

**Their Lives - Their Future**



**NHS Forth Valley Children and Young  
Persons Strategic Framework  
2015 – 2018**

## Content Page

1.	Introduction	Page 4
2.	Purpose	Pages 4 - 6
3.	Strategic Vision	Page 6
4.	Local Profile	Pages 6 - 7
5.	Key Strategic Policy	Pages 8 - 11
6.	Key Challenges	Page 12
7.	Essential Themes and Objectives	Page 13
8.	Governance Arrangements	Page 14
9.	Acknowledgements	Page 14
10.	References	Page 15
11.	Appendix One: Getting It Right For Every Child Wellbeing Indicators (SHANARRI)	Page 16
12.	Appendix Two: Strategic Model	Page 17
13.	Appendix Three: NHS Local Delivery Plan (LDP) Standards	Pages 18 - 19
14.	Appendix Four: NHS Children's Performance Plan	Pages 20 - 29
15.	Appendix Five: The Role and Remit of the Forth Valley Children and Young Persons Strategy Group (CYPSG)	Pages 30 - 32

## Consultation and Change Record

<b>Contributing Authors:</b>		Helen Bauld/Joe McGhee	
<b>Consultation Process:</b>		Internally within NHS Forth Valley	
<b>Distribution:</b>		All members of NHS Children and Young Persons Strategic Planning Group. Key Senior NHS Managers	
<b>Change Record:</b> Version 1.7			
<b>Date</b>	<b>Author</b>	<b>Change</b>	<b>Version</b>
01.09.15	J Fraser	Comments received and inserted.	1.1
01.09.15	G Gordon	Comments received and inserted.	1.2
02.09.15	T Houston	Comments received and inserted.	1.3
17.09.15	A McLaughlin	Comments received and inserted.	1.4
18.09.15	E Lawlor	Comments received and inserted.	1.5
18.09.15	K O'Neill	Comments received and inserted.	1.5
06.10.15	R Duffy	Comments received and inserted	1.6
06.10.15	L MacKenzie	Comments received and noted	1.6
01.10.15	D Colvin	Proof read and amendments made	1.6
05.10.15	M Don	Proof read and amendments made.	1.6
14.10.15	G Morton	Comments received and inserted.	1.7
16.11.15	C.M.T	Comments received (additional narrative around GIRFEC and addressing CAHMS waiting times and Children's dental health).	1.8
15.12.15	M McKellar	AHP comments received and included	1.9
06.01.16	D Richards	Dental comments received and included	1.10

# 1 Introduction

- 1.1 It is acknowledged that achieving good child health is essential for health in later life as the risk factors for many adult diseases and the opportunities for preventing these arise in childhood. Healthy children enjoy better cognitive development, achieve more at school and have the opportunity to become healthy and productive adults. *Article 24 of the United Nation Convention of the Rights of the Child* states clearly that every child has the right to enjoy the highest attainable standard of health and NHS Forth Valley is committed to making this a reality.
- 1.2 The new legislation introduced within the *Children and Young People (Scotland) Act 2014* puts into statute key elements of the *Getting It Right for Every Child* policy (*GIRFEC*). NHS Forth Valley has been working with Community Planning Partners as set out in *CEL 29 (2010)* to implement changes to processes and practices that will strengthen universal services, address inequalities, and provide improved outcomes for all children and young people.
- 1.3 NHS Forth Valley will work closely with partners to improve health outcomes for children and young people shaping their lives and their future '*Their Lives - Their Future*'. Local healthcare services will continue to reduce health inequalities by ensuring all children and young people are able to access appropriate more joined up healthcare services.
- 1.4 NHS Forth Valley will build on past achievements and address new and emerging challenges, aiming to ensure that all children and young people:

- Will be able to adopt healthy lifestyles;
- Will be central to decisions that affect their health and well-being;
- Will have better health outcomes through the provision of health services that are continually improving.

# 2 Purpose

- 2.1 The purpose of the NHS Forth Valley Children and Young People's Strategic Framework 2015-2018 is two-fold, namely:

- Define the strategic vision and key objectives;
- Present a local performance plan.

- 2.2 The following strategic framework describes how NHS Forth Valley plans to further improve the health and wellbeing of children and young people up to the age of 18 years. It is recognised that *Paediatric Services* manage children up to 16 years and *Child and Adolescent Service* manage young people up to 18 years.

Covering from pre-birth it takes account of the wide range of factors which can contribute to maternal and infant health both in the short and longer term.

- 2.3 The majority of NHS children services are provided locally. However, it is recognised some specialist services can only be provided within regional and national tertiary centres.
- 2.4 In particular, NHS Forth Valley accesses the majority of children's specialist services from the Royal Hospital for Children on the new South Glasgow Hospital Campus. Children and young people requiring in-patient mental health services are transferred to the regional specialist service, Skye House, Glasgow. Inpatient hospice care for children is accessed through Rachel House in Kinross.
- 2.5 There is also significant emphasis on partnership working as a key component to success, reaffirming that healthcare services will embrace the principles enshrined within Government's policy *Getting It Right For Every Child (GIRFEC)*.
- 2.6 The NHS Child and Adolescent Mental Health Service (CAMHS) provides assessment and intervention for children and young people with mental health difficulties with much of their work relying on liaison and consultation with other health professionals, local authority services and non statutory agencies. A wide range of interventions are offered and adapted depending on the nature and severity of the problem. Forth Valley NHS Board have made a significant financial commitment in the past 12 months to enhance the clinical capacity of the service. The impact of this has not as yet been realised in terms of waiting list reduction. This is due in the main to recruitment difficulties however things are starting to improve. A comprehensive Action Plan has been developed supported by key managers. The plan details actions required to improve waiting times within CAMHS.
- 2.7 The majority of children dental services are provided by local General Dental Service (Independent Contractor) complemented the Public Dental Service (PDS). The PDS provided some specialist services with consultant level orthodontic and oral surgery service being provided at FVRH. Childrens' oral health has improved significantly over the past ten years with surveys demonstrating that the proportion of P1 and P7 children who have no obvious dental disease met the 2010 national target of 60%, and continues to improve. These improvements are closely associated with the delivery of the Childsmile programme. However, challenges remain as dental diseases are closely association with deprivation and a clear gradient exists. Ongoing improvements to the Childsmile programme and increased strategic focus on prevention in practice is required to address this.

