Delivering a Healthy Future

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

A Draft for Consultation

healthier scotland
SCOTTISH EXECUTIVE

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

A Draft for Consultation

Scottish Executive, Edinburgh 2006

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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, in 2004, asked the Child Health Support Group (now 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 intervening period has seen 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. The recommendations emerging from these streams of work have played a significant part in shaping this draft Framework which we are now pleased to circulate for comment.

In publishing this draft 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 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 Framework incorporates those actions that will most realistically and effectively progress children and young people's health and health services over the next few years. To that end we look forward to receiving the comments on this draft, of those who use and those who provide services, in order that the implementation of the Action Framework enjoys widespread and committed support.

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

DELIVERING A HEALTHY FUTURE – AN ACTION FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE'S HEALTH IN SCOTLAND

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INTRODUCTION

1. Children and young people are our investment in Scotland's future, and their health a vital part of that investment. The way in which we nurture them through childhood and adolescence into adult life directly impacts 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 Framework will need to take place in the context of effective interagency 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 this Action Framework sets out a structured programme of actions, drawn primarily from existing policy initiatives and commitments.

6. The delivery of the Action Framework presents a major challenge. To support that delivery process the 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 actions necessary to create health in body, mind and behaviour, whichever agency is responsible for delivering these actions.

7. 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 with other services towards ensuring the best of health for the next generation. Therein lies the most optimistic approach to delivering our future health as a nation.

8. In the following sections this Action Framework sets out the **challenges**, the **basis for change** and how we intend to **deliver and support the change** required if we are to achieve the goal of *Delivering a Healthy Future* for our Children and Young People.

CHILDREN AND YOUNG PEOPLE – THE CHALLENGES

9. 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.

10. 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]

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 yrs have clinically diagnosed disorders of mental health that affect their daily life.[3]

Young carers are twice as likely as their peers to have mental health issues[4]

[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, NHS Scotland, 2004
[3] Needs Assessment Report on Child and Adolescent Mental Health, Final Report – May 2003, Public Health Institute of Scotland
[4] Young Carers' Health and Well Being: A Pilot Study, Edinburgh Young Carers Project (2004)

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 are affected by parental alcohol misuse[5]

Some 11,000 children are looked after and accommodated by Local Authorities. Within this already disadvantaged group over 40% have emotional or mental health problems.[6]

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.[7]

Around one third of very low birth weight babies (<1000gm) will be disabled, about half of them severely. [8]

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

In the most recent Scottish Health Survey 5% of children reported having smoked in the previous week, increasing from 2% at age 12 to 29% at age 15.[9]

30% of girls and almost 35% of boys between the ages of 2 and 15 are either overweight or obese[10]. At 12 years of age just over 11% are classified as severely obese.[11]

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.[12]

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

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

[7] 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

[8] 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

Deprivation and social exclusion remain important determinants of health for children as well

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. [13]

Although death in childhood is rare mortality rates for children are nearly twice as high in the most deprived sectors of the community compared to more affluent areas.[14]

Teenage girls who live in areas of deprivation are three times more likely to become pregnant. Because terminations are less likely in poorer area they are ten times more likely to become teenage mothers.[15]

Compared with children from more affluent areas, four times as many 5 year-olds from deprived communities have unrestorable tooth decay. In many children this leads to dental extractions, often under general anaesthetic.[16]

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.[17]

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.[18]

Rural areas of Scotland often have few, if any, clinical staff specialising in the care of children.[19]

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[9] Chapter 2, The Scottish Health Survey 2003, Volume 3: Children, Scottish Executive, 2005
[10] Chapter 5, The Scottish Health Survey 2003, Volume 3: Children, Scottish Executive, 2005
[11] Clinical Outcome Indicators, Clinical Outcomes Group, NHS Quality Improvement Scotland, 2003
[12] Information Services Division, Teenage Pregnancy, 2005
[13] Information Services Division, 2005
[14] Information Services Division, Childhood Mortality, 2004
[15] Information Services Division, Teenage Pregnancy, 2005
[16] Scottish Health Boards Dental Epidemiological Programme, 2000
[17] Review of Tertiary Paediatric Services in Scotland, Child Health Support Group, November 2004
[18] Getting the Right Workforce Getting the Workforce Right, A strategic review of the Child and Adolescent Mental Health Workforce, Scottish Executive Health Department, 2005
[19] The RARARI Paediatric Project, Child health services in remote and rural Scotland, 2005

11. These few examples testify to the range of problems which impact on the health and healthcare needs of children and young people in Scotland today. This Action Framework is intended to provide a way forward by which these challenges can be addressed consistently, effectively and equitably across the country.

12. The next section describes **the basis for change** including **why children and young people are differen**t, **the policy context in Scotland**, and the issues described in the review of the NHS in Scotland led by Professor David Kerr in **health services fit for children and young people.**

SECTION ONE - THE BASIS FOR CHANGE.

WHY CHILDREN AND YOUNG PEOPLE ARE DIFFERENT

13. 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 aging 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.

14. 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, Prof. 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"[20]

15. 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.

Patterns of Ill Health

16. 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.

17. 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.

18. 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.

19. 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.

20. Gender impacts in specific ways on the health of children and young people. As well as differences between the sexes in the prevalence of a number of diseases

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

of childhood, particularly those with a genetic origin, there are also gender differences in terms of health related behaviours and attitudes as seen in the incidence of accidental injury and suicide in young men and the current patterns of increased incidence of smoking and alcohol consumption in the female population.

21. Childhood illness and health service use are also affected by ethnic background, a factor that needs to be understood and embraced in an increasingly culturally diverse Scotland. Certain diseases (for example haemoglobinopathies, diabetes) are more prevalent in some ethnic minority communities and language barriers and social exclusion can also materially affect the provision of care.

The Need for Child Orientated, Age Appropriate, Family Centred Services

22. 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 designed primarily for an adult population.

23. 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.

24. Children and young people are also 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. Such provision also requires to be responsive to the needs of young carers who may find themselves as the primary support for a sibling or an ill or disabled parent.

25. The dependence of children and the responsibilities of parents are reflected in their specific legal protections and rights. Staff need to understand these issues and their implications for the provision of healthcare and health services, both individually and collectively.

The Need for Protection and Advocacy

26. Healthcare provision reflects wider, external social structures and the power differentials between adults and children. That reality, and the vulnerability of children and their limited capacity 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.

27. Child Protection has been identified as a key issue for health and other agencies following a series of high level inquiries in Scotland and elsewhere in the UK. These inquiries have consistently reinforced the message that the protection of children and young people is “everyone’s job”[21]. This in turn needs to be reflected in integrated working practices, adequate training, heightened awareness and effective communication, which may involve sharing information with other services when necessary, including with services for adults, to ensure that the safety of children is given highest priority. It is essential that this happens across the full range of professionals in a position to identify these issues to make sure children get the help they need when they need it and in order to minimise the risk of future tragedies.

28. 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, 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 over-looked.

29. 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.

30. For many children in Scotland it also remains true that their vulnerability and need for advocacy are exacerbated by environments and circumstances characterised by deprivation and social exclusion[22]. These issues affect all age groups, however their impact on the well-being of children is often particularly profound, frequently less visible and potentially life long.

31. 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. Looked after children and young people and those leaving care, homeless young people, travellers and young offenders are all at significantly increased risk. These young people have the highest rates of severe chronic illness, the poorest diets and are the heaviest consumers of tobacco, alcohol and illicit drugs.

32. The need to address the causes and consequences of social deprivation and poverty is a matter of national concern and focus. It is however of particular importance to the children growing up in such circumstances who are currently faced with starkly different prospects for their future health and well-being and patterns of life-expectancy than their more affluent counterparts (see Fig 1).

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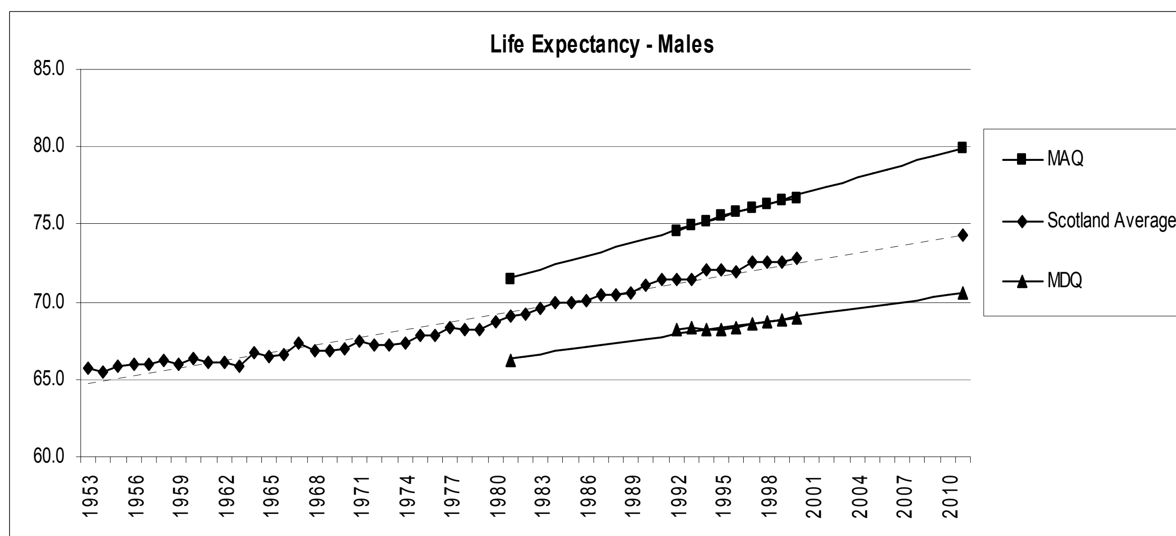
[21] Its everyone’s job to make sure I’m alright, Report of the Child Protection Audit and Review, Scottish Executive, 2002

[22] For Scotland’s Children, Better integrated children’s services, Scottish Executive, 2001

33. A wide range of healthcare professionals and others, including early years workers, teachers and social workers, are involved in the provision of universal and targeted services to these children and to their families. It is vital that all professional groups working with children and families in these circumstances have a broad understanding of the contribution which others can make to addressing these adversities, and that effective and appropriate links are made between different professionals in individual cases.

