henrietta.Campbell@dhsspsni.gov.uk

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Our Ref:
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Dear Colleague

HEALTH FOR ALL CHILDREN (HALL 4)

SUMMARY

The fourth edition of *Health for All Children* (Hall 4) by Hall and Elliman, published in December 2002, sets out proposals for preventive health care, health promotion and an effective community-based response to the needs of families, children and young people. It reflects the current evidence base and is in line with recommendations from the National Screening Committee. The programme is commended to all Health and Social Services Boards and Trusts. By April 2005 community child health services should be commissioned and provided in line with these recommendations.

KEY MESSAGES FROM HEALTH FOR ALL CHILDREN (HALL 4)

The following points which are contained in the executive summary of *Health for All Children* should be borne in mind when assessing how the local service reflects the programme outlined in *Health for All Children*.

1. Every child and parent should have access to a universal or core programme of preventive preschool care. The content of this is based on three considerations: the delivery of agreed screening procedures, the evidence in favour of some health promotion procedures and the need to establish which families have more complex needs.

2. Formal screening should be confined to the evidence-based programmes agreed by the Child Health Subgroup of the National Screening Committee. Screening activities outside this framework are important in order to ensure continuing refinement of the evidence-base but should be treated as research, reviewed by an Ethics Committee, time limited and reported for peer review.

3. There is good evidence to support health promotion activity in a number of areas including prevention of infectious diseases (by immunisation and other means), reducing the risk of sudden infant death, supporting breast feeding, encouraging better dental care and informing and advising parents about accidental injury.

4. Formal universal screening for speech and language delay, global developmental delay, autism, and post-natal depression is not recommended, but staff should elicit and respond to parental concerns. An efficient preliminary assessment or triage process to determine which children may need intervention is vital.

5. The core programme includes antenatal care, newborn examination, agreed screening procedures, support as needed in the first weeks with particular regard to breast feeding, review at 6-8 weeks, provision of health promotion advice, the national immunisation programme, weighing when the baby attends for immunisation and reviews at 8 or 12 months, 24 months and between 3 and 4 years**. However, it is expected that staff take a flexible approach to the latter three reviews according to the family's needs and wishes, and face to face contact may not be necessary for all families**.

6. The Personal Child Health Record (PCHR) is commended. There should be a basic standardised format for universal use, which should be used to gather a core public health dataset*. [Arrangements are being made for the PCHR to be given out in Northern Ireland maternity units by midwives].*

7. There is an evidence base for the healthcare of school age children derived from a range of interview studies with teachers and children designed to establish what they perceive as the main needs. It should include the following:

   - support for children with problems and special needs;

   - participation in Healthy Schools programmes designed to improve the school environment and social ethos, promote emotional literacy, exercise opportunities and healthy eating, and reduce bullying;

   - healthcare facilities for young people in line with their clearly stated and well-established requirements for privacy and confidentiality.

8. It must be clear who is responsible for screening programmes, maintenance and reporting of immunisation uptake, introduction of new immunisation programmes, health promotion, care pathways for children with health or developmental problems, socially excluded groups, child protection, looked after children, links with education, staff training and data management.

9. All staff in contact with children should be appropriately trained and take part in regular continuing professional development.

CORE PROGRAMME FOR CHILD HEALTH IN NORTHERN IRELAND

The core programme should be available to all children in Northern Ireland. It has been divided into three main sections: health promotion, building relationships with families and health protection. Additional services should be targeted at those who need them, based on assessments made by the professionals working with the family. Health professionals should also satisfy themselves that their initial family assessment remains current throughout their period working with the family.

The aim of the programme is to work with families and communities to achieve optimum child health. Its delivery should be responsive to individual family and local community needs. Links, where appropriate, should be established with child focussed community based initiatives.

1. ***Health Promotion***

   Health promotion should be integral to the day-to-day work of all health professionals engaged in caring for children. It should include antenatal information and care, early support after childbirth with particular reference to breast feeding as well as providing information, advice and support to parents as the child grows and develops. There should be good links and close working with community development programmes and other initiatives aimed at reducing inequalities and social exclusion, eliminating poverty and improving educational outcomes.

2. ***Building relationships with the family***

   Staff should get to know the family soon after the baby is born. They should use this information to assist in identifying those families and communities, which have need of greater support and target them as appropriate. It is important that vulnerable children, including those with complex needs and special educational needs, are identified and provided with the necessary support. It is important that parents know how to seek help if they have any concerns about their child.

3. ***Health Protection***

   There are three main strands to health protection in children.

Screening

The screening programmes recommended by *Health for All Children* and the National Screening Committee should be offered to all children (Appendix 1).

The aim of screening is to identify children at risk of a particular condition. It is not intended to be diagnostic, so there will always be a small number of false negatives. Parents should be made aware of the signs and symptoms of the specific conditions for which the child is being screened and be advised to contact their GP or Health Visitor if they have any concerns, even if the screening test did not identify a problem. Information on signs and symptoms should also be included in the Personal Child Health Record. There should be a clear pathway of care from first suspicion of a problem to definitive diagnosis and management.

