ChildHealth 2020
A Strategic Framework for Children and Young People’s Health
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Today’s children are tomorrow’s adults and parents/guardians. Childhood presents an opportunity to embed good health and healthy behaviours which last for a lifetime and will be passed to future generations. Investment in health before and during pregnancy and in the first few years of life should lead to reductions in ill health, more effective use of health service resources, and provide benefits to the wider economy. Making child health a priority has benefits for health care services and for the future health and prosperity of the population. Children are also one of our most vulnerable population groups, and as such we have a moral and legal duty to do what we can to protect them.

This strategic framework sits within NHS Grampian’s Healthfit 2020, and represents a step in the journey towards our aspiration that...

‘...by 2020, all children and young people of Grampian will have the healthiest possible start in life.’

We have identified key values, targets and indicators from relevant national and local policies and combined these with feedback from discussions with health professionals, partner agencies and children and families. This information has been captured within Six Key Themes (see right) and a Child Health Map (see right and Appendix 1) to produce a strategic framework which will underpin the actions needed to achieve our vision. This framework is grounded in the principles of Getting It Right for Every Child (GIRFEC) – (see Appendices 2 & 3.)

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### The Six Key Themes

1. **Putting children, young people and their families at the heart of what we do** - Services should be planned and delivered in a child-centred way with children, young people and families having a voice in shaping services as well as in their treatment plan; doing things with children/families rather than to them.

2. **Acting early and intervening at the right time** - Preventing ill health, promoting good health and intervening early provide the best outcome; the pre-birth to 3 years stage provides unrivalled opportunity for improvement in future life chances, and improving parenting and reducing substance misuse are key to this.

3. **Safe and sustainable services** - Specialist services based at The Royal Aberdeen Children’s Hospital and Tier 4 mental health services must be planned in partnership with other Boards in the North as well as across Scotland for some services.

4. **Integration and partnership** - Local services must be planned jointly through Community Planning Partnerships with key stakeholders (education, social services, police, and the third sector), to protect and improve the health for all children and young people and to target our response to those who need our support the most.

5. **Workforce, education and training** - A highly trained and motivated workforce of sufficient capacity and skill-set will be required going forward.

6. **Knowledge and evidence** - There needs to be a focus on generating evidence and ensuring that evidence of what we know works well is consistently and routinely put into practice. Better use of IT could make information sharing more efficient and effective and improve monitoring of overall health of children and young people.
A series of goals (summarised in Appendix 4) has been developed to help to optimise our children’s health and health care services. We can only achieve these goals by building firmly on the process of effective engagement with NHS Grampian staff, partner agencies, children, young people and families. An Action Plan is suggested and a recommendation for establishing a Child Health Programme Board is made to oversee implementation of Child Health 2020.

Ancillary materials, presentations and consultations used in the preparation of this document are included as Appendices:

- List of Groups Consulted (Appendix 5)
- Early Years Collaborative Stretch Aims (Appendix 6)
- Key Policies Relating to Child Health (Appendix 7)

Process: This Strategic Framework was prepared by a Children and Young People Core Group. The Group was chaired by Susan Webb, Deputy Director of Public Health and the main authors of the document were Dr Simon Hilton, Consultant in Public Health Medicine and Dr Fiona Murray, Public Health Researcher. The full membership of the Core Group is listed in Section 7.
2 Purpose and Vision

The purpose of this strategic framework is to set out how NHS Grampian will focus its efforts from now until 2020, to optimise the health of our children and young people.

The framework is for NHS Grampian, but recognises the input of all relevant partners and stakeholders, as child health and wellbeing are affected by a wide range of factors. All children and young people are included, and consideration is also given to prenatal influences on child health. In the main, the period covered is ‘conception to 18 years’, but no single upper age limit is set as the appropriate age may vary between different areas/topics within child health. All areas of relevance to child health, for example from primary prevention to care by specialist services, are included. The framework is also directly linked to the NHS Grampian Healthfit 2020 vision.

The result, reflected in our vision statement, should be that:

‘...by 2020, all children and young people of Grampian will have the healthiest possible start in life.’

This applies to children across all our geographical, cultural, religious/faith and socio-economic communities.

NHS Grampian has a responsibility both to optimise the health of, and to provide health care services for, the Grampian population. We are committed to work towards:

- Achieving the best possible health outcomes.
- Delivering high quality services for those who need them.
- Minimising health inequalities.

This strategic framework is a step in the process of bringing together NHS Grampian staff, as well as our partner agencies and children/families, to deliver our vision.

The framework identifies goals that NHS Grampian staff can share with each other and with partners, so that:

- Frontline staff are empowered to work towards the goals and to deliver the vision.
- Senior decision-makers can identify the support needed to achieve the goals, and most importantly.
- We can develop action plans that will allow us to reach the goals in a manageable and sustainable way.
3 Approach

3.1 Key Themes and the Child Health Map

We identified **key, cross-cutting issues** arising from national and local policies, and grouped these under six Key Themes based on the Report of the Children and Young People’s Health Outcomes Forum (July 2012). These themes, which are consistent with the core values of NHS Grampian - *caring, listening and improving* - are:

- Putting children, young people and their families at the heart of what we do.
- Acting early and intervening at the right time.
- Safe and sustainable services.
- Integration and partnership.
- Workforce, education and training.
- Knowledge and evidence.

We also reviewed the evidence base, and a range of national and local indicators and targets, to produce a ‘Child Health Map’ of specific topic areas which should be emphasised in order to improve child health. The map is attached in Appendix 1.

Using a discussion paper to provide context, we talked with staff in the NHS and partner agencies, and with children, parents/guardians and families and built the feedback from this engagement into the six Themes and the Child Health Map.

