

Date: **Wednesday 23 October 2002**

Venue: **Committee Rooms 3 & 4, National Assembly for Wales**

Title: **Child Health Surveillance**

Purpose

1. To inform the Committee on the proposals contained in the draft Health for All Children 4th Edition by David Hall.

Background

2. The first edition of Health for All Children was published in 1989. It was the published report of a multidisciplinary working party set up by the British Paediatric Association to review routine health checks for young children. It reviewed the evidence base for the programme known as child health surveillance – a programme of routine child health checks and monitoring in the first 5 years of life.
3. The second edition in 1992 considered how this more rational programme of care might be delivered.
4. The third edition in 1996 was a response to evolving professional perceptions of preventative health care. Its message was that preventative health services for children extended beyond the narrow remit of child health surveillance with its focus on the detection of abnormalities, to encompass positive efforts to prevent illness and promote good health. All the existing child health surveillance programmes in Wales are based on or adapted from this third edition.
5. Currently the core programme contains both screening and surveillance elements. A screening procedure is applied to a population who have no manifestations of the disorder to separate out those at higher risk from those who are at lower risk. It generally requires laboratory or radiological tests. Surveillance does not rely on laboratory tests but on observation of children at various stages of their lives by professional staff either by direct contact or following parental concern.
6. Both these methods permit early detection of disease or disability rather than waiting for symptoms to be inescapably obvious. In the latest version of 'Health for All Children', Hall states, "We believe that

early detection is desirable on a number of grounds". Understandably parents value early diagnosis and in some disorders but not all, early diagnosis results in an improved outcome. It permits parents to access appropriate educational, social services and even financial support. Early intervention and appropriate support thereby enables the child and family to cope with the disability more effectively by reducing parental frustration and isolation, and by providing services and helping the child to make the most of any functions that are preserved. For example in the case of a child with cerebral palsy, early physiotherapy can prevent or delay the progression of postural deformities and contractures.

7. At the present time the screening and child surveillance programme includes: antenatal care; newborn examinations; agreed screening procedures; support as needed in the first weeks with particular regard to breastfeeding; review at 6-8 weeks; provision of health promotion advice either in writing (where appropriate) or by face to face contact; the national immunisation programme; weighing when the baby attends for immunisation; review at 8 or 12 months, 24 months and between three and four years. However, it is expected that staff will take a flexible approach to the latter three reviews according to the family's needs and wishes and a face-to-face contact may not be necessary for all families.

Health for All Children (4th edition)

8. The fourth edition of Health for All Children, according to its editors, takes further the gradual shift from a highly medical model of looking for and detecting disorders to a greater emphasis on health promotion, primary prevention and active intervention for children at risk whether for medical or social reasons. This edition however extends the age range and updates the scope of previous editions and includes recommendations for children's care from birth to secondary school. Previous editions have been endorsed by all the parent organisations represented on the joint working party and have had the backing of the Department of Health. Because the announcement of the development of a National Service Framework for Children occurred during the preparation of the 4th edition it was decided, with the agreement of all the organisations involved, to publish the 4th edition but without any such formal endorsement.

9. The new edition of Hall 4 takes further the shift of a defect detecting model of Child Health Surveillance to a health promotion programme while continuing to emphasise the importance of excellence in individual health care and of access to appropriate professional expertise as and when needed. It clearly states that the early identification of defects is of little value unless the parents subsequently experience a well-organised service with a clear pathway of care from first suspicion of the problem to definitive diagnosis and management. The document underlines that deciding on the balance between universal and targeted health care programmes needs careful judgement. It recognises that the UK has a long tradition of delivering a universal health surveillance programme for every child mainly carried out by health visitors. More recently there has been increasing interest in targeted services. "We believe that both are important". The aim of the report has been to adopt evidence based approach. It recommends that resources will always be insufficient to do all that is possible. Therefore activities should, where possible, be prioritised on the basis of evidence of effectiveness.

