NHS Fife Children and Young People’s Health and Wellbeing Draft Strategy for Consultation 2015-2020

STRONGER FAMILIES, HEALTHIER CHILDREN AND YOUNG PEOPLE
NHS Fife is committed to maximising the health and wellbeing of Fife’s children and young people.
Introduction

NHS Fife is committed to maximising the health and wellbeing of Fife’s children and young people. This strategy outlines how, over the next five years, we will:

- promote health and wellbeing
- develop children’s and young people’s services
- work in partnership with other services to support improved outcomes

NHS Fife is clear that the evidence shows that these goals can be best achieved by working through universal services (i.e. the services that all children and young people receive) to support health improvement with a focus on prevention and early, least intrusive intervention. We recognise however that intensive intervention and specialist support will be required but believe that this should be provided in partnership with families, be proportionate to need and will often be provided as ‘episodes of care’. The Getting It Right Framework and the provisions in the Children and Young People’s Act (Scotland) 2014 aim to make a difference to children’s life chances on key indicators of risk and well being by developing a managed system across services for children. Work continues with our partners to develop the Getting It Right framework within Fife to ensure that families can easily and quickly access the support they need.

As with the Children’s Services Plan that’s not yet published (Fife’s community planning partnership plan for where two or more agencies are involved in providing services and support, this strategy aims to ensure that universal and specialist health services are targeted to best effect in relation to risk and need. It is an example of how all four objectives of the Christie Commission can be practised:

- building services around people and communities
- working effectively in partnerships to achieve outcomes
- prioritising prevention, reducing inequality and promoting equality
- improving performance and reducing costs

Scope of the strategy

The 20:20 Framework for Quality, Efficiency and Value calls on health services to refocus “efforts on the Triple Aim of improving Quality of Care (including safety), Health of the Population and Value and Financial Stability”. From an individual child’s perspective, and from evidence, the most effective means of achieving these objectives is to maximise prevention and early intervention.

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1 2020 Framework for Quality, efficient and value, Scottish Government, June 2014
2 Getting Better in Fife, Page 4 2012
NHS Fife “has prime responsibility for the protection and improvement of its population’s health and for the delivery of frontline healthcare services.” The Board’s strategic framework (Appendix 1) details the values shaping how NHS Fife services develop, these are:

- Safety first
- Dignity and respect
- Care and compassion
- Excellence
- Fairness and transparency

This strategy will therefore support the delivery of NHS Fife’s strategic framework in relation to children’s services but also in relation to the adult services which work with parent and carers. NHS Fife also has a responsibility to uphold and promote the Rights of the Child; this strategy is focused on advancing a range of principles which relate to a number of children’s rights

- It is about more than health services delivering care, support, training etc it’s about ensuring that these services have a positive impact on health and wellbeing.

There are a number of national and local documents which provide direction and guidance for service delivery, National and local strategies (e.g. Quality Strategy / Better Health Better Care / Autism / Young Carers etc) which seek to improve health and wellbeing outcomes for children and families. These have shaped this strategy and are outlined in Appendix 2.

There are a number of goals described throughout; these give a flavour of the work that is underway to deliver this strategy. NHS Fife will ensure that clear structures are in place to co-ordinate these and the wider range of actions implementing this strategy.

Background and Fife context

Children and young people across Fife are supported by NHS Fife through a range of services; from working with families and communities to build on their strengths and assets to prevent poor health to providing complex inpatient and home based care; for a detailed summary of the universal and specialist roles of the health services that will be involved in delivering this strategy please see [website](#).

NHS Fife draws on a range of information to ensure that planning and improvement work are based on as full an understanding of the factors affecting health and wellbeing – this will help us achieve Article 3 of the UNCRC “Adults should do what’s best for you”. This information is made available to local teams and services to help them in planning local delivery.

There are circa 82,000 children and young people 19 and under in Fife - 7% of Scottish children and young people.

Fertility in Fife decreased from 57.4 births per 1,000 women aged 15 to 44 in 2012, to 55.9 in 2013. For

The diagram opposite demonstrates that the different areas have two distinct age profiles; with Dunfermline and West Fife and Kirkcaldy and Levenmouth having more younger children.

