

Leadership Group

24th June 2015

2pm – 4pm

Committee Room 3, HCHQ

Attended	Bill Alexander (Chair)	Director of Care & Learning
	Ian Kyle	Children's Planning Manager
	Bernadette Cairns	Head of Additional Support for Learning
	Callum Mackintosh	Area Care & Learning Manager - South
	Gillian Newman	Policy Officer, HCF
	Maurice McIntyre	Area Care & Learning Manager – Mid & North
	Pam MacLean	Senior Service Information Officer
	Ruth Binks	Quality Improvement Manager
	Tom Boyd	SCRA
	Valerie Gale	CALA
	Dawn Grant	Area Manager, North
	Deborah Shanks	Service Lead for Paediatrics
	Shaun Finlayson	Youth Convener
	Sheena MacLeod	Head of Health (Children's Services)
	Mark Richardson	Principal Adult and Youth Manager, HLH
	Joanna Macdonald	Chair of Transitions Group
	Sally Amor	Child Health Commissioner/Public Health Specialist
	Norma Young	Area Care & Learning Manager - West
Apologies	Linda Munro	Councillor/Children's Champion
	Edward Foster	Finance Manager, C&L
	Rikki Selkirk	Staffside – GMB Inverness
	Hugo Van Woerden	Director of Public Health
	Isobel Murray	Commissioning Officer
	Ann Darlington	Action for Children
	Sandra Campbell	Head of Children's Services
	Cath King	Health Improvement Policy Manager
	Margaret MacRae	Staff Representative, NHS
Did not attend	Vince McLaughlin	Police Scotland
	Fiona Palin	Head of Social Care
	George Maldonado	Performance Analyst
	Jim Steven	Head of Education
	Douglas Wilby	Head of Performance
In attendance	Maggie Tytler	Administrative Assistant, Care & Learning, Mid

	(minutes)	
1.	Apologies & Introduction Apologies and introduction made.	
2.	<p>Previous Minutes – 22nd April 2015</p> <ul style="list-style-type: none"> Integration Scheme – still with Scottish Government. Realigning Children’s Services (RCS) – A small group from the Scottish Government are visiting on 18th August. Ian has put out a meeting request. There will be more discussion at this group about what is involved. The earliest this would start is September. <p><u>ACTION</u> Ian to send detailed information.</p> <ul style="list-style-type: none"> Youth Work IG – planned refresh for September. Will be looking at less priorities than previously. Mark was unsure who would make up membership of the group – school representation. It was agreed HLF to Chair. 	Ian
3.	<p>Quality Assurance Framework QI 1.1 – Improvements in the wellbeing of children and young people</p> <p>All groups have been asked to look at indicator 1.1. Ian has received statements from some improvement groups. All should be with Ian by the next meeting in August. Ian is looking at combining to have 1 statement.</p>	IG Leads
4.	<p>Needs Assessment Matrix</p> <p>Each group should consider the health needs assessment. Ian to resend matrix with final columns for IG chairs to identify status of each recommendation.</p> <p><u>ACTION</u> Sally to discuss queries with Ian and Sandra.</p> <p>Notes, in red, on appendix 1.</p> <p><u>ACTION</u> Ian to resend matrix with additional column requesting. Already done or in improvement plan or if not should it be added.</p>	<p>Sally, Ian & Sandra</p> <p>Ian/IGs</p>
5.	<p>Strategic Plan</p> <p>Integration scheme awaiting sign off by Scottish Government. Decision was made to amend existing plan to be strategic. Format meets legislative requirements. Will need to include associated work which is being led by Sandra. There will be an event in September with a district partnership focus.</p> <p><u>ACTION</u> Ian requested updates of IG plans to enable him to produce a brief for district partnerships on 9th July.</p>	IGs
6.	<p>September Strategic Commissioning Group</p> <p>The group meets twice a year. Bill requested volunteer to provide an assessment as Bernadette had previously for ASN IG. Next meeting is on 28th September.</p>	

