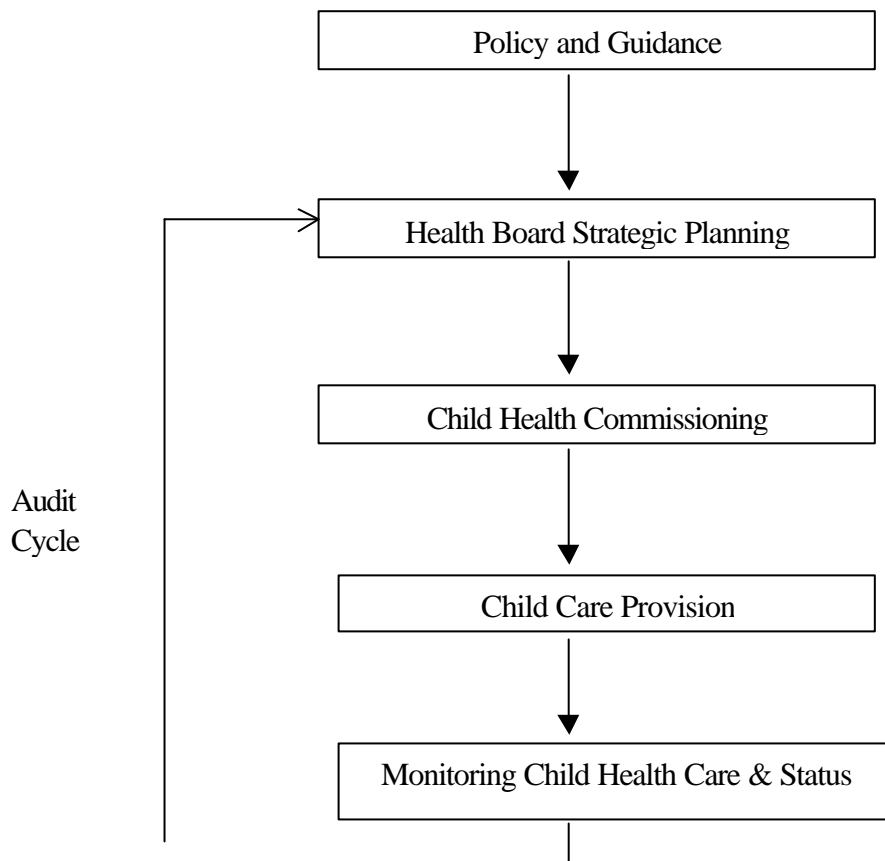


A Template for Child Health Services within Unified NHS Board Areas

1. Introduction

Our National Health, a plan for action, a plan for change (2000) recognised the need for a long-term strategy to promote improved, combined and integrated children's services. The template defines essential and comprehensive components of a child health service which reflect this strategy. It identifies a framework for Unified NHS boards and trusts to plan, commission and monitor the services for children, please see Figure 1, so that they contribute effectively to a common objective and are driven by a strategic assessment of local needs and priorities.

Figure 1.



The template proposes a way in which all who deliver services can work together to meet the needs of children and drive up standards. It will ensure that children's services are prioritised throughout the NHS in Scotland and will provide a platform for future developments. It will also interact with the Clinical Standards Board for Scotland and the proposed Performance Accountability Framework and will take cognisance of other Scottish Executive developments particularly in

relation to Education and Social Work Services, e.g. Better Integration of Children's Services, Learning with Care, Sure Start, New Community Schools and the Child Protection Review.

In the context of the template the definition of a child should be in line with the Children (Scotland) Act (1995) and the UN Convention on the Rights of the Child (1991), i.e. anyone under 18 years of age.

2. Child Health Policy

The Scottish Executive's policy, outlined in *Our National Health, a plan for action, a plan for change*, is to ensure that every child in Scotland gets the best possible start in life and these child health issues are detailed in Appendix 1.

This commitment is reflected across the work of the Scottish Executive, for example in policies to create social justice, to improve early education and to provide childcare, as well as in health policies. The early years of development influence learning, behaviour and health throughout life. Children who do not get the best start can show clear differences in both health and development by three years of age compared to those who do. The life circumstances of the expectant mother and young child influence the chances of developing cardiovascular diseases, diabetes, obesity, cancer and mental health problems in later life.

Joint working between NHS Scotland and other agencies, including those in the independent and voluntary sectors and local communities, is essential if we are to provide all children and their families with combined and integrated services. This will require inter-agency strategic planning and designing of, and investment in, children's services bringing the overall Community and Local Health Plans together to provide and deliver a seamless approach to a comprehensive child-centred care system.