Fig 1 Increasing gap in male life expectancy



MAQ : 20% Most Affluent Areas
MDQ : 20% Most Deprived Areas

The Opportunity to Influence Long Term Health

34. Although there have been undoubted improvements in a number of areas the health of the adult population in Scotland continues to give rise to serious concern, not least when comparison is made with our European counterparts and other countries in the developed world. The mortality rates for conditions such as ischaemic heart disease and cancer continue to place us in the worst 4 or 5 countries in Europe and overall Scotland is only now achieving levels of life expectancy seen in the best performing European countries over 30 years ago. In addition to the impact that our pattern of adult ill-health has on individuals and their families, the associated social and financial burden is enormous.

35. While life style choices and life circumstances in adulthood undoubtedly play their part in our poor health record it is equally, and ultimately more importantly, true that many of the conditions that contribute to our burden of adult ill-health have their origin, in part or in whole, in the physical and mental health of our children and young people and in the health behaviours and attitudes which they adopt and frequently retain.

36. Within this truth lies a vital opportunity since efforts to promote the health and improve the health-related behaviours and attitudes of our children and young people have the potential to have a generational step-change effect on our national health. Equally, a failure in this area, as reflected in the evolving and very concerning pattern of childhood obesity[23], carries serious implications not only for the future health of our population but also for the capacity of the health services to address need and demand.

37. Securing the future health of our nation therefore requires a concentrated and effective commitment, across all agencies and sectors of our society, to ensure the health and well-being of our children and young people thereby delivering the healthy future to which Scotland rightly aspires. This requires multi-agency cooperation and joint working to plan, design, commission and deliver high quality integrated services for all children, regardless of their backgrounds or circumstances and to ensure that their needs are identified and assessed as soon as possible with clear, effective and agreed plans being put in place to address these needs.

38. The following chapter describes how the **policy context** has developed in Scotland and the steps that have been taken to address the challenges we face in improving the health of children and young people in Scotland.

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[23] The Scottish Health Survey, Volume 3: Children, Scottish Executive, 2005

THE NATIONAL POLICY CONTEXT FOR CHILDREN AND YOUNG PEOPLE IN SCOTLAND

39. The approach in Scotland is firmly based on the United Nations (UN) Convention on the Rights of the Child (Article 24) which requires countries to:

"recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health"

and to

"strive to ensure that no child is deprived of the right of access to such health care services."

40. The UN Convention was ratified by the UK in 1991 and subsequently adopted in Scotland as central to policy development. It is reflected in Scottish legislation and Scottish Executive policy priorities for children and young people and informs the high-level vision for children and young people agreed by Scottish Ministers:

"…**In order to become successful learners, confident individuals, effective contributors, and responsible citizens, all Scotland's children need to be safe, nurtured, active, healthy, achieving, included, respected and responsible."**

41. In making children and young people a priority the Scottish Executive have established a top level Cabinet Delivery Group to ensure the aspirations and needs of our children and young people are being met. This Group is driving forward a challenging agenda to deliver the vision and improving outcomes through improving delivery, integrated assessment and information sharing, quality improvement and joint inspection and workforce development – an agenda, in which the health service has a key role to play. Formal guidance on the development of *Integrated Children's Service Plans* has been set out by the Scottish Executive to assist the local planning and development of all services relevant to children and young people.

42. The priority given to children and young people is reflected in the Scottish Executive's commitment to addressing health inequalities, the social justice agenda and the emphasis on health improvement to improve health outcomes not only for children and young people but the wider community in general. This approach features in the key documents and policy initiatives listed below:

- For Scotland's Children –Better Integrated Children's Services (2001)
- Improving Health in Scotland – the Challenge (2003)
- Closing the Opportunity Gap (2003)
- Scotland's Commissioner for Children and Young People (2004)
- Guidance on Integrated Children's Service Plans (2004)
- Building a Better Scotland (2004)
- Ambitious, Excellent Schools (2004)
- Delivering for Health (2005)
- Getting it Right for Every Child (2005)
- Changing Lives – The report of the 21st Century Social Work Review (2006)

Child Protection

43. The Scottish Executive has also identified child protection as a major area requiring action and published *Protecting Children and Young People: The Charter (2004)* which outlines the needs and expectations of children and young people in relation to their protection from harm by another person. The complementary publication *Protecting Children and Young People: Framework for Standards (2004)* was aimed at all staff and agencies involved in the protection of children, both directly and indirectly (i.e. Local Authorities, Police Services, Health Boards, Children's Reporters and agencies in the voluntary sector) and informs the development of child protection services. Beyond that agencies and professionals should be able to demonstrate that standards are being met through *Integrated Children Service's Plans*.

44. While the formal reform programme is already well developed, it is clear that there is still much to be done to embed the necessary practice within and across all agencies and professionals working with children to ensure they work together effectively in the best interests of the child. We have not revisited this topic specifically within the Action Framework, however, many of the actions in this document support the child protection agenda.

Health Improvement

45. As we have already noted, other agencies, in addition to healthcare providers, have a key contribution to make to the early establishment of healthy lifestyles and behaviour in childhood, which can set the pattern for lifelong behaviours and thus impact significantly on Scotland's health. Education has a key role to play in promoting health and healthy lifestyles. Almost all of Scotland's 3 and 4 year old children now attend free, part-time pre-school provision, where "physical development and movement" is one of the 5 key aspects of learning identified within the *Curriculum Framework for Children 3 to 5.*

46. The guidance to staff in this sector emphasises that children should be helped to develop "the skills required to take care of their own bodies" and cites as examples, washing, cleaning teeth and "the feeling of well-being that good health and physical play bring".

47. For older children the *5-14 National Guidelines on Health Education* ensures that health education is part of a comprehensive programme of personal & social education. This approach is designed to ensure that information is given, not in isolation, but as part of a programme aimed at helping young people to develop sound lifestyle choices and healthy living.

48. All schools are required to be health promoting by 2007. The Scottish Health Promoting Schools Unit was established to support schools in reaching this target and to promote a whole school approach to the physical, social, spiritual, mental and emotional well-being of all pupils and staff. This ensures not only that health education is integral to the curriculum but also that school ethos, policies, services and extra-curricular activities foster mental, physical and social well-being and healthy development.

49. Schools also offer an important opportunity to influence dietary intake and attitude. *Hungry for Success* is a whole school approach to school meals which sets out nutrient standards for school meals but also encourages a focus on healthy eating across the curriculum in order to help young people make healthy eating choices throughout their lives.

Social Justice and Inclusion

50. Many of these ambitions are also reflected in *Closing the Opportunity Gap* and in *Building a Better Scotland* (2004) which expresses a commitment to give every child and young person in Scotland the best possible start in life through investment in:

- early intervention and school meals to support the development of a healthy Scotland;
- increased childcare to widen access for parents to employment and training opportunities;
- youth justice, including tackling persistent young offenders, to help create a safer and fairer Scotland;
- children and young people with special educational needs and disability to improve their life chances and help build a caring Scotland; and
- the educational attainment of looked after children with support when they leave care in order to close the opportunity gap for this disadvantaged group.

51. Accordingly while this Action Framework specifically addresses issues relating to the physical, mental and emotional health of children and young people it does so in the context of a shared commitment across many professional groups, to children's overall well-being within a society that gives them due care, support, opportunity and significance.

The Support Group

52. In response to similar commitments in England and Wales the respective Departments of Health have developed National Service Frameworks for Children's, Young People's and Maternity Services. Although not identical in approach these Frameworks have sought to capture the key standards and actions required for the provision of consistent, accessible and age-appropriate high quality healthcare to children and young people.

53. A different approach has been adopted in Scotland. In 2000 the Child Health Support Group (CHSG)[24] was established as a Ministerial Advisory Group chaired by Malcolm Wright (Chief Executive, NHS Education Scotland) and Lead Commissioners for Child Health were identified in each Health Board area. In addition *A Framework for Maternity Services* and the *Report of the Expert Group on Acute Maternity Services Report* were published in 2001 and 2002 respectively.

[24] Child Health Support Group, Scottish Executive Health Department NHS HDL (2002) 86

54. Under the auspices of the CHSG 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
- A review (on-going) and specific recommendations on the provision of Specialist Children's Services
- Production of *Guidance on the Implementation of Health for All Children (Hall4).*
- Appointment of a National Clinical Lead for Children and Young People's Health
- Production of advice on *Psychiatric Inpatient Provision in Scotland for Children and Young People*
- Development of *Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care*
- Development of a *Emergency Care Framework for Children and Young People in Scotland*

55. 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[25]. The main focus of the group 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 NHS Scotland adequately reflects the needs of children and young people's health
- 'Deliver measurable improvements in the provision of healthcare, health improvement and health outcomes for children and young people in Scotland'
- Mechanisms for children, young people and their families and partner agencies to participate in planning and development of services
- Development of an educational framework in association with NHS Education Scotland to ensure we have a child health workforce fit for the 21st century.

56. And specific service areas including reviews of :

- general surgery for children and young people
- specialist paediatric services in Scotland
- age appropriate care
- high dependency care for children and young people in collaboration with National Services Division.

57. Concurrent with much of this work the Scottish Executive commissioned Prof. David Kerr to undertake an in-depth review of the future challenges and direction of the NHS in Scotland. The CHSG, along with others, had opportunity to contribute to this process and to ensure that key issues pertinent to children and young people's health were reflected in several sections of the final report, *Building a Health Service Fit for the Future*, which was published in May 2005. The Scottish Executive response, *Delivering for Health* which was released in October 2005, intimated a

[25] Children and Young People's Health Support Group, Scottish Executive Health Department NHS HDL (2005) 26

clear commitment to address the issues raised and includes a number of specific recommendations impacting on child health which are incorporated into this Framework.

The Action Framework

58. In *Delivering for Health*, the Minister for Health and Community Care reaffirmed his commitment, initially expressed in 2004, to the development of an '*Action Framework for Children and Young People's Health in Scotland'* designed to bring together in a single, focussed and accessible format the principal challenges facing the provision of children and young people's health services and the actions required from healthcare providers and others to address them.