- 2.8 In summary this Framework builds on the previous commitments of NHS Forth Valley setting out a clear vision, principles and approach to improve the physical and emotional health and wellbeing of children and young people. Furthermore, the recent *NHS Forth Valley Clinical Services Review* and in particular the *Woman and Children's Services work stream* will assist in informing the future direction of NHS Children's services.
- 2.9 Forth Valley NHS has an important role to play in influencing and contributing to Community Planning Partnerships, Integrated Children Services Plans and the wider determinants of Children and Young People's Health and Wellbeing. NHS Forth Valley lead and contribute to a variety of Health Improvement and Promotion Initiatives through Public Health and Health Improvement Services.

### **3 Strategic Vision**

- 3.1 The following local strategic vision has been agreed and is described in terms that NHS Forth Valley will:

Ensure that children and young people achieve the best health outcomes by having equitable access to safe, effective and child centred healthcare services as close to their home and as early as possible. Children and young people will receive support to improve their wellbeing and develop safe and healthy lifestyles consistent with the *GIRFEC* principles.

### **4 Local Profile**

- 4.1 By 2035 the population of Forth Valley is projected to be 330,235, an increase of 12.6% compared to the population of Forth Valley in 2010. This increase is more than the projected increase for Scotland of 10.2%. The population of under 16s in the Forth Valley area is projected to increase by 5% by 2035 more than the projected increase of 3.2% in Scotland.
- 4.2 *The Scottish Public Health Observatory (ScotPHO) Children and Young People Profiles (2012)* provides the most recent illustration of the health and wellbeing of children and young people locally. Although, this data is not the most up to date, it still does provide some indication of future trends.

- There is a downward trend in the number of women smoking during pregnancy, but the statistics show that around 19.6% of pregnant women were currently smoking at antenatal booking in 2012 (Scotland: 19.3%);
- The teenage pregnancy rate (<18 years) is lower than the Scottish Average (Forth Valley 28.4 per 1000, Scotland 30.6 per 1000 in 2011). The rate for Forth Valley has mirrored the pattern in Scotland and has been fairly steady for the past decade. There has been a small reduction recently;
- Forth Valley has a similar rate of low birth weight babies to the Scottish average (Forth Valley: 2.3%; Scotland 2.3%) having around 70 full-term low birth weight babies born each year;
- 22.7% of babies are exclusively breastfed at their 6-8 week review, which is below the Scottish average of 26.2%. There is a wide inequality in breastfeeding rates between the most disadvantaged and most affluent areas in Forth Valley and between Stirling 34.8%, Falkirk 19.6% and Clackmannanshire 16.7%;
- Mortality rates for children and young people are not significantly different from the Scottish average;
- 95.3% of babies had received their first dose of MMR vaccine by the age of 24 months in 2011 (Scotland: 95.2%) and 97.9% of babies received the primary course of Diphtheria, Pertussis, Tetanus, Polio, Hib (Scotland: 98.3%);
- 66.1% of Primary 1 (P1) children in Forth Valley had no evidence of obvious dental decay experience in 2012 (Scotland: 67%);
- 76.9% of children in Primary 1 in school year 2011/12 were classified as having a healthy weight. Forth Valley reflects the Scottish average;
- 582 children and young people were hospitalised by unintentional injuries at home (under the age of 15 years). This is consistent with the Scottish average.

4.3 The report also highlights the health inequalities of the local population across different geographic areas. It is well recognised that children and young people who live in areas of deprivation are more likely to suffer poorer health. Forth Valley has large areas of deprivation with Scottish Index of Multiple Deprivation deciles 7-10. However, it is important to recognise that not all disadvantaged children and young people necessarily live in identified areas of deprivation. Therefore services need to be able to reach disadvantaged individuals, wherever they live in the Forth Valley.

## 5 Key Strategic Policy

5.1 The framework has taken account of the following key national policy and guidance, namely:

- The Children and Young Person's (Scotland) Act (2014);
- Health Visitor Guidance and Local Implementation Plan (2014-18);
- Smoke Free Forth Valley Action Plan 2015 – 2018;
- National Guidance for Child Protection in Scotland (refresh 2014) Maternity Services Strategy (2012-2015);
- The Public Bodies( Joint Working) Scotland Act (2014);
- Neonatal Care in Scotland a Quality Framework (2013);
- Keys to Life – Improving the Quality of Life for People with Learning Disabilities (2013);
- Mental Health Strategy for Scotland (2012-15);
- Scotland's Mental Health: Children and Young People (2013);
- GOPR/Getting Our Priorities Right (2013);
- Achieving Sustainable Quality in Scotland's Healthcare – A 20:20 Vision;
- RCPCH Guidelines and Standards for Clinical Practice (ongoing);
- National Delivery Plan for the Allied Health Professions in Scotland (2012-2015);
- The Scottish strategy for Autism (2011);
- Sexual Health and Blood Borne Virus Framework (2011-2015);
- Improving Maternal & Infant Nutrition: A National Framework (2011);
- The Healthcare Quality Strategy for NHS Scotland (2010);
- Curriculum for Excellence (2009);
- Getting it Right for Every Child (GIRFEC) (2008);
- The Early Years Collaborative (2013);
- National Delivery Plan for Specialist Children Services (2008);
- Scottish Patient Safety Programme (2009).

### ***The Children and Young Person's (Scotland) Act 2014***

5.2 The Act aims to improve the way services work to support children, young people and families by:

- Ensuring that all children and young people from birth to 18 years old have access to a *Named Person*; from birth to school age this will usually be the Health Visitor and the responsibility for providing the service will become a statutory responsibility of the NHS Board;
- Putting in place a single planning process to support those children who require it through a statutory *Child's Plan*;
- Setting out a definition of wellbeing in legislation;
- Placing duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and reporting collectively on how they are improving those outcomes.

- 5.3 Under Part 1 of the Act, public bodies will be expected to provide reports on actions to be taken in meeting of requirements under the *UN Convention of the Rights of the Child*. In addition, under Part 3, of the Act introduces new duties for public bodies on planning and reporting of services. Specifically, it puts in place new arrangements for children's services plans that best safeguards, supports and promotes the wellbeing of children and young people in a particular area.
- 5.4 Part 4 (Provision of Named Person), Part 5 (Child's Plan) and Part 18 (definition of wellbeing) of the Act are expected to commence in August 2016. These new duties will be introduced within a statutory framework and will require significant changes in Health Board systems and practice to support enhanced information sharing and managing new ways of working.
- 5.5 Furthermore, the Act places the overarching responsibility for the development of plans for services that safeguard, support and promote the wellbeing of children and young people with Local Authorities and Health Boards. There are other areas that are part of the implementation of the Act such as the range of duties and powers that affect those in care and care-leavers, school closures, children's hearings and the provision of school meals. The role of NHS Forth Valley as a corporate parent is formalised with specific duties involved.
- 5.6 A detailed implementation plan has been produced which sets out the NHS Forth Valley position in relation to preparing for compliance with the Act by August 2016. Preparing for compliance is a joint endeavour with *Community Planning Partners (CEL 29) 2010*, to improve outcomes for all children and young people especially those who are most vulnerable. It involves changes in culture, systems and practices across all agencies, together with a joint approach to communicating with children, young people, families and the wider public.
- 5.7 There are however, some aspects of preparing for compliance with the Act that are specific to the NHS, such as the provision of the Named Person service for pre-school children. It is these aspects that are highlighted within the implementation plan describing activity to meet four objectives, setting out the current position, some challenges and an indication of priorities for this year, namely:

