Delivering a Healthy Future

An Action Framework for Children and Young People's Health in Scotland

healthier scotland
SCOTTISH EXECUTIVE

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An Action Framework for Children and Young People's Health in Scotland

Scottish Executive, Edinburgh 2007

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ISBN: 9780755953363

Scottish Executive
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Executive by RR Donnelley B50119 02/07

Published by the Scottish Executive, February, 2007

Further copies are available from
Blackwell's Bookshop
53 South Bridge
Edinburgh
EH1 1YS

The text pages of this document are printed on recycled paper and are 100% recyclable

Acknowledgements

We would like to thank Morgan Jamieson, National Clinical Lead for Children and Young People's Health in Scotland, Robert Stevenson, Head of the Children and Young People's Specialist Services Team and the staff of the Child and Maternal Health Division for their unstinting support in the development of this *Action Framework*.

Most importantly we would like to thank the children, young people and their families and the staff who work with them for their valuable contributions, without which this document would never have been produced.

Ministerial Foreword

The Scottish Executive placed children and young people at the very centre of policy development with the establishment of the top level Children and Young People Delivery Group. This focus necessarily includes the specific requirement to foster and safeguard their health and well-being which is key not only to their life-experiences but to our future prospects as a nation. As set out in this *Action Framework* the health of our children and young people continues to face significant challenges in 21st Century Scotland. Many of these, including the concerning rise in childhood obesity, are complex and addressing them will require a concerted effort across the many agencies which impact on child health.

There are however very specific challenges facing the NHS in Scotland as it seeks to play its key part in that process. By way of response the *Action Framework* presents our approach to delivering improvements in healthcare for children and young people in Scotland for the next ten years. To that end it seeks to address the spectrum of health services for children and young people from highly specialised hospital-based care to the wide range of community services which are the principal source of healthcare for many children, young people and their families.

The new children's hospital facilities now opened in Aberdeen and Dundee and planned for Edinburgh and Glasgow will provide the basis for regional and national networks linked to our District General Hospitals and community services. These arrangements will put Scotland at the forefront in delivering hospital care to children and young people and will ensure that patients, and their families, receive the safe and high quality care they need as close to home as possible.

In practice the vast majority of contacts with children and young people take place in the community with our schools, social work services and the NHS together providing the ideal opportunity to identify health issues and to offer the appropriate, timely interventions.

Such an integrated approach, which is central to the proposals in *Getting it Right for Every Child*, is dependent on effective multi-agency working in order to deliver real improvements. We have purposely outlined the steps that will have to be implemented if we want to make sure that staff and services are equipped and ready to meet the very real challenges inherent in a coordinated inter-agency approach. We can however build on experience and activity that has already taken place in relation to child protection and other initiatives seeking to meet the needs of the most vulnerable in our communities.

We have also emphasised the importance of the need to provide new opportunities and develop new roles for staff. This approach is closely linked to the redesign of services, the development of service networks and the need for multi-disciplinary and cross-sectoral working if we are to deliver measurable improvements in children and young people's health and healthcare services.

To ensure the improvements are delivered we are introducing challenging performance management arrangements including the development of targets for child health and the rollout of integrated inspections of children's services from 2008.

This document is not the end of the process, however it is a significant step forward in ensuring that children and young people in Scotland get access to the support and care they need.

Lewis Macdonald

Lewis Macdonald, MSP
Deputy Minister for Health and Community Care

Children and Young People's Health Support Group – Foreword

Children and young people are the very foundation of the society we live in and have featured prominently in the work of the Scottish Executive and Scottish Parliament since its inception. Against that background the Minister for Health and Community Care asked the Children and Young People's Health Support Group (CYPHSG) to develop this *Action Framework* with the intention that it capture, in one document, the key actions required to meet the challenges for children and young people's health in 21st Century Scotland.

The publication of two major documents – *Building a Health Service Fit for the Future* and the Scottish Executive's response *Delivering for Health* – both of which reflect significant input from the CYPHSG and others working in child health, and the recommendations emerging from these streams of work have played a significant part in shaping this *Action Framework*.

We have been very aware of the breadth of the child health agenda and the extent to which the health of the next generation is crucially dependent on the activities of a wide range of Government Departments, Local Authority agencies and other services working in areas such as Education, Social Care, Health Improvement and Justice. Integrated children's services planning and the proposals in *Getting it Right for Every Child* will also help in ensuring that the needs of the child are at the centre of local service planning and delivery. The appointment of the Scottish Commissioner for Children and Young People provides an opportunity for the views of children to be listened to more closely in the future.

The CYPHSG fully recognises this wider dimension and the need, beyond the publication of this *Action Framework*, to ensure the effective collaboration of all parties engaged in pursuing the health and well-being of our children and young people.

It is also important that this *Action Framework* incorporates those actions that will most realistically and effectively progress children and young people's health and health services over the

Malcolm Wright
Chair
Children and Young People's Health Support Group

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INTRODUCTION

1. Children and young people are a vital part of the Scotland of today and all of our nation's tomorrow. Safeguarding their health and well-being during the vulnerable and formative years of life is a crucial and shared responsibility of a civilised society. Beyond that, the way in which we nurture them through childhood and adolescence into adult life will have a major impact on the future health of our nation and on its prosperity and stability.

2. Across Scotland much good work is already underway in respect of child health. Much more still remains to be done if we are to address not only the patterns of childhood illness that continue to be seen in a modern society but also the behaviours, attitudes and life-circumstances which impact on our children and young people and threaten their prospects of sustained good health.

3. Clearly health and well-being are shaped by a wide range of influences, circumstances and services both within and well beyond the established healthcare sector. Education and social care, good nutrition and healthy life-styles, environmental improvements and initiatives to address inequality and disadvantage all play a vital role in promoting and protecting children and young people's health. These activities involve a range of Government Departments, Local Authorities and the voluntary sector whose input is a vital influence on the broader context within which this *Action Framework* must be delivered.

4. Given the crucial role of other sectors in the overall child health agenda and delivering improved outcomes for children more generally, the implementation of the *Action Framework* will need to take place in the context of effective inter-agency working as set out in the Scottish Executive's requirement for local authorities and their planning partners, including healthcare providers, to produce Integrated Children's Service Plans which cover children's services, child health, children's social work, school education and youth justice. The proposals in *Getting it Right for Every Child* will further strengthen joint working across all services for all children.

5. It is however equally important that the healthcare and health services which we provide for our children and young people are planned, delivered and developed in those ways that best treat illness and foster health and well-being. To that end, in *Delivering For Health*, the Minister for Health and Community Care reaffirmed the commitment to the development of an *Action Framework for Children and Young People's Health in Scotland* designed to bring together in a single, focused and accessible format the principal challenges facing the provision of children and young people's health services and the actions required from the NHS in Scotland and its partners in healthcare provision.

6. This *Action Framework*, developed by the Children and Young People's Health Support Group (Annex 1), sets out a structured programme of actions, drawn primarily from existing policy initiatives and commitments. The *Action Framework* cannot capture every recommendation emerging from the many strands of work that have been undertaken but provides those who commission and deliver services which impact on child health with clear guidance regarding those actions and service developments which offer the best, most realistic and most immediate opportunities for delivering real change and improvement. Inevitably different areas of Scotland are at different stages of development but the *Action Framework* will allow the flexibility for key actions to be prioritised according to local circumstances.

7. The delivery of the *Action Framework* presents a major challenge. To support that delivery process the *Action Framework* includes progress measures for each element of the programme which will act as markers of change and improvement and will allow progress to be monitored and managed over time. The ultimate outcome must be a pattern of support, intervention and service delivery that meets the needs of current and future generations of children and young people in ways that are:

   - targeted to the health challenges of the 21st century
   - based on the best available evidence
   - designed to protect and promote health as well as treating disease
   - capable of addressing the needs of children who may be vulnerable or at risk
   - centred on children, young people and their families
   - delivered consistently and equitably throughout the country

   and are fully integrated with the more wide-ranging cross-sectoral actions necessary to create health in body, mind and behaviour.

8. Scotland's national health has rightly been a cause for concern and a focus for action in recent years. Progressive improvement in the health of our population will be dependent on a range of activities designed to treat disease and to promote health. At the heart of these there needs to be a sustained and coordinated commitment to work towards ensuring the best of health for the next generation. Therein lies the most optimistic approach to delivering our future health as a nation.

9. In the following sections this *Action Framework* sets out the **challenges**; emphasises the importance of **working together** and defines key elements of a **health service fit for children and young people** in *Section 1 – The Way Forward;* and sets out the **actions** required in *Section 2 – Improving Health Services* and *Section 3 – Supporting Change* if we are to achieve the goal of *Delivering a Healthy Future* for our children and young people.

CHILDREN AND YOUNG PEOPLE – THE CHALLENGES

10. In a modern developed society, childhood and youth are stages of life which are associated with high expectations of health and natural fitness. Fortunately, many children will only suffer the minor ailments and injuries during the early years of life that can be considered to be "normal". This is a consequence of past investment in health initiatives to protect and promote the health and well-being of our children – well-structured public health and immunisation programmes; antibiotic treatment for bacterial infections; improved social and environmental circumstances; injury prevention measures and the wider benefits of advancing medical knowledge.

11. While these measures may have resulted in major improvements in many areas of child health over the past 50 years there is no room for complacency. Many challenges remain unresolved and other health issues have emerged in recent years, sometimes as a direct result of the complex interactions between health and society.

Some conditions have actually increased in prevalence in recent decades

The incidence of Type 1 (insulin dependent) diabetes in children has trebled in the last 30 years. Scotland now has one of the highest rates in the world for this condition.[1]

Although survival rates have also improved substantially during the same period the number of children in Scotland developing cancer each year has increased by over 20% between 1975-79 and 1995-99.[2]

The vulnerability of children places their well-being at risk to the wider societal changes, challenges and inequalities that affect their parents and carers

Current estimates suggest that 40-60,000 children in Scotland have a drug abusing parent and up to 100,000 live in households where one or more parents has an alcohol problem.[3]

Over 12,000 children and young people are looked after by Local Authorities[4]. Within this already disadvantaged group over 40% have emotional or mental health problems.[5]

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1 SIGN Guideline 55 "Management of Diabetes" 2001

2 Childhood Cancer in Scotland, Trends in incidence, mortality and survival, 1975-1999, Campbell et al, Information Services Division, NHSScotland, 2004

3 Hidden Harm, Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs, November 2004

4 Looked after Children 2005-06, Scottish Executive National Statistics, December 2006

5 Needs Assessment Report on Child and Adolescent Mental Health, Final Report – May 2003, Public Health Institute of Scotland

Mental health is a key determinant of health, even in childhood

Surveys in the UK continue to show that as many as 10% of children aged 5-15 years have clinically diagnosed disorders of mental health that affect their daily life.[6]

Young carers, of whom there are over 16,000 in Scotland,[7] are twice as likely as their peers to have mental health issues.[8]

Medical advances bring their own challenges. Children who would previously have succumbed to extreme prematurity or serious chronic illness are enabled to survive through childhood and beyond

Around 7,000 children in Scotland have been designated as having "complex needs". With this figure growing there will be an additional requirement to provide multi-agency support for their health and personal needs.[9]

Around one-third of very low birth weight babies (<1000gm) will be disabled, about half of them severely.[10]

Deprivation and social exclusion remain important determinants of health for children and young people

Although overall life expectancy is improving, the gap between the most and least affluent is widening and in some areas life expectancy is actually falling.[11]

Death in childhood is rare but mortality rates for children are nearly twice as high in the most deprived sectors of the community compared to more affluent areas.[12]

Teenage girls who live in areas of deprivation are three times more likely to become pregnant. Because terminations are less likely in poorer areas they are ten times more likely to become teenage mothers.[13]

Compared with children from more affluent areas, four times as many five year-olds from deprived communities have unrestorable tooth decay. In many children this leads to dental extractions, often under general anaesthetic.[14]

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6 Needs Assessment Report on Child and Adolescent Mental Health, Final Report – May 2003, Public Health Institute of Scotland
7 National Census, 2001
8 Young Carers' Health and Well Being: A Pilot Study, Edinburgh Young Carers Project (2004)
9 National Framework for Service Change in the NHS in Scotland, Report of the Care in Local Settings Action Team, Annex D – Children with Complex Needs, May 2005
10 National Framework for Service Change in the NHS in Scotland, Report of the Care in Local Settings Action Team, Annex D – Children with Complex Needs, May 2005
11 Information Services Division, 2005
12 Information Services Division, Childhood Mortality, 2004
13 Information Services Division, Teenage Pregnancy, 2005
14 Scottish Health Boards Dental Epidemiological Programme, 2000

Changing social pressures and cultural attitudes result in changing patterns of behaviour-dependent health issues

By age 13, 6% of children describe themselves as regular smokers rising to 19% by age 15.[15]

By Primary 7, 11% of schoolchildren are classified as "severely obese", a further 8% are clinically obese and in total 34% are overweight or obese.[16]

Along with the rest of the UK, Scotland continues to have the highest rate of teenage pregnancy in Western Europe with over 40% of conceptions ending in medical termination.[17]

35% of 15 year olds report at least occasional drug use with 4% using drugs most days.[18]

None of the top ten leisure activities Scottish 11-16 year olds describe as "things they are most likely to do in a typical week" involves sport or physical activity.[19]

Children and young people's health services face significant workforce challenges that affect the quality of care

Many child health teams have less than the recommended medical consultant numbers required to provide 24 hour/7 days a week cover with some specialist services having only one or two providing a service for Scotland or their local area.[20]

To meet estimated demand for children and adolescent mental health the CAMHS workforce at a NHS Board level would have to double in size over the next 10 years.[21]

Rural areas of Scotland often have few, if any, clinical staff specialising in the care of children.[22]

12. The complexity of the problems and their causes testifies to the need for an approach that embraces all the agencies and systems that impact on the health and well-being of children and young people. The following section, "Working Together", describes the key elements of this overall approach to children and young people's health as it is currently being pursued in Scotland.

13. There are however specific challenges for those services, particularly within the NHS in Scotland, that are more particularly involved in the provision of healthcare to children and young people and the remaining sections of the *Action Framework* address these specific issues and the actions inherent in providing health services fit for our children and young people.

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[15] Scottish Schools Adolescent Life Style and Substance Abuse Survey, 2004
[16] NHS National Services Scotland: ISD, Child Health Surveillance Programme (Schools Primary 7)
[17] Information Services Division, Teenage Pregnancy, 2005
[18] Scottish Schools Adolescent Life Style and Substance Abuse Survey, 2004
[19] Being Young in Scotland (MORI study), 2005
[20] Review of Tertiary Paediatric Services in Scotland, Child Health Support Group, November 2004
[21] Getting the Right Workforce Getting the Workforce Right, A strategic review of the Child and Adolescent Mental Health Workforce, Scottish Executive Health Department, 2005
[22] The RARARI Paediatric Project, Child health services in remote and rural Scotland, 2005

1 The Way Forward

WORKING TOGETHER

14. The challenges facing children and young people articulated in the previous section – deprivation, social exclusion, vulnerability and inappropriate health behaviours as well as mental and physical health issues – are immensely complex and are not susceptible to health solutions alone. If we are to make an impact in these areas a broad approach, which engages the many influences on children's lives, is vital. Areas such as health improvement, education and parenting will often be as important, or more important, than clinical services in addressing many of these challenges.

15. The need for collaborative cross-sectoral working is nowhere more apparent than in the epidemic of obesity which is arguably the most serious public health challenge facing our society. At its simplest level obesity is the consequence of unhealthy calorie-rich diets and reduced patterns of physical activity – trends that commonly have their origins in the early years of life. The issues which determine the dietary intake and activity levels of children and young people are however immensely complex and involve all sectors of our national life from the individual family unit to national and international governmental policy-making and the global activities of multi-national companies.

16. To improve trends in many of the areas of concern, we will require an integrated approach at both organisational and delivery level. This joined up approach also underpins Scottish Ministers' thinking which is reflected in the high level vision that all Scotland's children need to be:

    "safe, nurtured, active, healthy, achieving, included, respected and responsible".

17. In that regard the Children and Young People Delivery Group brings together Health, Education, Communities and Justice Ministers to ensure that Executive policies and priorities are aimed at supporting the delivery of improved outcomes for all Scotland's children and young people. By way of example, the Executive's action plan to improve the lives of children in substance misusing households encompasses significant contributions from the fields of health, education, social work and justice and includes actions on prevention, early identification and assessment, information sharing, treatment services and support for parents and children.

18. In support of this desire to ensure a coordinated and comprehensive approach to children and young people's health, work is currently being undertaken by a Working Group established under the auspices of the Children and Young People's Health Support Group to review the range of policy initiatives relating to child health in Scotland against an assessment tool designed for this purpose by WHO Europe.[23]

[23] European strategy for child and adolescent health and development, World Health Organisation – Europe, 2005

19. Only by working together – both within and outwith the NHS – can we make the difference to children's lives that will create the healthier Scotland of the future to which everyone aspires. Key elements of such a co-ordinated approach, which offers the context within which this *Action Framework* can be most effectively progressed, are integrated working, the opportunities provided in and through education, the vital role of parenting and the wider health-promoting environment in our country.