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3 UNCRC Quotes are taken from the Scotland’s Commissioner for Children and Young People’s summary of the articles
The map below illustrates the relative percentage of children within the different communities across Fife.

**Map 1**

% Fife Population aged under 20 NRS Small Area Population Estimates 2013
Scotland as a whole, the general fertility rate decreased from 55.2 births per 1,000 women aged 15 to 44 in 2012, to 53.7 in 2013.4

By 2037 the population of Fife is projected to be 397,989, an increase of 8.7% compared to the population in 2012, while the population of Scotland is projected to increase by 8.8%. The population aged under 16 in Fife is projected to increase by 7.9% over the 25 year period (an increase of 5,110).

Some key statistics

Chart 2

There are a range of ‘social determinants of health’, that is income, environmental and societal factors which are known to have an impact on health and wellbeing outcomes. NHS Fife considers these in planning and working with communities, to help reduce the impact these will have on children and young people.

There are also a range of behaviours and factors which can impact on health and wellbeing and historical health statistics which have been considered in developing this strategy. Looking at this data helps to focus our development and improvement work on those factors where particular attention is required to improve long term health outcomes. Links to national data sources can be found at Appendix 3.
Conception to birth

- 3,872 births in 2013 (NRS) (3.7% reduction on 2012)
- The Stillbirth rate is 3.6 (per 1,000 live & still births) the rate for Scotland is 4.2
- The Perinatal death rate is 5.7 (per 1,000 live & still births) the rate for Scotland is 6.8
- The Neonatal death rate is 2.6 (per 1,000 live births) the rate for Scotland is 3.3
- Maternities with coded drug misuse – 16.1 per 1000 maternities, Scotland 19.7 per 1000 (aggregate rate)
- 457 babies were seen by the neonatal unit in 2014

Early years preschool

- 6.5% of babies are born Pre term, Scottish rate is 6.2%
- 2.1% of babies born at full term have a low birth weight (less than 2500g) similar to Scottish figure of 2%
- 83% of the children on Health Visitors caseload are on the ‘core’ programme
- 25.5% of babies are exclusively breastfed at 6-8 weeks (March 2014)- Scotland 27.1%
- 68.2% of P1 children have no obvious signs of dental decay (2012)
- 85.1% of P1 children are a healthy weight (2011/12- ISD clinical category reported April 2013)
- 80.6% of children reviewed had no concerns across all domains of the 27/30 month check (2013/2014)

Children & young people

- The Scottish Health Behaviour in Children Survey found:
  - 36% young people eat fruit daily
  - 36% young people eat vegetables daily
  - 19% boys, 11% girls meet guidelines for moderate to vigorous physical activity
  - 1 in 10 13 year olds, 1 in 4 15 year olds drink alcohol at least once per week
  - Age 15 – 17% boys and 19% girls smoke
- 54% 13 year olds and 27% 15 year olds report never having tried alcohol (Fife Alcohol & Drugs partnership)
- 80% of 15 year olds report never trying drugs (Fife ADP annual report 2012/13)
- Estimates are 1 in 10 children (1-15 years) has a mental disorder, figures for those accessing health services are clinical psychology and mental health services:
  - 89 in 100,000 under 18s accessed the Intensive Treatment Service (Jan2012-Oct 2013) (Lothian =96/100,000) 22% were admitted to hospital
  - 82 children with Learning Disability receive a service from Clinical Psychology (tier 2+3)
- 41 young women became pregnant under 16 (2011)
- 23 young women under 16 and 144 under 18 (at conception) became mothers (2012)

