CHILD AND MATERNAL HEALTH PLANNING FRAMEWORK

1. NATIONAL CONTEXT AND TARGETS

1.1 The child and maternal health policy and practice environment is undergoing substantial change. In summary the major themes arising from this wide ranging and complex policy context are:

- Focus on early intervention and prevention, especially but not exclusively, in the early years.
- Placing the child and family at the centre of all that we do.
- Reducing health inequalities.
- More effective leadership and co-ordination of care and interventions, both in health but also in partnership with a range of public and third sector agencies.
- Clear and seamless pathways from assessment into care and support.
- Use of evidence based and clinically effective care and support.
- Move towards "progressive universalism" in meeting the needs of children.
- Strong emphasis on holistic assessments and outcome based planning to meet children's needs based on the GIRFEC national practice model.
- Assets based approaches which build the resilience and capacity of children and their families to develop and thrive.
- Improving productivity and efficiency of service delivery.

1.2 Over the past year a number of national policy changes have been announced:

- **The Early Years' Taskforce -** will take forward a significant change programme to help deliver the joint commitment to prioritising the early years of children's lives and to early intervention. As part of the Government's support for the delivery of the taskforce's an **Early Years' Collaborative** is being established which will use improvement techniques to facilitate change.

- **Children and Young People's Bill** – proposes the introduction of legislation covering children's rights, early years' education, implementing elements of GIRFEC and changes to the care system.

- **Legislation to integrate health and social care -** whilst this legislation will cover initially only adult services (with a priority given to older people's services), there is an ongoing debate about whether or not this should be extended to include children's services.

- **Future scrutiny and improvement of services for children, young people and families –** the government has set out a revised framework for the scrutiny of children's services and views the responsibility of planning and delivering integrated children's services as lying with community planning partnerships. Each inspection will report publicly on the question: How well are the lives of the most vulnerable children improving?

- **Getting our Priorities Right (Updated Good Practice Guidance for use by all practitioners working with children, young people and families affected by substance use) -** this guidance is intended to support the wider Recovery Agenda for families facing substance use issues, ensuring that child protection, recovery and wider family support concerns are brought together as part of a coordinated approach to giving children, young people and families the best support possible.

- **Mental Health Strategy for Scotland** – has a section on Child and Adolescent Mental Health and gave a number of commitments to infant and early years mental health, responding better to conduct disorders, responding better to attachment issues, looked after children, learning disability and CAMHS, access to specialist CAMHS, CAMHS admissions to adult beds and mental health indicators.

1.3 Over the past year the Government has announced a number of new initiatives including the following:

- The introduction of an early years' Change Fund of £50m over four years with additional contributions expected from the NHS and local authorities.
- Its intention to publish a **National Parenting Strategy.**
- A programme to develop **Children and Family Centres** across Scotland funded from the Change Fund.
- The roll out of the **Family Nurse Partnership** approach funded from the Change Fund.

2. LOCAL CONTEXT AND PROGRESS

2.1 The planning framework for 2010 to 2013 set out a range of priorities for action and many of these have been either achieved or have seen significant progress. These include:

- Establishment of the maternity hub and spoke model of care
- Roll out of SNIPS Board wide.
- Planning for the new Children's Hospital.
- Focus on inequalities with the success of the Healthier Wealthier Children programme and the training of staff in Routine Sensitive Enquiry.
- Implementation of whole population approach to parenting.
- Re-design of the locality CAMHS.
- Implementation of the Speech and Language Therapy framework
- Implementation of the Integrated Assessment Framework with local authorities.
- Implementation of a range of health improvement programmes in respect of oral health (Childsmile), sexual health education, breastfeeding (including obtaining UNICEF Baby Friendly Accreditations).
- Developed and piloted a new 30 month assessment
- Developing and implementing a financial plan for Children's Services.

3. FINANCIAL ISSUES

3.1 The re-design of Specialist Children's Services has created a consistent model of CAMHS and Community Paediatric Services for Greater Glasgow and Clyde, which will release efficiency savings over the next three years. The implementation of Releasing Time to Care and CAPA, the focus on evidence based practice and the introduction of the new IM&T system will promote further efficiencies and increased productivity.