- To provide a Named Person for all pre-school children;
- To put in place processes to support the identification of information that needs to be shared to address wellbeing concerns for children and young people, and robust systems to facilitate information sharing;
- To ensure systems and processes are in place to support NHS Forth Valley staff to respond to requests for assistance, and to the development of a single child's plan when necessary , thereby supporting a single planning process for all children and young people;
- To ensure that strategic and operational managers fully support the values, principles and core components of GIRFEC and work with partners to drive forward the necessary change.

- 5.8 The Executive Director of Nursing NHS Forth Valley is the *GIRFEC* lead for NHS Forth Valley, supported by a group of senior colleagues within the NHS Forth Valley Children and Young People's Strategy group. This group has specific responsibilities in terms of ensuring compliance with the Act and links with a number of NHS, partnership groups and committees that have a remit for aspects of *GIRFEC* implementation. There is strong commitment from NHS Forth Valley Health Board to achieve the aspirations of the Act.
- 5.9 Nevertheless achieving compliance with all aspects of the Act by August 2016 will be challenging but there is a strong commitment from NHS Forth Valley to fulfil the necessary requirements. Many aspects of operational service delivery, such as the use of the National Practice Model and the use of the Integrated Assessment Framework, are fully embedded in routine service delivery and there is a significant history of practitioners and managers working closely together within a common planning process. Moreover, joint training programmes are well established and partnership arrangements with the University of Stirling are helpful in assisting us to achieve high quality education for staff.
- 5.10 There is a significant amount of work to be completed within the next year to improve IT systems to facilitate information sharing across agencies, with appropriate safeguards and governance in place. This is a priority. The capacity of the Health Visiting workforce to fully meet the demands of the Named Person service by August 2016 is challenging. However, many aspects of the role are already part of routine Health Visiting practice. There has been considerable success despite staff shortages that reflect the national situation. Funding from the Scottish Government has been very helpful in assisting us to address the issue of increasing the local Health Visiting workforce by 17-19 posts by 2018. Currently NHS Forth Valley is recruiting a new cohort of students to begin training in January 2016 so that by January 2017 there will be more additional Health Visitors coming in to post to address inequalities in provision of service.
- 5.11 NHS Forth Valley will focus on the requirements of the Act to be in place by August 2016, supporting staff to meet the new legislation. Workforce planning is currently addressing the standards expected within the new universal pathway for all children. Forth Valley NHS will consider implementation of the pathway using a phased approach as local Health Visitor staff numbers rise. Infra-structure improvements and supervision arrangements are current priorities. The Health Visiting Implementation Plan Steering Group will lead this agenda, to ensure that Health Visitors are well supported in their role as Named Person and that there is cognisance of the possible effects on associated services such as Child Protection and School Nursing.

### ***Getting It Right for Every Child* (GIRFEC)**

5.12 This is a policy important for everyone who works with and those whom come into contact with children and young people. It stresses that staff from all disciplines and agencies need to work together to support families, and where appropriate, take early action at the first signs of any difficulty rather than only getting involved when a situation has already reached crisis point.

5.13 This means working across organisational boundaries and putting children and their families at the heart of decision making and giving all children and young people the best possible start in life. *GIRFEC* promotes a shared approach that:

- Builds solutions with and around children and families;
- Enables children to get the help they need when they need it – early intervention;
- Supports a positive shift in culture, system and practice (shared value base essential);
- Involves working together to make things easier.

5.14 See Appendix 1 for Getting It Right for Every Child wellbeing indicators (SHANARRI).

5.15 Much of the planning and implementation of *Getting It Right For Every Child* (*GIRFEC*) is taken forward using an approach that spans the whole of the Forth Valley area. Clackmannanshire, Stirling and Falkirk councils work together with NHS Forth Valley, Police Scotland, third sector organisations and others to ensure that we are designing services that are joined up and using the same processes and procedures for providing staff training, planning and evaluating service provision for children and young people regardless of where they live in Forth Valley. At a more operational level NHS Forth Valley works with individual council areas to ensure that services are responsive and sensitive to local situations.

### ***Scotland's Curriculum for Excellence***

5.16 Is a 3-18 years curriculum and aims to ensure that all children and young people develop the attributes, knowledge and skills they will need to flourish in life, learning and work. For the first time Health and Wellbeing is explicit as one of eight curricular areas. Staff from educational establishments across

5.17 Forth Valley have embedded practice around Health and Wellbeing and continue to develop around this challenging curricular area. Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future.

## 6 Key Challenges

6.1 The following key local challenges have been identified consistent with the NHS Forth Valley Clinical Services Review, namely:

- The population of children under 16 years in Forth Valley is projected to increase by 5% by 2035 placing increasing future demands on healthcare services for children;
- The need to extend the role of children's hospital facilities to at least include most or all patients up to 16 years of age;
- Addressing local paediatric capacity (hospital and community) with tertiary centres repatriating greater numbers of increasing complex cases;
- Increasing numbers of preterm infants with severe and complex needs requiring ongoing support for families both in hospital and the community;
- Increasing numbers of children with complex needs attending mainstream schools and needing support from health professionals;
- An increasing demand for resources to provide comprehensive assessments and ongoing management for children with developmental disabilities (e.g. Autism);
- Increasing numbers of children at risk of being overweight and developing associated problems;
- Addressing the unique needs of adolescents when they are accessing healthcare services through workforce development e.g. substance use;
- Meeting the various duties set out in the in 2104 Children's Act with notably responsibilities around the *Named Person*;
- Developing a children's workforce with the right numbers and skills to meet projected future need;
- Ensuring the development of improved person centered approaches to healthcare that enable the voice of the child/young person to be clearly heard;
- Focusing AHP services more on enablement, i.e. provision of advice, support, facilitation and training to enable others to deliver (especially within education services to help them discharge their duties under the ASL Act.);
- Adopting more flexible working patterns amongst for example AHPs workforce to provide a service at evenings and weekends.