5 Aggregated data
6 ISD 2013 provisional data
7 Snapshot figure of Health Visitors assessment of their caseloads in March 2014 - caseloads will vary
<table>
<thead>
<tr>
<th>3144 children were seen by the community paediatricians in 2014 (with health and support needs related to neurological, learning disabilities etc.) This figure includes children seen by school nursing in relation to enuresis and encopresis services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Children’s Nurses support circa 152 children and young people, with Acute Home Visiting receiving between 5-10 referrals per day, 151 children are supported by the nursing service within the special schools.</td>
</tr>
<tr>
<td>39 children in Fife have been identified as having exceptional health care needs (0.047% children 0-19 Scottish estimate is 0.03%).</td>
</tr>
<tr>
<td>The Doran review reports that there are 98,000 children in Scotland with additional support need, estimates would therefore be 6860 children and young people in Fife have additional support needs.</td>
</tr>
<tr>
<td>214 children 3.3 per 1,000 children in Fife were on the Child Protection Register in 2013 (ISSN 1479-7569 (online))</td>
</tr>
<tr>
<td>900 children are looked after in Fife (this includes Kinship care arrangements), 136 at home and 479 in foster care</td>
</tr>
<tr>
<td>19% of children under 16 in Fife are estimated to be living in poverty (2012, DWP child poverty estimate) compared to 18% in Scotland</td>
</tr>
<tr>
<td>The 2001 census found that 26% of Fifers live in households with breadline poverty, for Scotland the figure was 28.5.</td>
</tr>
<tr>
<td>25% of adults in Fife are smokers and 23% of adults in Fife drink more than the weekly guideline amount.</td>
</tr>
<tr>
<td>4800 incidents of domestic abuse were recorded by the police in Fife in 2012/13</td>
</tr>
</tbody>
</table>

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8 Children with exceptional healthcare needs will also be seen by the acute/community paediatricians
Map 2
4.4% of children in Fife live in workless households (circa 3,600 children). The 2011 census found that 26% of Fifers live in households with breadline poverty for Scotland the figure was 28.5%. The map below shows the percentage of children (aged under 16) living in households with less than 60% of median household income (2012 data).

Key

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0 - 5.8</td>
<td>Lightest Green</td>
</tr>
<tr>
<td>5.9 - 12.8</td>
<td>Light Green</td>
</tr>
<tr>
<td>12.9 - 21.0</td>
<td>Medium Green</td>
</tr>
<tr>
<td>21.1 - 31.0</td>
<td>Dark Green</td>
</tr>
<tr>
<td>31.1 - 65.2</td>
<td>Darkest Green</td>
</tr>
</tbody>
</table>

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Hospital care redesign

The GP Assessment Bay sees around 300 children per month with only 1/3 going on to be admitted; the impact on the ward of this redesign has been significant, reducing bed nights for children and families. This redesign in 2012 included increasing the Home Visit Team, increasing the range of care that can be delivered at home e.g. From January 2013 intravenous antibiotics have been administered at home.

The Paediatric Ambulatory Care Unit has absorbed most of the day case surgery and children who require Entonox are treated there instead of within a theatre setting. This service is labour intensive and requires input from nursing and play specialists but there are significant benefits to the child by not having to be anaesthetised and go through a theatre setting, reducing risk and stress to child and parents.

These elements of redesign have led to significant changes in the numbers of Fife children experiencing hospital admissions within Fife.

### Childhood hospital admissions

<table>
<thead>
<tr>
<th>14 and under</th>
<th>Scotland</th>
<th>NHS Fife</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numbers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day cases</td>
<td>98,411</td>
<td>98,541</td>
</tr>
<tr>
<td>Elective inpatients</td>
<td>27605</td>
<td>28,124</td>
</tr>
<tr>
<td>Emergency inpatients</td>
<td>12143</td>
<td>12,184</td>
</tr>
<tr>
<td>Transfers</td>
<td>57,873</td>
<td>57,471</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patient types</td>
<td>98,411</td>
<td>98,541</td>
</tr>
<tr>
<td>Day cases</td>
<td>32,477</td>
<td>33,077</td>
</tr>
<tr>
<td>Elective inpatients</td>
<td>14,28</td>
<td>14,33</td>
</tr>
<tr>
<td>Emergency inpatients</td>
<td>68,07</td>
<td>67,58</td>
</tr>
<tr>
<td>Transfers</td>
<td>93</td>
<td>90</td>
</tr>
</tbody>
</table>

Source: SMR01
Vision and Values

NHS Fife’s Vision is that Fife will have stronger families, healthier children and young people. We believe that this will only be achieved by building on the capacities and assets of the people of Fife, our staff and partners. Through our model of progressive universalism everyone one has the same initial level of support and services with a focus on prevention. Families have a named person available to them for each child, who can work with them to sort out any further help, advice or support where these are needed.