[A Neonatal Hearing screening programme for Northern Ireland has been funded. Implementation is being overseen by a regional steering group. A letter specifically relating to this programme will be issued later.
Due to a shortage of orthoptists, it is unlikely that an orthoptic led vision screening programme can be implemented in Northern Ireland by April 2005. This issue is being taken forward separately].

Surveillance

There should be ongoing surveillance of the general health and development of the child. Health professionals should listen to parents and take on board any concerns they may have, responding as appropriate.

Immunisation

All children should be offered immunisation as per the National Immunisation Schedule. Contact with the family at the time of immunisation provides the health professional with the opportunity for health promotion and general health surveillance, including weighing of the child.

OBJECTIVES OF THE CORE PROGRAMME

- To ensure that all parents and children have access to, and understanding of, all relevant health care messages that are evidence based and shown to be beneficial.
- To arrange and deliver immunisations.
- To carry out the agreed screening procedures and ensure follow-up of abnormal results.
- To enable parents with worries about their child to locate the help they need promptly and efficiently.
- To support the local community in creating an environment at home and at school in which the child can be safe, grow, and thrive physically and emotionally.
- To identify vulnerable children and families who may benefit from additional support or services beyond the core programme and negotiate whatever is needed.
- To ensure that as far as possible children who have or may have special educational needs are identified and referred to the education services and to the appropriate voluntary agency.

MONITORING AND QUALITY ASSURANCE

The core programme, including the screening programmes contained within it, should be subject to local performance management and audit. All child health screening programmes should be provided to a level which meets nationally agreed quality assurance standards (where these exist). A minimum dataset should be collected on all children to enable monitoring of screening programmes.

ACTION FOR BOARDS AND TRUSTS

By April 2005 all Health and Social Services Boards and Trusts should ensure that their community child health services are commissioned and provided in line with recommendations contained in *Health for All Children*. They should ensure that:

- Every child and parent has access to a core programme of preventative preschool care.

- Appropriate arrangements are in place for co-ordinating the management, delivery and monitoring of the core programme.

FURTHER INFORMATION

Information on *Health for All Children* is available at http://www.health-for-all-children.co.uk Information on the National Screening Committee's policy position on child health screening is available at http://www.nelh.nhs.uk/screening/vbls.html

For further information please contact:

Dr Margaret Boyle
Senior Medical Officer
Department of Health, Social Services
and Public Safety
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 028 90 520713
Email: margaret.boyle2@dhsspsni.gov.uk

Dr Carolyn Mason
Nursing Officer
Department of Health, Social Services
and Public Safety
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 028 90 520627
Email: Carolyn.mason@dhsspsni.gov.uk

Yours sincerely

DR HENRIETTA CAMPBELL
CHIEF MEDICAL OFFICER

MISS JUDITH HILL
CHIEF NURSING OFFICER

c.c. Mr Andrew Hamilton
Mr Leslie Frew
QUB Medical School
British Medical Association
Royal College of Nursing
Royal College of Midwifery
Community Practitioners' and Health Visitors' Association
Professor Hugh McKenna, University of Ulster
Professor Jean Orr, QUB
In-Service Education Consortia
Regional Community Nurse Managers Group

APPENDIX 1

Age	Condition	Test	Comments
In first week of life	Ocular problems, Developmental Dysplasia of the hips, Congenital heart disease, Testes, Congenital malformations	Physical examination	Already done as part of the routine neonatal examination, but monitoring of quality needs improvement.
About 6 days	Phenylketonuria	Various, but all using the same blood spots	Already well established.
	Hypothyroidism		
	Sickle cell disorders		Currently not policy in NI.
	Cystic Fibrosis		Genetic testing to be introduced as part of the screening protocol in line with NSC guidance.
Varies but within 28 days	Hearing impairment	Semi-automated testing (Oto-acoustic emissions test)	To be offered to all newborn babies by March 2005.
Six to eight weeks	Ocular problems, Developmental dysplasia of the hips, Congenital heart disease, Testes, Congenital malformations	Physical examination	Already done as part of the routine six to eight week examination, but monitoring of quality needs improvement.
Eight months	Hearing impairment	Distraction test	To be phased out as universal neonatal screening comes in.
	Developmental dysplasia of the hips	Physical examination	To be reviewed in 2006.
Four to five years	Visual problems	Various	An orthoptist-led programme to be introduced as soon as practicable. In the interim pre-school vision testing to continue.
School entry	Growth disorders	Height and weight	Needs to be done accurately and measurements plotted on a chart.
	Hearing impairment	Sweep test	Evidence is being sought for the value of this.
	Visual problems	Various	Once the earlier orthoptist-led programme is in place, this should cease.
Primary 7 (Age 10/11)	Visual problems	Various	Visual acuity and colour vision to be tested until further evidence becomes available.