Integrated Children's Services

20. Reports such as *For Scotland's Children* (2001) and *It's Everyone's Job to Make Sure I'm Alright* (2002) identified the difficulties and short-comings inherent in inter-agency collaboration. Much work has been undertaken since, and is ongoing, to address these issues and to create the organisational, professional and legal framework within which the different agencies and professions caring for children and young people can work together effectively.

21. Integrated Children's Service Plans, initially introduced in 2005, bring together local government, NHS Boards, Children's Reporters, police services and community and voluntary sector groups to plan, commission and deliver integrated services based on jointly-agreed improvement objectives and outcomes. *The Quality Improvement Framework for Integrated Services for Children and Young People* supports better integration of services within which service providers can develop existing internal quality improvement frameworks and work collaboratively with partners to ensure effectiveness of services across institutional boundaries. The Framework includes a suite of key performance indicators aimed at assisting local partnerships, and the Executive, to measure delivery of improved outcomes for children and young people. These indicators include a range of health related activities including dental health, physical activity, diet, mental health and substance misuse.

22. In support of these initiatives Her Majesty's Inspectorate of Education (HMIE) has led work with relevant inspection bodies, including NHS Quality Improvement Scotland, Care Commission and Social Work Inspection Agency to develop arrangements for joint inspections of children's services. Following initial pilot exercises these joint inspections are currently being rolled out in respect of child protection services and will be introduced for the full range of children and young people's services from 2008. This work will also be informed by the *Guide to evaluating services for children and young people using quality indicators* issued by HMIE in October 2006.

23. One practical challenge in taking forward inter-agency working is the large number of funding streams which support children and young people's services. Current work is being undertaken to rationalise the funding arrangements in order to reduce bureaucracy and increase staff time which can, in turn, be spent on improving outcomes for children and young people.

24. The main Scottish Executive policies impacting on integrated services for children and young people are summarised below.

Getting it Right for Every Child

25. Following consultation exercises in 2004 and 2005 the implementation plan for *Getting it Right for Every Child* was published in June 2006. This set out a programme of reform for children's services based on:

- Practice change – including a single assessment record and plan, practice guidance, skills development and improved information for parents and practitioners
- Removing barriers – identifying and addressing the structural, financial and cultural issues that prevent timely, appropriate and co-ordinated responses
- Legislation – placing new duties on agencies to enhance co-operation and information sharing, promoting engagement with children and families and strengthening and modernising the Children's Hearing System.

26. *Getting it Right for Every Child* is a key element of the reforms that are taking place across children's services and affects everyone, in all sectors, who is directly or indirectly involved in working with children. The *Getting it Right* approach puts children at the heart of all services and means that no matter where they live, or whatever their needs, children and families know where they can seek help, what help is available, and that this help will be appropriate to their needs and delivered to the highest possible standards.

Child Protection

27. Since the beginning of the 3-year *Child Protection Reform Programme i*n 2003 the Scottish Executive has developed and published a *Children's Charter* (2004)*,* outlining the needs and expectations of children and young people in relation to their protection from harm, and an advanced *Framework for Standards* (2004) aimed at all staff involved in child protection. The role of Child Protection Committees has been strengthened in order to improve multi-agency cross-sector working to meet the needs of vulnerable children, and we have developed a strategic child protection training framework for use by all the agencies involved in sharing information about children at risk of harm. In parallel the child protection agenda has been supported by substantial investment in Child Line and Parent Line.

28. In March 2006, Ministers for Health and Community Care, Justice, and Education and Young People wrote jointly to Chief Officers requesting a "Letter of Assurance" confirming that across the health, education and justice sectors each agency had identified the children in their area living with, and affected by, parents with drug misuse problems and had in place adequate measures to safeguard their well-being. Early analysis of the responses suggests that, on the whole, agencies are positive that children within their areas are being adequately protected and that inter-agency co-operation and local protocols are working albeit there remain areas of concern requiring further attention.

29. Timely and appropriate information sharing is recognised as a vital element of effective child protection. A number of recent reviews into child deaths and abuse have highlighted that there is often confusion amongst professionals about when, how, and with whom, to share such information. It is for this reason that Ministers are committed to engaging with stakeholders to develop a code of practice that will provide clarity in relation to standards and approaches for all sectors. In addition the Scottish Executive is currently consulting on guidance on the conduct of Significant Incident Reviews and is developing a 24-hour phone line, available from spring 2007, which the public can use to access child protection information or to report concerns.

Changing Lives

30. The link between health and social work services is often vital to supporting vulnerable children and families. *Changing Lives* (2006), *the Report of the 21st Century Social Work Review* which examined the way social work services are organised and delivered, has many recommendations for social work, but its challenges reflect the wider principles of public sector reforms. Services must be designed and delivered around the many and diverse needs of people who use services, their carers and communities, and we need to build the capacity of individuals, families and communities to meet their own needs whilst also building the capacity of the workforce. Prevention and earlier intervention need joined up approaches so that, with their partners, social work services can help to deliver better outcomes.

31. The national strategy for the development of the social service workforce focuses on the need to ensure we have the right people in the right jobs at the right time and to develop a learning culture that involves users and carers in workforce development to make sure services offered suit their needs. As part of their post-registration training and learning requirements, social workers must undertake at least five days of training which will focus on working with colleagues and other professionals to identify, assess and manage risk in order to protect children, and other vulnerable groups, from harm.

Youth Justice

32. The Youth Justice agenda is equally dependent on inter-agency co-ordination to ensure child centred and integrated responses to children who offend or are at risk of offending. *The Youth Justice Improvement Group Report (October 2006)* highlighted the need for universal services such as health and education to be more closely integrated with specialist areas such as youth justice and anti-social behaviour services.

33. The Executive's action programme to improve youth justice services includes significant contributions from health, education, justice, police, social work, Children's Reporters and the voluntary sector. It incorporates actions on prevention, early intervention, assessment, information sharing and workforce development. Evidence suggests that significant health problems can be a major contributing factor in offending behaviour by children and young people. There is therefore a requirement for close co-operation between health authorities and other agencies in the development of a range of approaches to address these issues.

Community Health Partnerships

34. Given the importance of primary and community based care in the provision of health services to children and young people Community Health Partnerships (CHPs) offer a key vehicle for the integration of healthcare with the work of other agencies. The Guidance which accompanied the introduction of CHPs, and which explicitly identified the importance of their role in respect of services for children and young people, clearly envisaged these organisations offering the opportunity for the health sector to engage effectively with social work and education as well as other aspects of community life.

35. CHPs will have a prominent role to play in the health sector's contribution to *Integrated Children's Service Plans*, *Joint Inspections* and the implementation of the *Additional Support for Learning Act* and *Getting it Right for Every Child*.

Opportunities Through Education

36. As universal service providers schools – nursery, primary and secondary – have a unique opportunity, throughout the formative years of a child's life, to impact positively on their physical, mental and emotional health. Through education and training, the modelling of good examples, the provision of environments and opportunities, and in their role as corporate parents, schools can not only influence health during the childhood years but also the attitudes and behaviours which young people will subsequently take into their adult life and which will be significant determinants of their long-term health and the "health culture" of Scotland.

Health Improvement in Schools

37. *Ambitious Excellent Schools (2004)* sets out the agenda for action to enable all children and young people to get the best opportunity to realise their full potential. A central element of this agenda is *A Curriculum for Excellence* which focuses on enabling all young people to become successful learners, effective contributors, responsible citizens and confident individuals. The aim of this work is to create a coherent Scottish curriculum, from 3-18, with space for children to achieve and teachers to teach.

38. One of the building blocks of the curriculum is health and well-being, which includes an understanding of health, physical education and physical activity, personal and social development and contributions from home economics. The outcomes of this work, due for publication in 2007, will support further action in the health improvement agenda.

39. Supported by the *Scottish Health Promoting Schools Unit* all schools are working towards becoming Health Promoting Schools by 2007. The Health Promoting School concept promotes the agenda for *Ambitious Excellent Schools* and *A Curriculum for Excellence* and requires the adoption of a whole school approach to the promotion and protection of health for all pupils. In addition to ensuring health promotion is integral to the curriculum, it supports the idea that school policies, services, extra-curricular activities and the wider community are all relevant factors in fostering the health and well-being of children. This approach targets not only physical health but also emotional well-being and mental health through the development of the self-awareness, resilience, confidence and skills by which these can best be safe-guarded.

School Nutrition

40. Schools offer a key opportunity to influence the dietary intake and attitudes of children and young people. *Hungry for Success,* a whole school approach to school meals in Scotland, commenced in 2003 with progressive implementation in primary and secondary schools by 2004 and 2006 respectively. A key focus in this work was establishing nutritional standards for school meals and encouraging healthy eating, with partnership working one of its key principles. The successful school partnership approach involves pupils, parents, teaching, support and catering staff, and also benefits from input by external agencies such as health promotion workers, dieticians and school nurses. The approach has recently been extended to pre-school and child care centres through the publication of *Nutritional Guidance for the Early Years.*

41. Building on the achievements of *Hungry for Success,* the *Schools (Health Promotion and Nutrition) (Scotland) Bill,* currently before the Scottish Parliament, is intended to ensure food and drink served in schools meet nutritional standards; to promote school meals and free school meals; to give Councils powers to provide pupils with healthy snacks and to make health promotion a central purpose of education.

Physical Activity

42. Schools also have an important role in encouraging physical activity in children. *The Active Schools Programme,* which is funded by the Executive and managed by **sport**scotland, aims to provide children and young people with the tools, motivation and opportunities to be more active throughout their school years and into adulthood. These opportunities are available before, during and after school, as well as in the wider community. Co-ordinators within the school structure support the provision of high quality opportunities for participation in regular, frequent, safe and fun activities incorporating physical activity, sport, play and active travel. In doing this they engage with the local community, coaches, volunteers and parents and aim to include all school children and not just those already interested and physically active.

43. Physical education (PE) in schools clearly contributes to the wider health promotion agenda and links with the *Active Schools Programme, Health Promoting Schools* approach and *Sport 21.* All schools are expected to provide at least two hours quality PE for children and young people every week. This commitment contributes to the wider *Physical Activity Strategy* to get young people participating in one hour's physical activity on at least five days per week.

44. The importance of physical activity is further reflected in the *Health Promoting Schools* approach and in the *Schools (Health Promotion and Nutrition) (Scotland) Bill* as well as programmes such as *Safe Routes to School,* which encourages and enables children to walk and cycle to school, and *Ydance,* the Dance in Schools initiative. *Ydance* trains teachers to deliver a wide range of dance in schools and provides physical activity and cultural expression to children of all ages. In addition the Executive funds school travel co-ordinators in all local authorities to promote the health and environmental benefits of active travel choices.

Additional Support for Learning

45. The *Education (Additional Support for Learning) (Scotland) Act 2004 (ASL Act)* introduced a new framework, based on the idea of additional support needs, to provide for children and young people who require additional help with their learning. The *ASL Act* aims to ensure that all children and young people are provided with the necessary support to help them work towards achieving their full potential.

46. The Act promotes collaborative working among all those supporting children and young people. In particular, it lays duties on the appropriate agencies to help education authorities to discharge their functions under the *ASL Act.* The relevant regulations require such agencies, which include NHS Boards, to respond within a period of 10 weeks to an education authority's request for help, unless a statutory exemption applies.

The Importance of Parenting

47. Parents, and those with parental responsibilities, enjoy a pivotal role in shaping, and even irrevocably determining, the long-term physical, mental and emotional health and well-being of their children. Being a parent is a complex and demanding task and parents' ability to fulfil their role will be influenced by the information and support they receive as well as their own health, resilience and life circumstances.

48. Parents who are experiencing difficulties in meeting their children's needs should be offered advice and support from local authorities, health service providers and other relevant sectors as well as being given encouragement to take up help. This kind of flexible and appropriate support delivered in a joined up way, is a key factor in ensuring the best outcomes for our children.

49. The Executive is committed to delivering support to a number of parenting projects which promote positive parenting skills and support to parents, especially at challenging times. One such programme is *Surestart Scotland*, which targets support at families with very young children aged 0-3, particularly those that are most vulnerable and deprived. The broad objectives of *Surestart* are to improve children's emotional and social development, health and ability to learn as well as to strengthen families and communities. Parenting classes, peer support and more specialised services such as support for asylum seeking or black and minority ethnic families are also available across the country.

50. The national health demonstration project, *Starting Well,* included a parenting education programme *(Triple P)* as part of a range of activities designed to improve child health by supporting families and providing enhanced community-based resources. The *Starting Well* programme, based in Glasgow, has been independently evaluated and the learning is being shared across Scotland.

51. In addition the Executive supports numerous voluntary sector groups working to deliver flexible parental support in areas as diverse as relationship counselling and mediation, disability, poverty and substance misuse as well as supporting the consortium *Parenting Across Scotland,* which is charged with developing innovative approaches to the parenting agenda, increasing the efficiency and accessibility of services to parents and engaging the parental voice in the policy making process.

Looked After Children and Young People

52. In the case of children looked after by local authorities, the role of "corporate parent" and of foster parents is equally important. Evidence shows such children to have significantly poorer physical, mental and emotional health than their peers and a much lower uptake of health services. Flexible and targeted advice and assistance is essential to ensure their full range of needs are met.

53. Local authorities must ensure care leavers' health needs are assessed, and any actions taken as part of their plan for independent living as set out in the *Supporting Young People Leaving Care Regulations.* A recent Ministerial report on improving educational outcomes for looked after children and young people – *Looked After Children and Young People – We can and must do better* – also recognised the important part which health and well-being play in enabling such young people to fulfil their academic potential.

A Health Creating Society

54. The health of children and young people, although raising issues specific to these age groups, is clearly also a part of the wider picture of health within the population. The Scottish Executive's goal for Scotland is better health for everyone and a narrowing of the health inequalities gap. *Improving Health in Scotland: The Challenge (2003)* set out our vision for Scotland in 2020 which included specific reference to children

    "All Scotland's children have a positive expectation of appropriate housing, education, community and family life with the aim of maturing into positive, confident and productive citizenship."

55. The Challenge provided a strategic framework to support the processes required to deliver a more rapid rate of health improvement in Scotland. Good progress has been made but much more needs to be done if we are to achieve our vision.

56. Improving health and tackling health inequalities remain top priorities for the Executive and there is clear recognition of the need for a whole Government approach to health improvement, not least because of the close links between health and our other key aims of economic growth, educational achievement, sustainable development and the closing of the opportunities gap.

57. The Executive has a wide range of programmes on health improvement but in November 2005 Cabinet agreed that further action would focus particularly on the five key areas of health inequality, smoking, food, physical activity and alcohol, all of which have relevance for children and young people.

Health Inequality

58. Deprivation and social exclusion affect the health of all age groups but their impact on children and young people is often particularly profound, sometimes less visible and potentially life long. Young people, who are vulnerable, excluded or in the most impoverished groups still experience many of the poorest health outcomes and greatest threats to their health and well-being.

59. Looked after children and young people, homeless young people, travellers and young offenders, as well as those living in our more deprived communities, are all at significantly increased risk. These young people have the highest rates of severe chronic illness; the poorest diet; are the heaviest consumers of tobacco, alcohol and illicit drugs and also have the highest rates of unintended teenage pregnancies. In addition their patterns of access to health services and programmes for health surveillance and protection are often significantly impaired when compared with their more affluent counterparts. Across a lifetime these issues become reflected in the growing gap in life expectancy that exists between the most and least deprived areas of the country.

60. The Executive is committed to action with our partners to reduce the health gap between our most deprived and our most affluent citizens. Across the health improvement programmes currently being pursued particular emphasis is placed on the need to narrow the health gap by improving the health of our most disadvantaged communities at a faster rate.

61. This is reflected in the existing formal performance management arrangements for the NHS (HEAT targets) which includes a commitment to:

"increase the rate of improvement across a range of indicators (smoking – including during pregnancy; teenage pregnancy; suicide rates) for the most deprived communities by 15% by 2008."

Smoking

62. Smoking remains the most important preventable cause of ill health and premature death in Scotland. It is also a major contributor to health inequalities with a much higher proportion of smokers in disadvantaged communities. The Scottish Executive has been pursuing a range of measures to make smoking a thing of the past through implementation of the *Tobacco Action Plan, "A Breath of Fresh Air for Scotland".* This is aimed at helping as many people as possible to stop smoking; protecting the public from effects of second hand smoke and discouraging people from starting to smoke.

63. Since publication of the Action Plan in January 2004 considerable progress has been made in the development of a nationwide network of smoking cessation services and in reducing the health impact of second hand smoke through the introduction of new smoke-free laws provided for in the *Smoking, Health and Social Care (Scotland) Act 2005* which was passed by the Scottish Parliament in June 2005.

64. As a result of these new laws which came into effect on 26 March 2006 and which are widely regarded as the most important piece of public health legislation for a generation, it is now illegal to smoke in most indoor places. Private homes are excepted albeit evidence from other countries where similar legislation has been introduced suggests that it may also have a beneficial effect on smoking at home, an issue that is clearly important for children whose parents smoke. The new legislation has been warmly welcomed in Scotland and it is expected to do much to reduce the health impact of smoking, making it easier for smokers to stop and less likely that children and young people will start.

65. The recent legislation undoubtedly has the potential to make a major contribution to smoking prevention by reducing children and young people's exposure to second hand smoke and reinforcing a negative image of smoking. However if smoking is to become a thing of the past the next challenge will be to prevent young people from taking up smoking in the first place. The Smoking Prevention Working Group, which was set up in 2005 to assist the Executive in the development of a long-term smoking prevention strategy, was specifically asked to advise on the evidence to support a raising of the age of purchase for tobacco products.