We have been working in Fife to ensure that the Getting It Right For Every Child (GIRFEC) principles are at the heart of our services. This focuses on eight areas of wellbeing (wellbeing wheel diagram below), supporting services to work with children and families to achieve their potential.

The National Practice model below provides a framework for staff to consider children and families’ strengths and protective factors in these eight areas, to inform their assessment and planning with children and families.
Partnership working for NHS Fife includes first and foremost working with children, young people and their families and carers. As the Brighter Futures Together diagram highlights there are a wide range of partners within local communities, with a many assets who we will be working with us to achieve this vision.

We know families want those supporting them to be as co-ordinated as possible, to reduce repetition and gaps, but also that information should only be shared where it needs to be. In working with the range of partners involved in children’s lives NHS Fife will continue to collaborate and integrate service provision to ensure that resources are best used to meet the needs of children and young people.

Wellbeing Wheel

Another key time for partnership is at the time when a young person moves into adult services. For an effective and positive as possible transition, this must be anticipated and planned for with the young person and their family. With, the range of professions and agencies who may be involved providing appropriate and varied support and expertise throughout and beyond the period of transition.

Our focus will therefore be on:
Building effective relationships
Identifying and building on strengths
Engaging with families, local people, other agencies in service planning to make the best use of all of our skills, knowledge and resources
Ensuring equality, promoting rights and eliminating discrimination
Enabling choice and control
Principles

Prevention and early intervention

“You have the right to the best health possible and to medical care and information.” Article 24 UNCRC

By focusing on what supports health and wellbeing, what risks families and children are facing, we can work with families to strengthen supporting factors. This can help reduce population health inequalities through universal services and where required holistic intensive support. It is recognised that enabling access to targeted and specialists support as early as possible helps to maximise long term health and wellbeing; services may provide short term episodes of care, working with the child’s voices at the centre, supporting and training families as partners in providing care. Early intervention and empowerment of the child and family can result in improved self management, reducing the number and length of interventions required.

GOALS

- Work with communities to improve health behaviours preconception and in pregnancy to improve health outcomes for children (e.g. alcohol consumption, smoking, mental health).
- Embed prevention approaches within universal provision.
- Develop a model for proactive intensive support for children with complex needs to reduce the potential for crisis arising.
- Develop further our models of breastfeeding support
- Continue to develop our Ambulatory care model
- Sustaining the impetus of the Early Years Collaborative
- Mainstream the Vulnerable in Pregnancy / Family Health project to work proactively with vulnerable women to support healthy choices for them and their baby
- Refresh the Post Natal Depression pathway
Asset based

“You have the right to an opinion and for it to be listened to and taken seriously” Article 12 UNCRC

Getting It Right for Every Child puts the voice of the child and family at the centre; supporting services to build upon the strengths and protective factors a child and family have. The Child’s Plan is a tool which will be used for children who need universal services to work with a specialist service or another agency to develop their well-being through a ‘targeted intervention’. Children requiring this level of support are those whose health and/or development is being impaired by a range of complex or unmet needs and where an integrated response is necessary to improve outcomes. To ensure the child and families voice is at the centre we need to have good relationships to support close working with families; so that people feel able to ask for information and support as early as possible, at their pace, and where there is a Child’s Plan to be fully involved.

We know that communities have the best understanding of what is impacting on health and wellbeing locally; we will work with services to ensure that communities are involved in service improvement.

GOALS

- Further develop and embed the Child’s Plan in line with statutory guidance
- Build upon engagement with local community structures and networks to improve access and outcomes
For example, our Allied Health Professionals use Personal Centred Planning to plan and focus therapy intervention to best effect. The emphasis is on empowerment to self-management by teaching child/ young adult and extended family, carers, education staff and support and leisure services, the therapy skills needed to manage the condition. It’s no longer all about doing to rather specialist hands on assessment and intervention which may be of high intensity but time limited where appropriate. This promotes health and wellbeing, making best use of the resources available both within the extended family, the community and clinically.