	Please let Bill know at the next meeting on 26 th August if able to provide assessment. This allows leaders of HC and NHS to understand what is going on.	
7.	<p>Annual Review of FHC4 Update by Improvement Group Leads</p> <p><u>School IG</u> (Ruth) – new improvement plan which Ruth offered to email to members of this group. Looking at what is working and not working so well. What is the impact of CPD (Continued Professional Development) on schools. Annual review is required.</p> <p><u>Early Years IG</u> (Bill) – new group and have only met once. Need to regroup around the improve plan. Haven't looked at 1.1 or annual review. Have agreed new structure. Focussed on urgent priorities. Looking at management in schools</p> <p><u>Child Protection IG</u> – Vince is the new Chair with Sandra as Vice Chair. QI 1.1. has been completed. Looked at case reviews and internal case reviews. Require a fresh focus on use of data around planning, self-evaluation and quality assurance.</p> <p><u>LAC IG</u> (Ian) – annual review hasn't been completed yet. IG continues to have a plan which is the focus of the meeting.</p> <p><u>Mental Health IG</u> (Sally) – group didn't meet while Sally was off. Looking to complete annual review and QI 1.1. Rapid improvement work shop was a good example of care and learning and NHS work. Focus on demonstrative process and initial assessment of children.</p> <p><u>ASN IG</u> (Bernadette) –adding links in the plan from other documents. Working around children's rights.</p> <p><u>Young Carers IG</u> (Bernadette) – group to meet next week and looking at evaluations.</p> <p><u>Play IG</u> (Gillian) – there are events in Fort William and Inverness, planned in the summer, to raise public awareness of play. Completed QI 1.1. still to complete annual review.</p> <p><u>Public Health and Wellbeing IG</u> – Cath not in attendance.</p> <p><u>Practice Model IG</u> (Ian) – no progress on annual review. Looked at draft practice model guidance. Amelia to send for wider consultation.</p> <p><u>Youth Justice IG</u> (Dawn) – first two priorities have been reviewed. Looking at training planning. Dawn will be re-writing protocol.</p> <p><u>Parenting IG</u> (Sheena) – to do annual review and self-evaluation. Focus on mapping exercise which will indicate needs assessment. Will be some consultation with district partnership.</p> <p><u>Transitions IG</u> (Joanna) – work has taken place with adult and children's services. Group to meet twice a year.</p> <p>All IGs to look at annual review if this hasn't been completed already.</p>	All
8.	<p>National Updates</p> <ul style="list-style-type: none"> • Sally – national developing on guidance from Children and Young Persons Bill. • Bill – Sandra working with a group around appeals process. • Children and Young People Early Intervention Event – will have one fund. New focus on active play, parenting, separated families, early years and expanding child care. Nikita Sharkey talked about rights of the child – looking at engagement of children and how they are included in 	

	<p>decision making. To be able to apply you must work across four or more authorities.</p>	
9.	<p>AOCB</p> <ul style="list-style-type: none"> • Tom received guidance on UNCRC http://www.uncrcletsgetitright.co.uk/ • If outcome indicators require to be changed it will need to be brought to this group before getting approval from Strategic Commissioning Group. Hugo had thought that breast feeding figures were incorrect. To be discussed at IG and brought back to the next meeting on 26th August and Strategic Commissioning Group in September. • FHC plan should be on all District Partnership Plans. Sheena to supply a script for each partnership. • There has been a lot of discussion around area committees – more local decision making. There is a lot of reforming going on. Changing environment over the next few years. • Lot of budget discussion. Hopefully greater clarity in the next 6 months. 	IG
10.	<p>Next Meeting 26th August 2015, 2pm – 4pm, Committee Room 1, HCHQ</p>	

Needs assessment matrix for FHC Improvement Groups

1.1 The population of children and young people in NHS Highland Recommendations

Recommendation	For consideration by; (IG)
Service planning for maternity and child health services should be flexible to allow for annual variation in numbers of births and the geographical growths and reductions in child populations across NHS Highland.	Early Years
Accident prevention, particularly in relation to road safety, and effective strategies to identify and manage self-harm and suicide are likely to have the greatest impact on mortality rates in children and young people and should therefore be a major focus for health improvement, community planning, health and social care planning and educational support services.	Public Health and wellbeing