## 7 Essential Themes and Objectives

7.1 Underpinning the strategic vision a number of essential cross cutting themes have been identified, namely a requirement to:

- Communicate effectively with children, young people and their families to ensure that they are at the centre of any decision-making that affects their health and well-being, and their views influence future service development;
- Ensure that healthcare services from pregnancy through to adolescence and beyond will be high quality, evidence based and safe, delivered at the right time and in the right place by a trained, compassionate and supported workforce;
- Integrate and co-ordinate NHS services at the point of transition to adult services for those young people who require ongoing regular health and care in adult life;
- Facilitate the reduction of health inequalities by ensuring all children, young people and families (with particular note to children of parents with substance use and mental health problems) are able to access services as close as safely possible to their home;
- Support children and young people to gain skills and knowledge to adopt healthy lifestyles and make safe and healthy choices;
- Work with local community planning partners to create the opportunities and conditions for all children, young people and their families to achieve their potential;
- Work in partnership to fully implement the Children and Young People (*Scotland*) Act 2014.

7.2 5 high level objectives have been identified and aligned with the above cross cutting themes, namely the requirement for NHS Forth Valley:

1	To enhance healthy life expectancy, through evidence based public health interventions, enabling children and young people to make informed choices.
2	To prevent ill health and promote recovery for children, young people and their families by providing the optimum quality care and treatment.
3	To ensure adolescent services are age appropriate, promoting resilience by providing early and effective evidence based treatment. Consistent with this, transition of patients from children's services to care within the adult sector is person focused.
4	To support and protect children and young people who are vulnerable and provide better support to those who are at risk of poor health outcomes.
5	To provide effective patient centred care for children and young people living with long term conditions and disability and improve the experience for those living with life limiting conditions.

7.3 See Appendix Two for the strategic model for the delivery of Children and Young Person's healthcare services.

## 8 Governance Arrangements

- 8.1 Each year, the *Scottish Government* agrees a suite of national performance targets known as NHS Local Delivery Plan (LDP) standards, (See Appendix Three). Subsequently, NHS Boards state how they will commit to meet their standards as outlined in their annual Local Delivery Plans. *NHS Scotland* performance targets against local LDP standards contributes towards the delivery of the *Scottish Government's Purpose and National Outcomes*; and *NHS Scotland's Quality Ambition*. NHS Boards have also agreed a range of local commitments through their *Community Planning Partnerships (CPPs)* to support delivery of their *Single Outcome Agreements (SOAs)*.
- 8.2 The *Scottish Patient Safety Programme* was launched by *Scottish Government* in 2007. A Paediatric branch was implemented in 2010; this has been followed by Neonatal and Maternity Care. This programme is being delivered across NHS Forth Valley Woman and Children In-patient Services.
- 8.3 Nationally the *Care Inspectorate/HIS* lead a programme of joint inspection reviews of children's services that bring together professionals from social work, healthcare, police and education. Locally this consists of NHS Forth Valley supporting reviews both across the Falkirk Partnership and Stirling/Clackmannanshire Partnership. Joint self-evaluation is an important element of the reviews, supporting a programme of continuous improvement. The reviews aim to provide public assurance about the quality of children services underpinned by the GIRFEC principles. Following a review an inspection report includes recommendations for future service improvement.
- 8.4 Internally at unit level *Woman and Children Unit Clinical Governance Group* meets regularly to review the quality of inpatient services and recently NHS Forth Valley has established the *Children and Young Persons Strategy Group (CYPSG)* (see Appendix Four). This group will oversee the development implementation and review of NHS Forth Valley Children and Young Person's performance plan and wider implementation of GIRFEC reporting to the NHS Forth Valley Corporate Team.

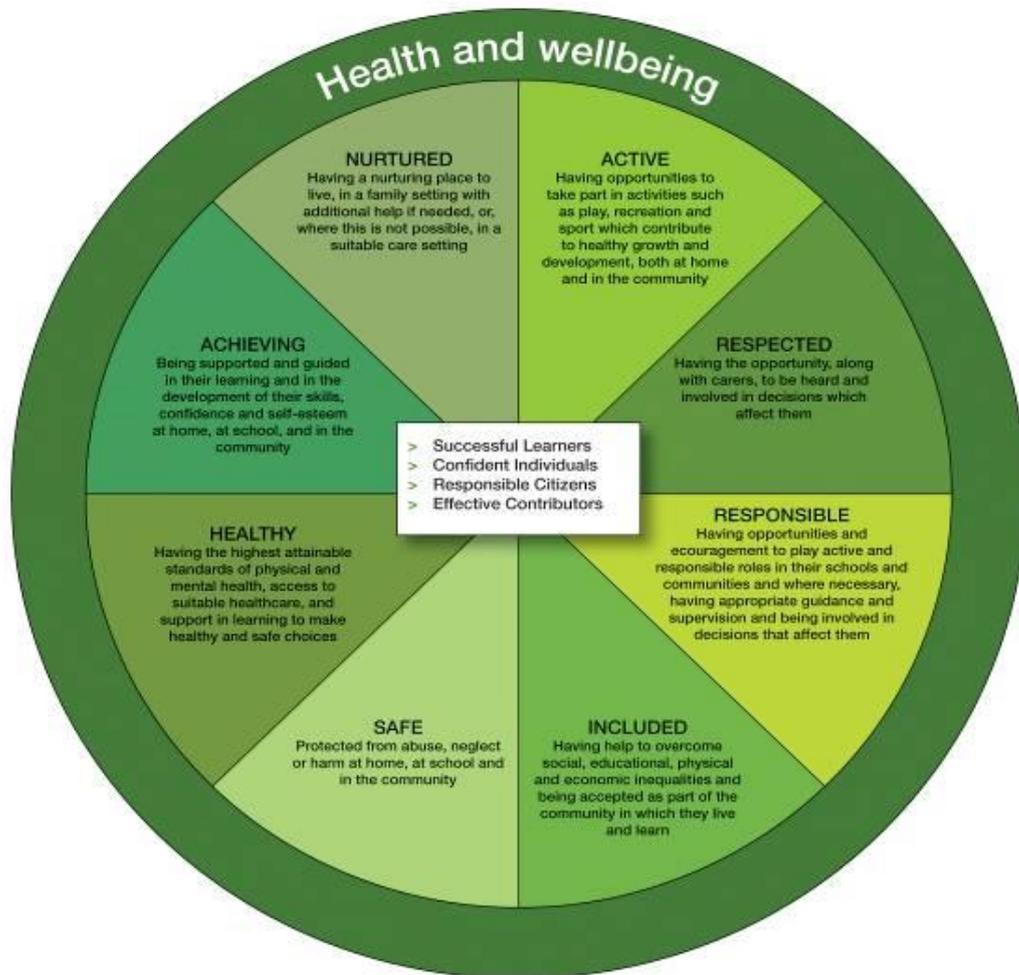
## 9 Acknowledgements

- 9.1 The NHS Forth Valley Children and Young Persons Strategic Framework 2013-2018 and accompanying Performance Plan has been drawn up by key personnel from multi-disciplinary Forth Valley Child Action Group, and draws on groundwork based on Children and Young People's Health Strategy for the Scottish Borders 2013 – 2018.

