

CONFERENCE ABSTRACT

Ensuring the Best Start in life through integration

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Using integration to strengthen the National Healthy Childhood Programme

Introduction: The HSE Healthy Ireland in the Health Services National Implementation Plan 2015-2017 has identified Healthy Childhood as a Policy Priority Programme. Investment in early childhood development, starting from conception, provides one of the most cost effective interventions available to reduce health inequalities and chronic illness in later life. This Programme integrates and supports work across other policy programmes including healthy eating and active living and mental health and wellbeing and has been a key enabler for the development of The National Healthy Childhood Programme, which is the successor to Best Health for Children, which was last updated in 2005.

Description of Policy Context and Objective: At a national level the development and monitoring of child health service falls within the remit of the Health & Wellbeing and Primary Care Divisions. The Health & Wellbeing Division's role is policy implementation, strategic development, guidance and advice and includes monitoring of performance against health indicators.

In June 2014, within Health and Wellbeing, the Child Public Health Group reviewed the international evidence for the universally delivered Healthy Childhood Programme. In view of the multiple contact points (up to 25) and professionals involved the need for integration was identified to enhance service delivery. The evidence review provided the springboard for the work of the National Steering Group, which has multi-disciplinary representation of all the professionals delivering the service across the different divisions of the HSE.

The objective was to agree a new framework for The National Healthy Childhood Programme, which was done under the auspices of the Steering Group.

Targeted Population: The Healthy Childhood Programme is a integrated schedule of universal interventions from birth to adolescence, delivered by a range of health professionals across General Practice, maternity services, Primary Care and the paediatric services and includes health promotion, parenting support, screening, surveillance and immunisation programmes.

Highlights: A number of work streams were established and have developed national guidelines e.g. Developmental Dysplasia of the Hips; Infant Mental Health; and Enuresis.

The National Healthy Childhood Programme builds on that work and reflects the emerging evidence of the most effective strategies for the delivery of child health programmes, as researched by the Child Public Health Group.

The model will be underpinned by a clinical governance framework (regional and national) 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

Implementation of the National Healthy Childhood Programme ensure effective use of resources by minimising duplication and efficient deliver the programme across care settings to provide a cohesive service for the child (child-centred care).

Comments on Transferability: The structure of the steering Group can be transferred to local implementation teams to ensure integration across health sectors at local level.

Conclusions: Working in an integrated way at national level has enhanced the final Programme and laid the foundation for integrated implementation.

Keywords: healthy childhood programme; integration
