ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I spent 6 weeks at the Newham Child Health Information Team. This service was set up to act as a central hub, receiving information on all the child public health surveillance initiatives. My role was varied to reflect the diverse nature of public health work and involved receiving and analysing data of all varieties, including blood spot results, Newborn physical examination reports, hearing screen results, immunisation uptake data and birth and child death notifications.

There are several Key Performance Indicators relating to maternal and child health which have been adopted by public health bodies nationwide to allow for fairer comparison of outcomes and to ensure uniformity of care across the country. These include promoting healthy pregnancies, improving access to screening services during pregnancy, providing antenatal support for vulnerable parents and reducing rates of smoking and alcohol use during pregnancy.

Early years KPIs include reducing child mortality, reducing the incidence of babies with low birth weight, promoting breastfeeding, improving coverage of the newborn screening (hearing and blood spot), increasing immunisation uptake, promoting oral health and providing education about childcare and early education.

Social circumstances have a significant impact on health outcomes, and as such Newham's KPIs also include early recognition of safeguarding concerns, tackling childhood poverty, improving responses to domestic violence and prevention of illnesses and unintentional injuries.

There are further KPIs which direct service provision for school aged children (aged 5-19) however the team I was working with dealt with only preschool children, so this demographic is the focus of this report.

The U.K. has a long history of public health excellence, with programs such as antenatal screening and the immunisation schedule effecting significant reductions in infant and child mortality rates. This is attributable in part to the organisational structure of service provision.

The current structure for service provision is successful because data can be shared easily in a timely manner between health professionals across the country. Screening results for the general population as well specific concerns regarding individual children are collated into central teams in each region. There is a well-established protocol for accessing this data, which improves the efficiency.

Ghana is a middle income country which has high infant mortality. The child public health structure in this country is focused on treating children once they are unwell enough to

need urgent medical attention. It is a reactionary system rather than having a preventative focus. Part of this is due to limited funding and resources, including healthcare personnel, however even with such limited funding, the quality of child public health provision could be improved by adopting a UK style structure consisting of several local hubs, which have responsibility for providing services in their own area. Just as health trends vary across the UK, for example TB screening is more pertinent in London compared to other less diverse areas of the country, health trends will vary a cross Ghana and it is inefficient to expect a single national organisation or service to be sufficiently aware of these differences to provide appropriate services.

However just as in Ghana, where even minor political changes can trigger a complete overhaul in health services, changes in the political mood in England are causing a shift in healthcare. Due to their nuanced nature, public health services are often liable to be axed early in any round of cuts. Public health services are not as visible and directly relatable to patients as for example, GP surgeries or A&E departments, therefore there is less awareness and less outcry when these services are scaled back.

NHS cuts have been well publicised. A by product of these is a reduced willingness of healthcare organisations to provide services which are beyond their core remit. Commissioning of child public health services has been transferred to local authorities, leaving the funding of these services outside the NHS ring-fence. These services must now be provided from an already limited and strained health and social care budget.

This new structure may affect the quality of service provision. Surveillance and identification of trends is an essential component of of an effective public health programme. Patterns of disease and gaps in provision need to be identified early to minimise the risk of difficulties and ill health needing to be dealt with further along the healthcare provision chain i.e. preventing illnesses to avoid bottlenecks at GP services and in A&E departments. Additionally, a strong surveillance network is required to avoid being taken by surprise by any unexpected health eventuality such as an epidemic. A lack of funding or improper allocation of resources could cause regression in the quality of service provision, for example reports not being complied in a timely manner could delay diagnosis and provision of treatment. Additionally, safeguarding concerns could be missed because there is no longer a clear pathway for accessing information once greater devolvement occurs.

As the NHS undergoes restructuring and debates are had about its function, it will be important to study countries such as Ghana and ensure that the causes of the failings in its child public health programme are kept in mind, to avoid accidental regression into an inefficient and unsustainable model of service provision.