3.2 The implementation of the Healthy Children Programme will reconfigure children and family locality teams to ensure a robust early years' programme that defines the health visitor's role in relation to the delivery of assessments, care planning and evidenced based interventions which will be required for the universal and vulnerable care pathways. Critical factors in defining the size of the future workforce and the finance required to support it will be through establishing agreed caseload sizes

across teams (which take into account a balance of universal and vulnerable children), the focus on each child having a named person and the establishment of skill-mixed teams across all of GG&C.

3.3 Our workforce planning would indicate that the resources available from the re-design would need to be re-invested in locality children and family teams, if the desired outcomes included in this planning framework are to be achieved.

3.4 The review of school health will create a sharper focus on the role of school nursing as part of the overall children and family locality teams as well as improving the interface between school nursing, community and acute paediatric nursing. Benchmarking of School Nursing has found that additional resources are required to ensure a consistent service across GG&C.

3.5 There will be a need to ensure the affordability of the New South Glasgow Hospital and the New Children's Hospital. Furthermore, in the Women and Children's Directorate, there are a number of areas under consideration to enhance the quality of services, whilst improving efficiency, including the future of paediatric inpatient facilities at Royal Alexandra Hospital and the Community Maternity Units at Inverclyde and the Vale of Leven Hospitals.

4. WORKFORCE ISSUES

4.1 There have been a number of workforce change and re-design programmes across maternal and child health services in the past few years, which will require to be implemented during the 2013-15 planning cycle. These will be encapsulated in the workforce plans for locality children and family teams in CHCPs/CHPs and Specialist Children's Services. Issues considered as part of the workforce planning processes include:

- Optimum band and skill mix for teams.
- Caseload sizes and ensuring that they are manageable and reflect the needs and health inequalities experienced by the children across the Board's area.
- The roles, functions and competencies required by children and families staff to deliver the universal and vulnerable children's pathways.
- The content of a learning and development programme for staff to support them in delivering on the emerging policy and practice agenda.

4.2 A joint workforce plan for general medical posts in acute and community paediatrics has been agreed and will be implemented during this planning period. It will improve the co-ordination of recruitment and deployment of medical staff across the system.

EARLY INTERVENTION AND PREVENTING ILL-HEALTH

Overall Position and Issues

- The evidence from research tells us that interventions in the early years represent the most cost-effective solution for tackling the intergenerational effects of poverty within vulnerable families. The analysis demonstrates that the impact of failing to intervene is profound: significantly increasing costs throughout childhood and adult life and a high risk of the next generation having the same problems.

- The Scottish Government's Early Years' Framework and Equally Well recognise that inequalities in the early years must be addressed to achieve a better quality of life for children in the short term and to reduce inequalities in the longer term.

- In Early Interventions: The Next Steps, Graham Allen sites the findings of the California Adverse Childhood Experience Study. This research looked at outcomes for 17,000 people and found that adults who had adverse childhoods showed higher levels of violence, anti-social behaviour, mental health problems, school under-achievement and poor physical health.

- Our overarching strategy for early years and early intervention is set out in "Mind the Gaps: Improving services for vulnerable children", which aims to achieve a step change improvement over the long term in the health, attainment and well-being of children and their families.

- The Board has taken forward a wide range of early intervention programmes and projects as part of health improvement (breastfeeding, smoking cessation etc) as well as in children and families services (Triple P, PACT, SNIPS etc). Furthermore, CHCPs/CHPs have well developed partnerships with schools to deliver health improvement programmes as part of the curriculum.

- Challenges will be to sustain the momentum of these programmes, support the development of new programmes (such as Family Nurse Partnership) and to shift resources to support our children and family teams to focus on the early years and early intervention but at the same time continue to deliver an effective service. Achieving the ante natal HEAT target will be challenging given that many vulnerable women tend to present late for booking.