The themes and map overlap significantly, but together they identify the important issues in maintaining and improving the health of our children and young people.

3.2 The Goals

The health of children and young people covers a very broad agenda and it would not be possible within this strategic framework to detail everything that needs to be done in order to optimise child health. A number of goals are highlighted throughout this strategic framework including:

- Aspirational actions which may require immediate planning but which are likely to take longer to develop and demonstrate an effect or outcome (the ‘**long term goals**’)

And:

- Specific actions which need to be initiated in the short term and for which some outcomes should become evident in the near future (the ‘**short term goals**’)

The goals are not comprehensive and cannot represent all of the work which is ongoing, but taken together, the themes and map can be used as an overview of key issues that need to be addressed in working towards our vision.
4.1 Why child health is important

Today’s children are tomorrow’s adults and parents/guardians. Children’s early life experiences are central to shaping their long-term health and wellbeing - from obesity, heart disease and mental health, to how well they do educationally. Childhood presents an opportunity to embed good health and healthy behaviours which last for a lifetime and will be passed to future generations. Good parenting is central to building resilience and reducing many of the behaviours that adversely affect health and lead to health inequalities. The most important factor determining a child’s access to positive early experiences is poverty.

In the decade to 2010/11, the child poverty rate in Scotland fell from 31% to 21% after housing costs. Child poverty in Grampian is lower than Scotland as a whole, but there are still many children growing up in poverty. It has been estimated 16% of children in Aberdeen, 9% in Aberdeenshire and 13% in Moray are growing up in poverty - with some Council Wards reporting over a third. Child poverty has lasting effects. A child growing up in poverty is more likely to leave school with fewer qualifications resulting in lower earnings over the course of their life, have lower life expectancy (on average 5 years difference between the least and most deprived in Aberdeen) and will also spend more of their shorter lives in poorer health. The complex range of factors: social, economic, psychological and environmental that affect a child’s health and wellbeing clearly requires partners to adopt a ‘whole-child’ approach (see also Section 4.3).

Investment in health before and during pregnancy and in the first few years of life should lead to better outcomes and to reductions in the costs borne by health, welfare and criminal justice systems and ultimately to economic growth. It has been estimated that such investment should result in educational attainment improving in primary year one, with better behaviour motivation and language demonstrated. Cost savings should start from about age 12 years, with health savings starting to be realised in the teenage years.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with adverse life events and grow into healthy adults. In Grampian, at any one time, around 10% of our children and young people have mental health problems which significantly affect their daily lives.

This translates as:

**Long Term Goal** - NHS Grampian will demonstrate its commitment to optimising the health of children and young people through effective implementation of this strategic framework.

Children and young people in Grampian are healthier today than ever before. However, the data shows there are areas where outcomes can be improved. This section provides a snapshot of these data. Further information can be found in the latest Director of Public Health 2012 Annual Report: [http://www.hi-netgrampian.org/hinet/secure_files/DPH2012_Report.pdf](http://www.hi-netgrampian.org/hinet/secure_files/DPH2012_Report.pdf)
The mid-year population estimate for 2012 indicates that there are ~117,800 children and young people up to and including 18 years old in Grampian (21% of the population). ~38,700 (33%) are pre-school (0-5 years old), ~40,000 (34%) are primary school age (6-12 years old) and ~38,700 (33%) are older school age/young adult. 49% of 0-18 year olds are resident in Aberdeenshire. Mid-year population estimates suggest that the number of 0-5 year old children across Grampian has increased by around 15% in the past 5 years.

Our maternity services deliver around 6,500 babies per year. The Neonatal Unit in the Aberdeen Maternity Hospital admits 800-900 babies per year, of which nearly 25% require intensive care. More babies born at less than 26 weeks gestation are admitted to the Unit each year with increasing care needs and longer stays (e.g. 4-5 months). NHS Grampian’s Combined Child Health service has 47,000 outpatient attendances per year, 1500-2200 Accident and Emergency attendances per month, 900 inpatient episodes per month and engages with more than 20 networks of care regionally and nationally.

We have taken many successful steps towards, and continue to invest in improving the health of our children and young people. The proportion of pregnant women booked for antenatal care by the 12th week of gestation is well above the Scottish average and meets the national target of 80%. This is true for all socio-economic groups.

Fewer women report that they smoke when they first contact maternity services, with the greatest reduction among women from our disadvantaged communities. Teenage pregnancy rates have started to show a decrease in some age groups in recent years (e.g. from 50.6 per 1000 in 2006 to 41.0 per 1000 in 2010 in the under 20 age group), with Grampian rates for this group being less than the Scottish average. Childhood immunisation is one of the most important things we can do to protect health. For Grampian as a whole, uptake of all primary childhood immunisations meets the national target of 95%, and this is consistent across all socio-economic groups.

**Grampian C&YP Numbers by Council Area**
(General Register Office of Scotland mid-year estimate 2012)
In terms of access to services, the numbers of patients waiting for more than 26 weeks to access Child and Adolescent Mental Health Services (CAMHS) treatment is decreasing.

However, there is more that we need to do. Despite the favourable Grampian-wide picture, significant inequalities exist. For example, it is estimated that in some local areas the teenage pregnancy rate is up to six times higher than the Scottish average, and the rate in those aged under 16 years for the whole of Grampian is above the Scottish average. This is important because teenage pregnancy is associated with a range of negative health and other outcomes, including: increased risk of postnatal depression and poor mental health; low educational attainment, unemployment and future poverty; higher infant mortality, low birth weight and Accident and Emergency admissions for accidents. Whilst breastfeeding rates compare well with the Scottish average, rates vary across Grampian from 10% in our most deprived to 60% in our least deprived communities.

