

**Looking after Every Child:
Child Health Strategy for Ayrshire & Arran**

NHS Ayrshire & Arran – Summary
2008-2017

This is a summary version of the full Child Health Strategy 2008-2017 which can be obtained from the NHS Ayrshire and Arran website <http://www.nhsayrshireandarran.com> or by request to Clair Westcott, Project Co-ordinator, Health Promotion, Afton House, Ailsa Hospital. Telephone 01292 85834 or email clair.westcott@aapct.scot.nhs.uk

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1. Vision

We will work to ensure that all children and young people in Ayrshire & Arran are as healthy as possible, have access to suitable health services, receive support to develop safe and healthy lifestyles and have resources to protect them against adversity.

2. Approach

Health is determined by a number of factors that include lifestyle, life circumstances and access to services. Within Ayrshire & Arran children and young people come from a variety of diverse backgrounds. These include children and young people from different ethnic minorities, different religious groups as well as different socioeconomic backgrounds. Their health needs also vary greatly ranging from those who can be supported by the universal services, to those with additional and intensive support needs. The majority of our children and young people are healthy and are most likely to have their needs addressed within universal services.

The development and implementation of this strategy will build upon existing partnerships and our shared vision. It is our goal to ensure a cohesive and integrated approach to improving child health. We acknowledge that partner organisations will respond to this strategy while taking into account local circumstances. We will focus on responding to the needs of children and young people and ensuring services are accessible to everyone. We aim to build upon existing consultation mechanisms in order to ensure that we are informed about what is important to children and their families and that this is reflected within this document. The health of our young people and the important contributions they make to our communities is fundamental to determining the future success of Ayrshire & Arran.

3. Introduction

This is a nine year strategy (2008-2017) which describes how we plan to improve the health and wellbeing of children and young people up to the age of 19 years in Ayrshire & Arran.

The UN Convention on The Rights of the Child states that in all actions concerning children the best interests of a child shall be a primary consideration for all authorities. NHS Ayrshire & Arran support this right and recognise the importance of working with families and carers in providing the healthiest life possible for all of our children and young people.

Some children and young people face particular challenges. Health inequalities in childhood can have a lasting effect throughout life and children continue to experience health problems which are preventable. Vulnerable groups include children and young people who:

- are looked after children (LAC) or looked after and accommodated (LAAC)
- are homeless

- have complex health needs
- have learning disabilities
- are in need of protection from physical, sexual or emotional abuse
- are living in a substance misusing household
- are young carers
- are experiencing domestic abuse.

4. Policy Context

There have been many important national policy developments for agencies working with children and young people in Scotland over recent years.

Interagency collaboration between services has been recognised as key to providing effective care for children in a number of policy documents. With the introduction of Integrated Children's Services Plans in 2005 partner organisations now jointly agree objectives and outcomes. These plans in each of the Local Authority/community health partnership areas will be supported by the development of this Child Health Strategy across the whole of NHS Ayrshire & Arran.

Future policy direction is likely to focus on the early years of a child's development. The Scottish Government has finalised a framework for early years, from preconception until the age of eight. The framework will identify four key themes: building parenting; creating communities; delivering integrated services and developing the workforce.

Pulling together all of these policies is challenging but important. We must respond to national priorities but also ensure local concerns are addressed.

5 Where we want to be

5.1 Aims

- All children and young people will be able to adopt healthy lifestyles
- All children and young people will be central to decisions that affect their health and well-being
- We will improve health outcomes for children and young people by working closely with our partners¹
- Health services will support the reduction of health inequalities by ensuring all children and young people are able to access services
- Children and young people will have better health outcomes through the provision of health services that are continually improving.

5.2 Objectives

The objectives listed below describe how we will achieve the Strategy's high level aims. Those items highlighted in the blue box cover the areas identified as priorities for the next three year period.

To achieve smooth transitions between health services for children and young people with complex needs

To ensure children and young people have a healthy weight

To prevent harm from alcohol or drug use by responding to issues raised in the alcohol and drugs needs assessment

To prevent harm to children living in households where there is alcohol or substance misuse by working with partners

To reduce numbers of children and young people smoking and numbers exposed to second hand tobacco smoke, ensuring smoking cessation services are accessible

To ensure children and young people have good mental health

To ensure all children will have a good start in life, by focussing with partners on the early years of life

To reduce health inequalities by identifying and targeting the needs of all vulnerable groups

¹ Partner organisations include national and local government, voluntary agencies, police and legal services

To consult with children and young people and their families or carers in the development of any policy, strategy or services

To increase the proportion of babies who are exclusively breastfed

To increase knowledge of nutrition through educational programmes for schools, including early years, and increased access to practical skills programmes for parents and young people

To reduce the number of unintended pregnancies, repeat abortions and sexually transmitted infections in young people

To improve overall health outcomes through the provision of universal, additional and intensive health care

To ensure children and young people feel safe by ensuring that the age, stage, and environment of every child is considered by services

To improve health outcomes for children and young people receiving care from more than one agency by developing electronic information sharing with partners

To improve speech, language and communication skills for children by developing a communication action plan for children and young people

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6 How do we get there?



6.1 A model of prevention, treatment and care in Ayrshire & Arran

This model is based on the *HALL 4²* triangle. The triangle represents health improvement and health care services in Ayrshire & Arran. Children and young people will have different requirements from services at different times in their lives. They will move up and down through this triangle depending on what they need as they grow. Health services, no matter the intensity of support provided, are working towards ensuring that children and young people in Ayrshire & Arran are safe, healthy, active, nurtured, achieving, respected & responsible and included. Full details about developments within Child Health are included in the full version of the Child Health Strategy.

6.2 Monitoring progress

At the end of the full strategy document is a reporting table linking the aims and objectives of the strategy to specific outcome indicators and specific actions that will be taken. Some of these actions will be delivered through partnership working and the table notes where partners are involved. We will use the indicators in this table to report progress on implementing the Child Health strategy. The progress report will be produced in 2010.

² Health for All Children 4th Edition is a report that led to the revision of the child health surveillance system. This offers a scaled down programme of screening with active health promotion, primary prevention and targeted active intervention for vulnerable families where needed.

7 Conclusions

There have been substantial achievements over the course of the last child health strategy. New inpatient facilities are now in place operating from a single site at Crosshouse hospital, a substantial review and redesign of mental health services has been completed and new strategies for infant feeding and learning disabilities developed.

New challenges for the future include responding to the alcohol needs assessment report with clear recommendations for action, completing work to improve visual impairment services for children, supporting the development of healthy weight for children and young people and the introduction of an entirely new vaccination programme for young women. This strategy provides our overview of direction for NHS Ayrshire & Arran over the next nine years. Contributions from health promotion services, inpatient services and primary care services will all be necessary to ensure that every child in Ayrshire & Arran is able to grow in the best possible health over coming years.

8 Action Template

The full Child Health Strategy contains an Action Template which provides the basis for monitoring progress towards implementing the Child Health Strategy. The evidence collected towards implementing this strategy will contribute to the evidence base available for future HMIE inspections.

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Written contributions and updates were provided from the breadth of Child Health Services. These included inpatient paediatric services, child protection, community paediatrics (surveillance and children with complex needs), speech and language therapy, child and adolescent mental health services.

Other written contributions were provided by health improvement leads for sexual health, infant feeding, tobacco, as well as dental public health, health protection and screening leads.