59. The Framework cannot capture every recommendation emerging from the many strands of work that have been undertaken but provides those who commission and provide 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. This includes not only NHS organisations at national, regional and local level but also Local Authorities and other bodies. Inevitably different areas of Scotland are at different stages of development but the Framework will allow the flexibility for key actions to be prioritised according to local circumstance.

60. Central to this process is the inclusion of progress measures for each of the areas of activity. These progress measures are intended to express the principal outcomes in the form of realistic and measurable goals that will serve as markers of progress in taking forward the child health agenda.

61. The Framework is designed to be a practical user-friendly document that identifies objectives and actions which providers can realistically be expected to incorporate into their planning during the next 3-5 year period. The same approach will also allow the Framework to act as a self-assessment and performance management tool to allow all stakeholders to assess what progress is being made over the lifetime of the document.

62. In setting out a clear agenda for children and young people's health the Action Framework represents a further step forward in Scotland's commitment to fulfil the highest aspirations for its children and young people.

HEALTH SERVICES FIT FOR CHILDREN AND YOUNG PEOPLE

63. 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 Scottish Executive's response to this report, *Delivering for Health*, highlighted how these challenges would be addressed for children and young people.

64. 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 the workforce
- Reflecting patient focus
- Ensuring performance management and quality assurance
- Information technology

Promoting Health and Well Being

65. 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 socio-economic status, poverty and lifestyle 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.

66. 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.

67. One very pressing example of this is the pattern of increased weight and overt obesity now found in childhood with 34% of children aged 13-15 yrs being deemed overweight. Unchecked, the impact this will have not only on each individual affected but on our national health and our national health services is potentially enormous.

68. 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. This objective, which needs to be firmly embedded in the ethos, planning and delivery of the NHS in Scotland, involves all the agencies that directly influence the health choices, health outcomes, life experience, behaviours and attitudes of

children as well as those that shape the economic, physical, social and cultural environment in which children and young people develop. To that end the development of *Integrated Children's Service Plans* provides an opportunity for healthcare providers to engage with other local planning partners, including the voluntary sector, and with children and families, to agree and implement a shared agenda of action to improve the quality and integration of local services and to influence child health and well-being.

69. In parallel there is a need to ensure parents and carers are fully informed, equipped and supported for their pivotal role in shaping, and even irrevocably determining, the long-term health and well being of their children. Parents' ability to take on this role will, in turn, be affected by their own health, resilience and levels of support. Health professionals, early years workers, social workers and other professional groups will all have a contribution to make to helping parents promote healthy habits and behaviours in their children.

Balancing Access, Quality and Sustainability

70. 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 maintenance of service quality. 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.

71. This applies not only to highly specialised services but also to 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 paediatric trained staff, are already seriously threatened for children's services. The last decade in Scotland has seen the loss of many such local services with children having to travel to the main city hospitals for straightforward interventions.

72. 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 can additionally raise issues of loss of schooling, financial pressures, time off work for parents etc.

73. 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.

74. This situation can only be addressed by the existence of a robust and well organised planning framework working 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.

75. At a local level there is also an imperative to ensure that the planning and provision of health services for children and young people is fully integrated with the interrelated services provided by other agencies, principally through Local Authorities[26].

Developing the Workforce

76. As services are developed in a more integrated way the requirement for a workforce that has the necessary core skills and competencies to deal with a wide range of issues impacting on children is increasingly apparent. In addition to health this process needs to recognise the specialist roles that exist in education and social work. While this document concentrates on the issues affecting the health sector the increasing impact of such joint working on workforce and training issues will need to be addressed.

77. *Changing Lives*[27], the report of The 21st Century Social Work Review has established a clear agenda for social work reform, including building workforce capacity and increasing professional autonomy within a strong framework of professional accountability. A similar review of the early years and childcare workforce has been completed, and there is increasing interest in exploring and exploiting potential synergies in the qualification and training opportunities available to different professional groups, with a view to increasing mutual understanding in the context of increased joint working to improve children's health.

78. In NHS Scotland 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 competent not only in their particular area of clinical practice but also in the specific requirements inherent in dealing with young patients and their families. Inevitably this impacts very substantially on recruitment opportunities which are further constrained when sub-speciality experience is additionally required.

79. Specific instances of these problems are numerous, for example neonatal nursing, tertiary specialist consultants and a range of AHP disciplines specialising in paediatric practice. These workforce needs require to be explicitly identified and understood separately from the wider workforce challenges of the NHS since in many cases they may demand very targeted solutions. One current example is the well documented need to strengthen the orthoptic workforce to implement screening recommendations in *Health for All Children* against the backdrop of there being no training provision for this speciality in Scotland.

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[26] Integrated Children's Service Planning 2005-2008: Guidance, Scottish Executive, November 2004
[27] *Changing Lives*: Report of the 21st Century Social Work Review, Scottish Executive, 2006

80. The Scottish Executive Health Department published the *National Workforce Planning Framework 2005*[28] in August 2005. The first round of regional workforce plans were received in January *2006.* Board Workforce Plans are due by the end of April 2006 and the next round of regional workforce plans by the end of September 2006. *Delivering for Health* includes specific actions in relation to the child health workforce which reinforces this approach.

81. The Royal College of Paediatrics and Child Health have projected that the medical consultant workforce should increase from 188 posts currently to 300 WTE by 2013. This projection for medical staffing will need to be considered locally, regionally and nationally as part of the workforce planning process and set in the context of the overall proposals for consultant workforce expansion in Scotland. It will also need to take into account the development of new models of care and multi-disciplinary working as well as the impact of training and service delivery of Modernising Medical Careers and working time regulations.

82. A Scottish Nursing and Midwifery Workload and Workforce Planning Project is underway and a Paediatric and Neonatal Nursing Sub Group of the Expert Advisory Group has been established to develop, pilot and assist in the implementation of workforce planning tools for this staff group. Recommendations are included in this document for moving this critical agenda forward. Work on the Allied Health Professionals workload planning has also begun and the outcome will be included in the Action Framework.

83. In addition, a strategic review of the Child and Adolescent Mental Health workforce *Getting the Right Workforce- Getting the Workforce Right*[29] has recently been published by the Scottish Executive. This review has also identified that the specialist mental health workforce in Scotland is less than half the size needed to deliver the expectations of *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care.* These issues present a major challenge for the future organisation of children and young people's healthcare in Scotland and will have to be met by a significant redesign of health and other services as well as sufficient investment in new AHPs, psychological, medical and nursing posts.

84. In addition to the specific training requirements associated with addressing 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 prescient in the more rural parts of the country but is relevant even in urban areas, particularly in Primary Care.

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

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

[29] Getting the Right Workforce, Getting the Workforce Right, A strategic review of the Child and Adolescent Mental Health Workforce, Scottish Executive Health Department, 2005

86. It is important that existing models of care are re-examined and new ways of working including role development and multi professional agency working are considered as the way forward. This will include revisiting medical models of care and developing opportunities for staff other than medical staff to lead on service issues.

Reflecting Patient Focus - Age Appropriate Services and Advocacy

87. 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 Services Frameworks in England[30] and Wales[31] 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*.

88. 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 Convention for the Rights of the Child. In practice however, although there is some local variation, paediatric 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.

89. 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 is very welcome. Additionally the Mental Health (Scotland) Act 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.

90. It is, however, recognised that the successful introduction of this transition will not only require a shift of patient activity from the adult to the paediatric sector but should also prompt the development of 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.

91. Concurrent with the requirement for the provision of age-appropriate services is the need to ensure that the transition stage from paediatric to adult care, 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 desired outcomes for the young person.

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

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

92. *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 UNCRC. 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

93. The Scottish Executive Health Department produced guidance in 2005 which sets out key objectives, targets and performance measures for health and local delivery plans for NHS Boards. The four objectives relate to Health, Efficiency, Access and Treatment (HEAT) which are supported by 28 key targets, 32 key performance measures and 20 supporting measures. We have incorporated the HEAT approach in this Action Framework where relevant. Although not all of the indicators developed for children and young people since 1999 have been included in HEAT there is an expectation that NHS Board performance will still be assessed using these outcome measures. This is highlighted by the health improvement issues identified earlier in this document and the need to use indicators that are particularly sensitive to the needs of children and young people.

94. 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 targets that have been set on the basis of providing integrated services for children and young people with education, social work and other services. This is also seen when there is a statutory basis for providing care, for example *Additional Support for Learning (Scotland) Act* and the Children's Hearing review process. The Scottish Executive is developing child sensitive performance indicators through an integrated Quality Improvement Framework which will be launched early in 2006.

95. Although waiting times targets have largely focussed on adult services many of the generic targets are applicable in a child health setting. However as waiting time targets continue to reduce then more children's services will require action to meet them for example routine radiological investigations within 9 weeks by 2007, surgical treatment for scoliosis and cardiac interventions which are currently outwith national guarantees.

96. Another major issue raised in relation to performance management has been the implementation of guidance and specific service frameworks designed to ensure that the quality of services is improved or maintained. In England the implementation of the Children's National Service Framework has been incorporated into the inspection process led by the Healthcare Commission. Alternative but equally robust measures are in place in support of the National Services Framework in Wales. We are proposing a comparable approach to support the implementation

of this Action Framework with appropriate self-assessment and review processes taking account of the current joint inspection regime developed for child protection services which will be expanded to wider children's services[32]

97. Standard setting is a key part of quality assurance. Subsequent to the Acute Services Review (1997)[33], with its recommendations for improving the quality assurance of Scotland's health services, substantial effort has been devoted to the generation and monitoring of standards for clinical services. In recent years this important work has been substantially progressed through NHS Quality Improvement Scotland with a wide spectrum of clinical services now being covered.

98. Clearly services provided to children and young people are equally dependent on good quality assurance methodology however there are many determinants of high quality care in paediatric practice that are materially and validly different from the adult sector rendering cross-referencing to adult based standards inappropriate and potentially misleading. Thus far the development of standards more specifically focusing on child health services has been limited, however NHS QIS have now begun work in this area and completed a scoping exercise in 2005[34].

99. As well as clinical standards and quality assurance systems, services will have to address equality and diversity issues in respect of the six key strands of age, disability, gender, race, ethnicity, religious beliefs and sexual orientation. This will be particularly challenging for services in relation to children and young people given the different requirements for this age group including for example the recent development of specific standards for child protection.