1.2 Determinants of Health Recommendations

Recommendation	For consideration by; (IG)
Effective strategies to improve educational attainment and encourage young people to continue their education beyond school-leaving age should be considered and implemented through community planning. Further work to map where there are particular problems should be part of these strategies.	Schools
Health improvement services supporting individual behaviour change, such as smoking cessation, addiction services and alcohol brief interventions should ensure that all pregnant women and those of reproductive age should receive appropriate support to adopt healthy lifestyles to reduce the likelihood of having a low birth weight baby.	Early Years

1.3 Universal Child Health and Development Recommendations

Recommendation	For consideration by; (IG)
Improvement work needs to continue to ensure that the 6-8 week child health surveillance forms are accurately completed and returned promptly.	Early Years
NHS Highland should continue to work closely with CPP partners in Highland and Argyll and Bute and nationally to <ul style="list-style-type: none"> o Improve uptake and coverage of the 27-30 month review. 	Early Years

<ul style="list-style-type: none"> ○ Agree a set of nationally approved and evidence-based assessment tools for the 27-30 month review. ○ Ensure that any concerns identified have clear referral routes for diagnosis, treatment and continuing management. 	
The extension of the seasonal flu vaccine across primary school aged children presents opportunities for education and school nursing services to work together and enhance understanding of roles and responsibilities.	Public Health and wellbeing

1.4 Maternal wellbeing and fetal health Recommendations

Recommendation	For consideration by; (IG)
Smoking, alcohol and drug use should be routinely discussed with all pregnant women and recorded appropriately. Women identified by this routine enquiry should be referred on to smoking cessation and addiction services as a matter of priority. The recording of tobacco, alcohol and substance misuse at booking in the Scottish Birth Record should increase to 95% of records and recording of BMI should also increase.	Early Years
Training on motivational interviewing should be available and accessible to all staff and practitioners involved with pregnant women.	Early Years
Nutrition and the effects of tobacco, drug and alcohol use in pregnancy should be included in Curriculum for Excellence.	Schools
Consider innovative approaches to reducing smoking in pregnancy.	Public Health and wellbeing
Audit existing pathways and best practice guidance on managing risk factors, including high BMI, in pregnancy.	MINF
Pregnant women with high BMIs should be referred on to weight management services as a matter of priority.	MINF
The Maternity and Neonatal Strategy and Coordination Group should consider and implement recommendations by the Maternal and Infant Nutrition Improvement Group.	MINF
Ensure links with national developments regarding nutritional assessment tool across the maternity journey.	MINF
Further work, should be undertaken to better understand and record levels of poor mental health in pregnant and post-natal women and appropriate guidance and service provision developed.	Mental Health
Training and skills development regarding perinatal mental health should be available to midwives, health visitors and GPs on a regular basis in both Argyll and Bute CHP and the HHSCP.	Mental Health

Dedicated consultant perinatal psychiatry sessions should be identified in adult mental health services in both Argyll and Bute CHP and the HHSCP.	Mental Health
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1.5 Immunisation Recommendations

Recommendation	For consideration by; (IG)
Further work is needed to identify effective strategies for improving uptake of MMR and HPV vaccines.	Public Health and wellbeing
Joint working between the school nursing and education services should support the increased workload associated with the seasonal influenza immunisation programme for children.	Public Health and wellbeing

1.6 Nutrition Recommendations

Recommendation	For consideration by; (IG)
A new national HEAT target for child healthy weight is awaited but in the mean time, the High 5 programme in the HHSCP area should continue.	Public Health and wellbeing
Child Healthy Weight Programmes cannot be delivered in isolation and should be part of the wider programme of initiatives to address the obesogenic environment.	Public Health and wellbeing
Child Healthy Weight programmes should include all three tiers of the integrated systems approach to child overweight and obesity prevention and management i.e. prevention (Tier 1), treatment (Tier 2) and specialist assessment and care (Tier 3), work is needed to achieve this across Scotland.	Public Health and wellbeing
Breastfeeding rates should increase in line with WHO recommendations; further work is needed through the Maternal and Infant Nutrition Group and the EYC to identify effective strategies and interventions	MINF
There should be ongoing population scrutiny of BMI trends at P1 and a 4 year rolling programme of BMI at P7 (as recommended in Hall 4).	Public Health and wellbeing
Further work should be undertaken to develop a family based approach to delivering interventions and services which support parents, infants, children and their families to maintain a healthy weight within the context of wellbeing.	Public Health and wellbeing
The Maternal and Child Nutrition Best Practice Guidance should be reviewed and refreshed.	MINF