3. Delivering a Combined and Integrated Child Health Service

The development of a combined and integrated child health service must be multi-agency and multi-professional and must take account of the needs of children on a continuum from the healthy child through to those with special and complex health needs.

A *combined* service is across a continuum of primary, secondary and tertiary health care with appropriate links to maternity and adolescent/adult services.

An *integrated* service is one in which the work of NHS Scotland is integrated with that of Local Authorities, Education and Social Services, and in the case of non-accidental injury and child abuse, with Police Services.

(Acute Services Review Report, 1998)

The Planning Framework for Children's Health Services should take into account the following issues:

3.1 Strategy

- A Child Health Strategy must have an integrated approach and should be developed within the framework of the Children's Services Plans, Local Health Plan and Local Authority Community Plans. It is important to identify the objectives and plans for children who are well, and also the management of children who are ill and require the provision of health services. The Strategy should indicate the health status of the local population, the needs of the population and the provision of health and non-health services culminating in an identification of health gain to the population.
- The Child Health Strategy should be dynamic and have the ability to be flexible, to incorporate changing needs of the population and methods of care.
- Every Unified NHS Board should have a Child Health Strategy, with a clear Child Health Implementation Plan.
- When Unified NHS Boards are developing their Child Health Strategy, each element of child health provision identified within this template should be considered and addressed. The Child Health Strategy should:
 - Identify the current child health status of the local population;
 - Set goals, aims and objectives for the future Child Health Service;
 - Identify the planned provision for child health care and produce a Child Health Implementation Plan;
 - Complement the Local Authority Children's Services Plans within the Local Authority Community Plan;
 - Identify the current configuration for Child Health Services in terms of all the elements of the service, the service providers and locations of care;
 - Specify a timescale for development of Child Health Services in terms of 1-3 years, 5 years and 10 years;
 - Specify and identify any resource implications;
 - Specify local milestones for performance review and consideration should be given to each NHS Board producing an annual report on Child Health Services;
 - Identify the establishing of networks between tertiary and local services

3.2 Leadership

Whilst it is recognised that some children's services may be commissioned on a regional or national level, a Lead Commissioner responsible for Child Health Services should be appointed at each Unified NHS Board and should take the lead in the development of the Child Health Strategy, planning and commissioning child health services. The Lead Commissioner for Children's Health should have a responsibility covering acute, community, primary care and child and adolescent mental health services as the overall and accounting person. However, other Commissioners may take a responsibility for parts of the service in which children are a part, e.g. mental health, surgical services and some medical services.

The Commissioner for Child Health Services should have a clear job description with an understanding of the role, responsibility, position and accountability within the organisational structure. The role should include:

- Identifying the present and projected Unified NHS Board child population and health profile.
- Maintaining a comprehensive overview of the pattern of primary, secondary and tertiary care services for children and their present utilisation levels.
- Ensuring that the Child Health Strategy is integrated across local agencies.
- Responsibility for monitoring and auditing the health status of children and the provision of child health services.
- Responsibility for the development and monitoring of an implementation plan, which should include a resource profile of not only the global amount, but also include a means of identifying the changes in utilisation of the resources allocated to children's services.
- Responsibility for ensuring that appropriate information systems are in place to ensure the provision and monitoring of child health services.
- Responsibility for children's services within the proposed Performance Accountability Framework.
- Establishing effective communication between senior officers of the Health, Social Services, Education, Criminal Justice and Police and voluntary agencies to ensure an integrated child health service for the local population.
- Acting as contact point for all issues relating to children's services.

3.3 Planning

- There should be a multiagency and multiprofessional planning structure for children's services between Health, Local Authority and other relevant partner agencies including those in the voluntary sector. This structure must be fully integrated.
- Children and their families should be actively involved in the planning and provision of Child Health Services and this should include well children, ill children and vulnerable groups of children and their families. Children and families, for a variety of reasons, have considerable experience of using child health services and the interface between different sections of health services and other agencies. It is recommended that each local healthcare system has a systematic approach to **consultation with children and carers**.

3.4 Prioritisation and Targeting

- Each Unified NHS Board, in collaboration with other agencies, should develop a child population profile which includes population, demography, health status of children, current health service provision and current utilisation with draft projections for future demography and provision.
- There should be identification of specific vulnerable groups of children with special needs to enable specific targeting of health services.
- There should be identification of local and national targets for child health care.

