IMPROVING THE HEALTH AND WELL-BEING OF LOTHIAN’S CHILDREN AND YOUNG PEOPLE

The NHS Lothian Strategy for Children and Young People 2014 - 2020
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1. Introduction

NHS Lothian believes that every child should have the best start in life and grow up being healthy, confident and resilient.

This strategy sets out a clear vision, principles and approach for how NHS Lothian will work with children and young people, their families, the public, the voluntary sector and the four local authorities across Lothian to improve the physical and emotional health and well-being of children and young people across Lothian.

Based on an understanding of our child population and what we know from children and young people accessing services, this strategy builds on the commitments NHS Lothian has already made in the four Integrated Children’s Services Plans for East Lothian, Edinburgh, Midlothian and West Lothian. It also builds on our existing assets, especially:

- Our services – that are life saving, safe, evidence based, efficient and fast to respond when we know children and young people need help
- Our partners – including children, young people, their families, the public, the voluntary sector and the four local authorities across Lothian, all who have a wealth of knowledge, skills and expertise
- Our Staff – who are highly motivated, passionate, knowledgeable and experienced
- Our values – such as respecting our diverse child and young population, their background, culture, environment, abilities and needs.

Getting it Right For Every Child (GIRFEC), the national policy which underpins this strategy and the new Children and Young People (Scotland) Bill which incorporates the principles of the United Nations Convention on the Rights of the Child (UNCRC), has evidenced that to improve the life chances and well-being of all children and young people in Scotland, we must focus on keeping children Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible and Included (also known as the well-being indicators). We know we cannot do this alone and therefore rely on our strong working relationships with partners, children and parents to ensure children’s needs and rights are met.

We shall continue to respond to health needs when they are presented. We must also have a trained, effective workforce that has the capacity to respond to the current needs of children and young people and be ready for emerging trends.

However, if we are to seriously improve the longer term health needs of not only children, but our future adult population, then we must get better at focusing on prevention and early interventions. That means we start with reducing inequalities during pregnancy and continue to reduce inequalities throughout the lifecourse. The Early Years Change Fund, introduced by the Scottish Government in 2013, is one mechanism for helping us consider how we shift the balance of emphasis, mindset and physical resource towards prevention activities.
2. What children and young people have told us

**Outcome this section covers:**

Children, young people and their families will be involved in decisions that affect their health and wellbeing

In developing this strategy, staff across the NHS and within local authorities and the voluntary sector helped us gather the views of children and young people from across Lothian about what was important to them about the health services they use and need. We received comments from over 300 children and young people between the age of 3 and 25 in the form of photos, cartoons and completed questionnaires. The main themes identified in the responses are as follows:

**2.1 How we engage children and young people in their care and treatment**

The strongest message that came from those we consulted was the importance of how we involve children and young people. This was in relation to individual care and in relation to improving services. Many children and young people had positive experiences of how healthcare staff involved them and spoke to them about what was happening. Some however felt that staff spoke to their parents or carers rather than them directly and they didn’t like that.

One child said, “I think you should have children’s surveys too. My mum does surveys when she’s at the doctors but I have never been asked to do one.” Another young person said, “Good services ask us what we think is good.”

Suggestions to help improve how we involve children and young people included:

“**speak to us, not at us or our carers**”

“**not make decisions without us**”

“**Could probably answer some of the questions about ourselves better than mum or dad. You could ask us first then if we don’t know ask mum or dad**”

“**children and young people should be involved in deciding what should be checked when evaluating services and how they could be improved.**”

“**NHS should be thinking of ways of supporting individual young people not see them as one group**”

**2.2 Recognising how children and young people feel**

Many children and young people commented on their feelings about speaking to healthcare staff or going into hospital. Because they did not know what to
expect, they felt nervous or scared. For some, they commented on waiting long times to be seen and commented on the environment. There were many comments from children and young people about staff being nice and how that helped them feel better, e.g. “I was worried and they were nice” and, “Nurses are nice people. They look after everybody and know all about special medicines to make you feel better”

Suggestions for how we could make improvements included:

“by looking at me, listening and helping. So that I know what happens”

“all doctors and nurse should remember to tell us what is going to happen to us”

“when I go to hospital I feel a bit worried and they could do things that are kind or comforting to make me not feel bad”

“Tell me in a nice way that you will be ok”

“They could have more good books to read when you have to wait”

“Having clocks that I can read, like the ones with just the numbers and not the hands, then I would know what time it is”

Related to the above were comments made by specific groups of young people:

“For marginalised groups like asylum seekers / refugees or specific things in relation legislation or relevant health provision, the level of awareness and understanding is completely different with each service”

“As soon as you come out as LGB or T to a staff member, any issues you may be struggling with in relation to mental health are attributed to your sexual orientation and / or gender identity.”

The issue of feeling labelled also came from other children, including Looked After Children and young people with a mental health problem. One young person suggested that there would be value in educating teachers on depression so that they could have been supported earlier.

2.3 Access to health Information and health services

One comment from a young person summed up the views of others - “If you don’t know something then how can you be expected to make good choices and be healthy?”

Some suggestions made by children and young people included:

“You need to know stuff so that you know what to do and where to go in case something bad happens”

“Health drop ins should be open more, more places open in school holidays”
“some services should be focused on to stop illness in the future, things such as dental care / mental health before problems start”

2.4 What we will do next

What was clear from what children and young people told us is that there is a great deal of good work to build on. Many told us how that they like the services they use and they like the people that provide their care. There is, however, more that we can do to ensure that we consistently include them in decisions about their healthcare; respect them for who and what they are and; acknowledge how they feel.

To fully acknowledge the contribution children and young people have made, we will share what children and young people have told us, including the artwork and present it to Children’s Services teams within NHS Lothian. Children’s Services Quality Improvement Teams can then consider the specific issues for their service. We will also present the report to the Children’s Partnerships across Lothian so that we can share the learning with our partner agencies.

Feedback from those staff that undertook the consultation exercise with children and young people was that it was a beneficial exercise and that they enjoyed it (both the children and the staff). To demonstrate our ongoing commitment to engaging children and young people, we will seek to undertake an annual consultation activity with children and young people and continue feeding back what they tell us to staff across NHS Lothian. This will be in addition to the large number of small consultation exercises that take place with children and young people through our services already.
3. Scope of Improving the Health and Well-being of Lothian’s Children and Young People

The scope of this NHS Lothian strategy is far reaching. It has the potential to affect not only services for children and young people but all adult services that work with parents or carers. This strategy therefore aims to create a child centred ethos within NHS Lothian alongside identifying the specific services it will provide for children and young people.

