PAEDIATRICS

A NATIONAL MODEL OF CARE FOR PAEDIATRIC HEALTHCARE SERVICES IN IRELAND

CHAPTER 45: UNIVERSAL CHILD HEALTH PROGRAMME

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ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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45.1 INTRODUCTION

In addition to the acute and on-going primary, secondary and tertiary health services for children described within this model of care, there is a comprehensive health service provided free of charge to all children in the community. This section describes this universal service and outlines the review of this service which is currently being undertaken.

There is good evidence that economic, social and environmental conditions, and public policies which impact on these, have an enduring impact on children's, and subsequent adults', health and well-being. It is within this wider context of health determinants that children's health, illness or disability is managed. Changes in public policies which invest in early childhood, and the delivery of universal and progressive health and social services to support families with children, provide excellent rates of returns on the investment and can break the inter-generational cycle of disadvantage.

45.2 UNIVERSAL CHILD HEALTH PROGRAMME

There are a number of services which impact on children which are provided on a universal basis.

These include:

- Maternity and Infant Care Scheme, provided by general practitioners (GPs) in conjunction with hospital obstetricians
- Newborn Bloodspot Screening programme
- Neonatal Hearing Screening programme (first introduced in 2011)
- Child Health Screening and Surveillance programme
- Childhood and School Immunisation programme
- Dental Health Screening programme

These services are provided free of charge, as are all referrals arising from screening and surveillance activities. The provision of these personal health services is enshrined in various laws passed between 1907 and 2004. Ireland's universal child health programme provision is similar to international models. The Child Health Screening and Surveillance (CHSS) programme provides for systematic, evidence-based assessments of all pre-school and primary school children. It incorporates health promotion and anticipatory advice for parents and provides for an early identification and referral service for medical and developmental conditions, including referral to health and social care professionals. The CHSS programme is mainly provided by public health nurses (PHNs) and community medical doctors. The initial physical examination of the baby after birth is carried out by the hospital paediatrician, the community midwife or the GP. The current CHSS programme, last reviewed in 2005 is outlined in Table 1.

Table 45.1: Child Health Screening and Surveillance programme

Timing	History	Examination	Health Promotion	Recommended Health Care Staff
Birth	Antenatal, birth and family history Parental concerns	Physical examination, including eyes, ears, skin, mouth, cardiovascular system for CHD, hips for DDH and genitalia for UDT in boys, Developmental examination, Growth	Parental health and well-being Prevention of SIDS Transport in cars Feeding practice Sibling management Parent–infant interactions Child development Accident prevention Information about local support networks and contacts for additional advice and support when needed Identification of parents who may be in need of additional supports	Hospital Paediatrician or Community Midwife or General Practitioner
Postnatal visit	As above	Physical examination, developmental examination, growth, *"Can your baby hear you?"*, Guthrie test if not already taken	As above	Public Health Nurse
6 to 8 weeks	As above	Physical examination as for neonatal age, Developmental examination, growth, *"Can your baby hear you?"*	As above Family planning	General Practitioner and Practice Nurse
3 months	As above	Physical examination, Developmental assessment, growth, *"Can your baby hear you?"*	As above Oral health promotion Age appropriate play Return to work Child care Family planning	Public Health Nurse
7 to 9 months	As above	Examination for DDH, developmental assessment, growth, *"Can your baby hear you?"*, Distraction Hearing Test	As above	Public Health Nurses or Public Health Nurse and Area Medical Officer
18 to 24 months	As above	Observation of gait Developmental assessment Growth	As above Management of challenging behaviour Toilet training	Public Health Nurse
3.25 to 3.5 years	As above	Developmental assessment, growth	As above	Public Health Nurse
School entry (Junior Infants)	As above School entry questionnaire	Visual acuity testing Pure tone audiometry hearing screening Growth	As per SPHE programme Advisory and supporting role to teacher in SPHE	School Nurse
School leaving (5th or 6th class)	As above	Visual acuity testing *Colour vision screening*	As above	School Nurse

Please note: *Italics* indicate items not fulfilling screening criteria, but constituting accepted good clinical practice or requirements under a growth monitoring programme for children at risk of or with established growth disorders.

Source: Best Health for Children Revisited (2005)

The governance for the delivery of the child health programme is split within the Health Service Executive (HSE), with the nine new community healthcare organisations (CHOs) under the Primary Care Division responsible for the operational delivery of the service and the Health and Wellbeing Division being responsible for policy implementation, strategic development, guidance and advice. Performance against health indicators is monitored by the Health and Wellbeing Division while the budget, apart from vaccine procurement, is mainly held within the Primary Care Division.

45.3 REVIEW OF THE CHILD HEALTH SCREENING AND SURVEILLANCE PROGRAMME

The Child Health Screening and Surveillance service is currently being reviewed. The new programme will build on the strengths of the current system.

The new child health programme will be based on a model of progressive universalism. This provides the framework within which services for children should be developed. It is described as 'a perspective that combines universalism with the targeting of resources on those that have special needs for support or protection; in other words, help to all and extra help for those who need it most' (DOH, 2007). While having its roots in social justice and social policy, it now underpins child health programmes in other countries (DOH, 2009; Scottish Executive, 2005). It is a key concept in the Department of Children and Youth Affair's 'Early Years Strategy' (2013) and is a goal of 'Better Outcomes Brighter Futures' (DCYA, 2014).

In order to incorporate the broader view of child health, the review is being supported by a multidisciplinary steering group, which includes representatives of HSE community professionals (nursing, medical and health and social care professionals), management, public health, midwifery and paediatrics; general practice; dental health; TUSLA and the Department of Children & Youth Affairs, and the Department of Health.