<table>
<tr><th colspan="3">EARLY INTERVENTION AND PREVENTING ILL-HEALTH</th></tr>
<tr><th>OUTCOMES</th><th>CHANGE OR DEVELOPMENT REQUIRED</th><th>MEASURES</th></tr>
<tr><td rowspan="5">Increase in healthy pregnancies:

• Women access ante natal care as early as possible in their pregnancy early

• Reduction in smoking in pregnancy

• Improve maternity services for vulnerable women

• Abstinence from alcohol, or reduced alcohol consumption during pregnancy</td><td>Specific actions for NHSGG&C are outlined in the risk assessment and include actions in relation to:

• Establishing the local governance structure
• Improving data collections and performance information
• Raising public awareness of early booking.
• Engagement with primary care services.
• Whole system workforce engagement.
• Establish a central booking system.

Actions for CHCPs/CHPs include relate to promoting awareness of early booking through local primary care and community planning structures.</td><td rowspan="5"><u>Ante natal care HEAT Target</u>
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours.

No of smoking quits/quit rate for pregnant women.

Demonstrable improvements in our knowledge of vulnerable pregnant women and in the quality of support and care we can provide for them.

No. of ABIs delivered through maternity services

Breastfeeding targets achieved.

Measures in relation to healthy maternal weight being developed

<u>Scottish Dental Action Plan Targets</u>:
• 60% of 5yr olds will have no obvious dental decay – currently 58.2%, (to be maintained & improved).
• 60% of 11yr olds to have no obvious dental decay. Currently 62.6% (to be maintained & improved).

<u>HEAT Target:</u>
• 60% of 3 & 4 yr olds in each SIMD quintile to receive 2 applications of fluoride varnish by Mar</td></tr>
<tr><td>Continue to develop the Smokefree Pregnancy Service and measure against agreed KPIs.</td></tr>
<tr><td>Progress the work of the sub group on vulnerable women in pregnancy</td></tr>
<tr><td>Continue acute Alcohol Brief Intervention Programme and through specific pregnancy services, such as SNIPs</td></tr>
<tr><td>Improve maternal and infant nutrition</td><td>Implement actions arising from the Maternal</td></tr>
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EARLY INTERVENTION AND PREVENTING ILL-HEALTH		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
	and Infant Nutrition Action Plan and, in particular, improving: • Breastfeeding rates • Infant nutrition • Maternal weight	2014 – work in progress to improve. <u>Childsmile:</u> • 20% of nursery popn (that are feeders to the most deprived primary schools), & P1 – P4 children to have 2 applications of fluoride varnish per year. 100% of nurseries and 20% of P1 & 2 in the most deprived schools to participate in tooth brushing programme. To achieve 14,910 completed child healthy weight interventions over the three years ending March 2014. Smoking rates for secondary school children. Measures for injury prevention still to agreed. No./% of children reaching 30 months receive an assessment. No./% of children with revised HPI at the appropriate age. No/% of LAAC who have received a health assessment. No. (200 to 400) first time teenage mothers participating in Family Nurse Partnership.
Continued improvements in dental health	Implement the Oral Health Action Plan in relation to children and young people.	
Reduction in obesity	Implement measures to increase numbers participating in ACES and Active Choices programme (healthy weight support programme);	
Reduce the harm to children caused by smoking	Implement actions from the Tobacco Strategy Reduce children's exposure to second-hand smoke Reduce the number of young people smoking Creation of pathways from acute care to smoking cessation and smokefree homes servifes in the community	
Reduce injuries to children	Implement the injury prevention strategy and reduce numbers of children who incur an avoidable injury.	
Improve identification and support to vulnerable children and families.	Fully implement 30 month assessment across all CHCPs/CHPs.	

EARLY INTERVENTION AND PREVENTING ILL-HEALTH		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
	Fully implement revised HPI across all CHCPs/CHPs.	No. of Triple P interventions
	Fully implement the Health Support Team model once this has been piloted.	
	Ensure requirements of CEL 16 (2009) are implemented to ensure that all looked after children receive a physical and mental health assessment.	
	Implement the Family Nurse Partnership programme and use learning from programme to shape future service delivery. • First cohort in Glasgow City, West Dunbartonshire and East Dunbartonshire. • Second cohort in Inverclyde, Renfrewshire and East Renfrewshire.	
	Implementation of the parenting education programme using Triple P.	