100. It is equally true that many of the issues relating to the health and healthcare of children are heavily dependent on effective inter-agency working. Local integrated children's services partnerships are accountable for developing appropriate local performance management and quality improvement arrangements. Support for this work is provided through the Quality Improvement Framework for integrated children's services which includes preparation for the Joint Inspection of Children's Services.

101. Local multi-agency Child Protection Committees, accountable to chief executives in health and local authorities along with Chief Constables, also have a role in inter-agency quality assurance and continuous improvement of services to protect children and young people.

102. A key challenge for the NHS in Scotland is therefore to develop quality assurance and performance management measures both within the NHS and within children's services partnerships that drive measurable improvements in health outcomes and healthcare for children and young people.

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[32] How Well are Children and Young People Protected and their Needs Met?, Services for Children Unit of HMIE, 2005
[33] Acute Services Review, Scottish Office, Department of Health, 1998
[34] Children's Health Services Steering Group Scoping Report, NHS Quality Improvement Scotland, July 2004

E-Health*:*

Information Technology:

103. Information concerning children's health, well being and development is gathered at various points throughout their life, with some components collected universally and others on an episodic basis. However it is often disjointed and is of variable quality. This becomes particularly apparent and problematic where the complexity of a child's healthcare involves several sectors or services.

104. In practice information systems need to facilitate seamless packages of care which include not only specialist hospital care, but also the patient's outpatient care and their primary care and community based needs. These issues become all the more pertinent in situations where children require to access services outwith their local area or across traditional agency boundaries.

105. Information therefore has to reflect this integrated care, so that for the individual patient, communication between professionals from different services, disciplines and agencies is facilitated. There is a requirement for properly integrated information across the child's pathway of care which also links, in the longer term, with information from Social Services and Education Departments. Some aspects of this process may require not only electronic solutions and local protocols but also legislative change.

106. NHS Scotland should be working towards a single integrated system, but in the interim, there are a number of systems which could be brought together or interfaced and this work needs to be progressed.

107. The recognition of the need for integrated information led to the setting up of the Maternal and Child Health Information Strategy Group (MCHISG). This group has now produced an action plan for the production of integrated information which includes:

- Formation of a national core dataset within a maternity and child health data store. This ensures that there is one record per child, and that information from a variety of sources is pulled together.
- Use of CHI and production of a CHI number at birth. This facilitates records being drawn together, and prevents children being "lost" to the system
- Use of the new "Generic Clinical System", currently being procured. This will give specialist services within hospitals the ability to provide high quality data derived as a by-product of the clinical process rather than as a separate data collection process, as is done at present.

108. This shared approach is also being developed through the eCare project which is a partnership between the Scottish Executive and local authority, health and other agencies across Scotland to develop information sharing systems and processes for a number of client groups, including children. Recent interest in child protection issues has forced multi-agency information-sharing to the top of the political agenda and it is anticipated that eCare offers a potential solution to some of

the difficulties involved. There are four pilots currently working in four areas (Glasgow, Aberdeen, Lanarkshire and Dumfries & Galloway)

109. It is also necessary to ensure that the information technology used in respect of children and young people supports patterns of information management that recognise the rights of children and young people in matters such as consent and confidentiality and are responsive to the changes that occur with maturity and increasing autonomy.

Telemedicine

110. 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 This was highlighted in a recently commissioned report, Child Health Services in Remote and Rural Scotland which identified, in particular, the difficulties in providing dedicated paediatric staff[35].

111. It is inevitable that staff caring for children in remote and rural settings will need the capacity to be able to easily access specialist support and advice across the range of clinical disciplines. 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.

112. This Framework also identifies 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 will, in turn, depend in substantial measure on efficient telemedicine services linking the hospitals and other services caring for children and young people.

113. The issues identified in this section present a challenging agenda for NHS Scotland and its present. How we intend to address them is described in the **Section 2 – Delivering Change.**

[35] The RARARI Paediatric Project, Child health services in remote and rural Scotland, 2005

SECTION 2. - DELIVERING CHANGE

Introduction

114. Based on the commitment 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, with a particular focus on the next 3-5 years.

115. 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.

116. 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 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.

117. 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:

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

Health Improvement

118. Ministers have collectively agreed that Health Improvement should sit at the heart of Scottish Executive policy. This commitment is reflected in the policy documents relevant to improving children and young people's health and well-being that exist across Scottish Executive departments. In these documents good health is acknowledged as the building block for young people to achieve their full potential.

119. In terms of overarching principles, there are three dominant themes in relation to policies for children and young people:

- The need to involve children and young people, and their families and carers in decision-making around policies that affect their health.
- The need to reduce the health inequalities gap in children and young people's health and well-being by improving the health of the most disadvantaged at a faster rate.
- The need to recognise and address the full range of issues relevant for children and young people's health and develop a holistic approach, including tackling the determinants of health.

120. There are a number of policy documents which are relevant to health improvement for children, young people and their families but the following stand out as central to developing this work:

- *Eating for Health: a Diet Action Plan for Scotland (1996)*
- *Towards a Healthier Scotland – A White Paper on Health (1999)*
- *Protecting our Future - Drugs Action Plan (2000)*
- *Hungry for Success – A Whole School Approach to School Meals in Scotland* (2002)
- *Plan for Action on Alcohol Problems (2002)*
- *Improving Health in Scotland – The Challenge (2003)*
- *Let's Make Scotland More Active: A strategy for physical activity* (2003)
- *The National Programme for Improving Mental Health and Well-Being – Action Plan 2003-2006* (2004)
- *Eating for Health – Meeting the Challenge* (2004)
- *Happy, Safe and Achieving Their Potential, A Standard of Support for Children and Young People in Scottish Schools (2004)*
- *Being Well – Doing Well*, A *Framework for Health Promoting Schools in Scotland* (2004)
- *A Breath of Fresh Air for Scotland (2004)*
- *Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health (2005)*.
- *Improving Oral Health and Modernising NHS Dental Services in Scotland (2005)*.

121. In addition, there are several other pertinent cross-cutting policy documents, referred to elsewhere in this Action Framework, where health improvement is identified as an outcome of activity across the NHS and other sectors.

122. Health Improvement remains one of the top priorities for NHS Scotland, as reflected in Scottish Executive Health Department planning, NHS Local Delivery Plans, Joint Health Improvement Plans and relevant Partnership Agreement

commitments with accompanying strategic planning documents. Ministers are committed to improving overall population health and tackling health inequalities and want to see increased rate of progress. The next phase of health improvement delivery will build on existing work outlined in *Improving Health in Scotland – the Challenge* using legislation on smoke-free public places as a launching pad to promote smoking cessation and taking priority action on improving diet and increasing physical activity (combating obesity), reducing alcohol consumption and strengthening the NHS contribution to narrowing the gap in health inequalities.

123. A key organisation for delivering this agenda is NHS Health Scotland, whose role is to provide leadership and to work with partners to improve health and reduce health inequalities in Scotland by:

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

124. 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.

125. Boards have been asked to consider key performance measures as part of their Local Delivery Plans, which relate directly to 28 key targets contained within the Minister for Health and Community Care's Core Set of objectives, targets and measures. Of the 28 targets, 4 specifically refer to children's health; health inequalities (teenage pregnancy, suicides); childhood vaccinations, teenage pregnancy and dental disease. However a number of the remaining 24 targets apply equally to children.

126. Many of these targets cannot be met by the NHS alone and require a joined up approach with other agencies, particularly education and social work services in order to achieve them. *Changing Lives*[36] recommends a much greater emphasis on prevention in the delivery of services, opening the door to a more integrated approach between health, social work and education to address the needs of children. It will be vital that the NHS plays its role in this if issues such as suicide, teenage pregnancy and health inequalities are to be addressed.

127. *Health for All Children*[37] sets out recommendations in the context of other Scottish policies to promote effective and integrated provision of universal and targeted services for children and families. It also describes the activity needed for implementation at national and local levels and provides the basis for developing health improvement in this area.

[36] *Changing Lives*: Report of the 21st Century Social Work Review, Scottish Executive, 2006

[37] Health for All Children 4: Guidance on Implementation in Scotland, Getting it Right for Scotland's Children, Scottish Executive, 2005

Progress Measures

128. Health improvement has a well developed range of targets which have been developed on an international basis and applied to a Scottish context. A summary of the main ones contained in the formal performance management arrangements for the NHS in Scotland (HEAT) along with *A Breath of Fresh Air for Scotland --Tobacco Control Action Plan* (TCAP) and *Towards a Healthier Scotland – A White Paper on Health* (THS) are outlined below:

Source	Existing Health Targets for Children and Young People
HEAT	Reduce health inequalities by increasing the rate of improvement across a range of indicators (smoking during pregnancy; adults aged 16+ smoking; teenage pregnancy; suicide rates) for the most deprived communities by 15% by 2008.
	Reduce suicide rate between 2002 and 2013 by 20%.
	Reduce teenage pregnancy rates among 13-15 year olds by 20% between 1995 and 2010.
	60% of 5 year olds (primary 1) will have no signs of dental disease by 2010.
TCAP	Reduce the proportion of women smoking during pregnancy from 29% to 23% between 1995 and 2005 and to 20% by 2010.
TCAP	Reduce smoking among young people from 14% to 12% between 1995 to 2005 and to 11% by 2010.
THS	Reduce frequency and level of drinking from 20% of 12-15 year olds to 18% between 1995 and 2005 and to 16% by 2010.
THS	Increase proportion of 11 – 15 year olds taking vigorous exercise 4 times or more weekly from 32 % to 40% in 2005 and to 50% in 2010.