This strategy will not duplicate or rewrite existing Lothian strategies, frameworks and plans that are already in existence. It will support the delivery of the NHS Lothian Strategic Clinical Framework which prioritises prevention and reducing inequalities – the foundation of this strategy. It compliments the Refreshed Maternity Framework, A Sense of Belonging: A Joint Strategy for Improving the Mental health and Wellbeing of Lothian’s population, the 2011 – 2016 Lothian Sexual Health Strategy and the (draft) NHS Lothian Strategic Plan – Our Health, Our Care, Our Future. Improving the Health and Well-being of Lothian’s Children and Young People brings together the key components of these strategies to help articulate NHS Lothian’s overall strategic approach to improving children and young people’s health.

This strategy will focus on achieving the following outcomes, aligned with the Rights of the United Nations Convention on the Rights of the Child (UNCRC):

- Every child and young person will have access to high quality healthcare that is accessible and appropriate to all children and their families, delivered proportionately to need and at the earliest opportunity (Article 24 UNCRC)
- Disabled children and young people will have their additional needs met (Article 23 UNCRC)
- Children, young people and their families will be involved in decisions that affect their health and wellbeing (Article 12 UNCRC)
- NHS Lothian staff will have an increased understanding of the needs of the younger population and will use this understanding to inform the planning and delivery of services (Article 3 UNCRC)
- To improve health and resilience in those more vulnerable to poor health NHS Lothian and its partners will work to reduce the impact of social circumstances on health by strengthening universal provision and targeted interventions (Article 24 UNCRC)
- The range and quality of healthcare services for children and young people will be improved through the reprovision of the Royal Hospital for Sick Children, the integration of children’s services, and the development of services at St John’s Hospital (Articles 24 & 42 UNCRC)
Our Health, Our Care, Our Future – Appendix 4a

• NHS Lothian will have an effective and efficient workforce that is fit to meet the demands of a growing population of children and young people (Article 42 UNCRC)

• Robust governance and performance improvement arrangements will be in place for overseeing implementation of this strategy (Articles 43 -54 UNCRC)

_Improving the Health and Well-being of Lothian’s Children and Young People_ will focus on NHS Lothian’s contribution to achieving these outcomes and will seek continued support from our partners to make progress towards outcomes that cannot be solely achieved by NHS Lothian.

We think that the best way to explain our strategy is through a ‘life stages’ approach, in line with NHS universal service provision. We can therefore describe this as:

<table>
<thead>
<tr>
<th>Early Years</th>
<th>School age</th>
<th>Young people in transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity (Conception to 1 month)</td>
<td>5 – 11 years</td>
<td>16 – 25 years, for young people that require specific services e.g. young people with a disability and young people leaving residential care</td>
</tr>
<tr>
<td>1 month – 4 years (pre-school)</td>
<td>12 – 18 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(primary)</td>
<td>(secondary)</td>
</tr>
</tbody>
</table>

Explaining our strategy in this way enables us to articulate the different approaches and interventions that children may need growing up to become healthy, confident and resilient adults.

As this approach ensures that the needs of children and young people are considered from conception through to adulthood, this strategy recommends that any new strategies or frameworks being developed by NHS Lothian take into account the life stages identified above. This will also ensure that issues relating to transition from children’s to adult services will be considered.
4. Understanding the health needs of children and young people in Lothian

*Outcome this section covers:*

NHS Lothian staff will have an increased understanding of the needs of the younger population and will use this understanding to inform the planning and delivery of services.

Information available locally and nationally has been used to build up a profile of the health and well-being of children and young people in Lothian. This section provides an overall picture/snapshot whilst appendix 2 provides links to national data sources used for this section which, in some but not all cases contain information at CHP level.

**4.1 Current and Future Profile of Children and Young People in Lothian**

*Current Population*

Chart 1 shows the most recent numbers of children and young people in Lothian compared to Scotland. There are a total of 265,833 under 25s in Lothian just over 30% of the total population for Lothian. Edinburgh City has the fewest proportion of young people aged 18 and under (59%) compared to 73% in East Lothian and West Lothian. The figure for Lothian as a whole is 65 per cent slightly less than the Scotland figure (68%).
Projected Populations for 2017 and 2022

Chart 2 shows that by 2017 the population of Lothian children in the age group 5-11 will increase by 13% to 67,606. This is greater than the percentage increase in Scotland for the same age group (8%). The largest increase will be in City of Edinburgh (20%).

The ten year population projections paint a slightly different picture in Lothian particularly in the 12 – 18 age group. In contrast to the five year projection all CHPs (apart from Midlothian) and Lothian as a whole will see an increase in numbers. The largest increase will be in City of Edinburgh (11%). For Lothian as a whole the largest projected increase will be in the 5 -11 age group, an increase of 17%.
While the NRS projections for Lothian show a slight increase to 2030, the figures recorded by maternity services in Lothian show a levelling off and perhaps evidence of a slight decline.

4.2 Information About the Health and Well Being of Children and Young People in Lothian

Key Points

- The percentage of babies with a healthy birth weight in Lothian was 90.1 in year ending March 2011, above the Scottish Average (89.9%). This percentage has remained relatively stable over the last five years. In Scotland as a whole, rates of healthy birth weight are lower in the most deprived areas, however the figures are less marked in Lothian according to latest figures. Birth weight that is not within normal ranges has a strong association with poor health outcomes in infancy, childhood and across the whole life course, including long term conditions such as diabetes and coronary heart disease.

- In Lothian the most common age for starting a family in the area of lowest deprivation is 30-34, the equivalent figure is 20-24 in the area of highest deprivation.

- The teenage pregnancy rate (16 and under) in Lothian has fallen over recent years and is similar to the Scottish Average (5.6 per 1000 in NHS Lothian, 5.7, Scotland average).
In Lothian in 2012 the overall percentage of women who reported smoking at the time of their first antenatal booking was 17.7% which is less than the Scottish average of 19.3%. It should be noted that there is known to be considerable under-reporting of smoking by pregnant women.

Over 45% of pregnant women in Lothian are overweight or obese at time of booking. Maternal weight out with the normal boundaries is associated with complications in pregnancy for both the mother and child including an increased likelihood of stillbirth and neonatal death. Data from Lothian in 2011/12 confirms this increased risk with pregnant women who are obese approximately twice as likely to suffer a stillbirth or neonatal death.