SHIFTING THE BALANCE OF CARE

Overall Position and Issues

- **Improving community based services for children and young people who experience mental health problems**: Between 2000 and 2009 in NHSGG&C 290 young people (aged 0 to 24) committed suicide per 100,000 people. The Director of Public health's report emphasised the wide range of actions outwith the specialist and clinical settings which should be taken forward to reduce the incidence of poor mental health in children and young people. Examples, given were working with education services to develop whole school approaches to promoting resilience and well being of pupils, training staff on suicide prevention techniques and using social media and other methods to reduce stigma and discrimination against people with mental health problems. One of the main challenges with this approach is that we will rely on strong partnership working with our 6 local authorities and third sector organisations to achieve these aspirations.

- **Enable more paediatric services to be delivered from community/locality settings**: The data shows us that there are high and rising numbers of outpatient referrals, high and rising A&E rates and high DNA rates. Delivering more paediatric services in primary and community care will, therefore become increasingly a major focus of the joint work between Women and Children's Directorate and partnerships as we work towards the completion of the New Children's Hospital. Challenges will be the capacity of primary and community care to support this shift, the availability of suitable accommodation and the willingness of parents to use services locally rather than attend hospital.

- **Improving care pathways**: Scottish Government guidance on the Pathway of Care for Vulnerable Children (0 – 3 years) outlines a continuum of support from **universal provision** (the **universal pathway**) through to specialist targeted provision to meet the needs of children and families at different ages and stages across the life course. A variety of different services and interventions are required to address the different needs of families and the multiple risk factors that impact on children's outcomes. The aim for services is to support children and families to remain within the universal pathway whenever possible**,** bringing in targeted or specialist provision where appropriate. This will be a major focus of development work as it will be used to define the services we will provide in maternity and in partnerships.

- **Young carers and carers of disabled children:** carers are equal partners in care and are vital in achieving this objective. The government has published a young carers' strategy (**Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010-201**. The last census identified almost 17,000 young people in Scotland who were providing care. Key issues are how we identify and support young carers.

SHIFTING THE BALANCE OF CARE		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
Improve mental health of children and young people	Implement actions arising from the work on Mental Health Improvement and Early Intervention for Children and Young People. In particular: • Create communication and engagement strategy • Provide multi-agency investment to create and sustain a network of resilience and early intervention services. • Upgrade staff skills, strengthen policies and protocols in relation to distress, self harm and suicide prevention: • Map the range of services, build professional connections, and promote public understanding of services and how to access them. • Create a GGC-wide forum to draw together on priorities for practice development and staff development.	Reduced demand on CAMHS Tier 3 and 4 services. Reduction in young people committing suicide. Increase in young carers known by services and receiving support. No. of referrals to hospital based paediatric services. No of children accessing paediatric services in community/locality settings
More outpatient paediatric services will be delivered locally	Ensure the effective joint planning for the new children's hospital Develop locality peadiatric services.	

SHIFTING THE BALANCE OF CARE		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
There are agreed patient pathways across the system, with roles and capacity clearly defined including new ways of working for primary and community care.	Implement the universal and vulnerable care pathways across and within maternity and primary/community services.	
More carers are supported	Ensure arrangements are in place both in partnerships and Women and Children's Directorate to identify and support • Young carers, including those children affected by parental substance misuse • Carers of children with significant health needs and/or disabilities. Ensure use of Carers' Information Strategy funding takes into account the needs of young carers and carers of children with health needs and/or disabilities..	

IMPROVING QUALITY EFFICIENCY AND EFFECTIVENESS

Overall Position and Issues

- Since 2010 all partnerships in NHSGG&C have received child inspection reports and have been responding to the areas which have been identified for improvement. Key areas include: early sharing of information, quality of chronologies, risk assessment, assessment and care planning, access to therapeutic services, recognising and responding to child neglect and self evaluation.