The review is also:

- Looking at the recent evidence in relation to health promotion, screening and surveillance activities as outlined in the current programme. These include developmental assessment, hearing and vision screening, medical examination, health promotion, newborn metabolic screening, growth monitoring and oral/dental health.
- Reviewing the evidence and service requirements for areas of the programme not included in the previous revision, such as infant mental health and enuresis
- Reviewing the referral criteria and pathways for conditions identified as part of the screening process, in collaboration with key stakeholders and the recommendations of the 'Community Services for Children with On-going Health Needs' chapter of the National Clinical Programme for Paediatrics and Neonatology model of care.
- Reviewing the existing training programme including the method of delivery of training, for example elearning options.
- Exploring the role for clinical nurse specialists and advanced nurse practitioners in the delivery of the child health programme.
- Exploring the development of information and communications technology (ICT) systems and supporting applications

The review is being carried out within the context of the development of primary care networks, which aim to provide a more integrated service at local level between general practice and community health services; the establishment of the nine CHOs, which will provide a co-ordinated management structure for HSE services at community level, and the introduction of the new under six GP contract. The revised child health programme will review and identify the 'Key Contact Visits' to be provided by professionals to all children, will define the professional inputs (resources and training) required and will be underpinned by key principles.

45.4 KEY PRINCIPLES OF THE REVISED CHILD HEALTH MODEL

1. All children will have access to defined core (universal) services as underpinned in legislation. There will be supports provided for those identified as requiring extra support or additional services, including children with disabilities (progressive universalism).
2. All children will have access to high quality integrated services.
3. Recognises the importance of antenatal care on long term maternal, child and adult health and the impact of good mental and emotional child and maternal health on long term child and adult health.
4. Takes into account children's and adults long-term needs and interests as well as children's immediate needs by recognising the importance of early childhood development.
5. All parents will be made aware of the right to universal child health screening and surveillance services. The HSE will promote, support and enable access to the universal child health service.
6. It will empower parents as the primary educators during the critical early years of a child's development.
7. The programme will be evidence-based with a focus on prevention and early intervention (screening and surveillance including health promotion strategies and interventions).
8. The model will be underpinned by a clinical governance framework which supports the provision of quality services by:
    a. Ensuring integrated care for children via clear referral pathways and formalised networks
    b. Enabling a culture of continuous quality improvement
    c. Providing appropriate professional training to the level of competency required
9. An information system that supports parents to avail of and professionals to deliver the child health service. The implementation of the national ICT Child Health Information System will be a key enabler to services in reviewing their practice and service delivery and for better integration/communication between service providers (general practice, paediatric services, child and family services).
10. Recognises the importance of sharing of information with parents. Information on their child's health status at all contact points is important for parent empowerment and improved interaction between services.

45.5 CHALLENGES IN THE FUTURE SERVICE DELIVERY OF THE CHILD HEALTH PROGRAMME

Inherent in a model shaped by progressive universalism is a focus on prevention and the belief that the early identification of issues (physical, social, emotional) will facilitate early intervention which can positively influence outcomes for children. Universal systems have come in for some criticism when they do not reach poor populations and are overly dependent on the trickle-down effect. The challenges for certain groups accessing universal services include lack of knowledge about the benefits of preventative care, distance from services and related expenses. The progressive nature of services provided should be based on need, with the systems in place for assessment and follow up.

The community services (PHN and community medicine) are committed to providing child health services but the capacity of the service to deliver has been challenged in recent years by a reduction in resources, competing priorities and, in particular, by pressure on the acute hospital system. Currently, the community nursing service provides for both child health and elderly care. The commitment to child health is squeezed between the demands of early hospital discharges and the need to provide health care in the community for an ageing population, and on the increase in births and the increasing demand for clinical nursing services in the community for children with long term conditions. In situations where resources are stretched, it is usually the preventive element of the service which becomes compromised.

A lack of integration between service providers and a lack of capacity of referral services has limited the ability to deliver a quality child health programme. There is a need to develop national integrated care pathways and significantly enhanced treatment capacity for the onward investigation and treatment of problems identified by screening and surveillance. Early access to services, including therapy services, is critical to ensure best outcomes for children with identified health needs. Such problems are not limited to clinical issues but also include social and emotional problems identified within the child and family context. Therefore capacity issues relate not only to medical services but also to family and other support services, whether these are provided by the health services or by other service providers.

Key to the delivery of a quality child health service is the skill and expertise of its workforce. Enhanced training through continuous professional development is essential but has been limited in recent years. This deficit needs to be urgently addressed. In addition, if the service is to develop and to deliver an enhanced quality of care, there will be a need, not only for a re-focusing of service delivery, but also for an increase in skilled personnel to deliver the service.

45.6 ABBREVIATIONS AND ACRONYMS

CHO	Community Healthcare Organisation
CHSS	Child Health Screening and Surveillance
DCYA	Department of Children and Youth Affairs
DOH	Department of Health
GP	General Practitioners
HSE	Health Service Executive
ICT	Information and Communications Technology
PHN	Public Health Nurse

45.7 REFERENCES

Best Health for Children Revisited (2005) Report from the National Core Child Health Programme Group to HSE Accessed at: www.lenus.ie

Department of Children and Youth Affairs (2013) Right from the Start Report of the Expert Advisory Group on the Early Years Strategy

Department of Children and Youth Affairs (2014) Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020

Department of Health and Children (2007) The Agenda for Children's Services: A Policy Handbook Office of the Minister for Children

Department of Health (2009) Healthy Child Programme: pregnancy and the first five years of life

Scottish Executive (2005) Health for All Children 4: Guidance on Implementation in Scotland Getting it right for Scotland's children Scottish Executive: Edinburgh