66. The Group's report, *Towards a Future without Tobacco,* was published in November 2006 and includes 31 recommendations regarding targets; reducing availability; discouraging young people from smoking and encouraging regular young smokers to stop. Among the specific recommendations are the raising of the age of purchase of tobacco to 18 years, the stricter enforcement of tobacco sales and the introduction of negative licensing for retailers.

Food and Physical Activity

67. Dietary intake and patterns of physical activity, both independently and particularly in combination, are major determinants of long-term health. Many of the diseases that have the greatest impact on adult health in Scotland – coronary heart disease, stroke, diabetes and some forms of cancer – have a direct relationship with patterns of diet and activity, many of which may have their origins in childhood and youth.

68. These issues are most manifest in the very concerning rise in obesity levels that have been seen in recent years, both in Scotland and elsewhere in the developed world. The reasons for this trend are complex and the World Health Organization has highlighted, in particular, the world-wide shift in diet towards increased portion size, increases in energy, fat, salt and sugar intake and a trend towards decreased physical activity due to the sedentary nature of many aspects of modern urban life.

69. Within Scotland a range of food and physical activity strategies have been introduced and continue to be pursued. Many of those which relate directly to children and young people are taken forward in association with schools and have been described earlier in this section. It is however important that the work on healthier lifestyles in schools is reinforced in settings beyond the school gate. The Executive will be working with local authorities and other partners to strengthen delivery of effective actions such as the choice of food and drink available in local authority facilities, appropriate marketing, advertising and sponsorship aimed at young people and proactive promotion of physical activity. The aim of such work must be to create environments in which it is both natural and easy for children and young people to pursue healthy life-styles.

70. The work with children and young people is however a manifestation of a much wider commitment to improve the diet, calorie intake and activity levels within the Scottish population. Key initiatives in this regard have been

- The *Scottish Diet Action Plan (1996),* which laid out a multi-sectoral life course approach for improving the Scottish diet
- *Lets Make Scotland More Active,* the Executive's national strategy for physical activity which was launched in February 2003 and remains our blueprint for action

- *Eating for health – Meeting the Challenge (2004)* which sets out a strategic framework for food and health.

71. These strategies are being implemented through a range of other initiatives and programmes including the *Healthyliving Campaign, Healthyliving Awards,* the *Infant Feeding Strategy* (due for launch in 2007) and work with the *Food Standards Agency* to influence retailers, food manufacturers and others to improve the quality and supply of healthy foods.

Alcohol

72. Alcohol is widely used and enjoyed in Scotland but there is increasing concern about the pattern and frequency of alcohol intake, particularly among teenagers and young adults, and the harm this can and does cause not only to individual health but to many other aspects of personal, family and community life.

73. In addition to concerns regarding the impact of personal alcohol misuse on a young person's health the vulnerability and dependence of children also means that their health and well-being can be placed at risk by alcohol misuse among parents or other family members.

74. *The Plan for Action on Alcohol,* initially published in 2002 and currently being updated, outlines a series of initiatives aimed at reducing the harm caused by alcohol and changing the attitude and behaviours around drinking within our society. The *Plan* specifically includes actions aimed at tackling under-age drinking, including piloting of media literacy programmes, the development of diversionary activities for young people and ongoing monitoring of effectiveness of school alcohol education campaigns, alongside the enforcement of legislation designed to protect young people.

The Role of the NHS

75. This section has outlined the breadth of the agenda relating to fostering and improving the health of children and young people and the need for a wide-ranging multi-agency approach if our young people are to enter adult life with the healthy body, mind and attitude that best fits them for a long-term healthy future.

76. Within that context there is a specific role for the NHS in Scotland not only as a provider of healthcare but also as an agency for health promotion. In that regard a key organisation is NHS Health Scotland, whose role is to provide leadership and to work with partners to improve health inequalities in Scotland by:

    - Advancing understanding of Scotland's health and how it can be improved
    - Providing timely and evidence-based inputs to health improvement policy and planning
    - Increasing competency and capacity in the delivery of health improvement programmes
    - Improving the quality of strategies to disseminate evidence, learning and good practice.

77. NHS Health Scotland supports its partners in a number of ways including developing health improvement programmes, providing specialist information, supporting and facilitating networks and building capacity in the health promotion workforce. Within NHS Health Scotland the importance of children and young people's health is reflected in the fact that the work of one of the organisation's three core teams is specifically focused on this area.

78. The remainder of this *Action Framework* principally details those areas of activity for the NHS in Scotland, along with other agencies where appropriate. Although particularly targeted at the provision of healthcare many of these actions also include direct or indirect opportunities for health promotion and improvement. The recognition and pursuit of these opportunities is a necessary and vital element of the collaborative approach which is required if we are to ensure the health of our children and young people and, through time, the future health of Scotland.

HEALTH SERVICES FIT FOR CHILDREN AND YOUNG PEOPLE

Why Children and Young People are Different

79. At the heart of the development of the *Action Framework* is the precept that within a healthcare system inevitably challenged by adult health needs, particularly in the context of an ageing population, specific and conscious attention has to be given to ensure that the very different health needs and requirements of children and young people are appropriately prioritised and addressed.

80. In the *Report of the Public Health Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary (2001),* which was prompted by concerns regarding surgical mortality but which embraced the much wider dimension of the provision of healthcare services to children, Professor Ian Kennedy observed:

> *"It seems so obvious it hardly needs to be said: just as children differ from adults in terms of their physiological, psychological, intellectual and emotional development so they differ in their healthcare needs."* [24]

81. In practice the health and healthcare needs of children and young people are significantly different from those of their adult counterparts in several distinct and important ways which need to be understood and reflected by the health care system.

The Need for Age Appropriate Care

82. Physically, emotionally and socially children are not small adults. Nor are children themselves a homogeneous group given the major changes that take place from infancy to adolescence. As a result there is a constant requirement to ensure that the health services and facilities provided for children, and the skills of the staff of all disciplines contributing to their care, are specifically tailored to the needs of children and young people at the various stages of their development. All too often in the past children and, very particularly, young people have been required to accept healthcare based on models of service and facilities designed primarily for an adult population.

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[24] Learning from Bristol: The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995, July 2001

83. Childhood constitutes the formative years of life in which education, home life and social interaction shape the future adult. Significant interruption to such input can disrupt learning and erode a child's social structures to the detriment of their development. It is therefore vital that healthcare is consciously structured to minimise such disruption wherever possible and to ensure that educational, emotional and social needs are addressed particularly when prolonged hospitalisation is unavoidable.

The Importance of the Family

84. Children and young people are normally heavily dependent on the continuing support and care of their families, as well as the health and resilience of their parents, and the illness of a child can, in its turn, have major implications for family life. Addressing the needs, anxieties and expectations of parents has to be an integral part of caring for the child. Equally the provision and configuration of services and facilities needs to explicitly recognise and support the vital role played by parents and carers and to address the wider needs of the family.

85. The dependence of children and the responsibilities of parents are reflected in their specific legal protections and rights particularly with regard to issues such as consent and confidentiality. These issues can be significantly complicated where family life is disrupted or dysfunctional. Staff need to understand these issues and their implications for the provision of healthcare and health services, both individually and collectively.

Patterns of Ill Health

86. Children are high users of primary care for minor illnesses, surveillance and immunisations. This fact needs to be reflected in the provision of routine and out-of-hours primary care services, as well as in the training, experience and specialisation of staff and the nature of the facilities provided.

87. Correspondingly serious or life-threatening illness in childhood is relatively uncommon. While that pattern is clearly welcome it is equally the source of a range of other challenges, many of which relate to the sustainability of accessible local or regional services, a situation which is made more complex by the challenges of rurality and distance that apply in Scotland.

88. These issues impact across the range of secondary and tertiary services but are particularly explicit in respect of low volume specialities many of which currently face very real difficulties in areas such as workforce, training, skill maintenance and the distribution of specialist facilities.

89. Many of these challenges are drivers towards a centralisation of children's services both regionally and nationally. However this runs directly counter to the fact that children are also a patient group for whom local access, a key priority in *Delivering for Health,* is particularly important.

The Need for Protection and Advocacy

90. Healthcare provision reflects wider, external social structures and the power differentials between adults and children. The limited capacity of children to defend themselves, or to make their voices heard, places a particular responsibility on the whole community to ensure that they have the protection, attention and priority which they deserve.

91. The vulnerability of children to abuse and neglect, which may manifest themselves through illness or injury, places a very particular onus on the healthcare system to recognise and address such issues wherever they present. This requirement needs to be reflected in heightened awareness, adequate training and robust practices including effective collaboration arrangements with other agencies.

92. In terms of the overall provision of healthcare it is inevitably true that the burden of adult ill-health creates enormous challenges for the resourcing, design and efficiency of the health service which, in turn, and demand prioritisation, targeting and attention at all levels. In this environment the needs of children and young people for healthcare provision and resources to address their different and specific needs can easily be overlooked.

93. The fact that children and young people do not place the same pressures of demand and volume on the health service, particularly the hospital sector, should not constitute a basis for a failure to give due attention and priority to the challenge of providing age appropriate, equitably accessible and high quality care to children and young people.

Improving the Health of Children and Young People

94. *The National Framework for Service Change in the NHS in Scotland – Building a Health Service Fit for the Future*, eloquently articulated the drivers for change and the challenges facing the NHS in Scotland and identified key issues that require to be addressed in order to provide a health service that is *"better, quicker, closer and safer".* The Executive's response to this report, *Delivering for Health*, highlighted how these challenges would be addressed for children and young people in Scotland.

95. While most of the issues and challenges emphasised in these documents will have an impact across the whole of healthcare provision, many have specific and different implications for the provision of healthcare for children and young people. These differing implications, which must be clearly identified and understood if they are to inform the actions and priorities of healthcare providers, are set out under the following headings:

    - Promoting health and well-being
    - Balancing access, quality and sustainability
    - Developing and training the workforce
    - Reflecting patient focus
    - Ensuring performance management and quality assurance
    - eHealth

Promoting Health and Well-Being

96. There is a clear understanding that much of the burden of ill health that affects the Scottish population arises as a result of conditions that are either caused, or substantially influenced, by life circumstances and life style choices. Dietary habits, activity levels and cigarette smoking, alone or in combination, play a major role in the aetiology of conditions such as cardiovascular disease, stroke, diabetes, chronic respiratory disease, osteoporosis and several forms of cancer. Added to this are a range of health problems that directly or indirectly arise as a result of alcohol or substance misuse.

97. Much emphasis is placed on educating and advising the adult population regarding those activities and behaviours that either promote or damage health but in practice the origins of many of these conditions can be traced back to childhood, infancy and even maternal behaviour and well-being during pregnancy. Equally, long-term attitudes to health and health related behaviours are often shaped, and firmly established, in childhood and adolescence.

98. The true promotion of health and well-being within a population requires a sustained and concerted effort to foster the health of children from, and even before, birth. In addition to the multi-agency dimension described in the section on Working Together this objective needs to be firmly embedded in the ethos, planning and delivery of the NHS in Scotland.

Balancing Access, Quality and Sustainability

99. The delivery of healthcare services to children and young people, particularly those involving hospital-based care, is particularly vulnerable to the competing demands of local accessibility and the maintenance of service quality and safety. This poses very real challenges in many areas of acute child healthcare practice where sustaining high standards and adequacy of workforce and facilities is often most easily achieved by centralising services on a regional or even national basis.

100. Although particularly pertinent to highly specialised services these issues also affect elements of secondary care, for example general surgery, which are readily sustained at District General Hospital level for the adult population but, because of smaller activity levels and the limited availability of child health trained staff, are already seriously threatened for children's services. The last decade in Scotland has seen the loss of many such local inpatient services with children increasingly having to travel to the main city hospitals for straightforward interventions.

101. Conversely however access is of particular importance in healthcare provision for children and young people. Where healthcare cannot be delivered locally attendance at a geographically distant hospital can be distressing for the child, involve substantial disruption for the parents, carers and other family members and raises additional issues including loss of schooling, financial pressures and time off work for parents.

102. These issues become much more acute if frequent attendance or prolonged hospitalisation is necessary. While some centralisation is inevitable – and is usually accepted by families when associated with specific interventions of a major nature – the need to deliver as much care as locally as possible is of particular significance in designing health services for children and young people.

103. This situation can only be addressed by the existence of a robust and well organised planning framework operating in a collaborative manner at regional, inter-regional and national level accompanied by the managed, structured and imaginative use of network models to deliver specialist advice and expertise to centres outwith the main urban areas.

Developing and Training the Workforce

104. In NHSScotland it is now widely accepted that staff across all healthcare disciplines – nursing, medical, Allied Health Professionals (AHPs) – who care for children and young people need to be confident not only in their particular area of clinical practice but also on the specific requirements inherent in dealing with young patients and their families. Inevitably this impacts substantially on recruitment opportunities which are further constrained when sub-speciality experience is also required.

105. Specific instances of these problems are numerous including for example neonatal nursing, tertiary specialist consultants, speech and language therapy, physiotherapy, occupational therapy services for children and in addition, the need to strengthen the Orthoptic workforce to implement the recommendations in *Health for all Children (Hall 4).*

106. Work is already in place or underway, in respect of the requirements for the key clinical disciplines. A Scottish Nursing and Midwifery Workload and Workforce Planning Project has been initiated and a Paediatric and Neonatal Nursing Sub-Group of the Expert Advisory Group established to develop, pilot and assist in the implementation of workforce planning tools for this particular staff group.

107. Models of service delivery and changes in practice within therapy services for children have been initiated to meet the requirements of the *ASL Act*. A national AHP Children's Services Action Group has led these developments and will continue to support the workforce planning and development agenda for AHP services to children at a national level through linking with the AHP workforce infrastructure introduced to support the implementation of the AHP Workload Measurement and Management report.

108. The Royal College of Paediatrics and Child Health have projected that the medical consultant workforce requires to increase by some 50% over the next 6-7 years. This projection for medical staffing will need to be considered locally, regionally and nationally in the context of the overall proposals for consultant workforce expansion in Scotland as well as the impact on training and service delivery of Modernising Medical Careers and working time regulations.

109. Specific pressures exist in Child and Adolescent Mental Health Services (CAMHS). A strategic review of the CAMHS workforce, *Getting the Right Workforce – Getting the Workforce Right,* has identified that the specialist mental health workforce in Scotland is less than half the size required to deliver the expectations of *The Mental Health of Children and Young People: A Framework for Promotion Prevention and Care.*

110. In addition to the issues pertinent to individual clinical disciplines it is increasingly true that specialist care for children and young people is delivered through multidisciplinary teams. Workforce planning, training and professional development across the various disciplines needs clearly to reflect and incorporate this dimension.

111. Workforce issues represent a major challenge for the future organisation of children and young people's healthcare in Scotland which will have to be addressed by a significant redesign of health and other services as well as sufficient investment in new staff. In that regard, following the publication of the *National Workforce Planning Framework* by the Scottish Executive in 2005, Health Boards and Regions are engaged in the production of annual workforce plans which incorporate specific detail regarding the child health workforce.

112. In undertaking all the above workforce planning it will be important that existing models of care are re-examined and new ways of working explored including role development and the development of posts that may cross traditional disciplinary boundaries. Given the increasingly multi-agency environment in which care is provided to children and young people there will also be a need to ensure that staff in healthcare and in other sectors such as education and social work, have the necessary core skills and competencies to engage in effective inter-agency working including self-evaluation.

113. In addition to the specific training requirements associated with the above workforce issues it is also recognised that a much wider range of staff, across the clinical disciplines, are required to provide some level of care to children and young people, sometimes in emergency situations. This issue is particularly challenging in the more rural areas but is relevant throughout Scotland, particularly in primary care.

114. There is an urgent need to ensure that staff, in these situations, are adequately supported by the provision of appropriate training packages that address key clinical skills unique to the care of younger patients such as child protection issues, recognition of a sick child and consent to medical treatment.

Reflecting Patient Focus – Age Appropriate Services and Advocacy

115. The physical, social, emotional and cultural needs of children and young people differ materially from their adult counterparts and vary across the age spectrum from birth to the late teens. The *National Service Frameworks* in England[25] and Wales[26] have emphasised the importance of providing care in "age-appropriate environments" and this requirement is reiterated in *Building a Health Service Fit for the Future* and *Delivering for Health*.

116. *The Children (Scotland) Act 1995* defines a child as a person under the age of 18 years which is broadly in line with definitions used, for example, by WHO, UNICEF and the United Nations Convention for the Rights of the Child. In practice however, although there is some local variation, children's hospital facilities in Scotland have traditionally focused on children under 13-14 years of age which is at variance with England, North America, Australia and much of Europe where children's hospitals admit patients up to 16 years of age or older.

[25] The National Service Framework for Children, Young People and Maternity Services, Department of Health, 2004

[26] National Framework for Children, Young People and Maternity Services in Wales, Welsh Assembly Government Wales, 2005

117. The recommendation in *Building a Health Service Fit for the Future* that the age limit in Scotland be moved to 16 years with additional flexibility and choice for patients aged 16-18 years seeks to address this issue. In parallel the *Mental Health (Scotland) Act 2003* places a legal obligation on NHS Boards to make specific provision for young people under the age of 18 who require hospital treatment for mental health problems.