3.5 Service Delivery of a Combined and Integrated Child Health Service

- Child Health Services should be child centred, holistic and integrated, irrespective of whether that care is provided by the Acute Trust, the Primary Care Trust, the Local Health Care Co-operative (LHCC), the Primary Healthcare Team or any Local Authority agency.
- Services should always be provided as near as possible to the child's home environment.
- NHS Boards should ensure clear approaches to health care and should consider the use of managed clinical networks, professional clinical networks, integrated care pathways and the use of consistent evidence based guidelines. There is also a need to consider innovative approaches to care and the provision of services in partnership with other providers. However services are provided, the baseline must be good quality care which is as accessible as possible to the users.
- NHS Boards should develop and consider risk assessment and management approaches within child health services.
- NHS Boards should take into consideration the needs of children in all aspects of clinical governance and quality of care.
- LHCCs should review their boundaries with local authorities to maximise alignment as a basis for local joint resourcing in relation to children's services.
- Consideration should be given to the possibility of a pooled budget for child health provision.

4. Providing a Child Health Service

Child health services should be provided across a continuum from community based services for the well child through to tertiary specialist services for the child with complex health needs and be fully integrated with other services such as Education and Social Work Services to ensure a consistent, child centred approach.

The following are identified.

4.1 The Healthy Child Population

Unified NHS Boards require to identify who will take the lead role for children's issues in terms of public health. The broad environment in which children live requires to be taken into account when considering the health status of children. Joint working with local authorities, voluntary agencies and others is required to address issues such as housing, transport, community education, leisure and recreation, which all have an impact on public health. The public health agenda also requires to address:

- health promotion;
- health education;
- nutrition and diet, including breastfeeding;
- disease prevention;
- accident prevention and safety;
- health inequalities;
- screening, surveillance and immunisation;
- exercise;
- alcohol and drug misuse;
- smoking;
- dental health.

- **Pre-school Children**

The focus of the service to well children and their families should be to inform and empower parents to take healthy choices in the care of their children. The service should be particularly targeted to address those families with identified needs.

Key elements of the service to well children and their families include:

- ❑ Support with developing parenting skills.
- ❑ Child health surveillance and screening within agreed national and local protocols.
- ❑ Health promotion and education, including for example: breast feeding, infant nutrition, oral health and home safety.
- ❑ Immunisation.

This service will be provided exclusively within primary care with the health visitor being the lead professional, supported by other members of the primary health care team and additional services such as health promotion.

In addition to work with individuals a comprehensive service should incorporate community development approaches to improving health delivered in partnership with other agencies such as Sure Start Scotland and local voluntary and community groups.

Further guidance on the development of the core service for this group will flow from the implementation of Nursing for Health (2001).

- **School Aged Children**

There should be a comprehensive school health service, closely integrated with primary care and LHCCs and working in partnership with local schools.

The focus of the service should include:

- ❑ Limited evidence based screening and surveillance.
- ❑ Immunisation programmes
- ❑ An assessment of the health needs of each school, developed in partnership with the school, the LHCC and local Public Health department, on the basis of which a school health plan should be developed.
- ❑ Working with schools and parents to address health needs. The New Community Schools concept provides an ideal framework to support this.
- ❑ Promoting healthy lifestyles and healthy schools. The Health Promoting Schools initiative developed by HEBS provides a useful framework to support this and is already being implemented in many schools. The Health Promoting Schools Unit proposed in Our National Health: A plan for action, a plan for change (2000) will be an important focal point for this work.
- ❑ Supporting vulnerable children and adolescents.

Models of good practice which exist around some New Community Schools will form the basis for future development of school health services and should be closely integrated with the education service, with shared plans at both Health Plan and school levels.

Further national guidance on the school nursing service will issue around the implementation of Nursing for Health.

- **Young People**

A particular emphasis on the health needs of young people is needed. This is one of the most challenging transitional periods during the life course and services need to be able to provide the right information, support and guidance to help young people make healthy choices which may influence their health throughout the remainder of their life.

NHS Boards should ensure that there are accessible, user friendly services available to young people giving advice, support and guidance as well as access to services. These services should include:

- Sexual health education and health promotion;
- Young persons reproductive services including contraception;
- Appropriate communication and referral to other agencies within the health and non-health sector;
- Abortion services;
- Maternity services;
- Services for sexually transmitted diseases;
- Appropriate linkage to child protection services for sexual abuse cases.

The Walk the Talk Resource pack gives further guidance and examples of good practice in this area.

- **Vulnerable Families and Groups**

Families may be vulnerable for many reasons, including the illness of parents or children, domestic violence or abuse, drug or alcohol misuse, solvent abuse or the effect of social circumstances and homelessness. Vulnerable families, including those where children suffer from drug or alcohol addiction or substance abuse, need extra help, support and guidance if they and their children are to achieve their maximum potential.