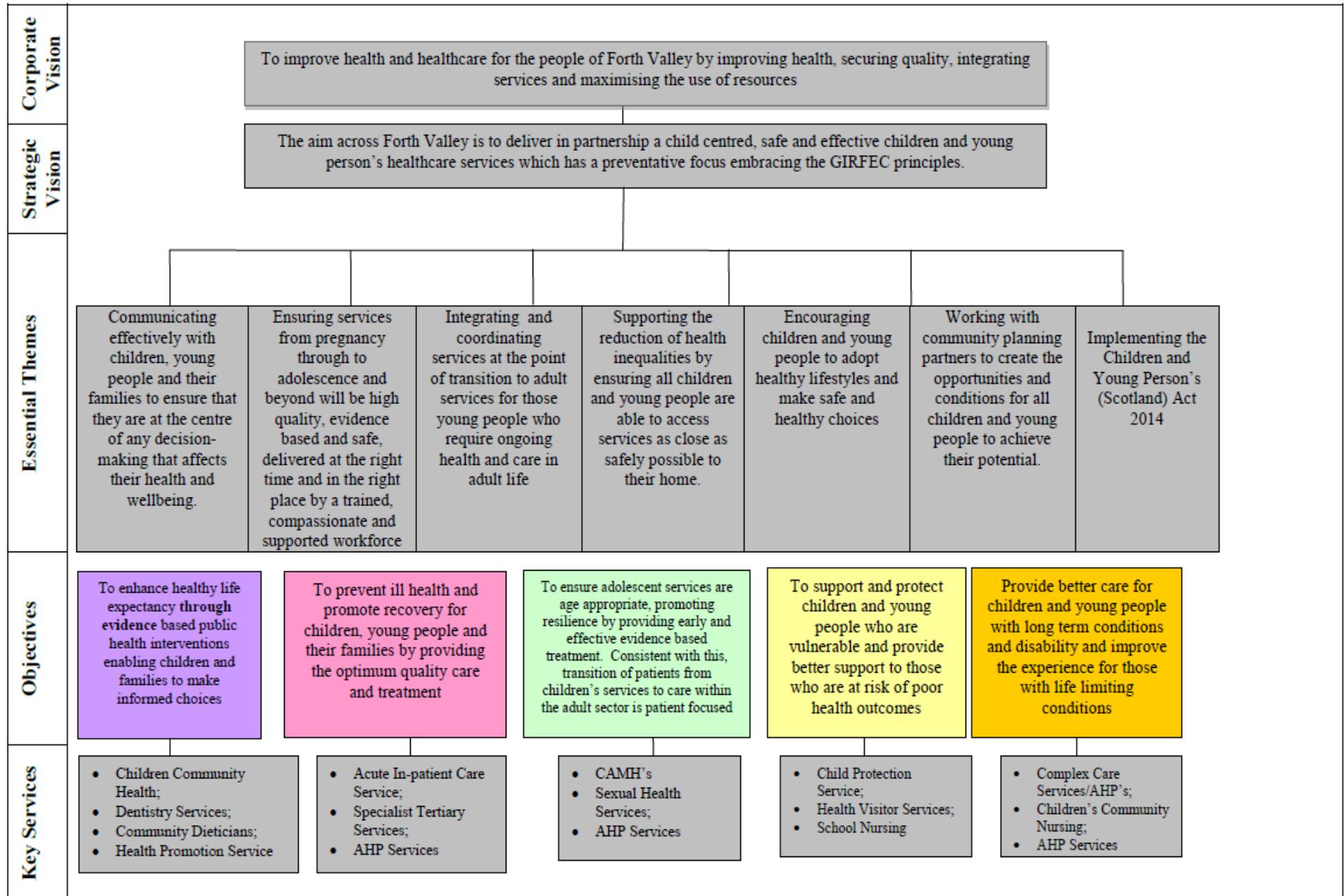
## 10 References

1. Scottish Government (2010), *The Healthcare Quality Strategy for NHS Scotland*. Edinburgh: Scottish Government.  
<http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf>
2. Scottish Executive (2007) *United Nations Convention on the Rights of the Child: A report on implementation of the UN Convention on the Right of the Child in Scotland 1999-2007*. Edinburgh: Scottish Executive  
<http://www.scotland.gov.uk/Resource/Doc/184924/0052026.pdf>
3. Scottish Government (2012) *Getting it Right for Children and Families*. Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Resource/0039/00394308.pdf>
4. Scottish Government (2012) *A Scotland for Children: A consultation on the Children and Young People's Bill*. Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Resource/0039/00396537.pdf>
5. Scottish Government (2008) *The Early Years Framework*. Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Resource/Doc/257007/0076309.pdf>
6. Scottish Government (2007) *Better Health, Better Care: Action Plan*. Edinburgh: Scottish Government

# 11 Appendix One - Getting It Right For Every Child Wellbeing Indicators (SHANARRI)



## 12 Appendix Two- Strategic Model



## **13 Appendix Three – NHS Local Delivery Plan (LDP) Standards**

### **NHS LDP Standards 2015/16**

**Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives:**

- 12 weeks Treatment Time Guarantee (TTG 100%);
- 18 weeks Referral to Treatment (RTT 90%);
- 12 weeks for first outpatient appointment (95% with stretch 100%).

**Antenatal access supports improvements in breast feeding rates and other important health behaviours:**

- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.

**Shorter waiting times across Scotland will lead to improved outcomes for patients:**

- Eligible patients commence IVF treatment within 12 months (90%).

**Early action is more likely to result in full recovery and improve wider social development outcomes:**

- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%).

**Timely access to healthcare is a key measure of quality and that applies equally to mental health services:**

- 18 weeks referral to treatment for Psychological Therapies (90%).