- A Listening to Children and Young People's framework has been developed based on the Participation Standards. This will be used to capture information on the scale and nature of patient engagement across the Board, as we know that significant activity takes place in involving children and young people in discussions about their own care and about wider service change proposals, but we are not able to obtain a comprehensive picture.

- Releasing Time to Care started to be rolled out during 2012 with Children and Families' Teams and will continue over the next few years. Through Releasing Time to Care and the introduction of the new IM&T system we would anticipate that patient facing time should be increased, through changes to the way the workplace is arranged, reducing travel time and reducing time spent by clinical staff on non clinical administration.

- The average longest wait for access to CAMHS is 40 weeks against a Board trajectory target of 33 weeks (May 2012). However, there is a wide variation across partnerships of between 11 and 40 weeks.

- There is good evidence that Getting it Right for Every Child is being embedded in the day to day work of staff and in service change programmes. However, similar to other parts of Scotland, there is a wide variation in the implementation of GIRFEC across the constituent parts of our organisation. The implementation of the GIRFEC elements of the Children's and Young People's Bill will, therefore, present us with challenges. Partly this is to do with the nature of the programme which has been delivered through local arrangements with local authorities and other partners and partly to do with its wide scope. There is a strengthening focus on the rights of the child and the Children and Young People's Bill will introduce a number of measures to ensure that public bodies take account of these rights in the planning and delivery of services.

IMPROVING QUALITY EFFICIENCY AND EFFECTIVENESS		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
Improve our arrangements for child protection	Implement recommendations from inspections of children's services and ensure action plans are implemented and monitored by both partnerships and acute. • Implement the under 1 year olds' policy. • Developing and implementing a self evaluation framework. • Review the vulnerable pregnancy protocol and implement across NHSGG&C. • Ensure that staff are equipped to identify and respond to neglect. • Implement the child protection training programme 2013-16.	Actions plans to address concerns raised by inspections are implemented. No. of referrals made under the under 1 year olds' policy All children in their pre-school years have an NHS (midwife/health visitor) named person. All children who require multi-agency support have a single child's plan. Length of stay in hospital after birth. Releasing Time To Care • Number of clusters participating. • Increase in direct patient facing time (current estimate of 5% increase) • 100% clinical supervision in place All staff in children and family teams have regular clinical and caseload supervision sessions. Implementation of a new model and core specification for nursing in schools which is evidence based where possible, which meets the health needs of children and young people aged 5–19 years, has a clear focus on vulnerability and neglect, delivered in accordance with Quality Strategy aims to ensure the best quality of care is delivered. Evidence that children, young people and families have
Women, children, young people and their families are at the centre of all that we do	Ensure that Getting it Right for Every Child and the National Practice Model are implemented, including those elements related to • Named person, • Lead professional, • Single and Joint assessments • Single child plan, • Promoting effective inter agency working. Implement measures to improve interfaces between midwives, health visitors and GPs, especially in relation to sharing information on	

IMPROVING QUALITY EFFICIENCY AND EFFECTIVENESS		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
	women and the child during pregnancy and at handover. Maternity care staff are actively supported to deliver person centred care through effective learning and development and supervision processes.	contributed to care plans Evidence that maternity care is influenced by women's experience and public involvement feedback. Service re-design programmes demonstrate engagement with children, young people and their families. 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks by December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014. Implementation of EMIS Web in line with agreed programme of roll out Satisfaction of young people with transition process taken from patient experience survey.
Increase the time spent by staff in supporting children, young people and their families	Continuing the implementation of Releasing Time to Care and Leading Better Care	
Improve supervision arrangements	Full implementation of clinical and caseload supervision model for health visiting teams	
Improve maternity services	Complete and implement the review of the hub and spoke model in maternity services . Implement the timely discharge process for women who have given birth without complications. Review the findings from the work on the delivery and organisation of post natal care, such as the pilot in Rutherglen Health Centre and pilot a similar approach in Glasgow.	
Improve school health services	Implement the School Health Review	
Children, young people and their families are fully involved in assessments and care planning and in influencing service change and re-design.	Implement the Listening to Children and Young People Framework. Patient experience feedback tools and patient and public involvement processes are integral	

IMPROVING QUALITY EFFICIENCY AND EFFECTIVENESS		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
	to maternity care service improvement. Maternity care services utilise the Scottish Health Council's 'Good Practice in service user involvement in maternity services'	
Improve transition between children's and adults' services	Complete and implement transition policy	
Improve access to specialist care for children and young people	Deliver faster access to Child and Adolescent Mental Health Services.	
Improve collation, analysis and sharing of information across children's services	Complete development and then implement the EMIS Web patient management system across maternity and children and families' services.	