118. This transition not only requires a shift of patient activity from the adult to the child health sector but also provides the opportunity to develop services that are specifically designed to address the particular needs of adolescent patients, a group which has largely been overlooked in health service design and planning in the past.

119. Concurrent with the requirement for the provision of age-appropriate services is the need to ensure that the transition stage from children's to adult services, which inevitably takes place during the care of young people with long-term conditions, is undertaken in a structured, consistent and well-understood manner which is fully centred on the patient's needs. For young people with complex needs the transition needs to be effectively managed in partnership with education and social work services, with a clear focus on delivering the desired outcomes for the young person.

120. *Building a Health Service Fit for the Future* further emphasises the need to give patients and the public a voice within the NHS and to ensure their increased engagement in the development of health services in the future. Young patients have a right to have their opinion taken into account on issues that affect them, as outlined in *Article 12* of the United Nations Convention on the Rights of the Child. The application of these principles in the context of services for children and young people requires the identification of effective mechanisms to ensure the active involvement not only of parents and carers but of the children and young people themselves.

Ensuring Performance Management and Quality Assurance

121. The *Scottish Executive Health Department* produced revised guidance in 2006 which sets out key objectives, targets and performance measures for health and *Local Delivery Plans* for NHS Boards. The four principal objectives relate to *Health, Efficiency, Access and Treatment* (HEAT) and are supported by 28 key targets, 31 key performance measures and 20 supporting measures. We have incorporated the HEAT approach in this *Action Framework* where relevant although it is recognised that some of the HEAT targets have limited application to children and young people. The inclusion of child health targets as a developmental area for 2007 will therefore be a key further step.

122. Although waiting times targets have largely focused on adult services many of the generic targets are applicable in a child health setting. However as waiting time targets become more challenging meeting them will increasingly have implications for a range of services for children and young people. Examples include waiting times for radiological investigations as well as those relating to surgical treatment for some specialist conditions.

123. Some services particularly relevant to children and young people, for example therapy services provided in the community and child and adolescent mental health services, have not featured in formal performance management arrangements for the NHS. These are areas that have given cause for concern especially when taken in the context of the new targets regarding the provision of integrated services for children and young people as reflected in the *Additional Support for Learning (Scotland) Act (2004)* and *Getting it Right for Every Child – Guidance on Implementation 2006* (see Annex 2).

124. Clearly services provided to children and young people are also dependent on good quality assurance methodology. Standard setting, which is a key part of quality assurance, is principally taken forward in Scotland by NHS Quality Improvement Scotland (NHS QIS). Many of the markers of high quality care in child health practice are materially and validly different from the adult sector thereby limiting the universal application of adult-based standards to services for children and young people. In response NHS QIS are actively exploring the development of standards for child health services. Some of the existing standards do however have application for children and young people including the generic clinical governance standards. In that regard NHS QIS, in conjunction with the Children and Young People's Health Support Group, intend to undertake a programme of reviews, based on the generic clinical governance standards as they apply to children's services.

125. The Scottish Executive is initiating two additional important areas of work in relation to children's services over the next 2 years, which will further strengthen both the quality assurance and performance management arrangements for children and young people's services:

- Joint inspections of children's services, which are currently focusing on child protection, will be rolled out to all children's services from 2008-2009[27]
- The development of child health indicators as part of the *Local Delivery Plan* process.[28]

126. Although much work has been done, and is ongoing, in respect of the quality assurance and performance management processes for children and young people's services the development of targets, standards and processes that will drive measurable improvements remains a key challenge for the NHS in Scotland.

[27] A guide to evaluating services for children and young people using quality indicators, services for children, HMIE, October 2006

[28] Minister's Key Objectives, Targets and Performance Measures for the NHS and Local Delivery Plans: Guidance 2007/08

eHealth

Information Technology

127. Good information underpins high quality patient care and supports planning and public health interventions. This is of particular relevance to child and maternal health where the opportunities to protect and promote health whilst preventing harm are unprecedented.

128. Within Scotland there has been a good history of investing in eHealth systems and infrastructure, as evidenced in the national child health surveillance systems. The eHealth agenda, as detailed in *Delivering for Health,* requires an updating of these systems in light of wider and fast moving technological advances. Clinicians are also very clear that they require more eHealth support and co-ordination to support the clinical care that pregnant women, infants, children and young people require in the 21st century.

129. *Getting It Right for Every Child* also requires a new approach to managing and developing the eHealth agenda to support the delivery of care across a continuum of need, a range of services and through the different stages of a child or young person's life.

130. The Maternal and Child Health Information Strategy Group (MCHISG), established in 2004, has oversight of strategic eHealth developments for maternal and child health in Scotland. The group engages with clinicians, policy makers, managers, professional and technical interests across the NHS system and with partners in integrated children's services.

131. MCHISG propose a stepped approach that will require a response from across the NHS system and partner agencies to deliver the vision of an integrated approach to delivering eHealth capacity across children's systems. The NHS, as the universal provider of services has a lead role in instigating and developing this process.

Telemedicine

132. The challenges inherent in delivering healthcare to the more remote and rural communities in Scotland are well recognised. These issues are all the more complex when considered in the context of healthcare for the children in these areas. Given the limited availability of child health trained staff, caring for children in remote and rural settings need the capacity to be able to easily access specialist support, advice and education across the range of clinical disciplines.

133. Telemedicine offers precisely that capacity and the provision not only of the necessary technical infrastructure but also the response capability within the specialist centres, both on an elective and an emergency basis, must be a key element of planning services for such communities.

134. This Framework has also identified the difficulties involved in balancing access, quality and sustainability particularly in specialised areas of paediatric practice which are delivered by small groups of clinicians, sometimes on a centralised basis. Maximising local care depends on the ability to network services, support effective clinical collaboration and provide remote advice. These requirements can, in turn, be substantially supported by efficient telemedicine services linking the hospitals and other services caring for children and young people.

135. Evidence for the value of telemedicine in all these areas of practice has been provided by the Paediatric Telemedicine Project funded by the Scottish Telemedicine Action Forum which has been in operation since 2004 and provided links between a number of specialist hospitals, district general hospitals and more remote services. Further work is however still required to ensure that a comprehensive network of telemedicine links is in place to support the various patterns of children and young people's healthcare across Scotland.

2

Improving Services

INTRODUCTION

136. Based on the commitments and approach already described this section and the one that follows, *Supporting Change,* document the specific actions that require to be taken forward in order to deliver real change and effective progress in children and young people's health over the next 10 years.

137. For every action the organisational responsibility and timescale are clearly identified and reference is made, as appropriate, to the relevant policy commitments which underpin most of the recommendations. Accompanying each set of actions are the associated progress measures which will allow progress, change and impact to be measured and monitored.

138. There are a number of activities that cut across most sectors of healthcare and play a vital role in enabling and shaping the delivery of change including workforce issues, staff development, eHealth and the planning and performance management of services as well as the ways in which we engage with children and young people, their families and the wider public. These are addressed in *Section Three, Supporting Change.*

139. In Section Two the focus is primarily on specific elements of children and young people's healthcare which have been gathered together under the following headings:

- Providing Care Locally
- Emergency Care
- Hospital Services
- Specialist Services
- Child and Adolescent Mental Health
- Children with Complex Needs
- Remote and Rural Care

PROVIDING CARE LOCALLY

140. The Scottish Executive has emphasised the importance of providing care locally and has required that services should be provided in a more integrated way. This was reinforced by the launch of *Integrated Children's Services Planning Guidance*[29] in 2004 requiring local systems to develop plans for delivering services characterised by effective inter-agency working in order to address the issues highlighted in *For Scotland's Children*[30].

141. This approach has been underpinned by the production of specific service guidance on *Health for all Children, A Framework for Nursing in Schools* and more recently the establishment of Community Health Partnerships (CHPs) and our associated advice note on their role in relation to children and young people's services. These new primary care based organisations are seen as being:

"the main delivery mechanism of health services for children and young people in their local area".[31]

142. The emphasis on providing care locally was enhanced further by the launch of the *Additional Support for Learning Act (Scotland) 2004* and the development of *Getting it Right for Every Child* including the single integrated assessment and provision of integrated services. Both of these initiatives will have a direct impact on the provision of health services as they set standards and targets for the delivery of assessments and services. The document *Supporting children's learning; code of practice* provides guidance on implementing the *Additional Support for Learning Act* and the launch of implementation guidance[32] for *Getting it Right for Every Child,* June 2006, and *Getting it Right for Every Child: Draft Children's Services (Scotland) Bill Consultation*[33] in 2007 will increase the emphasis on this approach for primary care and community based services. It is also expected that statutory duties will be placed on all agencies that plan, commission and provide services to meet identified need.

143. The full implications for all agencies that are expected to participate in the delivery of *Getting it Right for Every Child* have still to be assessed, including what roles organisations and individuals will take. The Scottish Executive has identified a full implementation programme with an anticipated delivery date starting in 2008. This should provide the opportunity to address the issues identified as requiring action in relation to resources (human and financial), data protection, confidentiality, governance, accountability and contractual issues impacting on independent contractors, for example GPs.

144. There are a range of performance management arrangements that apply to Community Health Partnerships (CHPs), health services, education and social work and other services provided to children and young people. General Practitioner services are also assessed on a national UK basis through the use of the *Quality Outcomes Framework* which is based on the General Medical Services contract.

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[29] Integrated Children's Service Planning 2005-2008: Guidance, Scottish Executive, November 2005

[30] For Scotland's Children, Better integrated children's services, Scottish Executive, 2001

[31] Community Health Partnerships, Statutory Guidance, Scottish Executive, October 2004

[32] Getting it Right for Every Child, Implementation Plan, Scottish Executive, June 2006

[33] Getting it Right for Every Child: Draft Children's Services (Scotland) Bill Consultation, Scottish Executive, December 2006

Progress Measures

145. The progress measures for this section relate to targets that are already the basis for formal performance management arrangements for the NHS (HEAT), *Additional Support for Learning Guidance (ASL)* and *Getting it Right for Every Child (GIRFEC)*. The key milestones are based on existing policy (*Hall 4*) and a proposed outcome measure based on the *Education Framework (EF)* being developed by NHS Education for Scotland (NES).

Source	Existing Health Targets for Children and Young People
HEAT	Reduce health inequalities by increasing the rate of improvement for the most deprived communities by 15% across a range of indicators including; CHD, cancer, adult smoking, smoking during pregnancy, teenage pregnancy and suicides in young people by 2008.*
	Anyone contacting their GP surgery has guaranteed access to a GP, nurse or other healthcare professional within 48 hours.
	95% uptake target for all childhood vaccinations.
	To reduce adult (16+) smoking rates from 26.5% (2004) to 22.0% (2010).*
	50% of all adults (aged 16+) accumulating a minimum of 30 minutes per day of physical activity on 5 or more days per week.*
	Reduce by 20% the pregnancy rate (per 1000 population) in 13-15 year olds from 8.5 in 1995 to 6.8 by 2010.
	60% of 5-year-old children (primary 1) will have no signs of dental disease by 2010.
ASL	Single integrated assessments should be provided within 10 weeks of the request or by 16 weeks if the support required is complex.
GIRFEC	Health assessments should be completed prior to referral to the Children's Panel or within 10 weeks by 2008.

*Although applicable to adults they have implications for young people over 16 and may also have indirect impact on children

Source	Key Milestones
HALL 4	Children are offered the core programme and additional and intensive support if required as identified in the *Health for all Children* guidance by 2008.
EF	95% of staff identified as providing care and treatment to children and young people should have completed the core skills and competencies training developed through NES by 2009.

Providing Care Locally – Actions

No.	Actions	Organisation	Timescales
1	NHS Boards, in collaboration with CHPs and other partners, should have an action plan, and appropriate monitoring arrangements in place, to ensure that the *Health for all Children* Guidance is fully implemented in their area.	NHS Boards/ CHPs	2006-2008
2	NHS Boards will be expected to implement the child protection reform agenda including all relevant guidance and legislation on the sharing of information, joint inspection and provision of integrated services.	NHS Boards	2006-2008
3	NHS Boards should develop action plans with Local Authorities for the implementation of *Getting it Right for Every Child*.	Local Authorities/ NHS Boards	2007-2008
4	NHS Boards take into account in their workforce plans the staffing required to meet national policy objectives for example *Health for All Children, Integrated Assessments,* Integrated Children's Service Plans and *Getting it Right for Every Child*.	NHS Boards	2006-2008
5	CHPs should review current service provision in relation to *A Scottish Framework for Nursing in Schools* and produce an action plan to ensure its implementation.	CHPs	2007-2008
6	NHS Boards and their partner agencies should ensure that their Carers Information Strategy is fully implemented in respect of its implications for young carers.	NHS Boards	2007
7	The *GMS contract – Quality and Outcomes Framework* should be reviewed by the Children and Young People's Health Support Group (CYPHSG) with the aim of making recommendations, for consideration in any subsequent review of the contract, as to how it could be strengthened to address service provision for children and young people.	CYPHSG	2008
8	A review of the training requirements for the appointment of GPs with a special interest in child health should be completed.	NES/CHPs	2008
9	CHPs and local secondary care providers should have in place evidence based local referral protocols for common childhood conditions.	CHPs	2008

Providing Care Locally – Actions *(continued)*

No.	Actions	Organisation	Timescales
12	CHPs should have in place effective arrangements for the provision of healthcare services to vulnerable children including those Looked After and Accommodated.	CHPs	2008
13	CHPs should develop plans with children and young people to improve access to primary care services.	CHPs	2008
14	CHPs and individual practices should have in place a programme to ensure that all staff working with children are trained to a level of competence appropriate for their responsibilities in accordance with the NES framework.	CHPs	2009

EMERGENCY CARE

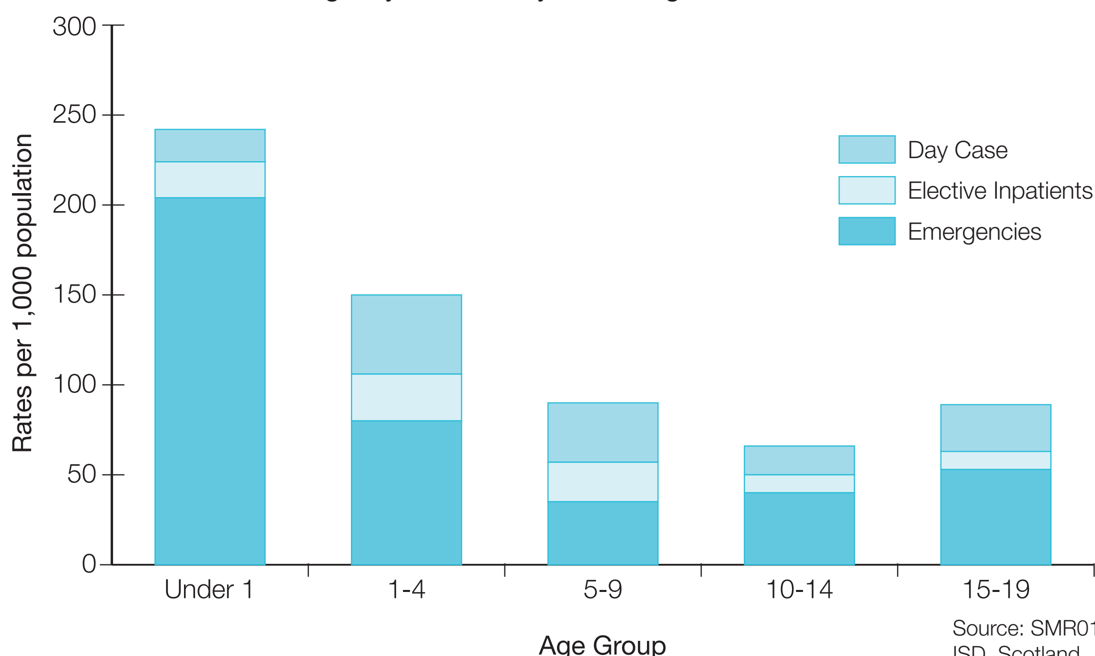
146. The *Emergency Care Framework for Children and Young People*[34] was consulted on as part of the process for producing *Building a Health Service Fit for the Future* and was launched as formal guidance to the NHS in October 2006. The *Emergency Care Framework (ECF)* describes four levels of care (see Table 1 below and for full description see ECF document) and provides a comprehensive approach to the delivery of emergency care for children and young people in Scotland.

Table 1. Levels of care and location for the provision of emergency care

Level of Care	Emergency Care Site
4	Specialist Children's Hospital
3	General Hospital with Inpatient Paediatric Unit
2	General Hospital with Accident & Emergency Department without Inpatient Paediatric Unit
1	Community Hospital, Minor Injury Facility, Primary Care Medical Centre, Out-of-Hours Centre, NHS 24

147. The provision of emergency care for children and young people varies throughout Scotland and is dependent on a range of factors such as geography, availability of staff and current organisation of services. A major difference in the pattern of care for children and young people is that the majority of admissions to hospital are unplanned (see figure 1 below).

Figure 1. Discharges from acute hospitals; rate per 1,000 population[1] in under 20 year olds admitted as an emergency, Scotland, year ending March 2002



1. Rates are based on mid-year population estimates.

[34] Emergency Care Framework for Children and Young People in Scotland, Scottish Executive, October 2006

148. Children and young people should receive emergency care within an environment that is appropriate for their needs. It can be difficult to provide this care optimally in an adult care setting, which can be frightening and bewildering for young children and complex for staff. By contrast, dedicated care environments for children and young people will have specialised staff and specific equipment and facilities. These dedicated care environments are best suited to providing emergency care for children and young people less than 16 years.