**NHS Boards area expected to improve SAB infection rates during 2015/16. Research is underway to develop a new SAB standard for inclusion in LDP for 2016/17:**

- Clostridium difficile infections per 1000 occupied bed days (0.32);
- SAB infections per 1000 acute occupied bed days (0.24).

**Services for people are recovery focused, good quality and can be accessed when and where they are needed:**

- Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

**Enabling people at risk of health inequalities to make better choices and positive steps toward better health:**

- Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings;
- Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas.

**Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients:**

- 48 hour access or advance booking to an appropriate member of the GP team (90%).

**High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which results in poorer outcomes for patients:**

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%).

## 14 Appendix Four - NHS Children's Performance Plan

<b>Objective 1</b>			
To enhance healthy life expectancy, through evidence based public health interventions, enabling children and young people to make informed choices.			
<b>Target Type</b>	<b>Description</b>	<b>Priorities/actions for NHS Forth Valley</b>	<b>Responsibility for how target will be achieved</b>
LDP Standard	<p>Antenatal access supports improvements in breast feeding rates and other important health behaviours</p> <ul style="list-style-type: none"> <li>At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of early access to antenatal care to address health inequalities</li> </ul>	FV Woman and Children's Directorate
Early Years Collaborative Stretch Aim	To ensure that women experience positive pregnancies which results in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015)	<ul style="list-style-type: none"> <li>Promotion of early access to antenatal care to address health inequalities</li> <li>Develop neurological pathway for child and adolescents (FAS - foetal alcohol syndrome/FASD - foetal alcohol spectrum disorder)</li> </ul>	<p>FV Woman and Children's Directorate</p> <p>Forth Valley Child and Adolescence Mental Health Service/Alcohol Drug Partnership</p>
KPI	95% uptake for all childhood vaccinations at 24 months	<ul style="list-style-type: none"> <li>Promotion of immunisation for all children and young people</li> </ul>	FV Immunisation Group within Public Health
KPI	95% uptake of one dose of MMR vaccine by 5 years of age	<ul style="list-style-type: none"> <li>Promotion of immunisation for all children and young people</li> </ul>	FV Immunisation Group within Public Health

<b>Objective 1</b>			
To enhance healthy life expectancy through evidence based public health interventions enabling children and families to make informed choices			
<b>Target Type</b>	<b>Description</b>	<b>Priorities/actions for NHS Forth Valley</b>	<b>Responsibility for how target will be achieved</b>
LDP Standard	Shorter waiting times across Scotland will lead to improved outcomes for patients <ul style="list-style-type: none"> <li>Eligible patients commence IVF treatment within 12 months (90%)</li> </ul>	<ul style="list-style-type: none"> <li>Improve referral criteria, pathways and episodes of care</li> </ul>	Woman and Children's Directorate
KPI	To reduce the risk of serious harm for paediatric, neonatal and maternity inpatients by 33% by 2015	<ul style="list-style-type: none"> <li>Implementation of the Maternity and Care Collaborative MQIC/ Scottish Patient Safety Neonatal Programme</li> </ul>	NHS MQIC/Scottish Safety Programme within Woman and Children's Directorate
KPI	Increase the proportion of new-born children exclusively breastfed at six to eight weeks from 32.4% to 33.3%	<ul style="list-style-type: none"> <li>Implementation of Breastfeeding Strategy</li> <li>Promotion of early access to antenatal care to address health inequalities</li> <li>Introduction of new BFI guidelines</li> </ul>	Maternal and Infant Nutrition Steering Group within Woman and Children's Directorate
KPI	Reduce the number of full term low birth weight babies	<ul style="list-style-type: none"> <li>Reduce rates of maternal smoking</li> <li>Promotion of early access to antenatal care to address health inequalities</li> </ul>	Woman and Children's Directorate and Public Health
Implementation of GIRFEC	85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review by end 2016	<ul style="list-style-type: none"> <li>Ensure all children complete a 27-30 month assessment by the end of 2016</li> <li>Implementation of the GIRFEC practice model is used in all assessments by 2016</li> </ul>	GIRFEC Lead to be identified

**Objective 1**

To enhance healthy life expectancy through evidence based public health interventions enabling children and families to make informed choices

Target Type	Description	Priorities/actions for NHS Forth Valley	Responsibility for how target will be achieved
KPI	Ensure all children have a <i>named person</i> is in place by 2016 in line with GIRFEC policy	<ul style="list-style-type: none"><li>• GIRFEC practice model is used in all assessments</li></ul>	GIRFEC Lead to be identified
KPI	95% of children aged 0-5 years will have a Named Person identified within universal health services	<ul style="list-style-type: none"><li>• GIRFEC practice model is used in all assessments</li><li>• Embed the Named Person role for health from birth to school entry</li><li>• VPD's (vulnerable persons database referrals to Health Visitors where substance use is indicated will be shared with NHS Substance Services)</li></ul>	GIRFEC Lead to be identified
KPI	National Standard expectation to deliver 3410 Alcohol Brief Intervention (ABI) LDP year 2015/2016	<ul style="list-style-type: none"><li>• Ensure compliance with target</li></ul>	Forth Valley Alcohol and Drug Partnership

<b>Objective 2</b>			
To prevent ill health and promote recovery for children, young people and their families by providing the optimum quality care and treatment			
<b>Target Type</b>	<b>Description</b>	<b>Priorities/actions for NHS Forth Valley</b>	<b>Responsibility for how target will be achieved</b>
KPI	Deliver improved efficiency through a reduction in the DNA (Did Not Attend) rate of the first outpatient appointment	<ul style="list-style-type: none"> <li>Improvement on all service areas DNA rates</li> </ul>	Forth Valley Medical/Surgical Directorate/ Woman and Children's Directorate
LDP Standard	<p>Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives</p> <ul style="list-style-type: none"> <li>12 weeks Treatment Time Guarantee (TTG 100%)</li> <li>18 weeks Referral to Treatment (RTT 90%)</li> <li>12 weeks for first outpatient appointment (95% with stretch 100%)</li> </ul>	<ul style="list-style-type: none"> <li>Undertake waiting time initiatives</li> <li>Improve referral criteria, pathways and episodes of care</li> </ul>	Forth Valley Medical/Surgical Directorate/ Woman and Children's Directorate
KPI	Achieve reductions in the rates of attendance at A&E between 2014/15	<ul style="list-style-type: none"> <li>Establish clear pathways for children and young people attending A&amp;E</li> <li>Revise the current emergency department referral pathway for young people who present intoxicated with alcohol and drugs</li> </ul>	Forth Valley Medical Directorate/ Woman and Children's Directorate