Supporting healthy behaviours

“You have the right to find out things and say what you think, through art, speaking or writing unless it breaks the rights of others” Article 13 UNCRC

Working with families and communities to support culture change is vital for the children of Fife to see positive changes in behaviour which impacts on health. There are a number of initiatives underway to support parenting, improve nutrition and reduce the impact of risk taking behaviours. The Children’s Services Plan (not yet published) outlines the range of ways we are working with partners to support positive, healthy behaviours. Examples include where we are working with four high schools in relation to teenage conception rates, and supporting improved levels of physical activity. For this to have a positive long term impact we will ensure services are truly accessible, working with the wider family and community, to develop services.

GOALS

“...it’s much easier to just go at lunch than to have to walk down - for time and in case someone sees you.” (reference to the Hub clinic).

By getting alongside a young father, a nursery nurse received a thank you for being there to support him to see how important his role was in nurturing his new baby.

Maternity Services nurturing a young family
Childsmile promotes wider partnership working and engages with children and their families to improve oral health and reduce inequalities; the dental team will continue to develop how they work to help address health inequalities.

Keep services accessible for young people where needed including successful sexual health Hub model, smoking cessation.

Relevant staff are trained in health behaviour change skills to support healthy lifestyles

Support health improvement activity with partner agencies to educate and prevent alcohol and drug related harm

Example of good practice: Boozebusters DVD aims to warn young people of the dangers and consequences of alcohol use.

Holistic

“Adults should do what’s best for you”

Article 3 UNCRC

A child’s health condition or the issues impacting on their wellbeing cannot be considered in isolation, we recognise that health services may be able to support health outcomes by assisting a child or young person to access mainstream and social activities. This may mean working with partner agencies to develop their knowledge and skills in relation to health conditions or working with families to build their resilience.

Similarly the child or young person must always be at the heart of our work with families with whom we are partners in care. This may require us to work more proactively with parents to support their parenting skills, or their own health and working with families to support them to understand the child’s perspective.

GOALS

Work with adult health services (e.g. Addictions services in relation to children affected by parental substance misuse) to maximise opportunities to work together with families

Develop tools and practice to support children and young people’s involvement in planning relating to their own health and wellbeing

Through the Early Years Collaboration and Family Nurture Approach increase awareness of the range of services which can work together with children and families to support health and wellbeing
Protection

‘You have a right to be protected from being hurt or badly treated” Article 19 UNCRC

By developing our services within the Getting It Right For Every Child framework we are working to support families build on their strengths, providing advice, support and where needed more intensive programmes to nurture every child’s wellbeing. Through this ‘progressive universalism’ situations where children’s health and wellbeing may be at risk or being harmed will be identified and, by working with partners we will plan together, where possible with the child, young person and their family, to ensure their health and wellbeing are protected.

The multi agency Fife Child Protection Committee and Chief Officer’s Public Safety group continually review how we can improve our systems and processes to ensure that we are effectively protecting the children and young people of Fife.

GOALS

- Ensure all NHS Fife staff are aware of the Children and Young People’s Act guidance regarding wellbeing and how to liaise with the named person where concerns are identified
- Develop systems and process with SEAT (South East Scotland and Tayside planning group) and the Child Protection Committee
- Update and embed NHS Fife’s guidelines in line with the refreshed National Child Protection Guidelines

Key areas of focus

We recognise that there are some particular factors and vulnerabilities where we need to have
additional focus to support improved outcomes. We believe that these are:

1. Nutrition and healthy weight

The importance of good nutrition is known to be essential for babies and young children to achieve their maximum growth and development potential. Breastfeeding, weaning delayed until 6 months and a healthy diet throughout their childhood shows positive health benefits, not only through their childhood and adolescence, but also into their adult life.

Good nutrition and being a healthy weight have a positive impact on wider health and wellbeing. However, the number of children who are an unhealthy weight is of concern (about 15% of P1 children and 30% at 27/30 month check).