149. It is recognised that at times children and young people will attend adult emergency care facilities. If these emergency care facilities are to offer care for children and young people they must provide a safe, non-threatening and flexible environment. In some facilities, this can be achieved by having separate designated waiting and treatment areas for children and young people. At other sites where this is not possible, appropriate screening, segregation and prioritising treatment will help. This is particularly important when dealing with the needs of children and young people who may have physical, mental or learning disabilities for whom waiting times and environment can be particularly important.

150. This approach should be underpinned by the core competencies, training and development approach developed by NES in 2006 which all NHS Boards are expected to roll out over the next few years ensuring that all staff have the necessary skills to treat children and young people.

Progress Measures

151. There are two health targets for emergency care in HEAT which can be applied to services for children and young people. We have also suggested a number of key milestones based on the *Emergency Care Framework for Children and Young People* (ECF) and *Delivering for Health* (DFH).

Source	Existing Health Targets for Children and Young People
HEAT	By the end of 2007 no patient will wait more than 4 hours from arrival to discharge or transfer for accident and emergency treatment.
	By the end of 2007, 75% of 999 emergency calls responded to within 8 minutes.

Source	Key Milestones
ECF/DFH	Local NHS systems have started to implement core skills and competencies module for staff providing emergency care to children and young people by 2007.
	Explicit arrangements are established within each region regarding the role of every emergency care site in the provision of services for children and young people by 2007.
	Local NHS systems have reviewed progress against delivery of the ECF by 2007.
	Care pathways for the commonest conditions leading to presentation at emergency care departments are developed and implemented by 2008.
	95% of staff providing emergency care to children and young people have achieved core skills and competencies by 2008.

152. A summary of the key actions in relation to developing emergency care services for children and young people are highlighted below. The full 3-year action plan is incorporated in the *Emergency Care Framework for Children and Young People in Scotland.*

Emergency Care – Actions

No.	Actions	Organisation	Timescales
1	A National Project Group should be established to develop and rollout education provision for emergency care.	NES	2006-2009
2	Regional Planning Groups and NHS Boards should implement the *Emergency Care Framework for Children and Young People*.	Regional Planning Groups/ NHS Boards	2007-2009
3	Regional Planning Groups and NHS Boards should identify the level of care to be provided at each of their emergency care sites in accordance with the *Emergency Care Framework.*	Regional Planning Groups/ NHS Boards	2007
4	A standard assessment method should be developed for use with children and young people at all emergency care facilities.	NHS QIS	2007
5	National guidelines and best practice statements should be developed for the management of common acute and potentially life threatening conditions for children and young people.	CYPHSG/ NHS QIS	2006-2009
6	The development of expanded roles for emergency care practitioners must consider the needs of children and young people and be undertaken under the guidance of NHS Education for Scotland and relevant professional bodies.	NES/NHS Boards	2007-2008

HOSPITAL SERVICES

153. While a high proportion of the healthcare provided to children and young people is delivered in primary care or community settings, children and young people remain important users of secondary and tertiary hospital services. Acute and elective inpatient provision has undergone significant change over the past 10 years with services being concentrated on fewer sites and a wider range of services being provided in community settings, for example home ventilation.

154. As described previously, sustaining an adequately resourced and trained paediatric workforce and age-appropriate facilities and services can present very real challenges at a District General Hospital level (DGH). As a result a number of paediatric units and services across Scotland have been subject to redesign, rationalisation or closure in recent years.

155. While this may at times be necessary, and can result in an overall improvement of service quality and safety if handled correctly, there is also a danger of sustainability being the sole driver with consequent loss of appropriately accessible local services to the significant disadvantage of young patients and their families. As a result there is a need to have in place robust and proactive planning for the provision of hospital services across the various regions to ensure that, with due regard to safety and quality, hospital care is delivered as locally as possible.

156. In this regard it is important to recognise that a significant proportion of the care currently provided to children and young people in DGH settings relates to surgical procedures, often in specialties such as ENT, ophthalmology, orthopaedics and dentistry. It is vital that the planning of hospital services for children and young people fully engages with these specialties and with the anaesthetic services that underpin them.

157. In seeking resolution to these issues it will be essential that strong links exist between the specialist children's hospital services in the four main urban areas and the DGH services within their respective regions.

158. *Delivering for Health* has also identified the importance of age-appropriate services particularly at a hospital level. Implementation will involve many Scottish hospitals in a significant realignment of care pathways and facilities for young people, particularly those in the 13-15 age group. To be taken forward successfully this will not only require appropriate reapportioning of resources but also the training of staff in the care of adolescent patients and the designing of facilities and services targeted at this distinct patient population.

159. Even beyond the introduction of such changes young people, particularly those 16 years of age and older, will remain under care in the adult sector and the needs of this patient population also require to be understood and addressed.

160. The model of care for delivering acute hospital services in Scotland will be based around the three regional planning areas with national services in a limited number of sites, possibly one or two in Scotland. This will mean that a core regional service will be provided from Dundee and Aberdeen in the north, Edinburgh in the south east and Glasgow in the west. Inpatient provision will also continue to be provided at a regional level throughout Scotland as described in Table 2. The model will have to operate flexibly to allow for natural patient flows for example North East Fife to Dundee, Oban to Glasgow, etc.

Table 2. Organisation of acute inpatient services for children and young people in Scotland

Lead Regional Provider	Region	NHS Boards
Royal Aberdeen Children's Hospital and Ninewells Hospital	North	Highland* Grampian Orkney Shetland Tayside*
Royal Hospital for Sick Children Edinburgh#	South East	Borders Dumfries and Galloway Fife Forth Valley* Lothian Tayside*
Royal Hospital for Sick Children (Yorkhill) Glasgow#	West	Ayrshire and Arran Dumfries and Galloway Forth Valley* Greater Glasgow and Clyde Highland* Lanarkshire Western Isles

#currently provide national services

*NHS Boards that participate in more than one planning region

Progress Measures

161. The key milestones for this section are based on specific actions described in *Delivering for Health* (DFH).

Source	Key Milestones
DFH	Clear plans are in place for the delivery of acute inpatient care for children and young people that define the role of hospitals operating at a local, regional and national level by 2009.
	Children and young people are able to access services that are informed by, and appropriate for, their age-related requirements by 2009.
	Two new hospitals for children and young people in Glasgow and Edinburgh are in place by 2012.

Hospital Services – Actions

No.	Actions	Organisation	Timescales
1	The provision of two new children's hospitals in Glasgow and Edinburgh should be accompanied by a clear programme of joint planning at a national level to ensure that the new builds are developed in the context of the overall future provision of children's hospital services in Scotland.	SEHD	2006-2011
2	Clear guidance should be developed for Health Boards and Regional Planning Groups on elective and emergency provision of surgery and anaesthesia for children.	CYPHSG	2007–2008
3	A scoping exercise to be undertaken to determine the clinical, training and practical implications of implementing the recommendation that children up to their 16th birthday are admitted to age appropriate facilities.	CYPHSG/NES	2007–2008
4	Health Boards should review their current provision of hospital care for adolescents and should develop clear plans to allow the admission of children up to their 16th birthday to age appropriate acute care inpatient facilities.	NHS Boards	2008-2009
5	NHS Boards should develop clear and cohesive arrangements for transition from child to adolescent services and from adolescent to adult care across the spectrum of illness.	NHS Boards	2008-2009
6	Regional Planning Groups should designate at least one clinician with responsibility for adolescent hospital care.	Regional Planning Groups	2008-2009
7	NES should develop a multi disciplinary training package to equip staff in core competencies for the care of adolescent patients.	NES	2008-2009
8	Regional Planning Groups and NHS Boards should provide an agreed action plan for the provision of secondary inpatient services for children which maximises staff resource and avoids inappropriate multi-site working.	NHS Boards/ Regional Planning Groups	2008-2009
9	Regional Planning Groups should work with Ambulance services, referring clinicians, children, young people and their carers to plan DGH services across regions.	Regional Planning Groups	2007-2009
10	National standards should be developed for transition arrangements for young people with long-term conditions.	NHS QIS	2007-2009

SPECIALIST SERVICES

162. Specialist children's services in Scotland are characterised by their complexity, low volume and dependence on small numbers of highly trained staff. *Building a Health Service Fit for the Future* included a more extensive definition of such services and also supported the adoption of the range and description of such services set out in the *Department of Health Specialised Services Definition Set No. 23 (Specialised Services for Children).* This *Action Framework* accepts and builds on these definitions.

163. In practice the current pattern of specialist paediatric services evolved, it was not designed. In future the decisions on the provision of these services need to be taken on a whole Scotland basis in order that the current fragmented approach can be transformed into an integrated service which improves access and equity of care. The main issues identified include:

    - Development of Managed Clinical Networks at a regional and national level
    - Redesign of services using a four-level model of care describing how services could be provided and organised at a local, District General Hospital, regional and national level
    - A specialist children's workforce that meets European working time regulations and service requirements
    - Development of specialist/consultant roles for nursing and AHP staff
    - The development of regional and national planning and commissioning of services.

164. To take these areas of activity forward the Scottish Executive has established the National Steering Group for Specialist Children's Services in Scotland which has been asked to produce a *National Delivery Plan* for these services by the autumn of 2007. The National Steering Group's remit covers the *Tertiary Paediatric* work stream identified in *Delivering for Health* and the review of age appropriate care and general surgery identified in the *Child Health* work stream.

165. The National Steering Group will also bring forward proposals for the planning, commissioning and delivery of specialist services in Scotland. The role and remit covers:

    - Defining the planning assumptions for the delivery of specialist children's services in Scotland
    - Developing a service framework that provides the best clinical outcomes achievable for children and young people
    - Ensuring that best value is achieved in the delivery of specialist children's services
    - Making recommendations for the future national planning and commissioning of sustainable specialist children's services in Scotland
    - Taking into account the previous and current policy work in the area of specialist services.

166. The full work programme and further information about the Group's role, remit and key messages can be accessed at the website http://www.specialchildrensservices.scot.nhs.uk.

Progress Measures

167. The key milestones for this section reflect actions described in *Delivering for Health* (DFH).

Source	Key Milestones
DFH	A *National Delivery Plan for Specialist Children's Services* is produced by 2007.
	Effective planning and commissioning arrangements are established at regional and national level with clearly defined responsibilities in respect of individual services by 2008.
	Workforce in place to support delivery of specialist services that complies with European Working Time Regulations by 2009.
	Effective age appropriate transitional arrangements in place within each specialty by 2009.

Specialist Children's Services – Actions

No.	Actions	Organisation	Timescales
1	Production of a *National Delivery Plan for Specialist Children's Services in Scotland.*	CYPHSG	2007
2	The PICU service should be nationally commissioned as a single service for a minimum of 5 years in conjunction with the establishment of a national critical care network.	NSD	2007-2012
3	NHS Education for Scotland should engage with the clinical specialist teams, the Educational Institutions, Colleges and Post Graduate Deans in discussions to adapt the existing arrangements for training accreditation.	NES	2007
4	NSD, Regional Planning Groups and NHS Boards should develop and implement an action plan to deliver sustainable tertiary services based on the outcomes from the *National Delivery Plan for Specialist Children's Services.*	NSD/Regional Planning Groups/ NHS Boards	2008-2012

MENTAL HEALTH SERVICES

168. Mental health affects children's and young people's behaviour, learning, physical health and relationships. Around 10% of children and young people in Scotland have mental health problems that are so significant that they interfere with their lives on a day-to-day basis. It is therefore vital to ensure that services and approaches are in place across Scotland to promote children's mental health, prevent mental illness, and support more effectively those children and young people with mental health problems.

169. This is not simply an issue for health professionals; other professional groups and services play a key role. Family support services, parenting advice and assistance, high quality early years provision (particularly for very young children and babies) and sensitive and supportive provision of the guidance function in schools can all contribute to improving the mental health and promoting the well-being of children and young people.

170. From a healthcare perspective there has already been a great deal of activity in recent years to establish a strong legislative and policy framework, which sets the strategic context and direction for much-needed improvement in the way in which we support children's and young people's mental health in Scotland. Mental health remains one of the three national clinical priorities.

171. The SNAP *Needs Assessment Report on Child and Adolescent Mental Health* (2003) has already provided us with valuable information about children's and young people's mental health needs, and the corresponding service provision. The Report found that the availability of mental health services for children and young people (MHSCYP) in Scotland was patchy, that specialist MHSCYP were under very heavy pressure, and that highly specialised services, such as inpatient units, were difficult to access. The Report also stated that the majority of those working in the wider network of children's services wanted further training and support in relation to mental health issues.

172. The principles and recommendations made in the Needs Assessment report are embodied in *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care* (2005), which should be viewed as the central reference for action on children's and young people's mental health in Scotland. The *Framework* describes the range of actions required to ensure effective mental health promotion, prevention and high quality care for children and young people and is designed as a multi-agency tool to support integrated planning and action across a range of contexts and settings. The *Framework* is expected to be implemented by 2015.

173. The *Framework* cross-refers to the *Mental Health (Care and Treatment) (Scotland) Act 2003,* which came into force from October 2005 and places new duties on NHS Boards to provide age-appropriate services and accommodation for children and young people under the age of 18 who require psychiatric inpatient treatment. Detailed complementary advice on the future of psychiatric inpatient services for children and young people in Scotland was published in *Psychiatric Inpatient Services for Children and Young People: A Way Forward* (2004).

Workforce

174. Successful implementation of the *Framework for Promotion, Prevention and Care* will require an increase in the capacity of NHS Specialist MHSCYP. It also requires the development of capacity within mainstream children's services for mental health promotion and identification of potential mental health problems. Achieving this will require more robust workforce planning and development for children's and young people's mental health which recognises and capitalises on the valuable resources already in place across children's services.

175. *Getting the Right Workforce, Getting the Workforce Right: A Strategic Review of the Child and Adolescent Mental Health Workforce* (2005) considers the complex issues involved and provides advice on the way forward for those planning workforce at local, regional and national levels. Using work undertaken elsewhere, particularly in England, *Getting the Right Workforce* provides important information on the current CAMH workforce profile and measures the perceived gaps in staffing numbers. This document will be updated on an annual basis and NHS Boards and Regional Planning groups will be expected to take account of this in their annual workforce plans.

Progress Measures

176. HeadsUpScotland, the national project for children's and young people's mental health, will be helping local agencies work together to deliver the *Framework*, a process that has already begun. In that regard all NHS Boards and their partners were required to complete a self-assessment of their provision against the *Framework for Promotion, Prevention and Care* by the end of 2006.

177. *Delivering for Health* also included a commitment to develop a national plan for mental health and *Delivering For Mental Health* was published in December 2006 and includes children and young people's mental health. It also reinforced the commitment to identifying key milestones to enable the tracking of progress on implementation of the *Framework for Promotion, Prevention and Care.*

178. We are committed to implementing the *Framework* by 2015 and *Delivering for Mental Health* is intended to support the implementation process with milestones that track progress by 2008 and 2010. Many of the milestones relate to the planning and development process and the need to increase the CAMHS workforce if the *Framework* is to be developed and progress against all of these milestones will be monitored. In addition, two key delivery milestones will be tracked as part of the *Delivering for Mental Health.* The identification of these milestones within the plan is intended both to signal our policy intentions with regards to child and adolescent mental health and to raise the profile of the issue for local service delivery agents. These developments in conjunction with the implementation of *Getting it Right for Every Child* set the policy direction for the development of CAMHS in Scotland.

Source	Existing Health Targets for Children and Young People
HEAT	Reduce suicide rate between 2002 and 2013 by 20%.
DFH	Across Scotland, 47 inpatient places are available in dedicated psychiatric units for young people aged 12-18 by 2008 increasing to 56 by 2010.
DFMH	A named mental health link person is available to every school, fulfilling the functions outlined in the *Framework* by 2008.
	Basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people by 2008.
	Reduce the number of admissions of children and young people to adult beds by 50% by 2009 (against the baseline figure for 2005/06 of 69 admissions).