<b>Objective 2</b>			
To prevent ill health and promote recovery for children, young people and their families by providing the optimum quality care and treatment			
<b>Target Type</b>	<b>Description</b>	<b>Priorities/actions for NHS Forth Valley</b>	<b>Responsibility for how target will be achieved</b>
LDP Standard	<p>High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&amp;E which result in poorer outcomes for patients</p> <p>4 hours from arrival to admission, discharge or transfer for A&amp;E treatment (95% with stretch 98%)</p>	<ul style="list-style-type: none"> <li>Ensure collaboration and pathways in place between Paediatrics/Obstetricians and A &amp; E Clinicians regarding appropriate care provision</li> </ul>	Woman and Children's Directorate
KPI	All children and young people's services will demonstrate evidence of gathering the views of children and young people	<ul style="list-style-type: none"> <li>Evidence of children and young people's views in their patient record</li> <li>Implement 'what matters to me'</li> <li>Children, young people and their families will know how to make suggestions, comments, complements or complaints about the services they access</li> </ul>	Forth Valley front door services, in-patient/outpatient Paediatric Services, Patient Relations
LDP Standard	<p>Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients</p> <ul style="list-style-type: none"> <li>48 hour access or advance booking to an appropriate member of the GP team (90%)</li> </ul>	<ul style="list-style-type: none"> <li>Improve referral criteria, pathways and episodes of care</li> </ul>	GP Practices

**Objective 3**

To ensure adolescent services are age appropriate, promoting resilience by providing early and effective evidence based treatment. Consistent with this, transition of patients from children's services to care within the adult sector is patient focused.

Target Type	Description	Priorities/actions for NHS Forth Valley	Responsibility for how target will be achieved
LDP Standard	<p>Early action is more likely to result in full recovery and improve wider social development outcomes</p> <ul style="list-style-type: none"> <li>18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)</li> </ul>	<ul style="list-style-type: none"> <li>Extend referrals up to 18<sup>th</sup> birthday</li> <li>Further development of Intensive Treatment service</li> <li>Implementation of the CAMHS Integrated Care Pathways</li> </ul>	Forth Valley Child and Adolescent Mental Health Services operational Group
LDP Standard	<p>Timely access to healthcare is a key measure of quality and that applies equally to mental health services</p> <ul style="list-style-type: none"> <li>18 weeks referral to treatment for Psychological Therapies (90%)</li> </ul>	<ul style="list-style-type: none"> <li>Redesign of psychological therapies establishing single point of access</li> </ul>	Woman and Children's Directorate CAMH's
LDP Standard	No child or young person will wait longer than 18 weeks from referral to treatment for CAMHS Psychological Therapies from December 2014	<ul style="list-style-type: none"> <li>Extend referrals up to 18<sup>th</sup> birthday</li> <li>Further development of Intensive Treatment service</li> <li>Implementation of the CAMHS Integrated Care Pathways</li> </ul>	Forth Valley Child and Adolescent Mental Health Services operational Group
KPI	To reduce the level of teenage pregnancy to below 27.8 per 1,000 15-17 year olds	<ul style="list-style-type: none"> <li>Increase number of young people accessing Sexual Health Service and School Nursing Drop-Ins</li> <li>Evidence of condom distribution service running effectively</li> </ul>	Woman and Children's Directorate/Family Nurse Partnership

**Objective 3**

To ensure adolescent services are age appropriate, promoting resilience by providing early and effective evidence based treatment. Consistent with this, transition of patients from children's services to care within the adult sector is patient focused.

Target Type	Description	Priorities/actions for NHS Forth Valley	Responsibility for how target will be achieved
KPI	Reduce the percentage of 15 year old children who take illicit drugs/alcohol at least once a month <i>SALSUS</i>	<ul style="list-style-type: none"> <li>Ensure NHS staff are aware of support for young people affected by alcohol and drugs by providing appropriate workforce development intervention</li> <li>Continue to expand, develop and embed across all Secondary schools in Forth Valley</li> </ul>	<p>Forth Valley Alcohol and Drugs Partnership</p> <p>Health Promotion Service/Alcohol and Drugs Partnership</p>
LDP Standard	Services for people are recovery focused, good quality and can be accessed when and where they are needed	<ul style="list-style-type: none"> <li>Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)</li> </ul>	Forth Valley Alcohol and Drugs Partnership
LDP Standard	<p>Enabling people at risk of health inequalities to make better choices and positive steps toward better health</p> <ul style="list-style-type: none"> <li>Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&amp;E, antenatal) and broaden delivery in wider settings</li> <li>Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas</li> </ul>	<ul style="list-style-type: none"> <li>Work in collaboration with adolescents attending the A &amp; E Service under the influence of alcohol/drug/Barnardos project</li> <li>Smoking Cessation Team attend Antenatal Clinics providing a One Stop Shop Service and address the needs of adolescence</li> <li>Develop a young person's specific pathway to support transitions to adult substance treatment services</li> </ul>	<p>Forth Valley Alcohol and Drugs Partnership</p> <p>Front Door Services</p> <p>Woman and Children's Directorate</p>
KPI	All of adolescents with complex health needs will be supported through transition to adult health services	<ul style="list-style-type: none"> <li>Review and implementation of Transitions Policy</li> </ul>	Forth Valley Complex Care Resource Group

**Objective 4**

To support and protect children and young people who are vulnerable and provide better support to those who are at risk of poor health outcomes.

Target Type	Description	Priorities/actions for NHS Forth Valley	Responsibility for how target will be achieved
KPI	95% of children aged 0-5 years will have a Named Person identified within universal health services	<ul style="list-style-type: none"> <li>• Embed the Named Person role for health from birth to school entry</li> </ul>	Forth Valley GIRFEC Strategic Group
KPI	80% of Looked After Children will have an initial health assessment within 4 weeks of being accommodated	<ul style="list-style-type: none"> <li>• Identifying children and young people who are accommodated within and outwith the Forth Valley</li> <li>• Ensure initial and health assessments are followed up on</li> <li>• To provide health input for children and young people Looked After at Home and in Kinship Care</li> </ul>	Forth Valley Health of Looked after Children Working Group
KPI	Young carers will receive support and information to ensure that they can be helped to address their own health needs	<ul style="list-style-type: none"> <li>• Deliver training to Action for Children staff to support them in meeting the health improvement needs of young carers. Topics will include; Mental Health, Managing Stress, Bereavement</li> <li>• Provide information to Young Carers on health conditions, health services and what to do in an emergency</li> <li>• Implement Young Carers Card scheme across Forth Valley</li> <li>• Deliver first aid training to Young Carers</li> </ul>	Forth Valley Carers Information Strategy Group

**Objective 4:**

To support and protect children and young people who are vulnerable and provide better support to those who are at risk of poor health outcomes.