To maintain breastfeeding rates in the early days and weeks to improve the rate at 10 days and 6-8 weeks and beyond.	MINF
Support for the Baby Friendly Initiative should continue to underpin good practice across services.	Early Years

1.7 Oral Health Recommendations

Recommendation	For consideration by; (IG)
Continue to increase the uptake of the Childsmile programme across NHS Highland.	Public Health and wellbeing
Continue to promote dental registrations to achieve higher rates similar to the national average.	Public Health and wellbeing
Dental health in more deprived areas is poorer and a programme of fluoride varnishing is provided to nursery and primary school children in NHS Highland in targeted communities. The capacity to ensure full coverage of these communities and to develop the universal programme in NHS Highland should be fully utilised.	Public Health and wellbeing

1.8 Parenting Recommendations

Recommendation	For consideration by; (IG)
Child health surveillance contacts and child plan assessment processes should identify the need for parental support and there should be clear onward referral routes into evidence-based parenting programmes.	Supporting Parents
Child health surveillance contacts and child plan assessment processes should identify where additional help is required to promote positive attachments and reflective relationships and there should be clear onward referral routes for additional support.	Practice Model
Initial referrers (GPs and schools) should be aware of referral processes and pathways.	Practice Model
Parenting interventions should be actively considered by services when risk factors have been identified e.g. family conflict, conduct disorder, substance/alcohol misuse.	Supporting Parents
Parenting programmes for parents of young children with significant behavioural difficulties should be available and delivered in a targeted and focussed manner across integrated teams in both CPPs.	Supporting Parents

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1.9 Mental Health Recommendations

Recommendation	For consideration by; (IG)
Service design and delivery should ensure that the mental health needs of vulnerable groups (LACY, disabilities, young carers and additional support needs) are clearly and promptly identified and addressed.	LAC, ASN, Young Carers
Those at risk of poor mental health should be identified through routine surveillance contacts and addressed through use of the Child Plan process.	Practice Model
All frontline staff who come into contact with children and young people should be able to identify those with mental health needs and be aware of referral routes into appropriate services. A baseline audit should be undertaken to establish the extent to which appropriate referral is happening and the training needs of non-specialist staff. This audit should include presentations with self-harm. The Primary Mental Health Workers should be promoted as the appropriate service to support these staff.	ASN
Focussed locally based Needs Assessment should be undertaken across Family Teams and localities to see how the indicative numbers match to current service uptake and to inform joint commissioning in both CPPs.	Family Teams
The waiting time target for CAMHS should continue to be closely monitored and action taken early on to address any issues.	Mental Health
Regular discussion needs to take place between CAMHS and adult mental health services to ensure smooth transition from one service to another.	Mental Health
Further work should be undertaken to develop outcome measures across the life course to establish levels of mental health and wellbeing across infancy, childhood and adolescence, informed by the Mental Health Indicator Set developed by NHS Health Scotland 2011.	Mental Health

1.10 Health Behaviours in Children and Young People Recommendations

Recommendation	For consideration by; (IG)
Systematic recording on EDIS of emergency department contacts for alcohol or drugs and self-harm should be implemented.	
Effective strategies and interventions for reducing harm from alcohol and drugs should be developed and implemented with the support of the ADPs.	Public Health and wellbeing