Over 20% of children in Grampian were estimated to be overweight or obese in 2011. Trends show a several-fold increase in the rate of obesity and an increase in the rate of overweight in primary 1 children over the last few decades in Grampian, with the greatest increase in our most deprived communities. Childhood obesity and its implications, such as increasing rates of diabetes, continue to present a concern (it has been predicted that, unless present trends are slowed, one in five children born in the UK in 2000 will develop diabetes in their lifetime).
4.2 Policy and values

This strategic framework demonstrates our commitment to the values enshrined in the Scottish Government’s overarching policy of ‘Getting it Right for Every Child’ (GIRFEC).

GIRFEC has high level outcomes for all children in Scotland to be:

GIRFEC represents a move from a welfare approach to considering eight areas to assess the wellbeing of individuals with a view to supporting the achievement of potential in a child-centred way.

All children should expect to be supported (through partnership working between a range of services, the children and their parents/guardians) to be:

<table>
<thead>
<tr>
<th>Safe</th>
<th>Protected from abuse, neglect or harm at home, at school and in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>Having the highest attainable standards of physical and mental health; access to suitable health care and support to make healthy and safe choices</td>
</tr>
<tr>
<td>Achieving</td>
<td>Being supported and guided in their learning and in the development of their skills; confidence and self esteem at home, at school and in the community</td>
</tr>
<tr>
<td>Nurtured</td>
<td>Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting</td>
</tr>
<tr>
<td>Active</td>
<td>Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development at home and in the community</td>
</tr>
<tr>
<td>Respected and Responsible</td>
<td>Should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their schools and communities</td>
</tr>
<tr>
<td>Included</td>
<td>Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn</td>
</tr>
</tbody>
</table>
The Scottish Government published a **Bill for Children and Young People** in 2013, to be debated in Parliament in 2014, which will legislate for some aspects of the GIRFEC policy. The vision developed by the Scottish Government includes a desire for Scotland ‘…to be the best place in the world to grow up.’

The Early Years Framework, published in 2008, encourages **partnership working** to deliver a shared commitment to giving children the best start in life and to improving the life chances of children, young people and families at risk.

The Early Years Collaborative, launched in 2012, aims to ‘…accelerate the conversion of the high level principles set out in GIRFEC and the Early Years Framework into practical action.’

The Collaborative gives Community Planning Partnerships a responsibility to deliver on a set of medium - long term ‘stretch aims’ (Appendix 6), and NHS Grampian staff are working with partners towards these.

In addition to national policy, Scotland has signed up to ‘The United Nations Convention on the Rights of the Child’ (UNCRC). This sets out 42 rights for children and young people. Article 24 states: ‘You have the right to the best health possible and to medical care and information.’

A list of other key policies is attached in Appendix 7.
4.3 The ‘My World Triangle’ and the ‘Protective Shell’

GIRFEC provides a number of tools to help conceptualise and take forward the approaches and values set out by the policy. These include the ‘My World Triangle’ which helps those working with children and young people to think about the whole world of the child or young person when assessing need or delivering care.

(Please note: The My World Triangle is also available in A4 format in Appendix 2)
The ‘Protective Shell’ is a locally developed concept which **emphasises that an individual’s health is determined by a combination of positive and protective attributes and negative impacts** (this is similar to the Resilience Matrix provided by GIRFEC).

It supports the value of building positive attributes (the layers of the protective shell) in children which will help them to develop resilience against events and circumstances which could threaten their future health. This represents a change of emphasis from a focus on negative health outcomes, which are often more immediately obvious and more commonly measured. A Protective Shell, showing some examples of protective factors and health threats, is given below.

(Please note: The Child Health Protective Shell is also available in A3 format in Appendix 3)
5 The Six Key Themes

Together, the Six Key Themes and the Child Health Map (see Appendix 1) identify the important issues in improving the health of our children and young people. They incorporate national policy values and the feedback we received from staff and partners (including children, young people and parents/guardians). There is considerable overlap between the individual themes and map. The goals derived from these will drive progress towards our 2020 vision.

5.1 Theme 1 - Putting children, young people and their families at the heart of what we do

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have the right to an opinion and to be listened to and taken seriously. Included within SHANARRI are the principles that children should be involved in decisions that affect them and should have their voices heard. In working with children and their families, we should do things with them rather than to them.

In producing this strategic framework we spoke to children, young people and families, and listened to their recent experiences.
Staff, partner agencies, children and parents/guardians also told us that we need to:

Move the focus of health(care) into communities, by moving healthcare services into communities and giving children and families responsibility for their health.

Inform and empower children and families about health and about services.

Listen to and involve children, young people and their parents/guardians, including foster carers, in care and services.

Take an individual and holistic approach to caring for each child.

Communicate in a compassionate way which is appropriate to the age and knowledge of the individual being cared for.

Coordinate care for children and young people with complex needs, embedding the GIRFEC principle of the ‘lead professional’ across all services.

Provide (good) continuity of care.

Provide (robust) support for families, including foster carers.

Recognise that negative experiences (of services) can have profound and long term effects (on the way individuals engage with services).

Children, young people and families shared many examples of where NHS staff demonstrated that they really do have the child or young person at the heart of what they do every day. These included highly complimentary comments about clinical staff and support workers. A number of people commented on the invaluable support provided by the play specialist staff to children and their families in the hospital setting.

Whilst most people’s experiences were positive, some children, young people and parents/guardians talked about where we can improve. Broadly the issues included:

- Access (e.g. to GP and outpatient appointments, children and parents/guardians’ lack of awareness of available services)
- Information (e.g. about patient rights, health information provided in schools)
- Communication (e.g. overuse of medical language, lack of involvement of children/ parents/guardians in decision-making about their care)
- Support (e.g. support when waiting for a diagnosis, support for (families of) children with complex needs).
This translates as:

**Long Term Goal** - We will enable children and families to look after and improve their own health, by providing information and help in building resilience (e.g. through good parenting and community support).