Obesity during childhood is a health concern often leading to a range of physical and mental health problems in later life (e.g. heart disease, diabetes, increased risk of certain cancers, low self-esteem and depression, etc). Similarly being an unhealthy weight in pregnancy (56% of Fife women are an unhealthy weight at booking) can lead to health problems for the woman and their baby. Under nutrition can lead to a different set of health problems and risks of deficiencies in the diet.

**GOALS**

- Work with universal services to support the provision of early advice and information for healthy weaning and healthy diet for babies and children
- Continue to develop the range of services, including: pre conception and maternity healthy weight advice and support and the child healthy weight programme

2. Mental health and wellbeing

Supporting mental health and wellbeing of children and their parents is key for the long term health and wellbeing of the child – Mental health problems may persist into adulthood, where mental illness is one of the single biggest predictors of future physical health. In recognition of this Child and Adolescent Mental Health Services and Learning Disability colleagues are working towards better collaboration and working practices with universal and specialist services.

*Examples of good practice:* The Playfield Institute provides training for frontline staff to support wellbeing of young people and develop the national website [www.handsonscotland.co.uk](http://www.handsonscotland.co.uk)

**GOALS**

- Work with universal services to support the provision of early advice, information and support
- Redesign to meet demand for specialist assessment

3. Looked after children and young people

The health and wellbeing outcomes for children who have been looked after are often poorer than those of their peers. We have an opportunity when children become looked after to offer them a health assessment to ensure that their health needs are identified and planned for. The uptake of this is low; we therefore are working with colleagues and consulting with young people
to improve this process for children and young people. Allied Health professionals have via staff training, raising of awareness, multidisciplinary working and sharing of information, utilising GIRFEC principles of practice, sought to improve how they, carers and colleagues in children’s networks of support children and young people who are looked after.

GOALS

- Work with the team around the child to provide holistic advice and consultation
- To work with colleagues in social work to ensure a streamlined health assessment process with improved uptake
- To support positive health behaviours in looked after young people

Funded by the Fife Health and Wellbeing Alliance, the Looked After Young People Health Behaviour Change Support Service has been in place for four years providing:

- Individual intensive behaviour change on diet, exercise, smoking, sexual health, non dependent drug and alcohol use.
- Support to workers and carers in achieving health behaviour change through coaching in effective approaches for discussing health behaviours.
- An individualised, flexible service
- Links for residential care providers to local health improvement teams

The project is offering training to embed good practice as current funding will end in 2015.

4. Young carers

Young carers have a significant role in looking after someone else who is experiencing illness or disability. Caring for others can be a positive experience, but it is recognised that it can restrict young peoples’ lives, potentially limiting their experiences and opportunities as they grow up. Young carers are first and foremost young people and we must ensure that health services recognise this, support identification of young carers and enable access to supports so they can enjoy as far as possible the same range of experiences as their peers, and to achieve their full potential in everything they do and aspire to. Getting It Right for Young Carers in Fife 2012-15 provides a detailed overview of the impact of caring on children and young people and the action the partnership is taking to provide better support.

GOALS

- Raise awareness of young carers and the young carers’ authorisation cards, amongst young carers and health services.
- Remove process and system barriers to young carers to accessing the health services they themselves require.
5. Children with additional support needs and children with exceptional healthcare needs.

Early diagnosis and support are crucial, a number of multi disciplinary / agency diagnosis pathways have been developed in recent years (examples include Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder) which have significantly improved the time from referral to assessment and diagnosis. We will continue to improve and draw learning from these to support service development.

Where children have complex health needs families can be involved with a wide range of health, care and support services. We know families value when services co-ordinate effectively, are responsive and proactive. Through the National Delivery Plan Fife has developed resources to support co-ordination and proactive support for children with exceptional healthcare needs; this has increased the range of care that can now be provided in the community, with a reduction for some in the number of hospital admissions.

The Child Development Centres, using the model for improvement with the range of professionals involved, are continually improving how they can proactively support children with additional support needs. We will continue to develop community based support for children with additional support needs, working with families to ensure that proactive support can be provided as they identify emerging needs.