NHS Boards should ensure that child health services effectively identify and target support to the most vulnerable families in the communities that they serve.

Planning and delivery of services should be effectively linked with local authority social work services and should take account of the following:

- The need for preventative work targeted at vulnerable families rather than waiting for a crisis to arise.
- The need for clear goals, shared by all professionals and the family.

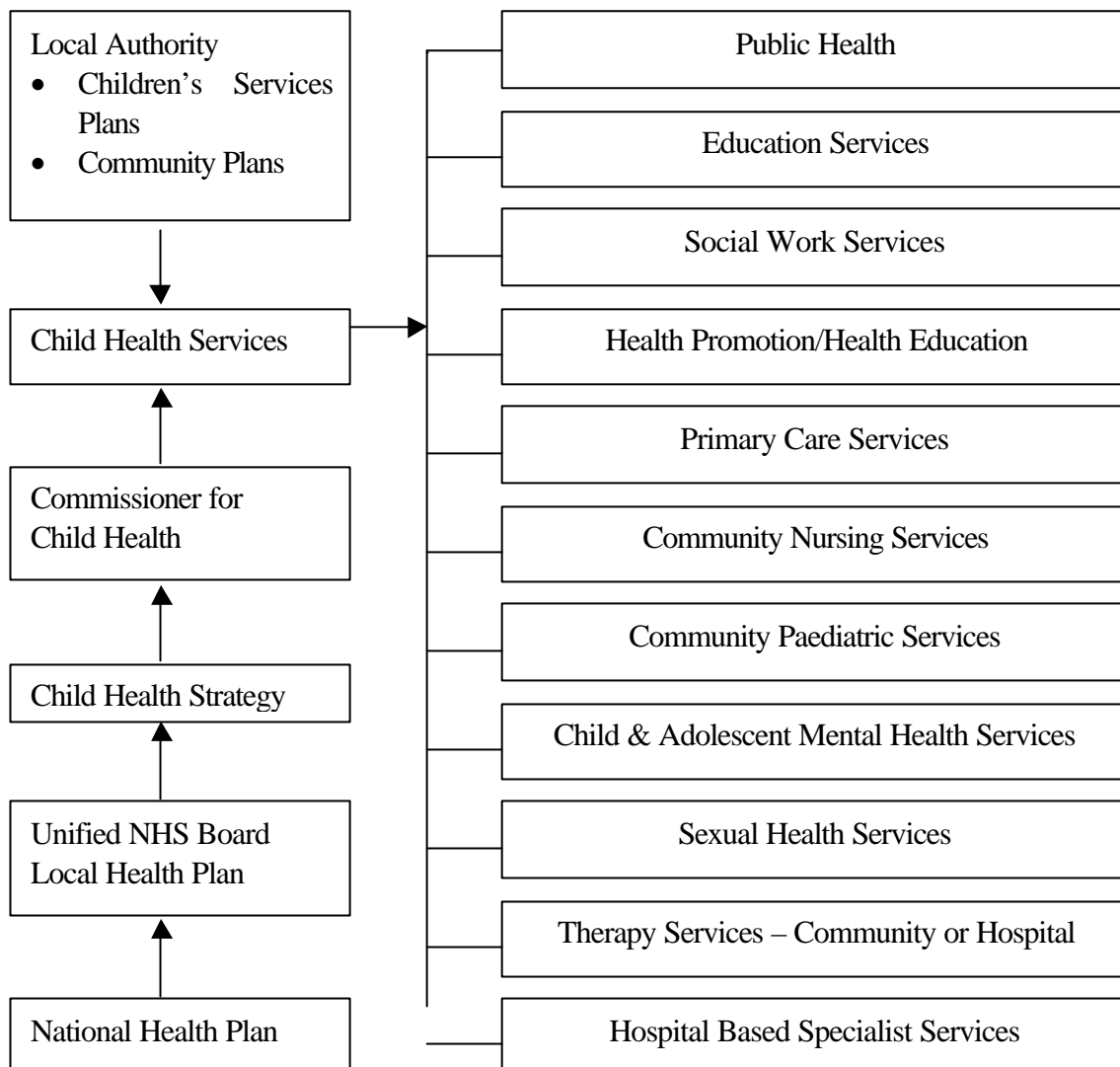
- ❑ The need for professionals to provide support to address identified needs rather than simply providing a monitoring service.
- ❑ The importance of confronting issues openly with families.