No	Health Improvement - Actions	Organisation	Timescales
1	Address inequalities in health among the most disadvantaged children, young people and their families with particular reference to the needs of LACYP, homeless CYP, and inequalities of gender, race, disability, sexuality and religion.	SE, NHS Boards, Local Authorities (LAs), HS,COSLA,	2008
2	Implement *A Breath of Fresh Air for Scotland Improving Scotland's Health: The Challenge Tobacco Control Action Plan.*	LA, NHS Boards	2006-2010
3	Consult on and implement an *Infant Feeding Strategy for Scotland*.	NHS Boards, HS, LA	2006 - 2009
4	Implement the *Nutritional Standards for Early Years* guidance on healthy food choices for early years providers.	LAs, HS, NHS Boards, Private Sector	2006
5	Complete implementation of *Scottish Diet Action Plan* 10 year programme from 1996.	NHS Boards, LAs, FSAS, HS, Food Industry	2006
6	Deliver *Eating for Health* 2004 which provides renewed focus on action.	SE, NHS Boards, LAs, FSAS, NHS HS, Food Industry	2006
7	Implement *Hungry for Success – A whole School approach to School Meals in Scotland* which sets out nutrient standards for school meals and other measures designed to improve children's diet and offer healthier choices	LAs, HS, NHS Boards, HS, SE, COSLA, LTS	2007
8	Creation of 600 Active School Co-ordinators, 400 new PE teachers, and 1,000 new walk leaders in place, to implement *Paths to Health* and *Safe Routes to Schoo*l.	LAs	2007

No	Health Improvement - Actions	Organisation	Timescales
9	Deliver health improvement elements of *'Improving Oral Health and Modernising NHS Dental Services in Scotland.*	NHS Boards, HS	2005 to 2008
10	Implementation of *'Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health'.*	NHS Boards, LAs, HS	2005 to 2008
11	Supporting a second Phase of the National Health Demonstration Projects: • Starting Well – integrated work with vulnerable children aged 0-5 • Healthy Respect – partnership approach to improve young people's sexual health • Supporting National Learning Networks based at NHS Health Scotland to share the lessons from the demonstration projects across Scotland	SE NHS GG NHS Lothian HS	 March 2006 March 2008 2006 onwards
12	Implementing *Being Well, Doing Well*. All schools in Scotland to be Health Promoting Schools	LAs/NHS Boards, HS, CoSLA, LTS	2008
13	Delivering the health promotion aspects of *Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care*	NHS Boards/ LAs, HS Voluntary Sector	2005-2015
14	Review of public health policy in Scotland using the *European Strategy for Child and Adolescent Health and Development* and associated tools.	SE	2006 - 2007

Providing Care Locally

129. 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*[38] in 2004 requiring local systems to develop plans for delivering services, characterised by effective interagency working in order to address the issues highlighted in *For Scotland's Children*[39]. These plans initially cover 2005 to 2008 and build on a range of commitments and actions already initiated in relation to the health of children and young people, including the development of the health improvement agenda.

130. 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). 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'.[40]

131. The emphasis on providing care locally was enhanced further by the launch of the *Additional Support for Learning Act (Scotland) 2004* and *Getting it Right for Every Child*, the consultation on the Children's Hearing System which includes a section on the single integrated assessment. Both these areas 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*

132. 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.

Progress Measures

133. 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 (Hall4) and a proposed outcome measure based on the Education Framework (EF) being developed by NES.

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[38] Integrated Children's Service Planning 2005-2008: Guidance, Scottish Executive, November 2005
[39] For Scotland's Children, Better integrated children's services, Scottish Executive, 2001
[40] Community Health Partnerships, Statutory Guidance, Scottish Executive, October 2004

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 from April 2004.
	Primary care services should meet the targets outlined for immunisation rates in the GMS contract (95% uptake).
ASL	Therapy and other health services identified through the integrated assessment process should be provided within 10 weeks by 2008.
GIRFEC	Health reports for the Children's Hearing system should be provided by 10 weeks.

Source	Suggested Key Milestones
HALL 4	Children should be offered the screening and surveillance programme as identified in the *Health for all Children* guidance by 2008.
EF	Staff providing care and treatment to children and young people should have completed the core skills and competencies training developed through NES by 2008.

No.	Providing Care Locally – Actions	Organisation	Timescales
15	NHS Boards should develop an action plan in collaboration with CHPs and other partners to ensure that the *Health for all Children* Guidance is fully implemented in their area.	NHS Boards	2006
16	CHPs should implement the Scottish Executive advice note on children and young people's services.	CHPs	2006
17	NHS Boards will be expected to develop action plans with Local Authorities for the implementation of *Getting it Right for Every Child*.	Local Authorities/ NHS Boards	2006
18	NHS Boards will be expected to implement child protection reform agenda including guidance and legislation on the sharing of information, joint inspection etc.	NHS Boards	2006 - 2008
19	NHS Boards take into account in their workforce plans staff required to meet national policy objectives for example *Health for All Children*, Integrated Assessments, Integrated Children's Service Plans etc.	NHS Boards	2006
20	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
21	The GMS contract Quality and Outcomes Framework should be reviewed with the aim to make recommendations on how it could be strengthened to address service provision for children and young people.	CYPHSG	2008
22	Training and appointment of GPs with a special interest in child health should be actively pursued	NES/CHPs	2008
23	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	2008

No.	Providing Care Locally – Actions	Organisation	Timescales
24	Evidence based local referral protocols for common childhood conditions should be developed and adopted.	CHPs	2008
25	CHPs should ensure that effective arrangements are in place for the provision of healthcare services to vulnerable children.	CHPs	2008
26	CHPs should put in place plans to improve access for children and young people to primary care services. This could include the use of the internet and mobile phone access to healthcare advice as well as dedicated young people's clinics.	CHPs	2008

Emergency Care

134. The *Emergency Care Framework for Children and Young People* was consulted on as part of the process for producing *Building a Health Service Fit for the Future.* Many NHS areas are already using it as the basis for assessing provision of emergency care to children and young people. 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

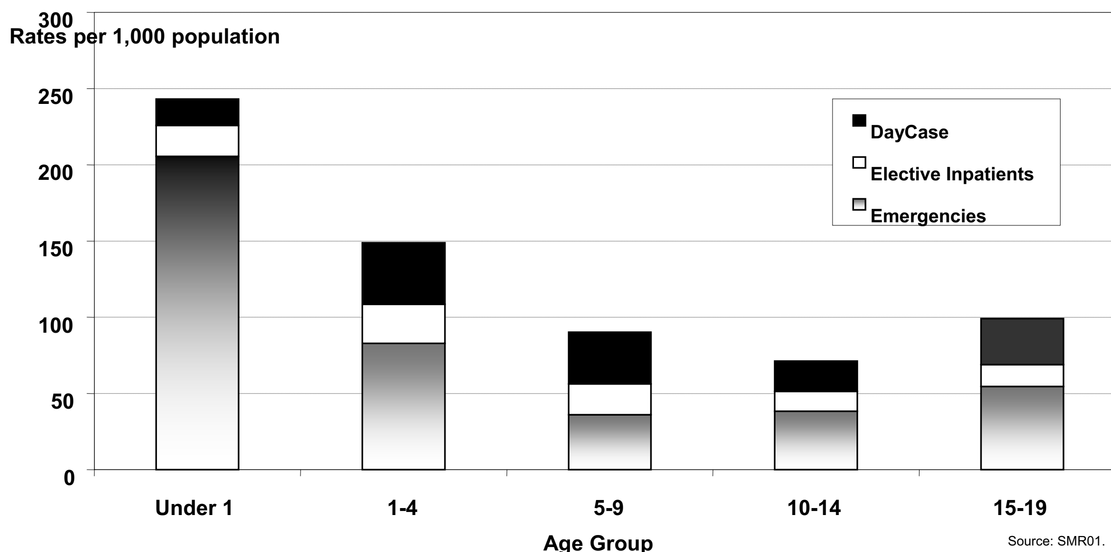
Level of Care	Emergency Care Site
4	**Specialist Children's Hospital**
3	**General Hospital with In-Patient Paediatric Unit**
2	**General Hospital with Accident & Emergency Department without In-Patient Paediatric Unit**
1	**Community Hospital, Minor Injury Facility, Primary Care Medical Centre, Out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

135. 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 care. 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 2 below).

136. Children and young people should receive emergency care within a safe environment that can cater 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.

137. It is recognised that at times children and young people will attend adult emergency care facilities. If these emergency care facilities are to provide 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.

Figure 2: Discharges from acute hospitals; rates per 1,000 population [1] in under 20 years olds admitted as an emergency, Scotland, year ending March 2002



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

Progress Measures

138. 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*

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 end of 2007, 75% of 999 emergency calls responded to within 8 minutes.

Source	Suggested Key Milestones
ECF/DFH	Care pathways for the 10 commonest conditions developed and implemented by 2008.
	Explicit arrangements within each region regarding the role of every emergency care site for the provision of paediatric services by 2007.
	Local NHS systems reviewed on progress against delivery of the ECF by 2007.
	Availability of a module of core skills and competencies for staff providing emergency care to children and young people by 2007.
	Staff providing emergency care to children and young people have achieved core skills and competencies by 2008.

No.	Emergency Care - Actions	Organisation	Timescales
27	Regional Planning Groups and NHS Boards should implement the Emergency Care Framework for Children and Young People.	RPGs/NHS Boards	2006-2009
28	A multi-professional emergency care competency system should be developed by NHS Education for Scotland for practitioners who provide emergency care for children and young people.	NES	2006
29	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 proposed Emergency Care Framework.	RPGs/NHS Boards	2007
30	A standard assessment method should be developed for use with children and young people at all emergency care facilities.	CYPHSG/NHS QIS	2007
31	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	2007 to 2009
32	The development of expanded roles for emergency care practitioners should 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	2006-2008

Hospital Services

139. 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.

140. 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. As a result a number of paediatric units and services across Scotland have been subject to redesign, rationalisation or closure in recent years.

141. 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 paediatric services across the various regions to ensure that where reasonably possible, and with due regard to safety and quality, hospital care is delivered as locally as possible.

142. 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 planning for paediatric hospital services fully engages with these specialties and with the anaesthetic services that underpin them.

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

144. *Building a Health Service Fit for the Future* and *Delivering for Health* have 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.

145. 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.

146. 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 & 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*
Yorkhill#	West	Argyll and Clyde Ayrshire and Arran Dumfries and Galloway Forth Valley* Greater Glasgow Lanarkshire Western Isles

#currently provide national services
*NHS Boards that participate in more than one planning region

Progress Measures

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

Source	Suggested Key Milestones
DFH	Within each region hospital services for children are provided in a coordinated manner in which the respective roles, responsibilities and contribution of every hospital providing such services are explicitly understood and adequately supported.
	The development of new Children's Hospitals in Glasgow and Edinburgh takes place in the context of a national approach to the planning and delivery of general and specialist hospital services for children and young people.
	Young people are able to access services that are informed by, and appropriate for, their age-related requirements.