**Long Term Goal** - We will involve children and young people in their own care, along with their parents/guardians, and communicate with them using individually appropriate language.

**Short Term Goal** - We will develop a systematic and sustainable way to gather and learn from the experiences and views of children, young people and parents/guardians. We also need to demonstrate that we are listening and improving as a result.

**Note:** To assist staff to communicate with non-English speaking children, young people and their parents/guardians and relatives, a “face to face” interpreter or the “Language Line” telephone interpretation service can be made available when consultations take place. Material in translation can also be provided. If the patient has a communication disability, appropriate communication support such as British Sign Language (BSL) interpreters, audio, accessible/pictorial material, large print and other formats and support can be provided.
5.2 Theme 2 - Acting early and intervening at the right time

GIRFEC signals a move away from services reacting to problems as they arise in individual children, towards proactively supporting every child to achieve their potential and to lead healthy lives. However, services must also be in a position to respond to threats to health as they arise, in the right place and at the right time. This is also the ethos of the Early Years Collaborative, one of the aims of which is to: ‘Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016.’ Achieving this approach is dependent on all of the other themes.

Staff, partner agencies, children and parents/guardians told us that we need to:

Take the opportunity in this important group [children and young people] to optimise population and individual health gains, particularly through immunisations, developing healthy behaviours, good parenting and attachment.

Include healthcare and other professionals and services within the wider health improvement agenda.

Involve healthcare and other professionals in planning and delivering health improvement programmes (to ensure these are based on evidence and experience).

Support healthcare and other professionals to develop their own health improvement approaches to reduce pressure on services (as frontline staff are often best placed to understand the root causes of the problems they see).

Ensure that all those who work with children recognise the broad range of factors which influence health and consider prevention at every opportunity (including delivery of appropriate messages).

Recognise that the early years offer an opportunity to embed healthy behaviours, but that adolescence is an important time to reinforce these behaviours.

Pay particular attention to substance misuse issues and address them early.

Ensure that services are available when they are needed (throughout the ‘care journey’).

Ensure that specialist care is as local and accessible as possible.
Many of our public health programmes have achieved considerable success. Good uptake of immunisations and reductions in self-reported smoking in pregnancy are both examples of early, preventative measures which have positive impacts on children's lives. There has been a 60% improvement in the level of dental disease in Primary 7 children since 2005. Despite Grampian having higher levels of alcohol consumption for 15 year olds than Scotland as a whole, the overall trend in youth drinking over the last 8 years is downward. Nearly 1200 children have completed a Grow Well Choices programme to achieve a healthy weight and more than 16,500 nursery children are brushing their teeth daily as a result of Childsmile.

However, we can achieve much more. At a time when 1 in 5 children are overweight or obese when they reach primary school, health programmes generally rely on short term funding. These programmes need to be part of our routine practice if they are to be sustainable in the future. Children, young people and their parents/guardians told us that the content and delivery of health information and advice (particularly regarding substance misuse and sexual health) in schools could be better, and that more advice and support around mental health and wellbeing would be helpful. The Child Health Map gives an overview of key areas that we can focus on to improve the health of children and young people.

Challenges to delivering these improvements include the increasing number of children in their early years and addressing the needs of those children who live in non-English speaking families or families where English is a second language. It is important to recognise that broad inequalities continue to exist in early years experiences and we need to focus on reducing these inequalities to achieve health benefits across the socio-economic spectrum.

This translates as:

**Long Term Goal** - *All* children will be given the opportunity to realise their potential to be healthy individuals. This includes those on child protection registers, looked after children (LAC) and children with disabilities, but also takes into account inequalities in the early years experiences of children who are not known to services.

**Long Term Goal** - We will shift our focus towards prevention and early intervention, recognising where this can have longer term benefits for health and wellbeing and consequent service provision. Key issues include: supporting positive parenting; addressing substance misuse in parents/guardians and children; and addressing inequalities at an early stage of life.

**Long Term Goal** - While supporting children and families to look after their own health, we will ensure that the right services will be available in the right place at the right time.

**Short Term Goal** - We will improve our joint working at a strategic level to ensure that programmes which lead to improvements in health are sustained.
5.3 Theme 3 - Safe and sustainable services

The provision of health care to children who are unwell, injured or in need of continuing care for longer term health problems is provided within centres of excellence across Scotland. NHS Grampian has one of the three acute hospitals for children in Scotland, Royal Aberdeen Children’s Hospital (RACH). RACH is also a hub for regional healthcare provision for children within Grampian and across the North of Scotland including Orkney and Shetland. Services provided at RACH are a key component of the Combined Child Health service within NHS Grampian, which includes community child health, paediatric surgery and specialist services (including the Neonatal Unit).

Services for children are complex. They are provided, where feasible and safe to do so, as close to home as possible using the principles of: the right person/professional at the right time and in the right place. Many services are very specialised and are delivered through networks of professional staff operating across regional or national boundaries, to ensure that the most expert staff are involved in care delivery. Occasionally children with specific needs are supported to receive their care in other national centres across Scotland and elsewhere in the UK.

The present RACH opened in 2003 to provide a facility fit for 21st Century acute care. Inpatient, high dependency, Accident and Emergency, day case and outpatient services are available along with dedicated paediatric theatres. Extensive parent facilities are provided in a hotel suite as well as at the bedside, acknowledging the importance of family-centred care and the dispersed population served. The Archie Foundation has provided excellent support in ensuring that children and parents/guardians are as comfortable as possible during hospital care, as part of a high quality service.