Source	Key Milestones
MHCYP	Integrated Children's Services Plans include clear actions, milestones and resources for implementation of the *Framework for Promotion, Prevention and Care* by 2007/08.
	NHS Board and Regional Workforce Plans, as appropriate, incorporate specific workforce planning for CAMHS by 2007 and provide annual updates thereafter.
	65% of CAMHS staff in every NHS Board area have accessed advanced professional training by 2008 increasing to 80% by 2010.
	There are clear and agreed local procedures in place to identify and support those children and young people in need of additional or specific support for their mental health by 2010.
	All staff new to CAMHS complete the "New to CAMHS" training within a year of taking up post by 2010.
	There is an annual increase in primary mental health work until 2015, by which time it should account for 25% of NHS specialist CAMHS activity in every NHS Board area.
	There is an annual increase in NHS specialist CAMHS workforce capacity until 2015, by which time it should reflect the skill mix and staffing profiles outlined in *Getting the Right Workforce, Getting the Workforce Right.*

Mental Health Services – Actions

No.	Actions	Organisation	Timescales
1	All NHS Boards and their partners to develop an integrated action plan for implementation of the *Framework for Promotion, Prevention and Care,* with agreed milestones and priorities that reflects the Integrated Children's Service Planning process, including action to ensure the involvement of children and young people.	NHS Boards, Local Authorities, voluntary sector	2007/08
2	All NHS Boards and their partners to monitor progress and review their action plan for implementing the *Framework for Promotion, Prevention and Care* on an annual basis.	NHS Boards, Local Authorities, voluntary sector	2007 (and annually thereafter)
3	All NHS Specialist CAMHS to have a strategic training plan, linked to CAMH service planning and reflecting the advice in *Getting the Right Workforce, Getting the Workforce Right.*	NHS Boards, Regional Planning Groups	2007
4	Robust regional planning and commissioning arrangements to be established for dedicated adolescent inpatient provision in line with *Psychiatric Inpatient Services for Children and Young People: A Way Forward, Delivering for Health* and the *Mental Health Delivery Plan.*	Regional Planning Groups	2006-2010
5	Appropriate transition arrangements to be agreed between NHS specialist CAMHS and adult mental health services, including arrangements for handling referrals of young people between the ages of 16 and 18 years.	NHS Boards	2008
6	Clear local leadership to be established, to support NHS specialist CAMHS in adopting the different working patterns required for implementation of the *Framework for Promotion, Prevention and Care.*	NHS Boards	2008

COMPLEX NEEDS

179. Approximately seven thousand children in Scotland are considered to have complex needs based on their dependence on care and support from multiple services provided by health, social care and other agencies. This group will benefit enormously from the single integrated assessment plan and record process, coupled with clearer and stronger accountability, currently under development as part of the implementation of *Getting it Right for Every Child*.

180. The number of children in this category is steadily rising in part due to the success of medical advances which enhance the survival rates of extremely premature babies and substantially prolong the life expectancy of children with complex medical conditions. It is particularly important for such children, and their families and carers, that as far as is realistically possible their care is delivered at home or in local settings in order to minimise the difficulties inherent in frequent hospital attendance.

181. It is equally vital that the various elements of the child's care are delivered in a consistent and coordinated manner. Too often in the past care provided by different agencies and services has been delivered in isolation and without reference to other care providers. The introduction of an integrated assessment process should foster inter-agency working. Equally service provision for children with complex needs should be explicitly incorporated in Integrated Children's Service Plans. In order to achieve these goals there is a need for:

- effective inter-agency working
- sharing of information (particularly where there may be child protection concerns)
- well organised discharge planning
- structured resourcing of care packages
- coordination of care through an identified key worker/lead professional
- planned multi-agency review.

182. There is also a need for certain specialised support services, including home ventilation, to be planned on a regional or national basis to ensure safe, structured and sustainable patterns of care.

Progress Measures

183. The key milestones for this relate to specific actions in *Delivering for Health* (DFH).

Source	Key Milestones
DFH	Children with complex needs as identified by the integrated shared assessment process have a named "key worker" by 2008.
	Children and young people with complex needs receive an effective multi-disciplinary assessment within 10 weeks by 2008.
	Children and young people with complex needs have an annual multi-agency review of their care needs by 2008.

Complex Needs – Actions

No.	Actions	Organisation	Timescales
1	Information should be developed that is appropriate for children, young people and their carers.	Complex Needs Group	2007-2008
2	Children, young people and their families should receive appropriate information about their care plan and be involved in its development.	Local Authorities/ NHS Boards	2007-2008
3	A care pathway approach, including discharge and transition, should be developed for use with all children with complex needs.	Complex Needs Group	2007-2008
4	A national clinical dataset should be developed that monitors the discharge pathway of children with complex needs.	ISD	2007-2008
5	Systems should be in place to provide each child with a named professional (key worker) who will coordinate all their health, local authority and voluntary sector providers.	Local Authorities/ NHS Boards	2008-2009
6	Each child with complex needs should also have a named consultant paediatrician or equivalent, to support the 'key worker', the child and their family or carer, by coordinating all secondary and tertiary care with pathways for service delivery.	NHS Boards	2008-2009
7	Children and young people with complex needs must have access to a formal multi-agency annual review with regular assessment and evaluation that meets the recommendations in *Getting it Right for Every Child.*	Local Authorities/ NHS Boards/ CHPs	2008-2009

REMOTE AND RURAL CARE

184. The Remote and Rural Areas Resource Initiative (RARARI) was established by the Scottish Executive in late 1999 and ran for 4 years with its main aim being to support projects for the development of healthcare services and/or support of professional staff in remote and rural areas of Scotland. As part of this programme a paediatric project was initiated to review the needs of children and to suggest a model of safe sustainable paediatric care for the remote and rural areas of Scotland. The area covered by the project included Shetland, Orkney, the Western Isles and rural Highland.

185. The issues identified in the *RARARI Paediatric Project Report*[35] were highlighted in the child health section of *Building a Health Service Fit for the Future* and *Delivering for Health*. The common themes emerging from these reports included:

- difficulties faced by local clinical staff in providing high quality care for children with significant acute or chronic illness given the relatively small numbers involved and the lack of immediate specialist support
- a perceived lack of understanding, on the part of clinicians working in dedicated paediatric units, of the particular circumstances (geography, training, availability of equipment and facilities) faced by staff in remote and rural settings
- variable quality of discharge planning after episodes of specialist care.

186. It is clear that there is a central role for education and training to support generalist activities in remote and rural practice. While there are informal established connections that allow staff to spend periods at urban units to maintain skills, for example anaesthetic placement at the Royal Hospital for Sick Children, Glasgow, there is a need for expansion for other staff groups.

187. While telemedicine usage has become almost routine in the remote locations, it remains relatively underdeveloped at some urban sites and could be very effective in allowing staff to access educational events in larger institutions as well as offering an important source of clinical support.

188. The different needs of individual remote and rural settings require different solutions. Whilst rural settings might be served by outreach and transfer, remote settings need to ensure safe emergency services because travel or transport is not always an option.

189. A Remote and Rural Working Group looking specifically at child health issues has been established to pull together an action plan for developing healthcare in these communities. It is expected to report back in 2007 as part of *Delivering for Health*. The role and remit of the Group recognises the issues that impact on services delivered in remote and rural areas and includes the following key areas:

- Identify the requirement for healthcare for children and young people in remote and rural or island settings
- Develop a proposal for service delivery that includes governance and networks to support remote and rural child health services

[35] The Remote and rural paediatric project, Child health services in remote and rural Scotland, Children and Young People's Health Support Group, 2006

- Establish baseline data on all remote or island sites, including workforce information
- Ensure that the competency frameworks take account of the skills needed in remote and rural settings
- Through links with other projects/stakeholders develop educational solutions to support local delivery
- Ensure appropriate transport and retrieval systems are in place for delivering healthcare to children in remote and rural areas.

Progress Measures

190. The key milestones for remote and rural care are based on specific actions outlined in *Delivering for Health* (DFH).

Source	Key Milestones
DFH	All remote and rural areas have explicit support arrangements with a specialist children's hospital, including a named senior clinician by 2007.
	Arrangements for discharge of all children to remote and rural settings is structured to reflect care options available locally by 2007.
	A dedicated training package is available to support the provision of child healthcare in remote and rural settings by 2008.
	All remote and rural areas are able to access effective clinical and educational support via telemedicine links by 2009.
	95% staff providing care to children and young people have completed the accredited training being developed through NES by 2009.

Remote and Rural – Actions

No.	Actions	Organisation	Timescales
1	A review of remote and rural health services for children and young people should be completed and an action plan produced.	Remote and Rural Steering Group	2007
2	Regional Planning Groups should designate a lead paediatric unit, which will have formally networked arrangements with each remote and rural area. These arrangements should include a named senior clinician with the responsibility for that area.	Regional Planning Groups	2007-2008
3	Each networked central paediatric unit should have a discharge planning co-ordinator who is aware of the particular needs of the remote and rural areas.	NHS Boards	2007-2008
4	Each remote and rural area should identify GPs, Physicians and other clinicians as appropriate who wish to develop a special interest in child health. These clinicians should receive accredited training so that they can support the identified need for the local delivery of child health services.	NHS Boards/ CHPs	2007-2008
5	NHS Boards should offer expanded outreach support for remote areas to maximise local care. These visits should include a local educational opportunity whenever possible.	NHS Boards	2007-2008
6	NES should lead the development of dedicated training packages in paediatric care specific for remote and rural practice. These should be delivered locally in partnership with external partners and supported by national protocols/guidelines.	NES	2007-2008
7	Telemedicine links should be reviewed between mainland regional paediatric centres and rural areas and an action plan developed to improve links to support both clinical care and staff education.	Centre for TeleHealth	2007-2008
8	The Remote and Rural action plan for children and young people should be implemented.	NHS Boards/ Regional Planning Groups	2008-2010

3

Supporting Change

INTRODUCTION

191. A consistent theme in *Building a Health Service Fit for the Future* and *Delivering for Health* has been the need for the NHS in Scotland to change and adapt in response to the rapidly changing patterns of healthcare needs. Addressing this challenge, which is as pertinent to children and young people as it is for the adult sector, will require innovation and flexibility across the spectrum of activities that supports the redesign and advancement of services.

192. The following section of the *Action Framework* focuses on the cross-cutting issues that will determine the capacity of the service to be prepared for, and respond to, the new and emerging challenges inherent in delivering 21st Century care that is *"better, quicker, closer and safer".* Specifically the following areas will be addressed:

- Involving children, young people and their carers
- Workforce
- Education, training and development
- Planning (national, regional and local)
- Models of care
- eHealth
- Performance management and quality improvement

INVOLVING CHILDREN, YOUNG PEOPLE AND THEIR CARERS

193. It is important not only to view children and young people as recipients of our National Health Service but also as partners in decisions involving their health and healthcare. *Article 12* of the UN Convention states:

"that a child who is capable of forming his or her own views has the right to express these views freely and to have their views given due weight in accordance with their age and maturity".

194. A strong message expressed by children and young people is that they are often not listened to. Children and young people should be at the centre of consultation on services and their views canvassed in a meaningful way. In practice there is evidence that children and young people can be realistic in describing the services they want and can be very "community spirited" and altruistic in their views towards others.

195. In 2003, the Scottish Parliament passed the *Scotland's Commissioner for Children and Young People (SCCYP) Act* and in April 2004 appointed the first Commissioner with the remit to promote and safeguard the rights of children and young people in Scotland. The Commissioner has a particular responsibility to assess and review law, policy and practice which impacts on children and young people's rights with a required emphasis on the involvement of children and young people in taking forward that task.

196. The active involvement of children and young people is also a key principle underpinning the *Action Framework*. Close collaboration with the Commissioner will help ensure that implementation of the Framework promotes the involvement of children and young people, both locally and nationally, in policy decisions affecting their health and health services. As part of the process it will be important to support Health Boards to take account of children and young people's views in their *Public Focus Patient Involvement* (*PFPI*) strategies and to involve them in local decision-making procedures.

197. A reference panel of children and young people has been established at a national level (Young People's Health Advisory Group) to provide input into health topics and act as a sounding board on policy development. This initiative led by SCCYP and NES has already established a work programme and will be actively involved in considering a range of health issues impacting on children and young people in Scotland.

198. There is also a need to ensure that all written and verbal patient information is appropriate for the age and stage of development of children and young people. In that regard it is important that all staff working with children and young people are given the opportunity to develop effective communication skills in working with children and young people.

199. All initiatives to promote engagement and share information with children, young people and their families need to explicitly reflect the diversity of Scottish society in terms of culture, ethnicity, disability, gender, sexual orientation and age.

Progress Measures

200. The key milestones for involving children and young people are based on policy contained in the *Equality and Diversity Impact Assessment Toolkit* (EDIAT) and the *Patient Focus Public Involvement (PFPI)* agenda.

Source	Key Milestones
EDIAT	The *Equality and Diversity Impact Assessment Toolkit* is implemented by NHSScotland for children and young people by 2007.
PFPI	Clear evidence that policy development at a national level is based on discussion with children and young people by 2007.
	Information that relates to children and young people is produced in accessible, age-appropriate formats by 2007.
	The *PFPI* strategies of Health Boards and other providers specifically reflect the need to include children and young people by 2007.
	The views of children, young people and carers are represented at all levels of NHS planning by 2008.

Involving Children, Young People and their Carers – Actions

No.	Actions	Organisation	Timescales
1	The views of children and young people should be invited for all services that they might use. This should include every level of planning (National, Regional, Board, Community Health Partnership, GP practice and hospital) incorporating the approach in *Engaging children and young people in community planning.*[36]	SEHD/NSD/ Regional Planning Groups, NHS Boards/CHPs	2007-2009
2	The Children and Young People's Health Support Group should produce a report on the current status on involvement of children and young people in service planning and redesign and make recommendations on how this can be further developed.	CYPHSG	2007
3	All services provide information to parents and young people about their rights and responsibilities.	NSD/Regional Planning Groups, NHS Board/CHPs	2007
4	NHS Boards should review their provision of children's hospital services with reference to the *European Association for Children in Hospital (EACH) Charter* and put in place plans to address any issues identified.	NHS Boards	2008
5	Service providers should work together to ensure appropriate support is in place for parents who are far from home with a sick child. Parents should be fully involved in the planning of this support.	NHS Boards	2008

[36] Engaging children and young people in community planning, Community Planning Advice Note, Scottish Executive, November 2006

WORKFORCE

201. Healthcare staff working with children and young people have changed and adapted in response to a number of challenges and pressures over the past two decades. This has included the need to adopt a more specialised response to specific diseases as well as the recognition that the health requirements of children and young people are different physiologically and emotionally to adults. This has resulted in the development of a highly trained and motivated group of staff.

202. Although this *Action Framework* focuses primarily on the health sector, this has to be seen in the context of an increased drive towards joint working across health, education and social work services which is being pursued through the integrated children's service planning process.

203. The challenges we are expected to address in the next 5 years will mean that the pressures being faced currently will increase and new and innovative solutions will have to be found. These pressures and challenges are similar across all the professions and staff groups working directly with children, and there will be advantages for all in the development of shared solutions where possible. These solutions will include reviewing the skill mix in teams, identifying core competencies and implementing a programme of training and development which supports the delivery of appropriate models of care. Some of the more immediate drivers for healthcare services include:

- Development of sustainable specialist services to meet recognised care needs such as:
  - Mental health of children and young people
  - Cancer services for children and young people
  - Gastroenterology
  - Metabolic Services
- Implementation of new legislative and policy requirements for example:
  - Guidance on the development of Integrated Children's Service Plans
  - *Additional Support for Learning (Scotland) Act 2004*
  - *Health for all Children (Hall 4)*
  - *Emergency Care Framework for Children and Young People*
  - *Getting it Right for Every Child*
- The drive to improve quality and enhance service provision through:
  - Adoption of standards developed by organisations such as *NHS Quality Improvement Scotland*
  - Joint inspection of integrated children's services
  - Implementation of good practice guidelines
- Growing capacity and developing the child health workforce to meet:
  - European Working Time Legislation
  - Modernising Medical Careers
  - Implementation of Agenda for Change
  - Enhanced and new roles for child health practitioners.

204. There is already a recognised shortage of available staff in several areas within child healthcare. It will be necessary to utilise a variety of approaches, including service redesign, Hospital at Night and the development of new roles, to ensure NHSScotland can continue to attract staff in what is an increasingly competitive employment environment. This was reinforced by the publication of two documents by the Scottish Executive on the development of Nursing[37] and AHP[38] roles.

205. There are a wide range of estimates for the increase required for the paediatric consultant workforce. The Royal College of Paediatrics and Child Health, estimates that the medical consultant workforce will need to grow from a baseline of 188 WTE in 2004/05 to almost 300 by 2013. This represents a sustained average growth rate of 4% to 6% (8 to 12 WTE consultant posts) per annum. However, any increase in the numbers of consultants should be closely aligned to the developing models of care which are being introduced. Any such investment should take account of the pressures that services will be facing in delivering Modernising Medical Careers and the implementation of European working time legislation, which are placing the current configuration of services at significant risk.

206. The mental health workforce also faces particular challenges. The recently published strategic review of CAMHS workforce[39] identifies that in order to deliver the undertakings of the *Framework for Promotion, Prevention and Care,* the specialist mental health workforce across Scotland will have to increase substantially. Much of this increased capacity will be focused on primary mental health work, which offers better access to mental healthcare. An increase in the number of consultant psychiatrists is indicated, but major growth in clinical psychology, nursing, psychotherapy and AHP numbers will also be key to achieving this change. The report recommends that the CAMHS workforce at a NHS Board level should double in size over the next 10 years. Again this estimated increase will depend on the introduction of new ways of working and the anticipated move towards providing appropriate timely interventions.

207. A group has also been established to scope issues for the child health nursing workforce. The group is expected to produce a workforce tool which will allow more accurate prediction of the future supply and demand balance for the NHS in Scotland. This will be based on a review of nurse workforce modelling that has been undertaken by the NHS in England with the outcomes from this review expected to be ready early in 2007.

208. Developing the future workforce for children and young people's services has been identified as a key issue within the *National Workforce Planning Framework 2005*[40] and *Delivering for Health*. NHS Boards and NHS Regional Planning Groups are expected to describe how they will address these issues in the workforce plans to be published annually in April and September respectively. This will be an organic process with the outcomes from the specific service reviews identified feeding into the discussion taking place at a local and regional level.