No	Hospital Services – Actions	Organisation	Timescales
33	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	2006/7
34	A national short life working group should be established to provide clear guidance to regions on elective and emergency provision of surgery and anaesthesia for children.	CYPHSG	2007
35	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 paediatric facilities.	CYPHSG/NES	2007
36	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 acute care in-patient facilities.	NHS Boards	2008
37	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 chronic paediatric illness.	NHS Boards	2008
38	Regional Planning Groups should designate at least one clinician with responsibility for adolescent hospital care.	RPGs	2006
39	NES should develop a multi disciplinary training package to equip staff in core competencies for the care of adolescent patients.	NES	2006
40	Regional Planning Groups and NHS Boards should provide an agreed action plan for the provision of secondary inpatient paediatrics which maximises staff resource and avoids multi-site working.	RPGs	2007
41	Regional Planning Groups should work with Ambulance services and referring clinicians to plan DGH paediatric services across regions.	RPGs	2007
42	National standards should be developed for transitional arrangements for young people with long term conditions.	NHS QIS	2008

Specialist Services

148. 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.

149. Specialist services for children were identified as a priority area for action by the Scottish Executive and included in the work programme for the CHSG in 2003[41]. Four pilot reviews covering complex respiratory, gastroenterology, neurology and oncology and malignant haematology were undertaken and the outcomes considered at a national conference in June 2004. The outputs from the conference and the subsequent report[42] contributed to the National Framework for Service Change process and prompted a more in-depth review of children's cancer services which has now been completed.

150. The main policy documents and review reports that featured in this process included:

- *Pilot Review Reports on cancer services, gastroenterology, neurology, respiratory*, May 2004
- *Tertiary Services for Children in Scotland, Report of the 'Planning for the Future' Conference,* June 2004
- *Review of Tertiary Paediatric Services in Scotland, Child Health Support Group*, November 2004
- *National Framework for Service Change in the NHS, Child Healthcare Services in Scotland*
- *Building a Health Service Fit for the Future:* Vol. 2, SEHD
- *Children's Cancer Services in Scotland Working Group Report,* Children and Young People's Health Support Group, August 2005
- *Delivering for Health*, Scottish Executive Health Department, October 2005

151. All of these reports present a considerable body of evidence on the issues that are impacting at the present time and the actions required to ensure the future provision of sustainable specialist children's services in Scotland. 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.

152. The main issues identified include:

- Development of Managed Clinical Networks at a regional and national level.

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[41] Review of Specialist Paediatric Services, NHS HDL (2003) 43, Scottish Executive, September 2003

[42] Review of Tertiary Paediatric Services in Scotland, Child Health Support Group, October 2004

- 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

Progress Measures

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

Source	Suggested Key Milestones
DFH	Effective planning and commissioning arrangements at regional and national level with clearly defined responsibilities in respect of individual services by 2006
DFH	Compliance with NICE guidance for Children's Cancer Services by 2007
DFH	Workforce in place to support service delivery of specialist services complies with European Working Time Regulations guidance and facilitates recruitment and retention by 2008
DFH	Effective age appropriate transitional arrangements in place within each specialty by 2008

No.	Specialist Children's Services – Actions	Organisation	Timescales
43	A National Steering Group should be established to ensure the actions relating to specialist children's services are implemented with the aim to produce a 'National Delivery Plan for Specialist Children's Services in Scotland'	CYPHSG	2006
44	The PICU service should be nationally commissioned as a single service for a minimum of 5 years to oversee the establishment of the national critical care network and explore ways in which arrangements between the two PIC units can be strengthened.	NSD	2006-2011
45	Children's cancer services should be reviewed using an option appraisal based on the NICE guidelines.	CYPHSG	2006
46	Service reviews are completed for respiratory, gastroenterology and neurological services.	CYPHSG	2006
47	The following service specific review should be completed: • Metabolic diseases	NSD	2006
48	• High Dependency Care • Burns services • Specialist pathology and laboratory diagnostic services • Diagnostic radiology services • Endocrinology and Diabetes • Dermatology • Rheumatology • Immunology/Infectious Disease	CYPHSG	2007
49	NSD, RPGs 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/RPGs/NHS Boards	2007
50	NHS Education 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
51	NSD should review provision for young people in nationally designated services and implement an action plan to ensure the delivery of age appropriate care.	NSD	2008

Mental Health Services for Children and Young People

154. 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. 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.

155. 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.

156. 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.

157. 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.

158. 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).

159. 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. *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.

160. 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.

161. *Delivering for Health* included a commitment to develop a national mental health Delivery Plan for Scotland by the end of 2006, which will include children and young people's mental health. It also committed to identifying key milestones to enable the tracking of progress on implementation of the *Framework for Promotion, Prevention and Care*.

Progress Measures

162. There are a limited number of formal targets in existence for mental health services hence the suggested action later in the document in the performance management section relating to the development of specific indicators for this particular group. There is formal indicator in HEAT relating to a reduction in the suicide rate with a number of suggested key milestones based on *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (MHCYP).*

Source	Existing Health Targets for Children and Young People
HEAT	Reduce suicide rate between 2002 to 2013 by 20%.

Source	Suggested Key Milestones
MHCYP	Integrated Children's Services Plans should include clear actions, milestones and resources for implementation of the *Framework for Promotion, Prevention and Care* by 2006.
	NHS Board and Regional Workforce Plans, as appropriate, incorporate specific workforce planning for CAMHS by 2007 and should provide annual updates thereafter.
	A named mental health link person is available to all schools, and is fulfilling the functions outlined in the *Framework for Promotion, Prevention and Care* by 2008.

Source	Suggested Key Milestones
MHCYP	Basic mental health training is provided for, and accessed by, all those working with, or caring for, looked after and accommodated children and young people by 2008.
	65% of NHS Specialist CAMHS staff in every NHS Board area have accessed advanced professional training by 2008 increasing to 80% by 2010.
	Across Scotland, 47 inpatient places are available in dedicated psychiatric units for young people aged 12-18 by 2008 increasing to 56 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.
	New CAMHS staff 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*.

No	Mental Health Services for Children and Young People - Actions	Organisation	Timescales
52	All NHS Boards and their partners to complete a self–assessment of their provision against the *Framework for Promotion Prevention and Care*.	NHS Boards, Local Authorities, voluntary sector	2006
53	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, including action to ensure the involvement of children and young people.	NHS Boards, Local Authorities, voluntary sector	2006
54	Workforce planning should address the issues raised in *Getting the Right Workforce, Getting the Workforce Right*, to build the necessary capacity for implementation of the *Framework for Promotion, Prevention and Care*.	NHS Boards and Regional Planning Groups	2006 (and annually thereafter)
55	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)
56	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
57	Robust regional commissioning arrangements to be established for dedicated adolescent inpatient provision, including planning, in line with *Psychiatric Inpatient Services for Children and Young People: A Way Forward.*	Regional Planning Groups	2006 - 2010
58	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
59	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, HeadsUpScotland	2008

Complex Needs

163. 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, that is currently under development as part of the implementation of *Getting it Right for Every Child*.

164. 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.

165. 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.

166. 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 interagency working. Equally service provision for children with complex need should be explicitly incorporated in Integrated Children's Service Plans.

167. In order to achieve these goals there is a need for:

- effective interagency 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
- planned multi-agency review

168. 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

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

Source	Suggested Key Milestones
DFH	Children with complex needs as identified by the integrated shared assessment process should have a named key worker by 2006.
	Children and young people with complex needs should receive an effective multi-disciplinary assessment within 10 weeks by 2007.
	Children and young people with complex needs should have an annual multi-agency review of their care needs by 2008.

No	Complex Needs – Actions	Organisation	Timescales
60	Systems should be in place to provide each with child with a named key worker who will coordinate all their health, local authority and voluntary sector providers.	LA/NHS Boards	2006
61	Each child with complex needs should also have a named consultant paediatrician 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	2006
62	Children and young people with complex needs have the right to a formal multi-agency annual review with regular assessment and evaluation. The review should be linked to the coordinated support plan process, where this applies, and in many cases be integrated within the co-ordinated support plan	LA/NHS Boards/CHPs	2007
63	Information packages should be developed for children, young people and their carers.	Complex Needs Group	2007
64	Children, young people and their families should receive appropriate information about their care package and be involved in planning the care package.	LA/NHS Boards	2007
65	Children and young people with complex needs have the right to a formal multi-agency annual review with regular assessment and evaluation. The review should be linked to the Coordinated Support Plan process and in many cases be integrated within the CSP.	LA/NHS Boards	2007
66	A discharge pathway, including transition, should be developed for all children with complex needs.	Complex Needs Group.	2007
67	A national clinical dataset should be developed that monitors the discharge pathway of children with complex needs.	ISD	2007

Remote and Rural Care for Children and Young People

170. The Remote and Rural Areas Resource Initiative (RARARI) was established by the Scottish Executive in late 1999 and ran for four 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.

171. Remote and rural issues also featured in the child health section of *Building a Health Service Fit for the Future* and *Delivering for Health.* The issues highlighted in these two documents were reinforced in the *RARARI Paediatric Project Report*.[43]

172. 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.

173. 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 (RHSC) Glasgow, there is a need for expansion for other staff groups.

174. 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.

175. 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.

[43] The RARARI Paediatric Project, Child health services in remote and rural Scotland, 2005

Progress Measures

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

Source	Suggested Key Milestones
DFH	A dedicated training package is available to support the provision of child healthcare in remote and rural settings by 2006.
DFH	All remote and rural areas have explicit support arrangements with a specialist children's hospital, including a named consultant by 2007.
DFH	Arrangements for discharge of all children to remote and rural settings is structured to reflect care options available locally by 2007
DFH	All remote and rural areas to be able to access effective clinical and educational support via telemedicine links by 2007.
DFH	Staff providing care to children and young people have completed the accredited training being developed through NES by 2008.