The move away from single-handed posts in specialties such as paediatric gastroenterology and cancer services has driven the creation of regional and national networks in these and other tertiary services. Support from the National Delivery Plan for Specialist Children’s Services has allowed NHS Grampian to increase the surgical paediatric team for the North as well as extend the number of specialist nurses available to support families within communities as well as within the hospital setting.

A modern service must continually appraise itself to ensure safety and sustainability. How we deliver care now may change in the future to meet these needs. NHS Grampian will continue to work with the Health Department to plan tertiary services up to age 16 years on a national basis. The future will involve assessing the roles of the medical workforce, and extending the roles of physician assistants, nurses and allied health professionals.

The North of Scotland Paediatric Sustainability Review 2011 outlined some of the challenges currently facing acute paediatric care. The review examined paediatric services across the five North of Scotland health boards and reported on the current picture of paediatric secondary care. It outlined where regional collaboration might strengthen the future sustainability of services. The review also looked at what service models, pathways and workforce models might deliver in terms of options for improved regional working, particularly where they add value. NHS Grampian is currently working towards the implementation of some of the key recommendations.
Staff, partner agencies, children and parents/guardians told us that we need to:

Provide safe and sustainable acute paediatric services across the North of Scotland, working collaboratively with other health boards.

Provide safe and sustainable neonatal services across the North of Scotland.

Achieve the highest quality provision of general medical and community paediatric services in partnership across NHS Grampian.

Support the three quite different Community Planning Partnerships in the achievement of the health aims outlined within this framework and the respective Integrated Service Plans, tailored to their local community identified priorities.

Secure a work force equipped for the future across all specialties in acute and primary care roles.

Support age-appropriate care across all settings, including transitions to the adult services.

Support regional and national networks to deliver ‘less frequently encountered specialist care’ locally, by fully participating in shared care models, thus ensuring maximum local provision of support for families.

Provide services as locally as possible.

Minimise travel and disruption for families with significant healthcare needs.

Provide safe and sustainable child protection services.

Provide integrated models of healthcare delivery across the region, developed with local needs of children and families at the centre of our planning.

Work with voluntary and third sector agencies and special interest groups to improve the overall care of children and families with specific conditions.

Engage with local children, young people and their families.

Ensure that best practice is disseminated throughout Grampian.
For Child and Adolescent Mental Health Services (CAMHS) - Staff, partner agencies, children and parents/guardians told us that we need to:

Support the essential links and integrated working to maintain and develop services in association with the 3 partnerships, Combined Child Health and Mental Health Services.

Achieve the national HEAT waiting time target by 2014/15 (all referrals seen within 18 weeks).

Continue development of the North of Scotland Regional Tier 4 Network and provision of the Young Peoples Unit.

Further develop local Tier 4 provision/interventions.

Ensure appropriate access to emergency CAMHS.

Increase the CAMHS workforce and service capacity to meet the national target and benchmark levels.

For Community Based Services - Staff, partner agencies, children and parents/guardians told us that we need to:

Provide a safe and sustainable health care service for children with a focus on school nursing and health visiting.

Develop a robust electronic system that will support communication and recording.

Provide ongoing evidence-based training to support evidence-based practice.

Recruit and retain the best staff across all areas.

Integrate NHS staff, co-locating with other agencies where appropriate.

NHS Grampian provides a wide range of services locally and provides tertiary care for the North of Scotland. Improvements continue to be made to meet the highest standards of care, as evidenced by improvements in access to Child and Adolescent Mental Health Services (CAMHS) treatment and the proportion of pregnant women booked for antenatal care by the 12th week of gestation.

However, challenges still remain such as providing local services which are also of the highest quality, and which are safe and sustainable. The high quality of current services also has implications in itself. For example, improvements in the survival and care of premature babies are such that many of these children grow up with complex needs, resulting in a requirement to plan how we can meet these needs.
This translates as:

**Long Term Goal** - We will provide services which are safe, sustainable and committed to continuous improvement, working with all relevant specialist networks; keeping a broad range of services available locally and to the North of Scotland.

**Long Term Goal** - We will have a redesigned work force to meet the demands of a changing paediatric service.

**Long Term Goal** - We will work with all of the national collaborative programmes to deliver improved services.

**Short Term Goal** - We will improve the provision of acute paediatric services across Grampian in the context of sustainability across the North of Scotland.

**Short Term Goal** - We will improve access to health care and support as appropriate to need.

**Short Term Goal** - We will develop clear pathways for transition between services for children and adults.
5.4 Theme 4 - Integration and partnership

Effective integration and partnership working are central to achieving the Child Health 2020 vision. The objectives of GIRFEC and the Early Years Collaborative can only succeed through such an approach. This must happen at all levels, from frontline staff working together to ensure a holistic approach to an individual child, to senior staff undertaking strategic planning together. In all of this, the key partnership is with children and families.

NHS Grampian works within three Community Planning Partnerships (CPPs), uniting us with colleagues from education, social work, police, voluntary agencies/third sector and others. CPPs publish ‘Integrated Children’s Services Plans’ to demonstrate where we will work together to make a difference. These partnerships are particularly important in delivering services to vulnerable children e.g. looked after children.