Access to effective and confidential sexual health services including emergency contraception and barrier protection through third sector contracts, school-based services and pharmacies as well as primary care, should be maintained and extended to continue the decline in teenage pregnancy and prevent STIs, particularly Chlamydia.	Public Health and wellbeing
Opportunistic screening for Chlamydia should be actively promoted through the services listed above and at other opportunistic contacts with health and care services.	Public Health and wellbeing
Schools and education authorities should continue to provide evidence-based educational sessions on relationships, behaviour and sexual health, relationships and behaviour to all children, starting in early years and continuing through primary and secondary school, as part of Curriculum for Excellence. Teachers and other educational staff should be fully trained to provide such sessions.	Schools
Work should be undertaken to support parents to discuss sexual health and relationships with their children.	Public Health and wellbeing
The revised physical activity strategies in HHSCP and Argyll and Bute should specifically develop access to a wide range of activities to encourage all young people to participate in physical activity. Consultation with young people and local surveys (such as the Highland Lifestyle Survey) should be undertaken to identify and address any particular barriers to uptake.	Public Health and wellbeing
Revised healthy weight strategies in both HHSCP and Argyll and Bute should emphasise family engagement to increase healthy eating by children and young people, as well as continuing to provide healthy school meals and discouraging consumption of sweetened soft drinks and high fat, salt and sugar (HFSS) foods at school.	Public Health and wellbeing
Local authorities should consider banning HFSS food advertising and sales close to schools.	Public Health and wellbeing

1.11 Keeping Safe Recommendations

Recommendation	For consideration by; (IG)
Training in child protection should continue to be mandatory at induction for all health professionals.	Child Protection
Training and development should monitor uptake of training and ensure that all staff are able to participate to reach the level of skill and knowledge specified in their job description. Reports on percentages of staff fully trained and up to date should be presented regularly to the Child Protection Committee and operational service managers to promote uptake.	Child Protection
Child Protection Advisers should be accessible to all health and care staff for training, advice and support when child protection issues are	Child Protection

raised.	
All those involved in identifying a child as at risk of harm should explicitly be included in feedback from any subsequent investigations.	Practice Model
In the Highland CPP, consideration should be given to formalising the involvement of health colleagues in the initial assessment of risk and harm as in Argyll and Bute CPP.	Practice Model
The findings of an investigation into a death (SUDI or otherwise) should be reviewed as an important learning and audit process.	Child Protection
There will be a need to establish a Child Death Review process once the final guidance is published by the Scottish Government for deaths of all children under the age of 18 years.	Child Protection
An audit of health assessments for LACYP should be undertaken to establish <ul style="list-style-type: none"> - What needs have been identified. - What action, and its outcome, has been taken to address them. - How risk-taking behaviour has been identified and managed. 	LAC
A review of care leavers health needs could identify areas for improvement in preparation for taking responsibility for their own health.	LAC
Both Alcohol and Drugs Partnerships in NHS Highland should undertake detailed needs assessments for CAPSM as part of their revision of their ADP strategies in the next year. Recommendations from the needs assessments should be considered by children's health and social care services as well as ADPs to ensure that the needs are met as appropriately and effectively as possible.	CAPSM

1.12 Uptake of emergency healthcare Recommendations

Recommendation	For consideration by; (IG)
Management of asthma in children should be reviewed, through implementation of a comprehensive asthma pathway across primary and secondary care, which includes consultation with schools and children with asthma and their families, to help reduce emergency hospital admissions for asthma.	Public Health and wellbeing
Campaigns and programmes to reduce falls and promote safety in the home should be reviewed and implemented.	Public Health and wellbeing
Road and outdoor safety campaigns should be promoted.	Public Health and wellbeing

1.13 Children with Long Term Conditions Recommendations

Recommendation	For consideration by; (IG)
Integrated children's health and social care teams, schools and primary care should compare the indicative numbers of children with LTC to the actual numbers in contact with their services to establish true prevalence and level of need in their areas. The information should then be available to service planning to ensure more accurate and appropriate service provision.	ASN
The absent from school policy concerning children with a medical condition in HHSCP, could be monitored to review its effectiveness and consider its use in Argyll and Bute CHP.	ASN
The revised national medicines in schools policy should be incorporated into local policies when available and monitored	
The Support Needs System should be implemented in the HHSCP and any barriers to its implementation should be identified and addressed.	ASN
An audit of children with LTC who have recently moved to adult services should be undertaken with a view to developing useful indicators of a good transition process that can be incorporated into the performance framework for the HHSCP.	Transitions, ASN
Champions for transitions should be identified in adult services to promote awareness of the issues and provide a means for discussing how to provide appropriate services for young people.	Transitions