209. In addition to those described below, additional progress measures and actions in relation to workforce feature in the specific sections in this document.

[37] Framework for Developing Nursing Roles, Scottish Executive, July 2005

[38] Framework for Role Development in the Allied Health Professionals, Scottish Executive, July 2005

[39] Getting the Right Workforce, Getting the Workforce Right: a strategic review of the Child and Adolescent Mental Health Workforce, Scottish Executive Health Department, November 2005

[40] National Workforce Planning Framework, Full Report, Scottish Executive, 2005

Progress Measures

210. Although there are two specific targets in HEAT that relate to workforce we have also suggested a number of key milestones contained in the *National Workforce Planning Framework (NWPF)* and *Delivering for Health (DFH).*

Source	Existing Health Targets for Children and Young People
HEAT	NHS Boards to achieve time-releasing savings, including an increase in consultant productivity by 1% pa over the next 3 years and a sickness absence rate of 4% by 31 March 2008.

Source	Key Milestones
NWPF	Regional and national workforce plans that specifically address the requirements for children and young people's health services by 2006 and annually thereafter.
NWPF	Clear action plans for the development of consultant AHP and nurse specialist roles for community and specialist children's services by 2007.
DFH	Development of workforce plans as part of the specialist children's national delivery plan by 2007.

Workforce – Actions

No.	Actions	Organisation	Timescales
1	Regions and Boards produce workforce plans which address the needs of children's and young people's services.	Regional Planning Groups/ NHS Boards	2006-2008
2	NHS Boards should use the Nursing and AHP workforce tools under development to determine future workforce requirements for these groups.	NHS Boards	2007
3	An action plan for the development of community and children's nursing will be developed by SEHD, Regional Planning Groups and NHS Boards.	SEHD/Regional Planning Groups/ NHS Boards	2007

EDUCATION, TRAINING AND DEVELOPMENT

211. Education plays a key role in ensuring patient safety and providing a healthcare workforce that is congruent with the needs of the service. It is essential that high quality, contemporary education is available to meet the demands of a changing child health service in NHSScotland.

212. NHS staff working with children should have access to diverse, tailored education in a way that respects their individual learning needs. To that end there is a need for national strategic educational planning and development, closely aligned with workforce development, in order to maximise the contribution that all NHS staff can make to the healthcare of children and young people in Scotland.

213. Such a strategic approach to planning to meet the training needs of healthcare workers will also need to establish appropriate linkages with similar local and national activity across related sectors. The need for shared learning between different disciplines and sectors cannot be over emphasised if we are to create the kind of services we will need in the future. This needs to start pre-qualification and continue throughout an individual's professional career, promoting better professional understanding between often disjointed parts of the whole system. This will build on work already underway as part of *Getting it Right for Every Child*.

214. Evidence indicates that not all healthcare staff working with children have the necessary skill set to ensure that frontline care is of consistent quality. This training gap demands the development of a solid infrastructure to support staff that work with children. This will be crucial to the support of new and extended roles across disciplines.

215. Hallmarks of this infrastructure will be core and additional specialist competency frameworks, application of work-based learning and full use of e-learning platforms. In addition, care must be taken to make sure that educational developments articulate with new career pathways and inter-agency working if we are to develop education that facilitates career shifts and a workforce that is committed to lifelong learning.

216. The key organisation in this area is NHS Education for Scotland (NES) which was established to provide an integrated and coherent means of supporting education for staff in the NHS in Scotland, capable of taking a multi-disciplinary approach to ensuring fitness for purpose. The work of NES is underpinned by a growing network of multi-agency strategic partnerships and alliances which include, but are by no means restricted to, NHS organisations, Higher and Further educational institutions, professional and statutory bodies, the Academy of Royal Colleges and Faculties in Scotland, trade unions as well as the whole range of regulatory bodies. As a national priority, child health will sit as a key component in the NES Corporate Plan. Three key themes provide a framework for NES work:

- Building workforce capacity
- Delivering educational support for National Clinical Priorities
- Developing educational infrastructure

217. In addition to those described below, additional progress measures and actions in relation to education and training feature in the specific sections in this document.

Progress Measures

218. The key milestones for education training and development are based on specific actions contained in the *Emergency Care Framework for Children and Young People (ECF)* and *Delivering for Health (DFH).*

Source	Key Milestones
DFH	Clear educational programme in place to address core competencies for all staff dealing with children and young people.
ECF	95% of staff identified as providing emergency care to children and young people have achieved core skills and competencies by 2008.
DFH	Educational packages to support the implementation of age appropriate care for children and young people are available by 2008.
DFH	NHS Boards to have arrangements in place to ensure all relevant staff are trained to appropriate level of competency by 2009.

Education, Training and Development – Actions

No.	Actions	Organisation	Timescales
1	An Educational Framework work plan should be developed by NES that ensures that staff have the appropriate skills, knowledge and competencies to manage the care of children and young people.	NES	2006-2009
2	NHS Boards, CHPs and other providers should implement programmes to ensure that staff, working with children and young people, are fully trained in the core skills and competencies modules developed by NES.	NHS Boards	2007-2009
3	An educational programme to support the development of new roles and models of care in NHSScotland should be established.	NES	2007
4	An educational framework and training programme for age appropriate care in Scotland should be developed.	NES	2007-2009

PLANNING AND COMMISSIONING OF CHILDREN AND YOUNG PEOPLE'S SERVICES

219. As recognised elsewhere in the *Action Framework* the activity patterns, clinical problems and consequent service needs of children and young people are often materially different from adults. The arrangements for planning and commissioning services should reflect this reality much more explicitly than in the past.

220. The Scottish Executive has recognised the need to provide more strategic and corporate leadership in planning specialised and general children's health services and has made significant changes by completely redesigning the supporting infrastructure through the:

- introduction of planning guidance for the production of Integrated Children's Service Plans
- establishment of a new advisory structure to deliver measurable improvements in health outcomes and health services including the creation of child health specific Regional Planning Groups in the east, north and west (see figure 3)
- establishment of the post of National Clinical Lead for Children and Young People's Health in Scotland
- establishment of a Child and Maternal Health Division.

221. The introduction of locally-based Integrated Children's Service Plans provides a statutory basis for the planning and delivery of services at a local authority level. Taken in conjunction with the emerging role of Community Health Partnerships these developments create the opportunity to plan and deliver community, primary care, social and other local authority services in a much more integrated way while also directly influencing service delivery in secondary care. The role of CHPs in the delivery of services for children and young people and how they interact with other agencies was explicitly identified in the Guidance accompanying their introduction.[41]

222. The role of Child Health Commissioner was established in response to the Kennedy inquiry in to the cardiac deaths in Bristol and has been pivotal in ensuring that child health issues are addressed at NHS Board level. The Scottish Executive supported this initiative by the creation of a national Child Health Commissioners' Group. NHS Boards should ensure that adequate support is in place including the designation of an Executive lead at Board level and the identification of individuals with responsibility for the delivery of services throughout the organisation, in line with guidance on CHPs and *Getting it Right for Every Child*. The leadership arrangements within agencies for children's issues will form a key element of the *Integrated Children's Services Inspection* processes due to be initiated in 2008.

223. The need for further strengthening of national planning and commissioning within the NHS in Scotland is highlighted in *Delivering for Health*. While relevant to several areas of adult healthcare this approach will have the potential to significantly enhance arrangements for child health services, particularly those of a specialist nature.

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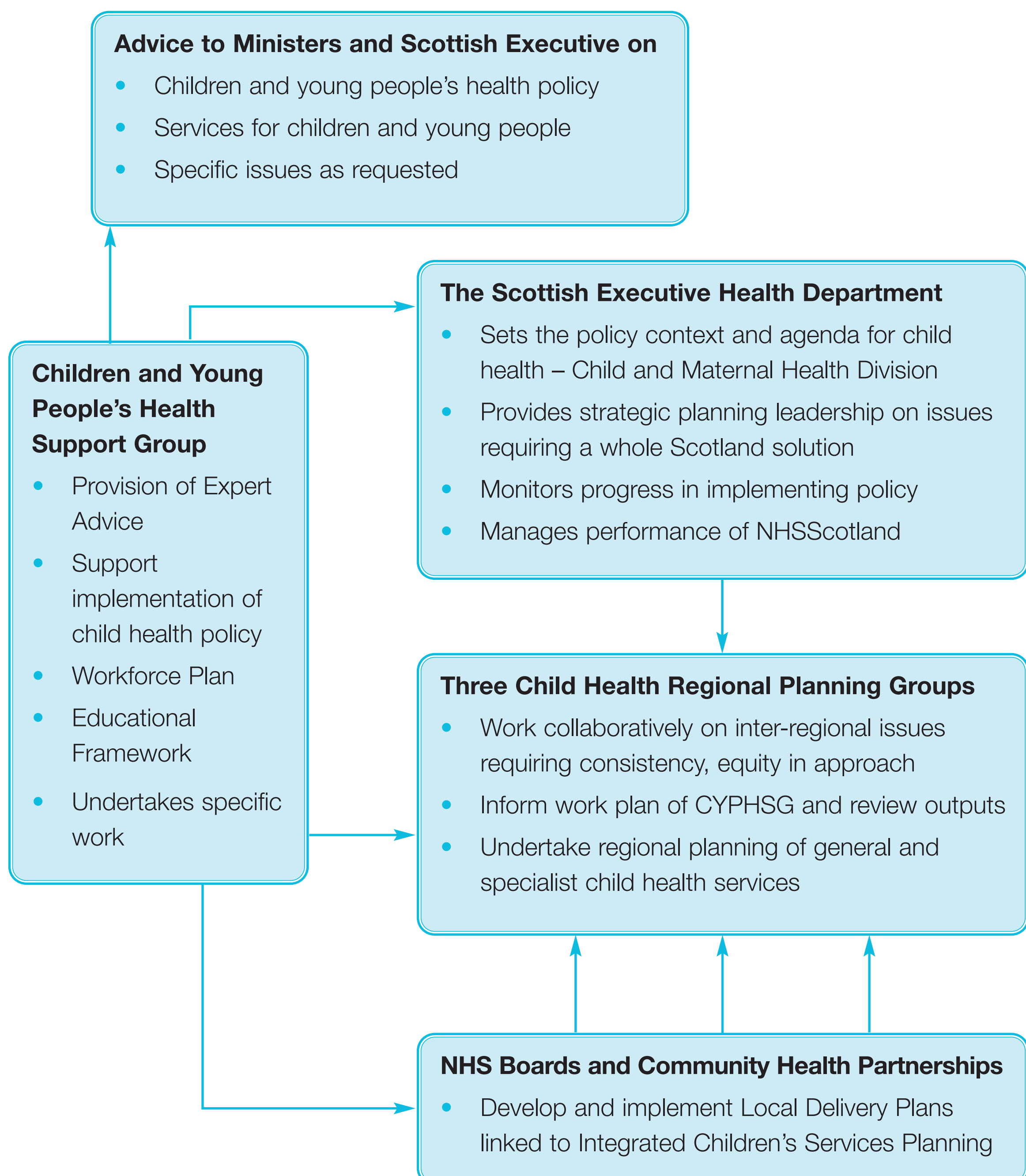
[41] Community Health Partnerships, Statutory Guidance, Scottish Executive, October 2004

224. In this regard the important role already played by the National Services Division (NSD) is acknowledged and reflected in the number of specialist children's services they already commission at a Scottish and UK level. NSD also has a specific remit to support the development of national MCNs for children's services and a key role in taking forward this approach with the CYPHSG.

225. In practice however many acute and specialist child health services, including much of secondary hospital care, are delivered at a regional level. The establishment of Child Health Regional Planning Groups have been an important step in ensuring that key developments are moved forward.

Figure 2. Infrastructure for the delivery of improved health outcomes and health services for children and young people in Scotland.



Progress Measures

226. The key milestones for planning and commissioning of services are based on specific actions in *Delivering for Health* (DFH).

Source	Key Milestones
DFH	National planning arrangements supporting the delivery of specialist children's services in Scotland are in place by 2008.
DFH	Action plans in place to support the delivery of care at a DGH and local level by 2007.

Planning and Commissioning – Actions

No.	Actions	Organisation	Timescales
1	The establishment of a National Steering Group for Specialist Children's Services in Scotland, to review current provision and produce a *National Delivery Plan.*	SEHD	2006-2008
2	Clear organisational arrangements and models for the delivery of regional and District General Hospital Services in Scotland should be developed.	Regional Planning Groups	2007-2009
3	Development of national and regional planning for children and young people.	SEHD/Regional Planning Groups/ NHS Boards	2006-2009

MODELS OF CARE

227. When considering models of care we have to recognise that significant activity is already underway both within the NHS and across organisational boundaries. In particular, new ways of delivering care are being driven through the development of integrated children's services. However we also have to recognise that significant activity in these areas is still required and many of the actions described in other sections of this *Action Framework* underpin the delivery of improvements in care that are required.

228. The investment in new children's hospitals, new inpatient provision for CAMHS at a regional level and the redesign of services at a local level will provide the opportunity to facilitate further development. These significant investments in new provision in conjunction with policy initiatives such as the requirement to provide age appropriate care will provide opportunities to develop and further refine models of care in the future. Some of these approaches are summarised below:

- Day care/day case
- Rapid response care
- Short stay assessment
- Out-patient model of care
- Discharge planning
- Care pathways
- Respite care
- Home ventilation
- Transitional care
- Models of communication

229. Many of these models will be influenced by the development of service networks which aim to develop services for children and young people at a national, regional and local level.

Networking and Care Plans

230. Since their promotion through the launch of the national *Acute Services Strategy* in 1998 a number of different types of Managed Clinical Networks are now in existence defined by the area served (local, regional or national) and the clinical specialty or condition involved.

231. Such Networks offer a consistency of approach, allow for collaborative multi-disciplinary service planning across organisational boundaries and have a key role in assuring service quality through audit and the use of agreed protocols and guidance.

232. These benefits have particular relevance to the planning and delivery of services for children and young people especially in areas such as specialised services and mental health.

233. The reviews of children's services in Scotland already completed have identified a number of additional specialist areas that would benefit from the establishment of MCNs including:

- Cancer services
- Metabolic services
- Child protection
- Emergency care
- Rural care
- Complex respiratory
- Gastroenterology
- Neurology
- Critical care
- Complex needs
- Severe mental problems
- Cystic fibrosis

234. In taking this process forward it will be important that this is done in a strategically coordinated way in order to ensure maximum benefit, effective use of resources and appropriate prioritisation. In addition to MCNs there will also be value in establishing other models of networking within regions and local areas shaped around the specific needs of individual clinical services.

235. Consistent high quality care across the patient journey must be the goal for all of the services providing care to children and young people. Such care needs to be focused on the needs of the child and their family and, wherever possible, should be assured though linkage to appropriate agreed standards. This requirement is relevant to straightforward conditions but also becomes increasingly important where care is complex or delivered over a prolonged period of time.

236. Care plans have a key role in assuring the consistency and quality of care. Such plans should be an essential element of the management of every child requiring referral to a specialised service and should reflect the contribution of all the disciplines involved in providing care. They will set out the pathway through each episode of care and across the lifetime of their care and will identify the relevant standards at each stage.

237. Care Plans, MCNs and other networked arrangements contribute to good communication between the various individuals and services necessarily engaged in the care of the sick child and with the family. Such communication is crucial to effective care and requires involving all parties across the spectrum from primary to tertiary care including agencies such as the ambulance service and NHS 24.

Progress Measures

238. The key milestones for models of care are based on specific actions in *Delivering for Health (DFH)* and an additional milestone regarding joint appointments.

Source	Key Milestones
DFH	A prioritised Strategy for children's services MCNs agreed by 2007.
DFH	Delivery of the MCNs identified within the Strategy by 2008.
AF	Evidence of the joint appointment of staff to specialist services operating across several Health Board areas by 2007.

No.	Models of Care – Actions	Organisation	Timescales
1	CYPHSG works together with NSD and the Regional Planning Groups to produce a national strategy for MCNs including: • a prioritisation process for the development and approval of MCNs for Child Health • identification of which MCNs should operate at a national, regional and at Health Board level • a phased programme for MCN development over the next 5 years.	CYPHSG/NSD/ Regional Planning Groups	2006-2007
2	Implementation of the first phase of the national programme should include proposals for MCNs emerging from the following sources: • Review of Paediatric Tertiary Services – Paediatric Neurology, Paediatric Gastroenterology, and Paediatric Oncology and Malignant Haematology, Paediatric Respiratory Medicine, metabolic diseases • CAMHS – Complex and Severe Mental Health Problems • *Building a Health Service fit for the Future* child health work streams – Children with Complex Needs, Child Protection, Cystic Fibrosis, Paediatric Critical Care, emergency care, rural care.	NSD/Regional Planning Groups	2007-2009
3	NHS Boards and Regions should establish arrangements for regional or joint appointments to provide specialist support locally where it is not possible to recruit to posts or retain staff in a single board area.	Regonal Planning Groups	2007

eHEALTH

239. Good information underpins high quality patient care and supports planning and public health interventions. This is of particular relevance to maternal and child health where the opportunities to protect and improve health whilst preventing harm are unparalleled. Within Scotland, there has been a good history of investing in eHealth systems and related infrastructure, as well as gathering and analysing data, as evidenced by the national child health systems.