Example of good practice:
Pathways of assessment for autistic spectrum disorder/ADHD have helped reduce time to diagnosis

GOALS

- Continually improve diagnosis pathways and community based support for children with additional support needs
Equipping staff to deliver

There is a wide range of staff involved in delivering children’s health services; we value their dedication and skills, recognising that NHS Fife has a responsibility to ensure that they are equipped to deliver the high quality services the people of Fife expect.

Culture change – there are tangible differences in the way staff work with children and families now from in the past, we will continue to develop systems and processes with people and staff to support an asset based approach to all we do. NHS Fife’s commitment to quality improvement in all aspects of health provision is also positively changing culture.

Electronic systems – we recognise the power of electronic information systems to simplify record keeping, appointments and appropriate information sharing for service users and staff and support service planning. We will implement an electronic child health record within the community and maximise the use of the special needs system (part of the Child health Surveillance Programme) to support planning for children with additional support needs.

Technology – also offers many opportunities to support access, enable choice and greater control for service users. We will work with colleagues to maximise the opportunities presented by mobile technology to support children, young people and families more flexibly.

Systems and processes – simple systems and processes which ensure people receive the same high quality provision no matter where they live and which services is involved are important. We will work closely with services to ensure that the processes to support the continuing development of the GIRFEC framework and implementation of the Children and Young Peoples Act (2014) meet these criteria.

Skillmix – work with staff to ensure that the we best deploy available resources to ensure we are effectively delivering services.

Equipment – staff require access to a wide range of equipment to assist them in their role, and to access for children and families, we will work with staff to support the best use of and simplest access to equipment.

GOALS

- Development of a single electronic community child health record.
- Ensure staff have access to high quality, timely training / practice development to support culture and service change
- Develop simple, clear, concise and consistent processes to support policy and legislation implementation

Governance and accountability- From strategy to action

As the Health and Social Care Partnership arrangements develop, NHS Fife will continue to have a clear child health management structure which provides corporate leadership to deliver the goals set out in the strategy via the Child Health Management structures.
NHS Fife will ensure:

- Strong corporate leadership
- Clear management structures
- Monitoring of progress towards outcomes

This includes continuing to develop our performance management arrangements ensuring we have the right data to enable us to identify whether the outcomes are being delivered or not. This will be supported by the development of electronic patient records; the main goal of which is to support clinicians in planning, delivering and recording care but which can provide data to support planning, improvement and performance management.

Performance against the plan will be monitored through NHS Fife’s performance and outcome monitoring processes, with updates available on the NHS Fife website.
## Glossary

**Progressive Universalism**  
Support for all, with more support for those who need it most  
(HM Treasury and DfES, 2005)

**Networks of support**  
Getting it right for every child aims to have in place a network of support to promote well-being so that children and young people get the right help at the right time. This network will always include family and/or carers and the universal health and education services.

**Named person**  
Named person - The Getting it right approach includes making a Named Person available for every child, from birth until their 18th birthday (or beyond, if they are still in school). Depending on the age of the child or young person, a health visitor or senior teacher, already known to the family, usually takes the role of Named Person. This means that the child and their family have a single point of contact who can work with them to sort out any further help, advice or support if they need it. Most children and young people get all the help and support they need from their families, from teachers and health practitioners, and from their wider communities – the Named Person does not change these roles. However, some families may need extra help and that’s where the Named Person comes in. Once a concern has been brought to their attention, the Named Person – who will be the first point of contact for the child and their family – may need to take action, help, or arrange for the right help in order to promote, support, and safeguard the child’s development and wellbeing.