Staff, partner agencies, children and parents/guardians told us that we need to:

- Plan jointly through community planning partnerships with key stakeholders (local authorities, police, third sector etc.), in order to take a holistic/assets approach to child health. NHS Grampian needs to bring a strong voice to this.
- Develop clarity regarding roles/remits/accountability (i.e. have clear boundaries), at the same time minimising barriers that may prevent professionals working jointly.
- Recognise youth workers and guidance teachers as having a key role.
- Communicate effectively and proactively, sharing information between agencies and disciplines (including developing an understanding of each other’s languages).
- Ensure that ‘generalist’ staff (e.g. GPs and practice nurses) continue to have links with ‘specialist’ staff (e.g. Health Visitors) in delivering healthcare services to children.
- Securely integrate Health Visitor records with other records.
- Continue to work together to address child protection issues effectively, taking account of the NHS Grampian policy ‘Our Children, Our Future: A Strategy for Protecting Children’.
- Continue to work together to improve the health of looked after children.
Children and their families told us of examples of where staff worked together to ensure that the needs of individual young people were met. One example was a consultant asking a young person in hospital “what is important to you?”, and then working with the family and nursing staff to make sure that happened (attending a much anticipated event). We also heard of partnership working with schools and the array of services that “fall into place” after diagnosis.

However, professionals from different agencies told us of examples where they believed joint working could be better. Examples included where staff within particular disciplines addressed specific issues in isolation, without understanding the wider needs of the child. Suggested ways to improve this include: clear lines of communication; a better understanding of each other’s terminology/jargon; a clearer understanding of each other’s roles and remits; and consideration of the needs of the whole child.

This translates as:

**Long Term Goal** - We will strive to improve our joint working approach with other agencies, including with children and families themselves, to ensure that individuals are seen as a whole rather than as a set of needs or problems. This includes clarifying boundaries within which to work and avoiding barriers to a holistic approach.

**Short Term Goal** - We will work more closely with colleagues and partners at a strategic level to ensure we have a joint agenda and goals with respect to child health. Current mechanisms for this include the Early Years Collaborative and Integrated Children’s Services Plans.
5.5 Theme 5 - Workforce, education and training

Children and young people come into contact with both ‘generalist’ staff for whom working with children is a part of their role, and ‘specialist’ staff whose main focus is on the health of children and young people. The latter include health visitors (HVs), school nurses (SNs), paediatric (acute and community) medical and nursing staff, and some allied health professionals (AHPs) for whom children are a significant patient group. A significant amount of the health care provided to children is delivered by general practitioners.

With respect to HVs and SNs, the Scottish Government is currently undertaking work to explore improvements in a number of areas. This work includes defining the roles of HVs and SNs, and their education and training needs.

Staff, partner agencies, children and parents/guardians told us that we need to:

Enable HVs, SNs and AHPs to undertake their roles more efficiently by providing them with appropriate resources and structures within which to work (issues include access to IT facilities, time spent travelling and administrative support).

Consider the capacity of the current HV/SN workforce to support families and take a holistic, preventative approach, in addition to their contribution to immunisation and child protection.

Address the inequity of caseload between HVs in different localities.

Provide better staff training for parenting programmes.

Provide training to improve communication skills.

Provide training on working with children for generalist staff e.g. GPs and nurses covering out of hours services (including child protection).
NHS Grampian has produced a training directory by reviewing the current documents that detail safeguarding and child protection competencies for public health nurses, as well as relevant HEAT targets and competencies for professionals working with children and young people. It is aligned to the Scottish Government Modernising Nursing in the Community programme. This directory signposts public health nurses and their managers to appropriate learning resources that are specific to the role.

Challenges remain in: recruiting and retaining staff across all areas of children’s services; making optimum use of the specialist workforce resource in hospital and the community (e.g. HVs/SNs), and providing sufficient capacity to support the Child Health 2020 vision; and training for generalist staff.

Sub-specialisation within the paediatric medical workforce presents key challenges in maintaining a workforce to support children and their families locally. Changes in medical training programmes and an increasing number of part time workers have led to recruitment pressures regarding the available pool of staff. New models of support are therefore required and being developed - advanced practice nurses and AHPs; new roles e.g. Physician Assistants; and more flexible working practices.

This translates as:

**Long Term Goal** - We will optimise the effectiveness, efficiency and capacity of our specialist and generalist child health workforce with a view to offering the highest quality healthcare and towards providing proactive support in building positive health for children.

**Short Term Goal** - We will review the resources and organisation of health professionals working with children in the community (HVs, SNs, AHPs, GPs, pharmacists and others) and implement appropriate changes.

**Short Term Goal** - We will review the skill mix required to deliver the highest quality services for children in the context of emerging national policies and initiatives.

**Short Term Goal** - We will review the training required by generalist staff to enable them to fulfil their child health role effectively.
5.6 Theme 6 - Knowledge and evidence

To achieve our vision we need information to help us identify areas for improvement and to monitor whether changes we put in place make a difference. We need to be able to measure our progress against national targets, such as the Early Years Collaborative (EYC) stretch aims and relevant performance targets. We also need to consider how we can monitor child health in a broader sense, because building resilience and positive attributes will be more difficult to measure than, for example, some of the more traditional disease-based outcomes. However, it is important that this does not stop us taking a positive approach. We should engage with local and national organisations to access opportunities to carry out research and to ensure the results of this are appropriately put into practice.

At an individual level, the integrated, partnership approach supported by GIRFEC and EYC also requires consideration to be given to sharing information effectively between agencies.

Professional links exist and information sharing already takes place, for example around child protection issues. NHS Grampian also produces an Early Years ‘At a Glance Scorecard’ which gives a large amount of information on a number of key indicators.

Better use of IT could make information sharing more efficient and effective and aid improved monitoring of the overall health of our population of children and young people. Given the public health importance of this group, NHS Grampian and partners need to be fully informed about the state of their health and about the progress made in achieving the vision of this strategic framework.

This translates as:

**Long Term Goal** - We will work with partners to ensure steps are taken to optimise our children’s health through the areas outlined in the Child Health Map.

**Short Term Goal** - We will undertake assessment of the IT requirements for HVs, SNs and AHPs and put in place systems which allow accurate recording of information, sharing of information and data extraction for monitoring purposes.