<b>Target Type</b>	<b>Description</b>	<b>Priorities/actions for NHS Forth Valley</b>	<b>Responsibility for how target will be achieved</b>
KPI	95% of NHS Forth Valley staff involved in delivering services to children and young people will have received the appropriate level of training in Child Protection and GIRFEC by December 2015	<ul style="list-style-type: none"><li>• Implementation of Child Protection and GIRFEC e-learning</li></ul>	GIRFEC Lead to be identified

**Objective 5:**

To provide effective patient centred care for children and young people with long term conditions and disability and improve the experience for those with life limiting conditions

<b>Target Type</b>	<b>Description</b>	<b>Priorities/actions for NHS Forth Valley</b>	<b>Responsibility for how target will be achieved</b>
KPI	All children and young people with long term conditions and disability will have a lead professional, integrated assessment and plan where appropriate	<ul style="list-style-type: none"><li>• Extend use of Integrated Assessment documentation</li><li>• Working with parents and carers to improve communication - 'hospital passport', particularly with admission to and discharge from hospital</li></ul>	GIRFEC Lead to be identified
KPI	All of children and young people with palliative care needs will have information about support and services	<ul style="list-style-type: none"><li>• Implementation of Scottish Government Children and Young People's Palliative Care Framework</li></ul>	Forth Valley Managed Care Network for Palliative Care

**15 Appendix Four – The Role and Remit of the Forth Valley Children and Young Persons Strategy Group (CYPSG)**

NHS Forth Valley



**The Role and Remit of NHS Forth Valley Children and  
Young Persons Strategy Group  
(CYPSG)**

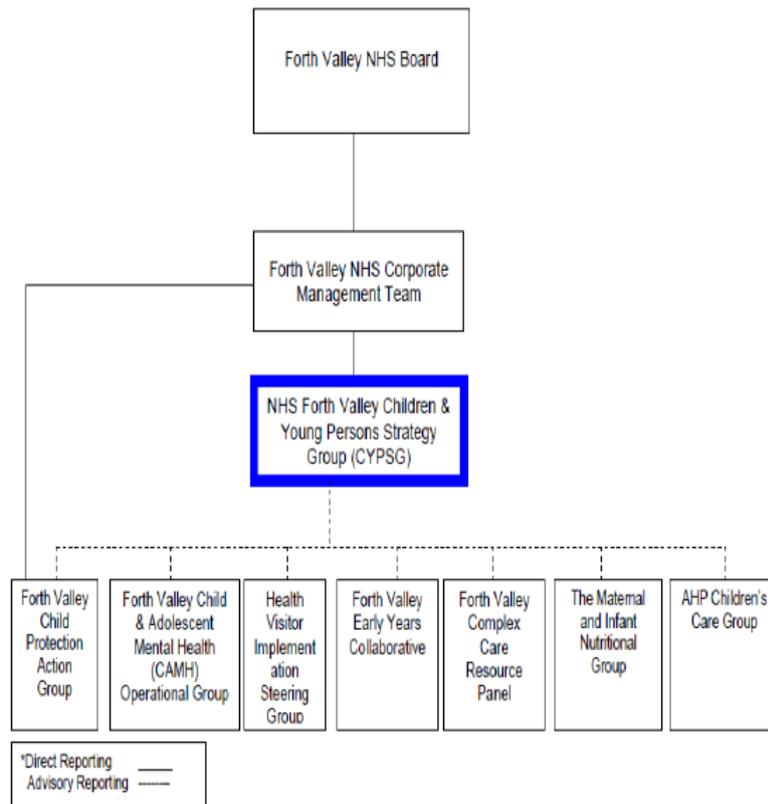
Approved 10/09/2014

## 1. NHS Forth Valley Children and Young Persons Strategy Group (CYPSG)

The NHS Forth Valley Children and Young Persons Strategy Group will oversee the development, implementation, monitoring and resourcing of the Forth Valley Child Health action plan. It will ensure that actions are child centred, prioritised and are re-assessed on an on-going basis.

This Group aims to create a forum for networking across Children's services, Maternity services, AHP services and the Child Protection Nurse Advisors Department. This Group will endeavour to ensure that the children and young person's agenda is communicated consistently across NHS Forth Valley and beyond to external partners.

## 2. Reporting Structure



**NB.** The 7 highlighted Subgroups above are not a complete exhaustive list of Subgroups but do reflect the key structures

### **3. Core Membership**

- Chair – General Manager Woman & Children, Gillian Morton & CHP General Manager, Kathy O'Neill;
- Service Development Manager for CAMHS, Joanne Devlin;
- Lead Nurse Primary Care, Glynis Gordon;
- Lead Nurse Paediatrics, Helen Bauld;
- Interim Nurse Consultant, Child Protection/Looked After Children, Shirley Clark;
- Lead Paediatrician, David Lynn;
- Lead AHP Children Services, Morag Mackellar;
- Forth Valley ADP Co-ordinator, Elaine Lawlor;
- Senior Planning Manager, Joe McGhee;
- Action for Sick Children Scotland Project Officer, Amy Joss;
- Dentistry Service, Lesley Yeaman;
- GP Representative, Charles Jardine;
- Lead Clinician CAMHs, Naomi McCaig;
- Lead Officer Public Health, Tom Houston;
- Consultant Clinical and Forensic Psychologist, Lorraine Johnstone;
- Lead Health Promotion Office, Ann Laughlin.

Minute taker to be determined.

- Members have a responsibility to disseminate information to their respective Services;
- There is an expectation is that in the event of a member being unable to attend, they would identify a depute to attend on their behalf;
- The group may co-opt other experts as required on an ad hoc basis to establish short-life Working groups as required.

### **4. Meetings/Minutes**

- A minimum of 6 times a year;
- Timetable to be agreed well in advance;
- Draft Minutes to be sent out three weeks after the meeting. Agenda Items will be requested at this time;
- Agenda and supporting papers to be sent out one week before the meeting.

### **5. Remit**

- To oversee the development, implementation and monitoring of a child health action plan;
- To respond to national child health issues ensuring that linkages with the development of the NHS Forth Valley Local Delivery Plan and the local Authority Integrated Services Plans;
- To support the national GIRFEC and Early years agenda across Forth Valley;
- To share best practice across all aspects of children's health service delivery and to make best use of resources;
- To review national and local policies, guidance, opportunities and service development proposals for child health services and recommend priorities;
- Support the function of NHS Forth Valley Child Health Commissioner.