The prevalence of overall and exclusive breastfeeding at the 6-8 week review has remained static across both Scotland (36.5% and 26.2% respectively in 2012) and Lothian (48.7% and 34.6% respectively in 2012) over the last five years. There are a number of personal, social and cultural issues that are strongly associated with the likelihood of breastfeeding including maternal age, deprivation and smoking status. Scotland wide figures show that mothers in the least deprived areas are nearly three times as likely to exclusively breastfeed at 6-8 weeks compared with mothers in the most deprived areas. Within Lothian figures range from Edinburgh CHP which has the highest rates (58.6% overall & 41.4 exclusive) to West Lothian which has the lowest rates (33.3% overall & 23.4% exclusive).

There are currently around 560 children aged 15 and under on the child protection register in Lothian.

There were 2,289 looked after and accommodated children/young people (including kinship care) in Lothian in 2012.

There are currently 58 children in Lothian who have been identified as having exceptional healthcare needs (CEN). The best estimate of the overall prevalence of CEN currently available is around 30 per 100,000 in Scotland. The figure for Lothian is very similar to the Scottish Average (34).

NHS Lothian currently has 1,395 children with a learning disability present at last assessment on the Support Needs System (SNS).

Around one in five births in Lothian is to a mother born outside the UK.

NHS Lothian had 0.8% new vision concerns at 27-30 month review between April and September 2013, and 1% new hearing concerns during the same time period.

Official UK Statistics estimate one in ten children between the ages of one and 15 has a mental health disorder. Many mental health problems
start early in life. Half of those with lifetime mental health problems first experience symptoms by the age of 14.

- In the quarter ending September 2013, 1,014 referrals were made to the Children and Adolescent Mental Health services. The referral rate per 1,000 people under 18 for Lothian was 6.8, slightly higher than the figure for Scotland (5.3).

- In Scotland the target of the national immunisation programme is for 95% of children to complete courses of the following childhood immunisations by 24 months of age: Diptheria, Pertussis, Tetanus, Polio and Hib. An additional national target of 95% uptake of one dose of the Measles, Mumps and Rubella (MMR) vaccine by five years of age (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts on reducing the number of susceptible children entering primary school. Latest data published shows that in Lothian 94.8% of children are immunised against MMR, slightly lower than the Scottish Average. 97.9% of babies were immunised against Diptheria, Pertussis, Tetanus, Polio and Hib. The figure for Scotland is 98.2%.

- The levels of Primary one children who are classed as being overweight or obese using epidemiological categorisation is very similar to the Scottish average: 21.7% in Lothian compared to 21.9%. Data for 2011/12 show that Scotland wide the prevalence of unhealthy weight amongst children in Primary 1 increases with deprivation.

- Latest dental inspection figures found that 76.9% of P7 children and 69.8% of P1 children in Lothian have no obvious decay experience. These are slightly higher than the Scottish figures (72.8% & 66.3% respectively). Scotland wide figures show that there are clear inequalities in terms of dental disease looking at deprivation categories. Although all categories have shown an improvement since 2009, there is still a large difference in levels of P7 children with no obvious decay experience in the most deprived group (60.7%) and the least deprived group (81.5%).

- The age groups with the highest rates per population attending Accident and Emergency are for those aged four and under. In the year ending March 2013 29,394 children aged 4 and under attended Accident and Emergency. 17% were admitted as inpatients.

- There were 41,546 Accident & Emergency attendances in the year ending December 2013 at the Royal Hospital for Sick Children, 14% were admitted as inpatients.

- The latest SALSUS figures for substance use show, overall, that 72% of 15 year old pupils report not using any substances regularly or recently; 5% of pupils are using all three (cigarettes, alcohol and drugs) and 8% are using two types. Alcohol is the most commonly used substance on a regular basis (21% vs 13% regular smokers (usually one or more cigarettes per week) and 12% using drugs in last month).
The number of domestic abuse incidents recorded by The Police in Lothian is around 5,300 incidents per year, of which 45% of incidents were witnessed by children and young people. This figure is considered to be an underestimate and evidence shows that witnessing and/or experiencing domestic abuse represents a serious mental, physical and psychological risk to our young people.
5. Policy Context

The Scottish Government’s ambition is that Scotland should be the best place in the world for children and young people to grow up. There are a number of national policies and local strategies that we link with to help achieve this ambition and ensure that children and young people who live in Lothian will have the best possible start in life and achieve the best outcomes.

The Refreshed Maternity Framework (2011) has been designed to address all care from conception, throughout pregnancy and during the postnatal phase. This document clearly outlines the strategic direction for maternity services in Scotland and NHS Lothian is delivering on this Framework.

Similarly, the Neonatal Care in Scotland: A Quality Framework, (2013) outlines the approach required to deliver high quality care for neonates and their families across Scotland. The South East of Scotland and Tayside (SEAT) Managed Clinical Network for Neonatal Services, of which NHS Lothian is a key member, has an approved work plan that drives local delivery of this Framework.

Recognising the plethora of national policy related to children and young people, the Scottish Government published a summary of Scottish Government policy, titled Supporting Young People’s Health & Wellbeing in March 2013. This document brings together key policies from across a range of Scottish Government Directorates and helpfully provides a broad overview of the national context in which NHS Lothian operates.

This document also outlines the key themes of the Children and Young People (Scotland) Bill recent, which was passed by the Scottish Parliament in February 2014. This legislation combines proposals to improve the delivery of children’s rights and services for children and young people. It is wide-ranging in its focus, building on the foundations of Getting it Right for Every Child (GIRFEC) and has implications for NHS Lothian, particularly with the responsibilities outlined for the Named Person. We will therefore be working with our partner organisations to:

- Embed children’s rights in the design and delivery of local policies and services (as outlined within the UNCRC)
- Improve the way our services support children and families by ensuring every child and young person has a single point of contact through the role of the Named Person
- Ensure better permanence planning for Looked After Children by extending support to young people leaving care for longer, i.e. up to the age of 25
6. Our vision and principles

NHS Lothian’s vision is that **Every child should have the best start in life and grow up being healthy, confident and resilient.**

This vision will only be achieved by building on the capacities and assets of our staff working jointly with local people living and working in our communities. Achieving this vision requires collective action to:

- Focus on our relationships with children, young people and their families and our partner organisations.
- Enable local people to be part of the solution to the challenges we face
- Focus on our strengths
- Identify ways that we make best use of our skills, knowledge and resources

The following diagram, developed by an organisation called Brighter Future Together, outlines the many assets that can be found within local communities and helps us articulate who our partners are that we will be working with to achieve our vision.
6.1 Principles of Getting It Right For Every Child (GIRFEC)

NHS Lothian has worked to ensure that the national principles and indicators of Getting it Right for Every Child (GIRFEC) are at the heart of all services working directly with children, young people, their families and carers. The following diagram, often described as the Well-being Wheel, demonstrates what NHS Lothian is committed to making a reality. We know that we cannot do this alone, which is why we are working with all our partners to implement it.
7. Meeting the health needs of children and young people in Lothian

Outcomes this section covers:

- NHS Lothian and its partners will work to reduce the impact of social circumstances on health by strengthening universal provision and targeted interventions to improve health or resilience in those more vulnerable to poor health
- Every child and young person will have access to high quality healthcare that is accessible and appropriate to all children and their families, delivered proportionately to need and at the earliest opportunity
- Children and young people with disabilities will have their additional needs met
- Children, young people and their families will be involved in decisions that affect their health and wellbeing

From the time that a woman finds out she is pregnant, through to birth, NHS Lothian has a maternity service across Lothian that supports the family to ensure that the child comes into the world as healthy as possible. Where extra support is required, we have a flagship neonatal unit and targeted initiatives such as PrePare (for pregnant women with a drug or alcohol problem) and Family Nurse Partnership (for teenage mothers) that are held in high regard.