**Short Term Goal** - We will develop a mechanism to ensure that NHS Grampian can monitor the status of child health in Grampian (including that of looked after children) and can assess progress towards improving this.

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**Staff and partner agencies told us that we need to:**

Provide/develop electronic information recording systems for HVs, SNs and AHPs which are specific to the needs of these services and can interact with others (e.g. GP, social work).

Ensure that programmes designed to improve child health are based on robust evidence.

Include indicators relevant to child health within the performance assessment/governance arrangements for NHS Grampian.
6.1 Conclusions

This strategic framework sets out what children, parents/guardians and our other partners should expect from NHS Grampian. This includes information and support to help children lead healthy lives, the right services to meet specific health needs and extra support for those who need it most.

Putting this framework into action requires:-

<table>
<thead>
<tr>
<th>Leadership</th>
<th>A systematic approach at all levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Board endorsement is required to prioritise the strategic framework and the vision for children and young people, supported by the Director of Public Health and other members of the Executive Director Team.</td>
</tr>
<tr>
<td></td>
<td>Senior Managers should identify the support needed to ensure that the strategic framework is translated into action at an operational level.</td>
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<tr>
<td></td>
<td>Frontline staff should work towards the goals as part of their work with children and young people.</td>
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<tr>
<td></td>
<td>All staff within NHS Grampian should use this strategic framework to work with partners and influence the decisions made in relation to improving the health of Grampian’s children.</td>
</tr>
</tbody>
</table>

| Action plans        | This strategic framework has been translated into an action plan through discussion with stakeholders. The action plan needs to be refined and take into account other organisational and national policies which may be relevant to child health e.g. the integration of health and social care. |

| Monitoring          | An agreed mechanism will be used to monitor the state of child health in Grampian and the progress made towards the goals. |
6.2 Child Health Programme Board

It is recommended that a Child Health Programme Board be convened as soon as practicable to provide high-level leadership of the implementation, resourcing and monitoring of the Action Plan, produced in conjunction with this Strategic Framework document.

Going forward, it will be essential to continue to engage our staff and to work in close partnership with our partners in order to delivery improved health outcomes for the children and young people of Grampian, in order to secure our vision that:

‘... by 2020, all children and young people of Grampian will have the healthiest possible start in life.’
7 Children and Young People Core Group membership

Susan Webb, Deputy Director of Public Health (Chairman)
Sean Coady, Community Health Services Manager, Moray CHSCP
Lorraine Currie, Strategic Co-ordinator Child Health
Kevin Dawson, Service Manager, Adult Mental Health and Child and Adolescent Mental Health Services
Laura Dodds, Public Involvement Manager, Corporate Communications
Julie Fletcher, General Manager, Adult Mental Health
Fiona Francey, General Manager, Women and Children Division
Dr Simon Hilton, Consultant in Public Health Medicine
Heather Kelman, General Manager, Aberdeen City CHP
Heather MacRae, Nursing Services Manager, Aberdeen City CHP
Jenny McNicol, Head of Midwifery, NHS Grampian
Mike Ogg, Deputy General Manager, Aberdeenshire CHP

Supported by:
Dr Fiona Murray, Public Health Researcher
Nicola McAllister, Programme Administrator

8 Acknowledgements

The Chairman and members of the Core Group wish to thank many colleagues working within NHS Grampian and in partner organisations throughout Grampian, for their welcome support and valuable input throughout the development of this Strategic Framework. In particular they would wish to express their gratitude to the children, young people and carers/guardians who so freely gave of their time to shape the contents and aspirations of the Child Health 2020 Strategic Framework.
Appendix 1: Child Health Map

Key Groups:
- Women of childbearing age
- Pregnant women
- Infants
- Minority groups
- Key groups
- Parental behavior/health
- Parental substance misuse/smoking
- Parental mental ill health
- Parental physical ill health
- Parental emotional abuse/child neglect
- Parental emotional abuse/child exploitation
- Parental emotional abuse/child sexual abuse
- Parental physical abuse/child neglect
- Parental physical abuse/child exploitation
- Parental physical abuse/child sexual abuse
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Appendix 2: The My World Triangle
Appendix 3: Child Health Protective Shell

- Mum and Dad listen to me
- I always go to school
- I brush my teeth twice a day
- Mum stopped smoking while pregnant
- I was a healthy weight at birth
- I had all my immunisations
I’m knocked down by a car

My dad smokes 20 a day

I’m overweight

My mum is housebound

I’m bullied at school
(Long term) NHS Grampian will demonstrate its commitment to optimising the health of children and young people through implementation of this strategic framework.

**Theme 1 - Putting children, young people and their families at the heart of what we do**

(Long term) We will enable children and families to look after and improve their own health, by providing information and help in building resilience (e.g. through good parenting and community support).

(Long term) We will involve children and young people in their own care, along with their parents/guardians, and communicate with them using individually appropriate language.

(Long term) While supporting children and families to look after their own health, we will ensure that the right services will be available in the right place at the right time.

(Short term) We will improve our joint working at a strategic level to ensure that programmes which lead to improvements in health are sustained.

**Theme 2 - Acting early and intervening at the right time**

(Long term) All children will be given the opportunity to realise their potential to be healthy individuals. This includes those on child protection registers, looked after children (LAC) and children with disabilities, but also takes into account inequalities in the early years experiences of children who are not known to services.

(Long term) We will shift our focus towards prevention and early intervention, recognising where this can have longer term benefits for health and wellbeing and consequent service provision. Key issues include: supporting positive parenting; addressing substance misuse in parents/guardians and children; and addressing inequalities at an early stage of life.