10. Two opposing points of view are acknowledged in the document. On the one hand when resources are limited and skilled professionals are in short supply it is unquestionably important to minimise routine tasks whose benefits are uncertain in order to release time and energy for children in higher levels of need. Establishing contact with the most needy families can be difficult and time consuming. On the other hand there are fears that in the absence of a universal programme contacts, children with developmental behavioural growth problems will be missed. "Children may enter school with undetected disabilities".

11. The disquiet amongst child health professionals in Wales, which was noted by members of the Committee relates to recommendation 13 of the draft executive summary relating to the core programme as outlined in paragraph 5 above, and the suggestion that some of the traditional age related, face-to-face reviews may not be necessary for all families. This disquiet was a reflection of widespread and on-going discussion within the profession during the drafting phase of the latest edition of the document. Many professional staff have reservations on the basis that some of the most vulnerable families might be least able to identify potential difficulties in their children and that early diagnosis would thereby be missed. There was no disagreement however with the concept that once concern about development was expressed by parents that there should be timely referral to, and engagement with specialised services for further assessment. Concern was raised about the proposal that universal medical examinations on entry to school should cease. The school health service which was established in 1908 introduced periodic medical examinations (PMI) with the aim of detecting previously unrecognised disorders and abnormalities. Historic improvements in many aspects of health, and detection of physical disorders in the pre-school health service, have greatly reduced the probability that a child will start school with an undiagnosed medical disorder. HFAC4 states therefore that with 3 exceptions a search for previously overlooked organic disorder would not justify offering every apparently healthy child a full physical examination at school entry, and recommends that this should be discontinued. At school entry they suggest the following should be done:- height and weight, hearing test, vision check, identification of children whose immunisations are not complete or who have not received routine pre-school health care for any reason.

Preparation for HFAC4 in Wales

12. It is anticipated that Health for All Children 4 will be published in December 2002 but is presently available in draft form. The general view throughout Wales has been to await the final publication of this document before deciding whether to include the recommendations in respect of their own area child surveillance programme. It is clear that the presently used child health surveillance protocols vary a great deal from district to district within Wales, although all satisfy the basic requirement of Health for All Children (3).

13. Two areas are however planning for change i.e. North Wales and Cardiff. Both intend implementing the new programme in April 2003. Both proposed programmes include a 'safety net' approach to allow children formerly receiving reviews at 8 or 12 months, 24 months, and between 3 and 4 years to be identified.

14. The North Wales proposals are well advanced, although in draft form. This model this will involve telephone contact initiated by the Health Visitor with the families, with checklists and protocols to be used if parental concern is expressed. North Wales' draft proposals for the school entry check will conform with the HAFC recommendations but with some selective school entrant medicals at 48-60 months

15. In the Cardiff model brief face to face contact will be maintained with the children and families, but with a proposal to use health visitors briefly to review a child's development whilst carrying out a targeted health promotion consultation with the parent. This model is also in draft form but awaits further discussion between the primary health care directorate and the Community Paediatricians. The Cardiff response to the school entry health check is still under discussion.

Recommendation

16. From the evidence collected by the Working Group it clear that the presently used child health surveillance protocols vary a great deal from district to district within Wales, although all satisfy the basic requirement of Health for All Children Edition 3.

17. Indeed many paediatricians when responding to the working group expressed a wish for a more co-ordinated All-Wales approach to the implementation of the latest edition of Health for All Children.

18. In their introduction to the latest edition the authors express a wish that it will 'have a short life' and assume that it 'will be overtaken within a couple of years by the National Service Framework'. In Wales the development of the NSF for children has commenced and appropriate external working groups established. This process will permit professional debate of the matters raised in Health for All Children (4) and will act as a vehicle for the production of set a standard that will ensure that a 'safety net' will be in place for all children across Wales.

Financial Implications

19. There are no financial implications attached to this advice.

Compliance

20. The National Health Act 1977 (section 1) covers the duty to promote a comprehensive health service and provide or secure provisions of service. This power was transferred to the Welsh Assembly Government under the Transfer of Functions Order 1999 and delegated to the Assembly Minister for Health and Social Services.

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