When a child is born through to age five, the first point of contact for support is through the Health Visiting Service with responsibility transferring to the School Nurse from the time a child starts school. Throughout this time, GPs will also play a key role when a parent identifies a health care need for their child. Appendix 1 shows the contact that all children will have with NHS Lothian services and includes specialist services for those children that have additional support needs or are more vulnerable.

Addressing the needs of vulnerable children can only be achieved where services work together. The recent inspections of children’s services in Edinburgh, Midlothian and East Lothian evidenced that NHS Lothian has strengths in protecting children and keeping them safe, however, we know that we can always do better. Where we have to focus more of our energies is in relation to increased prevention activities, helping prevent situations where children are at risk and where they are in difficult situations, have the resilience to manage them. This agenda will therefore continue to remain a priority for NHS Lothian and our local authority and voluntary sector partners within the four Integrated Children’s Services Plans.

7.1 Transforming our services - Putting children’s services at the centre of our plans

For a long time, and in common with much of the rest of the UK, we have planned the way we deliver health services separately in different parts of our system (primary care, acute care, NHS, local councils). We have also tended to plan around buildings, or around individual services. Our Health, Our Care, Our
Future, the NHS Lothian Strategic Plan 2014 – 2024 proposes a radical shift away from this ‘traditional’ approach to a patient-centred, whole-system approach, focusing much more explicitly on the needs of people who use NHS Lothian’s services.

This plan is predicated on the need for radical redesign to deliver sustainable improvements in health and care services in Lothian. A central tenet of service redesign is to focus on the patients’ journey and experience, to help identify where service improvements are necessary and to involve a wide range of service users and providers in analysing and redesigning patient pathways.

Using intelligence and evidence, we are identifying representative children with varying degrees of care needs. These children will be examples to illustrate pathways of care and to help us understand their care needs, how their care needs are currently being met and to agree how these can be met more effectively and efficiently in radically different ways.

This is being conducted through a designed and managed process of engagement during 2014 and will inform significant parts of the final plan.

To bring all this work together, an plan will be developed to support implementation of this strategy. It will include a suite of performance measures that will demonstrate NHS Lothian’s progress towards achieving our vision.
8. Addressing health inequalities

**Outcome this section covers:**

NHS Lothian and its partners will work to reduce the impact of social circumstances on health by strengthening universal provision and targeted interventions to improve health or resilience in those more vulnerable to poor health

Michael Marmot’s review of health inequalities (2010) provides the most comprehensive summary of the impact of health inequalities and approaches to reducing health inequalities.

Marmot notes that:

- people from different socioeconomic groups experience avoidable differences in health, well-being and length of life and that this is unfair and unacceptable
- these differences are strongly influenced by inequalities in experiences of daily life that are typically mediated through differences in education, occupation, income, gender, ethnicity and race
- these differences are also influenced by an overarching socio-political and cultural and social context.

Health inequalities can be observed in the distribution of many diseases and risk factors. Health inequalities have become more pronounced in the UK over the past thirty years. The difference in life expectancy at birth by socioeconomic status provides a stark and incontestable reminder of this fact. The differences by income are even further accentuated for disability free life expectancy. Similar gradients are observed for maternal smoking, breastfeeding, childhood obesity, childhood accidents and many other key risk factors and conditions.

Marmot’s report also summarises the current evidence and recommendations for tackling health inequalities in the United Kingdom. These recommendations, the culmination of decades of research, are consistent with earlier reports on health inequalities. However, what sets the Marmot report apart is the particular focus on maternal and child health (the early years), early intervention and parenting (see appendix 3 for a more detailed list of key messages).

The Marmot report also notes that “focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage” referring to this as “proportionate universalism”. This has clear relevance to discussion on universalism and targeting. The approach of offering a comprehensive programme of child health reviews and interventions (e.g. vaccination) for all children in Lothian is an example of a universal approach.
To address and reduce health inequalities requires three types of action:

- Actions to **mitigate** the health and social consequences of social inequalities.
- Actions to help individuals and communities **resist** the effects of inequality on health and wellbeing.
- Actions to **undo** the underlying inequalities in power and resources. Key areas are *employment, income and education*.

### 8.1 Current NHS Lothian approach

NHS Lothian has adopted a ‘whole system approach’ that recognises three strands to the role of health services in addressing health inequalities. The three strands of work are:

- Ensuring mainstream services are accessible to and appropriate for all groups in the population – using tools like impact assessment and equity audit
- Providing additional support and targeted services for disadvantaged groups whose needs cannot be fully met by mainstream services – for example the Homelessness and Health Team, Family Nurse Partnerships, Looked After Children’s’ Nurses and Throughcare and Aftercare Nurses
- Working with partners to address underlying causes of health inequalities

These approaches will be integral to the delivery of the Children and Young People’s Strategy.
9. Working in Partnership and Community Planning

**Outcomes this section covers:**

NHS Lothian and its partners will work to reduce the impact of social circumstances on health by strengthening universal provision and targeted interventions to improve health and resilience in those more vulnerable to poor health.

Partnership working is a “must do” for children and young people’s services for a range of practical and financial reasons:

- Taking a holistic approach to improving children and young people’s health and reducing health inequalities is complex, with a range of different agencies involved (including health care, children and families services, voluntary sector and youth services)
- Many children and young people are vulnerable or have limited ability to negotiate complex bureaucracies. They therefore need services that are well integrated at the point of contact, are easy to negotiate and are focused on their needs
- Partnership working can help minimise bureaucracy and duplication as well as maximise integration for service users and staff
- Resources are scarce, but the task is broad. It therefore makes sense for us to work together, strategically and operationally, to make best use of the knowledge, experience and skills we have that will make sure we achieve our collective vision for children and young people

Effective partnership working is essential for children, young people and their families, who can often experience fragmented services, a lack of continuity and conflicting information in situations where local agencies fail to collaborate effectively.