TACKLING INEQUALITIES

Overall Position and Issues

There are significant health inequalities between communities in the NHSGG&C area:

- Only 13.7% of women in the 15% most deprived neighbourhoods breastfeed their babies at 6 to 8 weeks compared to 22.9% for the Board as a whole.
- 25% of women in the 10% most deprived communities smoke during pregnancy compared to 15.9% for the Board as a whole.
- The percentage of babies who have a low birth weight varies across CHCPs from only 2.8% to 8.1% of live births.
- In 2008 52.2% of children in NHSGG&C were living in families where there was a reliance on out of work benefits/child tax credits. This was significantly higher than the national figure of 46.6%.
- Highest incidences of domestic abuse in Scotland were recorded for West Dunbartonshire and Glasgow City (1,800 and 1,580 per 100,000 population respectively). Renfrewshire and Inverclyde were amongst the ten council areas in Scotland with the highest rates.
- In Glasgow alone there could be up to 20,000 children affected by parental substance misuse.
- Although the gap is reducing children living in the poorest areas have higher levels of tooth decay than those in the least deprived.

NHSGGC&C has delivered a number of programmes in children and families over the past few years aimed at reducing the inequalities gap. Examples include the specialist midwives, SNIPS, Triple P targeted at specific groups (such as prisoners, ethnic minority families and other vulnerable groups), the Healthier Wealthier Children's Programme and training staff in how to ask women if they have experienced domestic abuse (routine sensitive enquiry).

There are a number of issues still to be addressed:

- The inequalities persist and may widen as a result of the economic recession, changes to welfare reform and demographic changes.
- We can only tackle many of the problems in partnership with other agencies in the public, voluntary and private sectors.
- Until the new IM&T systems are in place Board-wide we will not be able to have a comprehensive picture about barriers to access our services as we do not possess comprehensive equalities' data for child and maternal health services.

TACKLING INEQUALITIES		
OUTCOMES	**CHANGE OR DEVELOPMENT REQUIRED**	**MEASURES**
We plan and deliver health services in a way which understands and responds better to the wider social circumstances of children and their families	Implement measures to improve the quality of assessment and care planning for vulnerable children.	Improvements in the quality of assessments and care planning identified as part of the core and local audit programmes. Increase in the number of vulnerable children (as defined in the review) who receive a service from community paediatric services. Increase in number of families identified who are at risk of poverty and referred for financial inclusion advice. No. of young people offered training placements/ modern apprenticeships Improvement in the support for pregnant women by increased disclosure of their experience of gender based violence based on the evidence that there is an increased risk of domestic abuse in pregnancy. Reduction in teenage pregnancies. Provision of secure and intensive psychiatric care is developed in Scotland All service re-design and change programmes subject to EQIA.
Improve our community paediatric service for vulnerable children	Implement the Community Paediatric Review.	
We make a contribution to reducing child poverty	Implement measures aimed at reducing child and family poverty. Contribute to national targets for raising attainment and employment amongst young adults as a public sector partner.	
We narrow the health inequalities gap through clearly defined programmes of action by our services and in conjunction with our partners.	In conjunction with partners implement programmes that reduce teenage pregnancy Implement inequalities sensitive practice in maternal and child health.	
Improve care for children and young people who require secure and intensive psychiatric care	To ensure planning for this provision is taken forward at a national level with other health boards and the Scottish Government.	
Information on how different groups access and benefit from our services is more routinely available and informs service planning.	Use of data from EMIS system (as it is rollled out over the next 18 months) is analysed and circulated to key managers to inform their service planning. Use of Equality Impact Assessments to shape the re-design and service change programmes.	