No.	Remote and Rural – Actions	Organisation	Timescales
68	Child health services in remote and rural areas should be linked to appropriate specialist services through a Managed Clinical Network.	RPGs	2006 to 2008
69	Regional Planning Groups should designate a paediatric unit for each remote and rural area. This should include a named Consultant Paediatrician with the responsibility for that area.	RPGs	2006
70	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	2006
71	Each remote and rural area should identify GPs and/or Physicians who wish to develop a special interest in Paediatrics. 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	2006
72	Urban 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	2006 to 2008
73	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	2006
74	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.	RPGs	2006 to 2008

SECTION 3 - SUPPORTING CHANGE

Introduction

177. 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.

178. 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
- Performance management and quality improvement

Involving Children, Young People and their Carers

179. 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.

180. 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.

181. A key principle underpinning the Action Framework is also the active involvement of children and young people. Close collaboration with SCCYP will help ensure that implementation of the Action Framework is geared towards ensuring that children and young people are involved, 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 PFPI strategies and to involve them in local decision making procedures.

182. 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.

183. There is also a need to ensure that written and verbal patient information is appropriate for the age and stage of children and young people. It is important that staff working in the NHS are given the opportunity to develop effective communication skills in working with children and young people.

184. Given the multicultural nature of Scottish society all initiatives to promote engagement and share information with children and young people need to incorporate the needs of ethnic communities.

Progress Measures

185. 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	Suggested Key Milestones
EDIAT	The Equality and Diversity Impact Assessment Toolkit is implemented by NHS Scotland for children and young people by 2007.
PFPI	Clear evidence of policy development at a national level based on discussion with CYP by 2006.
PFPI	Information that relates to children and young people is produced in accessible, age-appropriate formats by 2007.
PFPI	The PFPI strategies of Health Boards and other providers specifically reflect the need to include children and young people by 2007.
PFPI	The views of children, young people and carers are represented at all levels of NHS planning by 2008.

No.	Involving Children, Young People and their Carers- Actions	Organisation	Timescales
75	A pilot reference panel of children and young people should be established at a national level to provide input into health topics and act as a sounding board on policy development.	SCCYP, NES, CYPHSG, SEHD	2006
76	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 the specific community planning guidance involvement for this age group.	SEHD/ NSD/ RPG, NHS Board/ CHP	2007
77	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
78	All services have a responsibility to provide information to parents and young people about their rights.	NSD/ RPG, NHS Board/ CHPs	2007
79	NHS Boards should review their provision of paediatric 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	2007
80	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	2007

Workforce

186. 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.

187. 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 the health, education and social work services which is being pursued through the integrated children's service planning process.

188. The challenges we are expected to address in the next five 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 were possible. These solutions will include reviewing skill mix in teams, identifying core competencies for training and development which needs to be taken forward in appropriate models with networks of care managed by a lead professional.

189. 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
    - Implementation of good practice guidelines.
- Growing capacity and developing the child health work force to meet:
    - European Working Time Legislation
    - Introduction of Modernising Medical Careers
    - Implementation of Agenda for Change
    - Enhanced and new roles for child health practitioners

190. 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 NHS Scotland 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[44] and AHP[45] roles.

191. The Scottish Executive Health Department has established a number of targets for growing the NHS Workforce including the following:

- Bring 12,000 additional nurses and midwives into the NHS by 2007
- Treble existing numbers of nurse consultants to 54
- Guarantee one year's employment for all newly qualified nurses and midwives
- Develop a wider role for nurses to get the full benefit of their skills and give them greater career opportunities
- Implement nationally co-ordinated nursing bank arrangements
- Aim to increase the number of consultants in the NHS by 600 by 2006 and continue to build on that increase thereafter.
- Ensure a total of 1,500 extra Allied Health Professionals, such as radiographers, physiotherapists, dieticians and chiropodists.

192. These targets relate to the total workforce and many of the staffing increases will inevitably be directed to the adult health sector. There is however a pressing need to ensure that the child health workforce is adequately and appropriately strengthened as a result of this major investment.

193. 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 have to grow from a baseline of 188 WTE in 2004/5 to almost 300 by 2013. This represents a sustained average growth rate of 4% to 6% (8 to 12 WTE consultant posts) per annum. This estimated growth rate should be closely aligned to the developing models of care. However ahead of any such investment the immediate pressures anticipated, in delivering Modernising Medical Careers and the implementation of European working time legislation, are placing the current configuration of services at significant risk.

194. The mental health workforce faces particular challenges. The recently published strategic review of CAMHS workforce[46] 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 numbers of consultant psychiatrists is indicated, but major growth in clinical psychology, nursing, psychotherapy and AHP numbers will also be key to achieving

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

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

[46] *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

this change. The report recommends that the CAMHS workforce at a NHS Board level should double in size over the next 10 years.

195. A group has also been established to scope issues for the child health nursing workforce. The group is expected to produce a work force 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 2006.

196. 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* [47] 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 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.

Progress Measures

197. 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	Sickness Absence Rate: 4% by 31 March 2008.
	Productivity: increase in consultant productivity by 1% over the next 3 years.

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

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

No.	Workforce –Actions	Organisation	Timescale
81	Regions and Boards produce workforce plans which address the needs of children's and young people's services	RPGs/NHS Boards	2006-2008
82	A nursing workforce tool should be developed to influence the development of work force plans for children and young people's nursing.	SEHD	2006
83	An action plan for the development of community and children's nursing will be developed by SEHD, Regional Planning Groups and NHS Boards using senior professional paediatric nursing advice, working collaboratively on an all-Scotland basis.	SEHD/RPGs/NHS Boards	2007

Education, Training and Development

198. 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 NHS Scotland.

199. NHS staff who work 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.

200. 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.

201. This will build on work already underway as part of the Executive's child protection reform programme to embed a training framework for all those involved in working with children and young people to help protect them, underpinned with a national suite of inter-agency training materials.

202. 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 who currently work with children. This will be crucial to the support of new and extended roles across disciplines.

203. 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 interagency education if we are to develop education that facilitates career shifts and a workforce that is committed to lifelong learning.

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

204. The suggested 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	Suggested Key Milestones
ECF	Staff providing emergency care to children and young people have achieved core skills and competencies by 2008.
DFH	Clear educational programme designed to address care competencies for all staff dealing with children and young people by 2006.
DFH	NHS Boards to have arrangements in place to ensure all relevant staff are trained to appropriate level of competency by 2008.
DFH	Educational packages to support the implementation of age appropriate care for children and young people by 2008.

No.	Education, Training and Development – Actions	Organisation	Timescales
84	An Educational Framework should be developed that ensures that staff have the appropriate skills, knowledge and competencies to manage the care of children and young people.	NES	2006
85	NHS Boards, CHPs and other providers should develop 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
86	An educational programme to support the development of new roles and models of care in NHS Scotland should be established.	NES	2007
87	An educational framework and training programme for adolescent care in Scotland should be developed.	NES	2007

Planning and Commissioning of Children and Young People's Services

205. 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 the planning and commissioning of services needs to understand and reflect this reality much more explicitly than in the past.

206. 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 fig 3)
- review of the Women and Children's Unit role and its replacement with the Child and Maternal Health Unit (CMHU) with a more focussed remit.
- establishment of the post of National Clinical Lead for Children and Young People's Health in Scotland

207. The introduction of locally based *Integrated Childrens Services 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 CHPs 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 subject to a separate advice note[48].

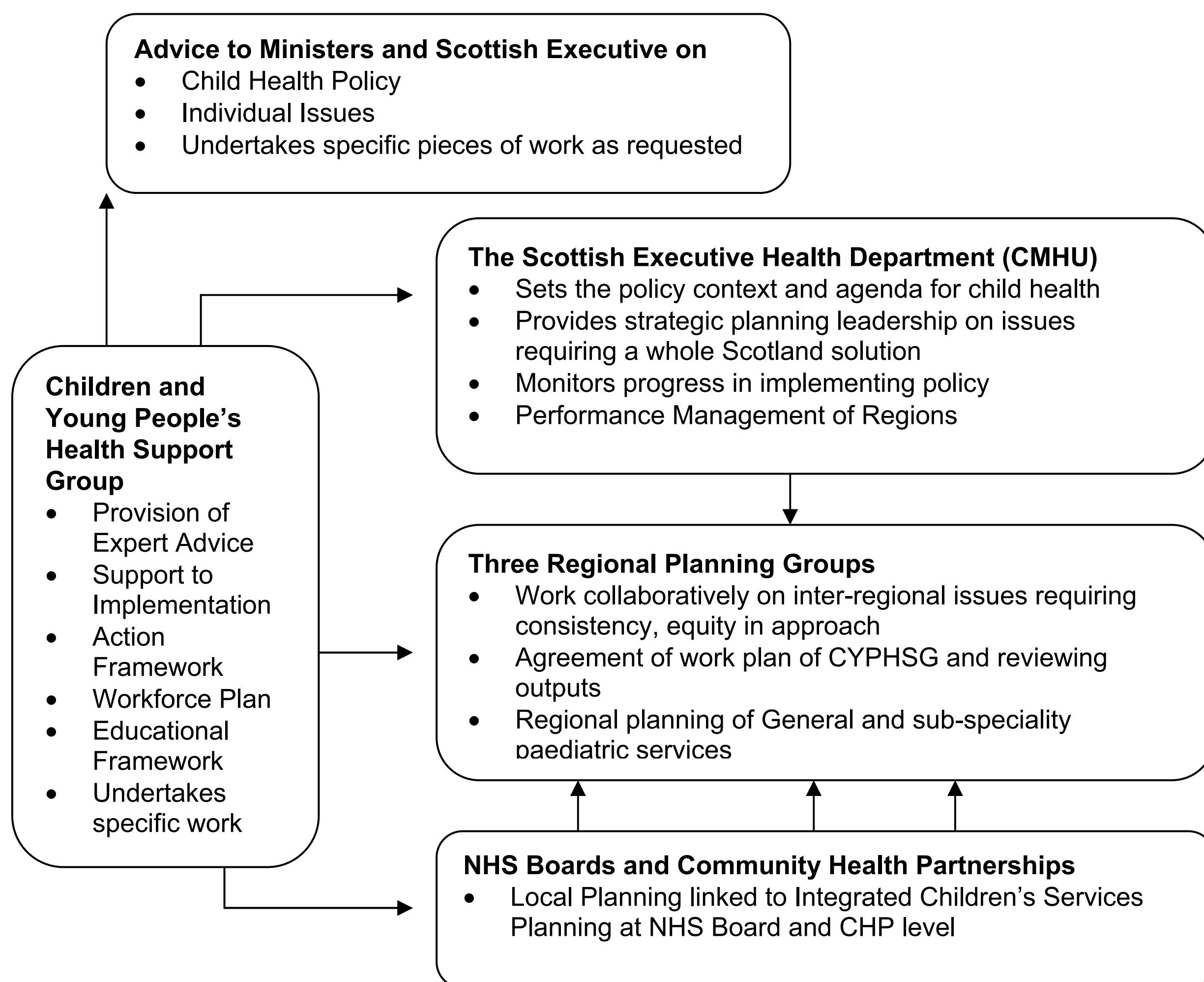
208. The need for further strengthening of national planning and commissioning within the NHSiS is highlighted in *Delivering for Health*. While relevant to several areas of adult healthcare this approach will have the potential to significantly enhance arrangements for child health services, particularly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

209. 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.