There are strong examples of good partnership working between NHS Lothian and our community planning partners, as evidenced in the recent inspections of Children’s Services in Edinburgh, Midlothian and East Lothian, for example:

- A clear strategy for integrating children’s services, including strong involvement of the voluntary sector
- Meaningful involvement of children and young people to shape policies and services
- Strong partnership working and promotion of team working across services

For partnership working to happen effectively across services, it should be demonstrated through leadership. NHS Lothian is actively engaged strategically and operationally within each of the four Community Planning Partnerships (CPPs) which demonstrate that leadership across Lothian. Each CPP has a focus on early years outlined in its Single Outcome Agreement, with a children
and young people’s sub group and Children’s Integrated Services Plan driving delivery and partnership working.

All partners in the four CPPs in Lothian have signed up to the high level outcome, ‘Every child has the best start in life and is ready to succeed’. Details of how this outcome will be achieved are outlined in each of the local plans and takes into account the needs of all children, while recognising the specific needs pertaining to local communities in that CPP area. This includes the crucial role that parents play in giving children the best start in life and the additional support some parents need with bringing up their children.

Ensuring that children and young people are protected from emotional and physical harm is a priority for NHS Lothian and our local authority partners. The commitment, approach and actions to be taken are clearly outlined in the Interagency Child Protection Procedures, Edinburgh and the Lothian’s. Our commitment to keeping children safe can be demonstrated through a range of prevention activities that take place and through specialist services including a consultant delivered 24/7 service for medical examinations of children where concerns about physical abuse or neglect have been raised. Keeping children safe from harm is also an integral component of the four Integrated Children’s Services Plans that NHS Lothian helped develop and is currently helping to implement.

NHS Lothian is also committed to driving the work of the Early Years Collaborative and is heavily involved in testing new approaches across the three work streams (conception to one year, one year to three years and three years to five years), using the Plan, Do, Study, Act methodology. With a principle of ‘think big, start small, scale fast’, early years staff have been encouraged to move quickly, using the ‘tests of change’ model of improvement, record the tests they are making and measure the progress that is being made. NHS Lothian staff will continue to work with our community planning partners through the Early Years Collaborative to encourage a culture that supports innovation and using data to drive improvement.

There is also an opportunity to improve shared learning and good practice across Lothian. To this end, it is proposed that a new Lothian Children and Young People’s Programme Board be formed with representation from NHS Lothian, the four local authorities, General Practice and the voluntary sector to share good practice. Further details of the remit of this group are discussed in section 11.
10. Reprovision of the Royal Hospital for Sick Children

Outcome this section covers:

The range and quality of healthcare services for children and young people will be improved through the reprovision of the Royal Hospital for Sick Children, the integration of children and young people’s services and the development of services at St John’s Hospital.

We are committed to maintaining Edinburgh’s reputation as a world-class facility for healthcare and research. Our work to re-provide services from the Royal Hospital for Sick Children (RHSC), Child and Adolescent Mental Health Service (CAMHS) and the Department of Clinical Neurosciences on the Little France site will help us to provide children and their families with facilities and services that ensure they receive the highest possible standards of care and provide a safe, spacious, light and comforting environment which promotes recovery and meets the needs of children, young people and their carers.

The benefits of having children’s, maternity and adult services on the same site are well documented. This new building will bring the pieces of the jigsaw together to create a new centre of excellence at Little France. Having paediatric care, specialist neonatal care, adult neurosciences and children’s and adult emergency departments all on one site will ensure that teams can share experience and expertise for the benefit of children and their families as well as adult patients.
The existing RHSC provides a comprehensive range of dedicated children’s services, caring for over 100,000 children, up to the age of 13, and to age 18 in certain cases, from across Lothian and beyond. Services include accident and emergency, acute medical and surgical care, specialist surgical and medical care, haematology and oncology, neurosciences, day care, and critical care. The busy outpatients department cares for more than 34,000 patients a year. A number of regional and national services are hosted by RHSC, including the Paediatric Intensive Care Unit and the national Scoliosis service.

The hospital has been based at its current site in the centre of Edinburgh for almost 120 years. A three floor extension was added in 1995 and the vacated wards created a new Paediatric Intensive Care unit. Based on current projections, the emergency department for children and young people will expect to see around 50,000 attendances a year by 2016. The hospital is also expected to admit 9,500 inpatients, treat 8,000 day cases and see 64,000 outpatients under 18 years of age.

Plans for this project have been developed over a number of years. Specific factors driving the need for change in children’s and young people’s services and clinical neurosciences are:

- the age and limitations of the current premises
- the need to deliver sustainable specialist services whilst meeting the challenge of relatively small numbers of patients and small numbers of clinical experts
- the national policy for Paediatric Intensive Care Units in Scotland, which have been commissioned under NHS National Services since 2007, sited in two hospitals for children and young people
- the need to provide care for young people up to 16 years of age, and up to 18 in some cases, in an age appropriate facilities

Clinical benefits of integrating the services into one building, supporting the Board’s and national strategic ambitions include:

- the ability to deliver paediatric and adult neurosurgery in the same theatre suite, maximising the utilisation of specialist equipment (e.g. intra-operative MRI) and expert staff, with direct internal access to age-appropriate critical care wards
- mental health services on the same site as acute hospital services for children and young people, supporting their physical and psychological care
- joint-working and economies of scale in high-cost specialist clinical areas such as theatres and radiology
- the opportunity to improve emergency access to services by incorporating a helipad on the roof of the new build.

The Reprovision of the new facility brings about opportunities for redesign of services and work has already commenced in this area with a focus on patient pathways and models of care.

Extensive public consultation has taken place in the development of the proposals for this project utilising existing stakeholder groups and in addition,
specific stakeholder groups have been set up to ensure that patients and partner organisations have an understanding and input into the project.

The project will co-locate services currently provided at the existing Royal Hospital for Sick Children based in Sciennes, Edinburgh and CAMHS based at the Royal Edinburgh Hospital, Morningside with the adult clinical neuroscience services currently provided out of the Western General Hospital on Crewe Road South, Edinburgh, on the existing RIE site adjacent to the RIE Hospital at Little France.

Linked to the RHSC reprovision, we will also continue to look for opportunities to develop specialist outpatient services and more day surgery/programmed investigation services at St John’s Hospital, to meet the needs of the population in West Lothian by providing these services more locally, wherever possible.
11. Workforce Planning: Ensuring that we have a workforce that is fit to meet the demands of a growing population of children and young people

Outcomes this section covers:

NHS Lothian will have an effective and efficient workforce that is fit to meet the demands of a growing population.