240. The eHealth agenda, as detailed in *Delivering for Health* requires an updating of these systems in light of recent advances in health and IT. Clinicians are also very clear that they require more eHealth support and co-ordination to support the clinical care that pregnant women, infants, children and young people require in the 21st century. There is also a need for information about population health (surveillance) to support public health interventions, health service planning, and clinical governance. Web-based technologies present opportunities to further develop this agenda.

241. In addition, *Getting it Right for Every Child* requires the NHS to be fit for purpose from an IT point of view in order to adequately record the needs of infants, children and young people and where necessary, share these appropriately with integrated children's services partners across a continuum of need and for different stages of a child or young person's life.

242. The Maternal and Child Health Information Strategy Group (MCHISG), established in 2004, has oversight of strategic eHealth developments for maternal and child health in Scotland. The group engages with clinicians, policy makers, managers, professional and technical interests across the NHS system and with partners in integrated children's services. They have identified the key stages and developments that are required to support the development of the eHealth agenda for maternity and children and young people's health services.

243. MCHISG propose a stepped approach that will require collaboration across the NHS system and with partner agencies to deliver the vision of an integrated approach to delivering eHealth capacity across child health and wider children's systems. The NHS, as the universal provider of services from before conception to school age, where the universal approach is shared with education, has a lead role in instigating and developing this process. It requires a concerted approach now, across NHS systems, in order to maximise the opportunities that central funding will present in the design and development of appropriate IT systems.

Source	Key Milestones
AF	Agreement on a single set of information requirements for child health by 2007.
	A network of child health telemedicine facilities are in place by 2009.

Progress Measures

244. The key milestones for eHealth are based on specific actions developed as part of the *Action Framework.*

eHealth – Actions

No.	Actions	Organisation	Timescales
1	Undertake a comprehensive requirements analysis and options appraisal to define: • A single set of requirements for child health in NHSScotland. These requirements to cover all business processes, operational and technical aspects. • Options for a system to deliver the requirements. • A proposal for delivering the recommended option.	SEHD	2007
2	Develop a systematic and coordinated approach to maternity, child and child health records, documentation and information sharing across the NHS system.	NHS Boards	2007-2008
3	Develop e capacity at an NHS system level: • ensuring that all staff working with children and young people have access to computers, help desk and on going IT support • ensuring that staff are competent and confident in their use of IT.	NHS Boards	2007-2009
4	Develop a shared approach to IT investment and related developments with integrated children's service partners, in line with *Getting it Right for Every Child*.	NHS Boards	2007-2009
5	Ensure that the development of the national eHealth record takes account of child and maternal health requirements.	SEHD	2007-2010
6	Develop a network of telemedicine facilities across Scotland to support the delivery of services to children and young people.	Centre for Tele-health	2007-2009

PERFORMANCE MANAGEMENT – QUALITY IMPROVEMENT

245. Delivery is a key feature of *Building a Health Service Fit for the Future* and *Delivering for Health* with a range of milestones, actions and performance indicators identified in these documents. The main approach for performance management in the NHS is outlined in the *Local Delivery Plan Guidance* published in November 2006. Within this are four main areas covering Health, Efficiency, Access and Treatment, supported by 31 key targets and 20 supporting measures. These are applicable to all NHS services and while some of them have limited applicability to services for children and young people, many have a direct impact on service provision. The main areas included in this cover waiting times, health improvement, cleanliness in hospitals, etc.

246. The *Local Delivery Plan Guidance* for 2007, also includes a developmental section which features children and young people and this represents part of the process for developing child health specific performance indicators ready for implementation by services in 2008-09.

247. There are also clear processes for performance management and quality assurance in the NHS in Scotland which are managed by SEHD and NHS Quality Improvement Scotland (NHS QIS). NHS QIS is the health organisation that oversees the delivery of quality improvement in healthcare services for Scotland. In respect of children and young people this is reflected in the range of initiatives that have already been put in place for example learning disabilities, newborn screening and the scoping report produced on children's services in 2005. This role will continue to be pivotal in the delivery of quality improvement with NHS QIS featuring in this document and the joint processes under development.

Integrated Children's Services

248. However, for services provided to children and young people there are also a number of other key policy areas and inspection agencies that make a significant impact on the performance management and quality improvement agenda for health related matters including:

- Her Majesty's Inspectorate of Education
- Social Work Inspection Agency
- The Care Commission

249. As well as these health specific targets and standards there are other child specific initiatives that impact on improving health outcomes and delivery of health services. The Scottish Executive is committed to the joint planning and delivery of services and has published guidance on how services are planned and delivered at a local level.

250. The development of joint inspection for children's services is focusing initially on joint inspection of child protection services. This approach will be rolled out to other children's services from 2008 and will involve regular inspections based on *A guide to evaluating services for children and young people using quality indicators*[42] which was launched in October 2006. The basis of this approach will include self evaluation on a multiagency approach using six high level questions supported by specific standards and national targets and key performance improvement indicators. The six high level questions will focus on the following areas:

- What key outcomes have we achieved?
- How well do we meet the needs of our stakeholders?
- How good is our delivery of services for children and young people?
- How good is our management?
- How good is our leadership?
- What is our capacity for improvement?

251. This strategic approach to children and young people is also supported by development of statutory guidance produced by the Scottish Executive and legislation passed by the Scottish Parliament. By way of example the *Additional Support for Learning* legislation requires agencies such as NHS Boards to respond to requests for help from education authorities within a period of 10 weeks. This will be further enhanced by the *Getting it Right for Every Child: Draft Children's Services (Scotland) Bill Consultation*[43] which focuses on the following main areas:

- Placing duties on agencies to work together to provide support for children and make a clear plan for children with complex needs
- Ensuring that children and their family's views are taken into account when developing plans to support them
- Changing the grounds of referral so that children are referred to the Children's Hearings system only where this is necessary.

252. Many of the health services that will come under the scrutiny of these processes, including those provided by General Practice, Allied Health Professionals and nursing, are based in the community and managed by Community Health Partnerships. This presents a significant challenge for NHSScotland in meeting targets and standards which currently do not form part of the formal performance management arrangements for the NHS in Scotland.

253. This integrated approach sets out a complex, challenging regulatory and quality assurance environment for the planning and delivery of services for children and young people.

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[42] A guide to evaluating services for children and young people using quality indicators, Her Majesty's Inspectorate of Education, October 2006

[43] Getting it Right for Every Child: Draft Children's Services (Scotland) Bill Consultation, Scottish Executive, December 2006

Progress Measures

254. The existing health targets identified below present a combination of those currently in HEAT and existing policy or legislation including – *Our National Health – A Plan for Action a Plan for Change (ONHAPA)*, *Additional Support for Learning (Scotland) Act (ASL)* and *Getting it Right for Every Child (GIRFEC)*.

255. The key milestones relate to areas where there are identified gaps in outcome measures in respect of *Health for all Children (Hall 4)* and *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (MHCYP)*. These have been included as areas for development in the *Local Delivery Plan Guidance (LDPG)* for 2006-2007.

Source	Existing Health Targets for Children and Young People
HEAT	Anyone contacting their GP surgery has guaranteed access to a GP, nurse or other healthcare professional within 48 hours.
	No patient with a guarantee should wait longer than 6 months for inpatient or day case treatment from 31 December 2005, reducing to 18 weeks from 31 December 2007.
	By the end of 2005, no patient will wait longer than 6 months from GP referral to an outpatient appointment, reducing to 18 weeks from 31 December 2007.
	By end 2007, no patient will wait more than 4 hours from arrival to discharge or transfer for accident and emergency treatment.
	By the end of 2007, patients will wait no more than 9 weeks for any MRI or CT scans and other key diagnostic tests.
	From the end of 2007, no patient will wait more than 16 weeks for treatment after they have been seen as an outpatient by a heart specialist and the specialist has recommended treatment.
ONHAPA	Specific commitment for 4 weeks from referral to treatment for childhood cancers and leukaemia.
ASL	NHS Boards are required to respond within 10 weeks to a request for input into educational support *(ASL)*.

Source	Key Milestones
LDPG	Development of specific indicators for child and adolescent mental health services by 2007.
LDPG	Development of specific community based indicators, for example waiting times for therapy and other primary care services, by 2007.

Performance Management – Quality Improvement – Actions

No.	Actions	Organisation	Timescales
1	Review child health services in relation to the waiting times targets already identified in the formal performance management arrangements for NHSScotland.	NHS Boards	2007
2	Development of specific child health targets for example, services delivered in the community, CAMHS, Health Improvement.	SEHD	2007
3	Development of quality improvement programme for children and young people's health in collaboration with NHS QIS.	CYPHSG/ NHS QIS	2007
4	Develop, in collaboration with NHS QIS, HMIE and other inspectorates as appropriate, effective reporting and monitoring arrangements for guidance produced in relation to child and other services including: • Health for all Children • Children and Adolescent Mental Health • Emergency Care Framework.	NHS QIS/ CYPHSG	2007-2009
5	Develop and implement joint inspection of integrated children's services in Scotland proportionate to risk and based on self evaluation.	HMIE	2007-2009
6	NHS Boards with their integrated children's services planning partners review their current arrangements for the provision of services for children and young people using *A guide to evaluating services for children and young people using quality indicators.*	NHS Boards	2007-2009

Annexes

ANNEX 1

Children and Young People's Health Support Group

The Child Health Support Group (CHSG) was established in 2000 as a Ministerial Advisory Group chaired by Malcolm Wright (Chief Executive, NHS Education for Scotland). Under its auspices a range of work was undertaken to review, progress and make recommendations about health services for children and young people including:

- CHSG visits to all Scottish Health Boards to review existing service provision
- Production of a National Template for Child Health Services
- Review of the provision of Specialist Children's Services
- Production of *Guidance on the Implementation of Health for All Children (Hall 4)*
- Appointment of a National Clinical Lead for Children and Young People's Health
- Production of advice on *Inpatient Working Group – Psychiatric Inpatient Services for Children and Young People in Scotland: A Way Forward*
- Development of *Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care*
- Development of an *Emergency Care Framework for Children and Young People in Scotland*
- Specific child health sections in *Building a Health Service Fit for the Future* and *Delivering for Health.*

These reports clearly identified unfinished business and in response the Scottish Executive has widened the role and remit of the CHSG by establishing a Children and Young People's Health Support Group, the main focus of which is on delivery with the following key areas of work identified:

- Engagement with Health Boards, Regional Planning Groups and the Scottish Executive to ensure that NHSScotland adequately reflects the needs of children and young people's health
- Development of an educational framework in association with NHS Education for Scotland to ensure we have a child health workforce fit for the 21st century
- Delivery of measurable improvements in the provision of healthcare, health improvement and health outcomes for children and young people
- Promotion of mechanisms for children, young people and their families and partner agencies to participate in the planning and development of services
- Development of an *Action Framework for Children and Young People's Health.*

The Support Group is also the parent body for the National Steering Group for Specialist Children's Services which began its work in May 2006. This Group will take forward, on behalf of the CYPHSG, reviews of:

- Specific specialist services
- General surgery for children and young people
- Age appropriate care
- High dependency care (in collaboration with National Services Division)

and the subsequent production of a National Delivery Plan for Specialist Children's Services.

Membership of the Children and Young People's Health Support Group

Malcolm Wright, Chair, Chief Executive, NHS Education for Scotland

Safaa Baxter, Association of Directors of Social Work

Jennifer Bennison, Royal College of General Practitioners (until summer 2006)

Mark Bevan, Community Care Providers

Michael Bisset, Consultant Paediatrician, Royal Aberdeen Children's Hospital

Mary Boyle, NHS Education for Scotland

Graham Bryce, Consultant Psychiatrist, NHS Glasgow

Charles Clark, Chair, Child Health Commissioners' Group

Bronwen Cohen, Children in Scotland

Linda de Caestecker, Faculty of Public Health

Zoë Dunhill, Patients' Services Director and Community Paediatrician, Royal Hospital for Sick Children, Edinburgh

Deirdre Evans, National Services Division

Gavin Fergie, Professional Officer for Scotland, Community Practitioners and Health Visitors' Association

Stewart Forsyth, Vice Chair, Medical Director, NHS Tayside Acute Services Division

Mo Grant, Allied Health Professionals Scotland

Graham Haddock, Consultant Paediatric Surgeon, Royal Hospital for Sick Children, Yorkhill

Wai-Yin Hatton, Chief Executive, NHS Ayrshire (until February 2006)

Hilary Hood, Head of Child Health Allied Health Professional Services, NHS Tayside

Annie Ingram, North of Scotland Planning Group

Marion Marshall, Health Visitor and Staff Side Representative, Primary Care Services, Partnership Forum, Glasgow

Janice MacKenzie, Principal Nurse and Directorate Manager, Women, Children and Associated Services, NHS Lothian

Adrian Margerison, Scottish Officer, Royal College of Paediatrics and Child Health

Fiona Mercer, West of Scotland Regional Planning Group

Julie Metcalfe, British Psychological Society

Ray Murphy, Association of Directors of Education in Scotland

Rosie Oliver, Royal College of Nursing (until November 2006)

Shirley Rogers, Scottish Ambulance Service

Caroline Selkirk, Director of Innovation and Change, NHS Tayside

Michael Van Beinum, Royal College of Psychiatrists

Jan Warner, Director, Performance Assessment and Practice Development, NHS Quality Improvement Scotland

John Wilson, SEAT Regional Planning Group

Emma Witney, Head of Children and Young People's Health Team, NHS Health Scotland

George Youngson, Consultant Paediatric Surgeon, NHS Grampian

Scottish Executive Health Department (SEHD)

Ian Bashford, Senior Medical Officer, Women and Children's Services

Rosie Ilett, Head, Child and Maternal Health Division

Morgan Jamieson, National Clinical Lead for Children and Young People's Health in Scotland

Don McGillivray, Head of Early Education and Childcare

Margaret McGuire, Nursing Officer, Women and Children's Services

Cathy Magee, National Demonstrations Project Officer, Health Improvement

Mary Sloan, Policy Officer, Child and Maternal Health Division

Robert Stevenson, Head, Children and Young People's Specialist Services Team

ANNEX 2

Implementation Plan for *Getting it Right for Every Child*

Timeline: 2006-2007 (Q1, Q2, Q3, Q4); 2007-2008 (Q1, Q2, Q3, Q4); 2008-2009 (Q1, Q2, Q3, Q4)

Area	Activity
Legislation	Bill Preparation
	Consult on draft Bill
	Bill in Parliament
	Commencement of Bill and Start of implementation
Pathfinders	Develop pathfinder
	Further pathfinders
	Highland pathfinder starts
	Ongoing Pathfinders
Evaluation	Baseline information for pathfinder evaluation
	Evaluation and feedback (locally and nationally)
Communication	Ongoing communication about *Getting it Right*: key messages;experience of pathfinders; training and awareness materials
	Preparation for and information on national roll out
	Specific engagement with stakeholders: Children's Services Steering Group; *Getting it Right for Every Child* legislation reference and implementation groups; forums with children, families and communities
Preparation for change	Development and refinement of single assessment, record and plan
	Disseminate materials nationally to support single assessment, record and plan
	Begin systematic national roll out
	Revision of guidance materials
	Develop improved access to information for children, families, staff
	Development of prototype electronic support
	Roll out of system specifications to prepare for single assessment, record and plan
	Removal of barriers; governance, funding, structures
Awareness and training	Developments and dissemination of materials to raise awareness and understanding of *Getting it Right for Every Child*
	Development of training programmes and formal training programmes

Annex 3

GLOSSARY

AHP	Allied Health Professional
ASL	Additional Support for Learning
CAMH	Child and Adolescent Mental Health
CHPs	Community Health Partnerships
CHSG	Child Health Support Group
CT	Computerised Tomography
CYP	Children and Young People
CYPHSG	Children and Young People's Health Support Group
DFH	Delivering for Health
DGH	District General Hospital
EACH	European Association for Children in Hospital
ECF	Emergency Care Framework
EDIAT	Equality and Diversity Impact Assessment Toolkit
ENT	Ear, Nose and Throat
EWTD	European Working Time Directive
GIRFEC	Getting it Right for Every Child
GP	General Practitioner
Hall 4	Health for All Children (4th Edition)
HEAT	Health, Efficiency, Access and Treatment
HMIE	Her Majesty's Inspectorate of Education
IT	Information Technology
LA	Local Authority
LDPG	Local Delivery Plan Guidance
MCN	Managed Clinical Network
MCHISG	Maternal and Child Health Information Strategy Group
MHDP	Mental Health Delivery Plan
MHSCYP	Mental Health Services for Children and Young People
MRI	Magnetic Resonance Imaging
NES	NHS Education for Scotland
NHS	National Health Service
NHSiS	National Health Service in Scotland
NHS QIS	NHS Quality Improvement Scotland

NSD	National Services Division
NWPF	National Workforce Planning Framework
ONHAPA	Our National Health: A Plan for Action
PE	Physical Education
PFPI	Public Focus, Patient Involvement
PICU	Paediatric Intensive Care Unit
RHSC	Royal Hospital for Sick Children
RPG	Regional Planning Group
SCCYP	Scotland's Commissioner for Children and Young People
SEHD	Scottish Executive Health Department
SIGN	Scottish Intercollegiate Guidelines Network
SNAP	Scottish Needs Assessment Programme
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WTE	Whole Time Equivalent

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RR Donnelley B50119 02/07

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ISBN 978-0-7559-5336-3