(Short term) We will develop a systematic and sustainable way to gather and learn from the experiences and views of children, young people and parents/guardians. We also need to demonstrate that we are listening and improving as a result.

(Short term) We will improve access to health care and support as appropriate to need.

(Short term) We will develop clear pathways for transition between services for children and adults.

**Theme 3 - Safe and sustainable services**

(Long term) We will provide services which are safe, sustainable and committed to continuous improvement, working with all relevant specialist networks; keeping a broad range of services available locally and to the North of Scotland.

(Long term) We will have a redesigned work force to meet the demands of a changing paediatric service.

(Long term) We will work with all of the national collaborative programmes to deliver improved services.

(Short term) We will improve the provision of acute paediatric services across Grampian in the context of sustainability across the North of Scotland.

(Short term) We will improve access to health care and support as appropriate to need.

(Short term) We will develop clear pathways for transition between services for children and adults.

Appendix 4: Goals
Theme 4 - Integration and partnership

(Long term) We will strive to improve our joint working approach with other agencies, including with children and families themselves, to ensure that individuals are seen as a whole rather than as a set of needs or problems. This includes clarifying boundaries within which to work, and avoiding barriers to a holistic approach.

(Short term) We will work more closely with colleagues and partners at a strategic level to ensure we have a joint agenda and goals with respect to child health. Current mechanisms for this include the Early Years Collaborative and Integrated Children’s Services Plans.

Theme 6 - Knowledge and evidence

(Long term) We will work with partners to ensure steps are taken to optimise our children’s health through the areas outlined in the Child Health Map.

(Short term) We will undertake assessment of the IT requirements for HVs, SNs and AHPs and put in place systems which allow accurate recording of information, sharing of information and data extraction for monitoring purposes.

(Short term) We will develop a mechanism to ensure that NHS Grampian can monitor the status of child health in Grampian (including that of looked after children) and can assess progress towards improving this.

Theme 5 - Workforce, education and training

(Long term) We will optimise the effectiveness, efficiency and capacity of our specialist and generalist child health workforce with a view to offering the highest quality healthcare and towards providing proactive support in building positive health for children.

(Short term) We will review the resources and organisation of health professionals working with children in the community (HVs, SNs, AHPs, GPs, pharmacists and others), and implement appropriate changes.

(Short term) We will review the skill mix required to deliver the highest quality services for children in the context of emerging national policies and initiatives.

(Short term) We will review the training required by generalist staff to enable them to fulfil their child health role effectively.
Appendix 5 - List of groups consulted

This list represents pre-existing, professional single and multi-agency groups that were consulted, through direct attendance and discussion, in producing the strategic framework. A small number of groups were not attended. This list does not include groups consisting mainly of members of the public which were also consulted.

Aberdeen City CHP Child Health Group
Aberdeen City Senior Operational Management Team
Aberdeenshire CHP Child Health Group
Aberdeenshire Clinical Services Group
Aberdeenshire GIRFEC Group
Aberdeenshire Operational Management Team
Grampian Area Medical Committee
Child and Adolescent Mental Health Services Clinical Management Group
GANMAC (Grampian Area Nursing and Midwifery Committee)
GP Sub Committee
Grampian Primary Care Integrated Management Group
Health Visitor Professional Meeting
Aberdeen City Integrated Children’s Services Management Team
Maternal and Infant Nutrition – Child Healthy Weight
Mental Health Services Clinical Management Board
Moray Children and Young People’s Partnership
NHS Grampian Operational Management Group
Paediatric Allied Health Professional Providers Meeting
Protecting Children Group
Public Health Children’s Group
Public Health Steering Group
School Nursing Forum
Square 13
Strategic Management Team
Women and Children’s Divisional Team
Strategic Management Team
Women and Children’s Divisional Team
Workstream 1
To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).

Workstream 2
To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child’s 27-30 month child health review, by end-2016.

Workstream 3
To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

Workstream 4
To ensure timely delivery of all 3 workstream stretch aims.
Appendix 7: Key policies

**Key relevant generic policies include:**

Better Health Better Care (2007) - The development of a healthier Scotland by helping people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care;

Equally Well (2008) - A report of the Ministerial Task Force on Health Inequalities highlighting the diversity in outcomes between the least well off and those who are better off;


**Key policies applying to children and young people include:**

HALL4 (2003) - A universal, evidence-based surveillance and screening programme to improve the health of all children and young people;

Getting it Right for Every Child (GIRFEC) (2005) - An overarching policy for all children and young people requiring services to work together in an integrated way, sharing information to deliver improved outcomes. Some aspects will be enshrined in legislation in the future;

The Child and Adolescent Mental Health Framework (2005) - A consideration of services across the range of promotion, prevention, treatment and care. Encouraging the understanding of the value of emotional resilience and early intervention;

We Can and Must do Better (2007) - Highlighting the needs of ‘Looked After’ children and the additional challenges they face in health, education and social circumstance resulting in poor attainment and poor mental health;

Achieving Our Potential (2008) - Introducing the Curriculum for Excellence as a key vehicle for improving the life chances in the age range 3-18yrs as well as contributing to the reduction of health inequalities;

The Early Years Framework (2008) - Delivering the best start in life covering the life stages pre-birth to 8 years. Developing the principles of early intervention and prevention;

The National Delivery Plan for Specialist Children’s Services (2009) - The need for safe and sustainable acute services within the context of a population of 5M spread across the unique geography of Scotland to ensure the right person, right place, right time approach. Developing services in regional and national networks across Scotland;

The National Guidance for Child Protection in Scotland (2010) - Providing a framework within which agencies can work together to safeguard and promote the wellbeing of children.
For more information go to
www.nhsgrampian.org/childrenandyoungpeople