The range and quality of healthcare services for children and young people will be improved through the reprovision of the Royal Hospital for Sick Children, the integration of children’s services and the development of services at St John’s Hospital.

11.1 Workforce Planning: An Overview

NHS Lothian is committed to working closely with staff, the NHS Lothian Partnership Forum and the population in aligning workforce capacity to meet the needs of children, young people and their families for today and tomorrow, across all NHS services.

In taking forward workforce planning across those services working with children and young people, NHS Lothian endorses the nationally sponsored 6 step workforce planning methodology.

Workforce planning should be developed on an integrated basis that makes clear connections with service planning and financial planning. Such plans should also be able to respond to emerging issues and developments.

11.2 Workforce Planning: Child and Maternal Health Services

NHS Lothian’s greatest asset is undoubtedly its workforce, operating across a wide range of settings in the delivery of a vast array of services, many of which are provided on a 24 hour/7 days a week basis. NHS Lothian is therefore committed to ensuring that its workforce has the right skills and is in the right place to provide the high quality, safe, effective, person centred care that children, young people and their families deserve.

The development of The NHS Lothian Strategy for Children and Young People, 2013 -2020 is therefore crucial to supporting the formulation of robust child and maternal health workforce plans that deliver for the short, medium and long term.

There are a number of significant challenges within child and maternal health services in Lothian. This section sets out some of the key issues that need to be addressed. It also highlights where a robust and integrated workforce
planning approach can ensure that we are able to provide a workforce that is fit for a leading 21st century public sector health provider.

These challenges, and NHS Lothian’s collective responses, will form part of a wider Child and Maternal Health Implementation Plan, an element of which will reflect the ongoing workforce planning activity across a range of specific service areas. This Action Plan, addressing issues outlined below, will be driven by a Workforce Planning subgroup of the Lothian Children and Young People’s Programme Board.

11.3 Key Issues

Implications of the Children & Young People (Scotland) Bill for Midwives and Health Visitors

NHS Lothian welcomes the Scottish Government’s move towards prevention and early intervention through the Named Person, as set out in the Children and Young People (Scotland) Bill. For NHS Lothian, this means that we have increased duties to promote well-being of children and be the first point of contact for providing support and responding to concerns.

The Scottish Government has estimated the additional resource implications of introducing the named person to routine Midwifery and Health Visiting Services and that this equates to over £16 million for Scotland.

Based on the number of live births (9,794) and numbers of 0-5 year old children (48,980 - 2011 census), NHS Lothian estimates that this will place additional demand for workforce resource, particularly across Maternity and Health Visiting services.

The Scottish Government is also currently leading a national review of the Health Visiting Service and will report during 2014, in response to the national shortage of trained Health Visitors.

While it is recognised that changes as a result of the Bill and the national review are not likely to come into effect until 2016, there are two main challenges facing NHS Lothian, namely:

- Funding any additional capacity recognised within the Bill; and
- The feasibility of being able to develop and/or recruit to midwifery and health visiting roles in order to make a step change within our current workforce.

Such changes will require innovative planning across a range of key stakeholders in order to meet the requirements of the Bill. This may involve elements of service re-design, options for new ways of working as well as a review of skill mix across teams. As a matter of priority, we have also committed to fund an additional 10 nurses to undertake Health Visitor training for 2014/15 with a view to reviewing training needs in response to the national review. This will be a priority action during the first year of the strategy.
11.4 Maternity Services

The opening of the Lothian Birth Centre has been an unprecedented success within NHS Lothian, with over 1,500 midwife led births during 2012-13. However, this move of low risk births out of the main labour ward has highlighted more clearly the increasingly high percentage of complex cases going through the labour ward. There has also been a corresponding increase in length of stay within the postnatal wards, despite an increase of 10 postnatal beds within the SCRH with the opening of the birth centre. This in turn impacts on patients moving through services, leading to capacity and staffing pressures at SCRH and an increasing number of times that patients are diverted to St John’s Hospital at short notice.

The service has already developed an internal improvement plan and has recently implemented the National Maternity Patient Safety Programme, which aims to reduce avoidable harm by 30% (including post partum haemorrhage), reduce stillbirth by 15%, address safety culture within the organisation and improve women’s satisfaction with care by 2015. There is centrally funded midwifery time in Simpsons and St Johns to lead the programme of work that will achieve these aims.

Maternity services have also worked closely with the National Gender Based Violence programme to ensure midwives receive training and support on the introduction of routine enquiry of domestic abuse to pregnant women. Responses and interventions following disclosure are recorded centrally and community midwives are identifying an approximate disclosure rate of 8-10%. Close working relationships with Police, Child Protection Advisers, Health Visitors and specialist voluntary sector services has resulted in improving the health, safety and well-being for those families where domestic abuse is an ongoing concern. We will continue to build on this work as a matter of priority.

Taking all this into account, there is a recognition that both workforce (medical and midwifery) and capacity needs to be reviewed now with some urgency, in order to ensure we have a safe and sustainable maternity service for women and babies. The Chief Midwife will lead this work with recommendations being identified within the first year of the strategy.

11.5 Hospital Paediatric Workforce Pressures:

We currently face significant challenges with regards to the number of? Paediatric and Neonatal Consultants. Gaps in middle grade registrar rotas caused by maternity leave, less than full time training and out of programme training currently affect all paediatric and neonatal rotas in Lothian (as well as Borders and Fife). This includes the neonatal intensive care unit at the Royal Infirmary Edinburgh (RIE), the paediatric intensive care unit at the Royal Hospital for Sick Children (RHSC), general and speciality paediatric rotas at RHSC and the paediatric and neonatal service at St John’s. From August 2013 there have not been middle grade trainees allocated to the paediatric and neonatal unit at St John’s or Borders for out of hours work.
11.6 Paediatric Workforce Planning: Short, Medium and Long Term

Workforce solutions to the issues across Paediatric services in Lothian will need to be planned for the short, medium and long term. A range of measures have been implemented to build current capacity within Paediatric and Neonatology services across NHS Lothian.

In terms of planning over the medium term, NHS Lothian has reviewed the outcomes of the commissioned independent Tailored Workforce Support Team (TWST) Report, which was set up by the Scottish Government Health and Social Care Directorates, in conjunction with NHS Lothian, to look at the future sustainability of the service. A range of alternative models and workforce options to maintain the service in the medium to long term have been highlighted and are currently being considered in full.

Looking to the longer term it will be important that any workforce planning activity reflects the Scottish Government’s 20:20 vision as well as NHS Lothian’s Strategic Clinical Framework, and in accordance with NHS Lothian’s Vision and Values.