**Targeted intervention**  
Where helps is required of a specialist service / other agency that is not normally available to all children and young people

**Allied Health Professionals**  
Allied health professionals is the umbrella term for the range of professions which support people of all ages in their recovery, helping them to regain movement or mobility, overcome visual problems, improve nutritional status, develop communication abilities and restore confidence in everyday living skills, consequently helping them to enjoy quality of life, even when faced with life limiting conditions. They work as key members of multi-disciplinary, multi-agency teams, bringing their rehabilitation focus and specialist expertise to the wider skills pool. This term includes Occupational Therapists, Dieticians, Physiotherapists, Speech and Language Therapists, Podiatrist, Art therapist etc.
Appendix 1

NHS Fife’s Strategic Framework

**Our values**

- Safety First
- Dignity & Respect
- Care & Compassion
- Excellence
- Fairness & Transparency

**Our objectives**

- Patient-Centred
- An Exemplar Employer
- Sustainable

**Through**

- Innovation
- Quality Improvement

**LOCAL ACTION PLANS WITH AGREED METRICS**

**Quantitative Assurance**

- BOARD HEALTH CHECK
- Qualitative Assurance

**Transforming Health and Care in Fife**

**Provide high standards of primary care for all practice populations, and enable more services to be delivered in primary care. Reinstate Primary Care as the focal point for managing and directing care plans.**

**Supporting care needs at home, offering wider options for care which sustain peoples place in the community.**

**Develop foundations for good health, tackling risk factors and supporting people to plan for life and health changes.**

**Make more effective use of community health and care services in intermediate settings (statutory and non statutory), ensuring there are care options available 24/7 when needed.**

**Use acute hospitals and residential care options only for care that can’t be provided in other settings. Transfer non acute activity and residential care into intermediate settings.**
Appendix 2 Reference Documents:

Direction for Provision
Universal

HALL 4 Health for All Children; Guidance for Implementation in Scotland (Hall 4) – includes surveillance / childhood immunisations / LAC monitoring
Getting It Right for Every Child
Children and Young People (Scotland) Act 2014
Role of the Child Health Commissioner - CEL 19 (2011)
Parenting strategy (national and local)
Emergency Care Framework for Children and Young People in Scotland 2006
Principles of Transition, ARC Scotland, 2013-14
Delivering a Healthy Future :An Action Framework for Children and Young People’s Health In Scotland
Emergency Care Framework for Children and Young People in Scotland

Children with exceptional needs
Better Health, Better Care - National Delivery Plan for Children and Young People’s Specialist Children’s Services in Scotland
Children with Exceptional healthcare needs Pathway, CEN NMCN

Mental Health

Mental Health Strategy for Scotland 2012-2015
The Mental Health of Children and Young People in Scotland; A Framework for Promotion, Prevention and Care (CAMHS Framework)

Looked After Children and Young People
These are All Our Bairns (2008)
We Can and Must Do Better / CEL 16 (2009)
Children affected parental substance misuse
Getting our priorities right 2

Learning Disability
National Learning Disability Strategy – The Keys to life (June 2013)
Scottish Strategy for Autism (2011);

Young Carers
Young Carers Strategy (local and national)

Health Improvement
Child Healthy Weight
Teenage Sexual Health - Sexual Health and Blood Borne Virus Framework 2011-2015
Equally Well: Report of the Ministerial Task Force on Health Inequalities
Childsmile
Health Inequalities Policy review June 2013

Early Years
The Early Years Framework
Early Years Collaborative

A Refreshed Framework for Maternity Care in Scotland
Pathway for Vulnerable families 0-3
Improving Maternal and infant nutrition: A framework for action

Offender Management (impact on families / youth offenders)
Royal College of Speech and Language Therapists Speech, Language and Communication
Needs in the Criminal Justice System and Best Practice responses to these

Context for provision
Health and Social Care Integration http://www.scotland.gov.uk/topics/health/policy/adult-health-socialcare-integration
Christie commission on the future delivery of public services http://www.scotland.gov.uk/Publications/2011/06/27154527/18
2020 Vision A route map to the 2020 vision for health and care
Better Health Better Care
Getting Better in Fife 2012-2017
NHS Fife Strategic Framework
How well are we improving the lives of children and young people? A guide to evaluating services using quality indicators; Care Inspectorate, Oct 2012
Quality Strategy (2010)
Scottish Patient Safety Programme (Paediatrics) / Maternity and Children’s Quality Improvement Collaborative

Appendix 3 links to National data sources

ISD
National Records of Scotland