210. In practice however many paediatric services, including much of secondary hospital care, are delivered at a regional level. The above developments in local and national planning will therefore have to be accompanied by robust regional planning arrangements that are capable of directing and supporting service change.

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

Fig. 3 Infrastructure for the delivery of improved health outcomes and health services for children and young people in Scotland.



Progress Measures

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

Source	Suggested Key Milestones
DFH	National planning arrangements supporting the delivery of specialist childrens services in Scotland by 2006.
DFH	Child health regional planning arrangements established an impact on service delivery for example CAMHS inpatient provision by 2006.
DFH	Action plans in place to support the delivery of care at a DGH and local level by 2007.

No.	Planning and Commissioning - Actions	Organisation	Timescales
88	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
89	Regional Planning Groups should be established for Children and Young People's Health services.	RPGs	2006
90	Clear organisational arrangements for the delivery of inpatient psychiatric provision for children and young people should be established.	RPGs	2006
91	Clear organisational arrangements and models for the delivery of regional and district General Hospital Services in Scotland should be developed.	RPGs	2006 to 2008

Models of Care

212. Managed Clinical Networks (MCNs) have been developing across Scotland since their promotion through the launch of the national Acute Services Strategy on 1 May 1998. A number of different types of MCN are now in existence defined by the area served (local, regional or national) and the clinical specialty or condition involved.

213. 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.

214. The benefits of MCNs 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. A number of such networks – both accredited and informal - are already in place and others are planned or under consideration. 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.

215. 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

216. 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.

217. 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.

218. Both Care Plans and MCNs 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 to involve all parties across the spectrum from primary to tertiary care including agencies such as the ambulance service and NHS24.

Progress Measures

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

Source	Suggested Key Milestones
DFH	A prioritised Strategy for children's services MCNs agreed by 2006.
DFH	Delivery of the MCNs identified within the Strategy by 2008.
DFH	Care pathways in place for the 10 commonest conditions resulting in attendance at A/E and admission to hospital by 2008.
AF	Evidence of the joint appointment of staff to specialists services operating across several Health Board areas by 2007.

No	Models of Care – Actions	Organisation	Timescales
93	NSD together with the Regional Planning Groups should produce a national strategy 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/ RPGs	2006
94	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 • National Review Child Health Work streams - Children with Complex Needs, Child Protection, Cystic Fibrosis, Paediatric Critical Care, emergency care, rural care.	NSD/RPGs	2006
95	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.	RPGs	2007

Performance Management - Quality Improvement

220. Delivery is a key feature of *Building a Heath Service Fit for the Future* and *Delivering for Health* with a range of milestones, actions and performance indicators identified in these documents. The Scottish Executive Health Department will also be publishing its key performance indicators for the performance management arrangements for the NHS in Scotland. The main areas included in this will be waiting times, health improvement, cleanliness in hospitals etc. However this also has to be seen in the context of a service that is expected to respond to a range of standards, guidelines and protocols produced by a range of organisations and legislative processes.

221. There are clear processes for performance management and quality assurance in the NHS in Scotland which are managed by SEHD, NHS Quality Improvement Scotland (NHS QIS) and other agencies such as Social Work Services Inspectorate, Her Majesty's Inspectorate for Education (HMIE) etc. NHS QIS is the health organisation that oversees the delivery of quality improvement in healthcare services for Scotland. This is already evidenced by the range of initiatives that have already been put in place for example learning disabilities, newborn screening and the scoping report produced on childrens 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.

222. 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. The introduction of a joint Quality Improvement Framework, which includes the set of progress measures that represent the areas where the Executive is prioritising improvement in relation to the inter-agency delivery of children's services. It includes the development of joint inspection for childrens services which is focusing initially on joint inspection of child protection services. This approach will be rolled out to other children's services by 2008.

223. 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. Many of the services that input in to these processes, such as therapy and nursing, are based in the community and managed by Community Health Partnerships. This presents a significant challenge for NHS Scotland in meeting targets and standards that do not form part of the formal performance management arrangements for the NHS in Scotland.

224. The above comments describe a complex and challenging regulatory and quality assurance environment for the planning and delivery of services for children and young people. Central to the approach being developed in this document is the generation of child health specific *Progress Measures* for each of the main sections of the Framework. These will reflect the recommendations of the specific service

reports from which the Action Framework is drawn. In developing these clinicians, patients and their carers and agencies providing health services and their partners will be key participants in this process. The *Progress Measures* described in the following section represent a cross section of the outcomes that are expected from the areas described above.

Progress Measures

225. The existing health targets identified below present a combination of those currently in HEAT, 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).

226. The suggested key milestones relate to areas where there are identified gaps in outcome measures for specific services primarily in Executive guidance *Health for all Children* (Hall 4) and *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care* (MHCYP).

Source	Existing Health Targets for Children and Young People
HEAT	Ensure that 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 out-patient 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 31 December 2005 no patient urgently referred for cancer treatment should wait more than 2 months.
	By the end of 2007 patients will wait no more than nine 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 four 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).
GIRFEC	Requirement for NHS service input into the Single Integrated Assessment process and delivery of services 10 weeks with a possible further extension to sixteen.

Suggested Key Milestones	
MHCYP	Development of specific indicators for child and adolescent mental health services by 2007.
Hall4	Development of specific community based indicators for example waiting times for therapy and other primary care services by 2007.

No	Performance Management - Quality Improvement - Actions	Organisation	Timescale
96	Review child health services in relation to the waiting times targets already identified in the formal performance management arrangements for NHS Scotland.	NHS Boards	2006
97	Development of specific waiting times targets for child health services delivered in the community.	SEHD	2007
98	Develop, in collaboration with NHS QIS, HMIE and other inspectorates as appropriate effective monitoring arrangements for guidance produced in relation to child and other services including the following: • Health for all Children • Children and Adolescent Mental Health • Emergency Care Framework	CYPHSG	2007
99	Development of quality improvement programme for children and young people's health in collaboration with NHS QIS.	CYPHSG/NHS QIS	2007
100	Develop joint inspection of integrated children's services in Scotland.	SE/HMIE	2008

ANNEX 1 GLOSSARY

AHP	Allied Health Professional
CAMH	Child and Adolescent Mental Health
CCSiS	Children's Cancer Services in Scotland Working Group
CHI	Community Health Index
CHPs	Community Health Partnerships
CHSG	Child Health Support Group
CPPs	Community Planning Partnerships
CSP	Children's Services Plan
CYP	Children and Young People
CYPHSG	Children and Young People's Health Support Group
EACH	European Association for Children in Hospital
ECF	Emergency Care Framework
EGAMS	Expert Group on Acute Maternity Services
ENT	Ear, Nose and Throat
EWTD	European Working Time Directive
Hall 4	Health for All Children (4th Edition)
HB	Health Board
HDU	High Dependency Unit
HI	Health Improvement
HPS	Health Promoting School
ICS	Integrated Community School
JHIP	Joint Health Improvement Plan
LA	Local Authority
MCN	Managed Clinical Network
NES	NHS Education for Scotland
NHS	National Health Service
NHSiS	National Health Service in Scotland
NHSS	National Health Service Scotland
NICE	National Institute for Clinical Excellence
NRPG	North of Scotland Regional Planning Group
NSD	National Services Division
NSF	National Services Framework
PAF	Performance Assessment Framework
PE	Physical Education
PFPI	Public Focus, Patient Involvement
PIC	Paediatric Intensive Care
PICU	Paediatric Intensive Care Unit
RHSC	Royal Hospital for Sick Children
RPG	Regional Planning Group
QIS	Quality Improvement Scotland
ROA	Regeneration Outcome Agreement
R & R	Remote and Rural
SE	Scottish Executive
SEHD	Scottish Executive Health Department
SHPSu	Scottish Health Promoting Schools Unit
SIGN	Scottish Intercollegiate Guidelines Network
SNAP	Scottish Needs Assessment Programme

STI	Sexually Transmitted Infection
UKCCSG	United Kingdom Cancer Study Group
UN	United Nations
UNICEF	United Nations International Children’s Emergency Fund
WHO	World Health Organization
WTE	Whole Time Equivalent

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اس دستاویز کی مزید کاپیاں آڈیو کیسیٹ پر اور بڑے حروف کی چھپائی میں اور کمیونٹی کی
زبانوں میں طلب کیے جانے پر دستیاب ہیں، برائے مہربانی اس پتہ پر رابطہ کریں:

এই ডকুমেন্ট-এর (দলিল) অতিরিক্ত কপি, অডিও এবং বড়ো ছাপার অক্ষর আকারে এবং
সম্প্রদায়গুলোর ভাষায় অনুরোধের মাধ্যমে পাওয়া যাবে, অনুগ্রহ করে যোগাযোগ করুন:

Gheibhear lethbhreacan a bharrachd ann an cruth ris an èistear, ann an clò mòr agus ann an cànain coimhearsnachd. Cuir fios gu:

इस दस्तावेज़/काग़ज़ात की और प्रतियाँ, माँगे जाने पर, ऑडियो
टैप पर और बड़े अक्षरों में तथा कम्यूनिटी भाषाओं में मिल
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ਆੱਡਿਓ ਟੇਪ ਉੱਪਰ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਕੰਮਿਉਨਿਟੀ
ਭਾਸ਼ਾਵਾਂ ਦੇ ਵਿਚ ਮਿਲ ਸਕਦੀਆਂ ਹਨ, ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

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