In taking forward this work it will be important to work closely with other NHS Boards given that NHS Lothian provides a number of services across the region.

11.7 Community Child Health

The Community Child Health service is a consultant led service delivering secondary and tertiary paediatric services to the children of Lothian. Acknowledged priorities are children and young people with a disability – encompassing both physical disabilities and learning difficulties – and vulnerable children - including Looked After Children and those requiring protection from harm. Specialist child protection services are delivered by Community Child Health, including interagency referral discussions with partner agencies (Police and Social Work) and medical examinations of children where concerns about neglect, physical or sexual abuse have been raised.

Currently the service is facing significant workforce pressures due to an ageing medical workforce and the associated loss of key personnel, knowledge and skills following retirement and limited responses to recruitment attempts. This is recognised as a national challenge and requires effective workforce planning, working with key stakeholders to ensure that these crucial services remain sustainable over the longer term.

11.8 Child and Adolescent Mental Health

Improving access to specialist services for children and young people with mental health services is a priority for NHS Lothian. The Scottish Government also requires the NHS in Scotland to measure the time children and young people wait for treatment, including for Child and Adolescent Mental Health Services (CAMHS). The Scottish Government has set a target for the NHS in
Scotland to deliver a waiting time target from a child’s referral to treatment for specialist CAMH services to be 18 weeks from December 2014. Work completed to date to agree a tolerance level for CAMH service waiting times has determined that the CAMH services target should be delivered for at least 90% of children.

The single Lothian-wide CAMHS provides a tiered model of care to support and treat children and young people, (and their families and networks of support) aged from 0 to 18 years old, with mental health problems and mental illness. Tier Four provision includes a 12 Bedded inpatient unit serving the population of South East Scotland, an intensive home treatment team and four intensive treatment day services.

Tier Three provision comprises fifteen community / outpatient teams which fall within the remit of the access target. Nine of these teams are geographically defined:

- North Edinburgh: General and ADHD
- South Edinburgh: General and ADHD
- West Lothian: General and ADHD
- Midlothian: General and ADHD
- East Lothian: General including ADHD

The remaining four teams provide specialist CAMHS to specific populations:

- Children and young people who have experienced sexual trauma and also children presenting with sexualised behaviour problems - the Meadows team
- Children and young people with learning disabilities
- Children and young people with mental health problems and physical health conditions – PPALs Team
- Edinburgh Connect – a team serving looked after and accommodated children in Edinburgh

In April 2011 the upper age range for all referrals to the service was extended to 18 years in line with the requirement of the Mental Health (Scotland) Act and with national policy guidance for specialist CAMHS. No additional resource was allocated to the service to manage the extension of service provision.

The referral rate for Lothian CAMHS continues to increase year on year, inclusive of an increase across the whole spectrum of mental health conditions. For example, children and young people with serious eating disorders including anorexia nervosa have significantly increased in the time period. In comparison with other Scottish Health Boards, NHS Lothian has one of the highest referral rates and rate of accepted referrals.

The expected prevalence of mental health problems in the child population is 10%\(^1\) so although the Lothian referral rate of 0.6%, which is higher than the

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\(^1\) 10% prevalence – not all children and young people will be referred to specialist CAMHS. Part of a specialist CAMH service is to build capacity within with Universal Services to enhance their ability to work with children and young people with mental health problems.
Scottish mean, this would indicate that in comparison with other Scottish Boards the thresholds are appropriate.

The service also works indirectly to support the work of those working in education, primary and third sector care to improve outcomes for children who do not meet the threshold for referral to specialist CAMHS. If evidence based intervention is offered early in a child’s life and early in the problem cycle then that minimises the impact of the mental health problem on the child’s ordinary development and life. There is evidence that early intervention also leads to reduced health spend across the life cycle.

There has been a concerted effort to improve waiting list management by CAMHS services. The Quest funded A12 team have been working with the clinical services on a number of service improvement strands including:

- Cleansing of data to ensure accurate wait times information
- Introduction of standard operating procedures for ensuring data quality and improved data completeness
- Agreement of standard operating procedures to ensure consistent and efficient management of services’ waiting lists.
- Development of a monthly CAMHS waiting times dashboard
- Planned implementation of the Remind+ telephone and text reminder system to reduce non-attendance

In addition, The Choice and Partnership Approach Model (CAPA) which is designed to improve services’ capacity and patient flow will be implemented across Lothian services.

With the Demand and Capacity activities and further planned improvements planned, the CAMHS Executive Management Team have identified the resource required to sustain current performance and ensure that the target of 90% of children and young people requiring CAMHS are seen within 18 weeks by December 2014. This is currently being considered as part of NHS Lothian’s Financial Plan prioritisation process.

Led by the Strategic Programme Manager for Mental Health and Wellbeing, the CAMHS Executive are working to ensure that there is an increased locality focus to tier three provision.

A CAMHS hub model is being developed which will ensure that there is greater alignment and closer working with key third sector partners within localities. This will offer increased opportunities for co-working, liaison and consultation in line with Getting It Right For Every Child (GIRFEC) principles. This will also take account of the planned re-provisioning of the Sick Children’s Hospital which will have reduced out-patient capacity.
11.9 General Practice

In 2013, A Vision for General Practice in the Future NHS was published by the Royal College of General Practitioners. This outlines the changing landscape in which an understanding of high-quality health care is changing. It recognises the move towards a twenty-first-century system of integrated care, where clinicians work closely together in flexible teams, formed around the needs of the patient and not driven by professional convenience or historic location. It is therefore crucial that GPs are involved in the development of plans for the integration of children’s services.

Furthermore, the report states that GPs in 2022 will need expert generalist clinical skills, particularly in the context of managing children with complex medical conditions and that, “They will be able to respond to both urgent and routine needs, providing first-contact services to the majority of children…..”. It is therefore important that GPs generally have opportunities to maintain their knowledge and skills.

NHS Lothian’s Strategic Plan 2014 - 2024 outlines the need to review GP numbers and workforce support in light of the population and demographic changes. In addition, to support GP training in the management of children and young people, GPs are encouraged to access programmes such as the Lothian Fellowship Programme for paediatrics and the National Education for Scotland Paediatric Scholarships, which are particularly aimed at GPs with a special interest or wanting to take a lead in the practice.

11.10 Integration of Children’s Services

The Christie Commission report outlined the importance of integrating services to reduce the complexity and fragmentation of public sector services and have a stronger focus on improving outcomes for people. The integration of adult health and social care services, the creation of the shadow Health and Social Care Partnerships and anticipated future dissolution of the Community Health Partnerships (CH(C)Ps) in April 2015 has a consequential effect for Health Visiting and School Nursing services that are currently managed within CH(C)Ps across Lothian.

There are many opportunities brought by the integration of children’s services, building on the principles of GIRFEC and for improving the outcomes of children and their families. As we work through the practicalities of what this means for staff and the services we offer, NHS Lothian makes a firm commitment to working with staff to:

- fully involve them in decisions that affect them
- identify the opportunities integration brings
- ensure that any identified risks are mitigated
- ensure that patient safety and quality of care will be sustained or enhanced and that there is no inequity across Lothian
- explore more opportunities for interagency training and development that results in improved joint working and in improved outcomes for the children and families staff work with.
12. Finance

Children and young people are crucial to the future well-being and prosperity of Scotland. Healthier adults in the future will reduce the demand placed on NHS services.

The Scottish Government in its report “The Financial Impact of Early Years Interventions in Scotland” has indicated that investing in early years services produces the potential for savings in the short, medium and long term.

Discussions within NHS Lothian during 2012 resulted in a proportion of the additional monies that are received from the Scottish Government to reflect population changes being utilised to support Early Years. Further discussions are required locally and with the Scottish Government to identify resources that are required to implement the requirements of the Children and Young People (Scotland) Bill from 2014.

The financial baseline for this strategy will be 2012-13, recognising that the development of this strategy and NHS Lothian’s commitment to early years has begun a shift in resource, in line with the Early Years Change Fund.

Table 1: NHS spend on healthcare services for children and young people (0-17 years) 2012/13.

<table>
<thead>
<tr>
<th>Spend on Under 18s</th>
<th>Edinburgh</th>
<th>East Lothian</th>
<th>Midlothian</th>
<th>West Lothian</th>
<th>Lothian Wide</th>
<th>Non-Lothian and other</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td>£12,564,899</td>
<td>£3,128,096</td>
<td>£2,318,175</td>
<td>£7,009,273</td>
<td>£0</td>
<td>£15,949,753</td>
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<td>Day Cases</td>
<td>£2,680,065</td>
<td>£643,881</td>
<td>£467,809</td>
<td>£1,342,948</td>
<td>£0</td>
<td>£1,892,494</td>
<td>£7,027,197</td>
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<tr>
<td>Outpatients</td>
<td>£8,808,712</td>
<td>£1,997,269</td>
<td>£1,838,613</td>
<td>£3,621,171</td>
<td>£0</td>
<td>£1,235,196</td>
<td>£17,500,961</td>
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<td>Community</td>
<td>£9,571,093</td>
<td>£2,182,610</td>
<td>£1,866,719</td>
<td>£4,002,711</td>
<td>£0</td>
<td>£13,797,364</td>
<td>£31,624,074</td>
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<tr>
<td>Payments to Voluntary Organisations</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>£603,000</td>
<td></td>
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<tr>
<td>Totals</td>
<td>£33,624,770</td>
<td>£7,951,857</td>
<td>£6,491,316</td>
<td>£15,976,103</td>
<td>£14,400,364</td>
<td>£19,281,019</td>
<td>£97,725,429</td>
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Table 2: NHS Additional spend on healthcare services for children and young people 2013/14

<table>
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<tr>
<th>Spend on Under 18s</th>
<th>Edinburgh</th>
<th>East Lothian</th>
<th>Midlothian</th>
<th>West Lothian</th>
<th>Lothian Wide</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Increase in population - Health Visitors</td>
<td>£135,500</td>
<td>£34,000</td>
<td>£34,000</td>
<td>£67,750</td>
<td>£271,250</td>
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</tr>
<tr>
<td>Implement 27-30 month review – Health Visitors</td>
<td>£162,000</td>
<td>£40,500</td>
<td>40,500</td>
<td>£81,000</td>
<td>£324,000</td>
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<tr>
<td>Implement 27-30 month review – Speech &amp; Language Therapy</td>
<td>£22,000</td>
<td>£5,500</td>
<td>£5,500</td>
<td>£11,000</td>
<td>£44,000</td>
<td></td>
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<tr>
<td>Increase in population – school nurses</td>
<td>£42,000</td>
<td>£11,500</td>
<td>£11,500</td>
<td>£21,000</td>
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<td>Enteral Feeding for Children</td>
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<td>£86,000</td>
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<td>Implement CEL 16 – review all looked after children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£595,907</td>
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<tr>
<td>Totals</td>
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<td>£91,500</td>
<td>£180,570</td>
<td>£681,907</td>
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13. Governance and performance improvement arrangements for overseeing implementation of this strategy

Outcome this section covers:

Robust governance and performance improvement arrangements will be in place for overseeing implementation of this strategy

The implementation of this strategy will require improvements to the current process of measuring how children and young people’s healthcare services are performing. The production of good quality data and information will be necessary in order to ensure that we know that every child has the best start in life and is growing up healthy, confident and resilient.

While we are good at collating data, we need to ensure that we are collating the right data that evidences that we are achieving positive outcomes or not. We will therefore review the data we collate and ensure that it helps:

- practitioners understand more about the children they work with, either individually or at population level
- contribute to demonstrating progress towards the outcomes of this strategy and the Integrated Children’s Services Plans agreed with partners.

To oversee implementation of this Strategy, the ‘NHS Lothian Children and Young people’s Strategy and Modernisation Group’ will be replaced by the Lothian Children and Young People’s Health and Wellbeing Programme Board.

The remit of this group will be to:

- drive forward and oversee the implementation of this strategy, monitoring progress against identified indicators and outcomes
- identify and progress areas of work where there is a greater chance of improving children and young people’s outcomes by working across Lothian
- share learning across partners and geographical areas in order to improve the quality of service provision at a local and regional level
- clarify the contributions to be made by each agency towards the identified Lothian wide outcomes
- support the integration of children and young people’s services where appropriate in order to improve the pathways of care for children and young people
Our Health, Our Care, Our Future – Appendix 4a
Appendix 2: Links to National Data Sources

Appendix 3

Key messages from Fair Society, Healthy Lives
Marmot Review
http://www.marmotreview.org/ - this could go as an appendix?

1. Is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.

2. There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health.

3. Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

4. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.

5. Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.

6. Economic growth is not the most important measure of our country’s success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.

7. Reducing health inequalities will require action on six policy objectives:
   - Give every child the best start in life
   - Enable all children young people and adults to maximise their capabilities and have control over their lives
   - Create fair employment and good work for all
   - Ensure healthy standard of living for all
   - Create and develop healthy and sustainable places and communities
   - Strengthen the role and impact of ill health prevention

8. Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.

9. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.