These issues should be addressed within integrated health and social work planning and service delivery in partnership with the police and the Scottish Children’s Reporter’s Association.

Child protection is a key issue and there should be clear joint inter-agency child protection plans and procedures that are readily accessible to all relevant professionals and those who work with children should receive regular training on child protection and have access to supervision when necessary.

4.2 Child Health Provision

Over the years there has been a change in the emphasis of acute healthcare for children, the location, facilities and the skill mix of the general or specialist manpower. Out-patient and ambulatory care should be preferred as the first line mode of care, day care hospital admissions as appropriate and thereafter in-stay hospital admissions being reserved for the most complex cases, or as appropriate in the light of other circumstances.



- **Primary Care Services**

Primary care is usually the first point of access to or contact with the NHS but there may at times be direct contacts with the secondary care services in terms of Accident and Emergency Departments and direct fast-track ambulatory clinics. Primary Health Care Teams are involved in the care of the well child as outlined above and are also the first point of contact during times of illness and may often be involved in the front line diagnosis of ill health. They will also be increasingly involved in the delivery of some more acute aspects of care and chronic disease management in the home setting.

NHS Boards should ensure that through the development of managed clinical networks, networks, care pathways and other innovative approaches there is appropriate access to clinical expertise to support the role of primary care in delivering child centred care.

At LHCC level there should be appropriate links and partnerships with other sections of primary care and LHCCs, the secondary and tertiary acute sector, local authorities, voluntary and community groups to promote effective child centred delivery of care.

Specialist services such as Community Paediatric Nursing or Hospital at Home schemes should also ensure that they have effective links with both primary health care teams and hospital-based services.

The provision of comprehensive primary care services should ensure that there is an appropriate child centred approach evident within the following services:

- General medical services;
- General dental services;
- General pharmaceutical services;
- General ophthalmic services.

- **Community Nursing Services**

There should be a comprehensive children's community based nursing service with appropriate professional linkage and communication to other parts of the child health service and appropriate communication with other agencies, such as Local Authority and the voluntary sector. Services include:

- Community children's nursing service;
- Health visiting;
- Specialist paediatric nursing (may be hospital or community based);
- Hospital at Home schemes;
- Hospital interface;
- Midwives working in the community.

- **Community Paediatric Services**

This should be a combined and integrated community service from the child perspective irrespective of the Trust configuration and should incorporate the following services:

- ❑ Targeted services for children with special needs;
- ❑ Services for children with specific and pervasive developmental disorders and learning difficulty.
- ❑ The School Health Service, including special schools and school based therapy service;
- ❑ A comprehensive Child Protection Service;
- ❑ The identification of, and targeting services to, vulnerable children and families, such as looked after children, travellers, children with special needs, complex difficulties and those requiring respite care.

• **Child and Adolescent Mental Health Services**

This should be provided by a multi-disciplinary child and adolescent mental health team with appropriate links, collaboration and channels of communication to other children's services (health, learning disability services, substance misuse services and other agencies) and should also include the transition to adult mental health services. The service should be community based with ready access to inpatient services which are often on a consortium basis and the following should be provided:

- An explicit availability of in-patient and out-patient services and day programmes;
- Work in collaboration with the independent sector;
- Access to services for young people with substance misuse problems;
- Assessment and treatment services to meet the needs of children and young people with more severe and complex psychiatric disorders;
- Services for children with learning disability and pervasive developmental disorder;
- The identification and targeting of services to vulnerable groups of children and young people, including victims of sexual abuse and domestic violence.
- Promotion of wellbeing and positive mental health.

It should be noted that child and adolescent mental health services are organised in a Tier approach. Tier 1 services include primary care, other child health, education and social work services and require support, training and supervision of the health care workers (Primary Health Care Tiers and Social Work Child Care Teams). Tier 2 services include specialist outreach. Tier 3 services are generic multi-disciplinary child and adolescent mental health teams and Tier 4 services are the more specialist services such as in-patient units and specialist day programmes.

• **Therapy Services**

There should be a complete range of appropriate therapy services designed to meet the needs of children with easy access in the community and hospital sectors, including the following:

- ❑ Audiology;
- ❑ Child psychotherapy;
- ❑ Clinical psychology;
- ❑ Dietetics;
- ❑ Occupational therapy;

- ❑ Orthoptics;
- ❑ Orthotics and prosthetics;
- ❑ Physiotherapy;
- ❑ Play therapy;
- ❑ Podiatry
- ❑ Radiography
- ❑ Speech and language therapy.

- **Out-Patient Services**

Where possible out patient provision should be the chosen model of acute care and should include the following:

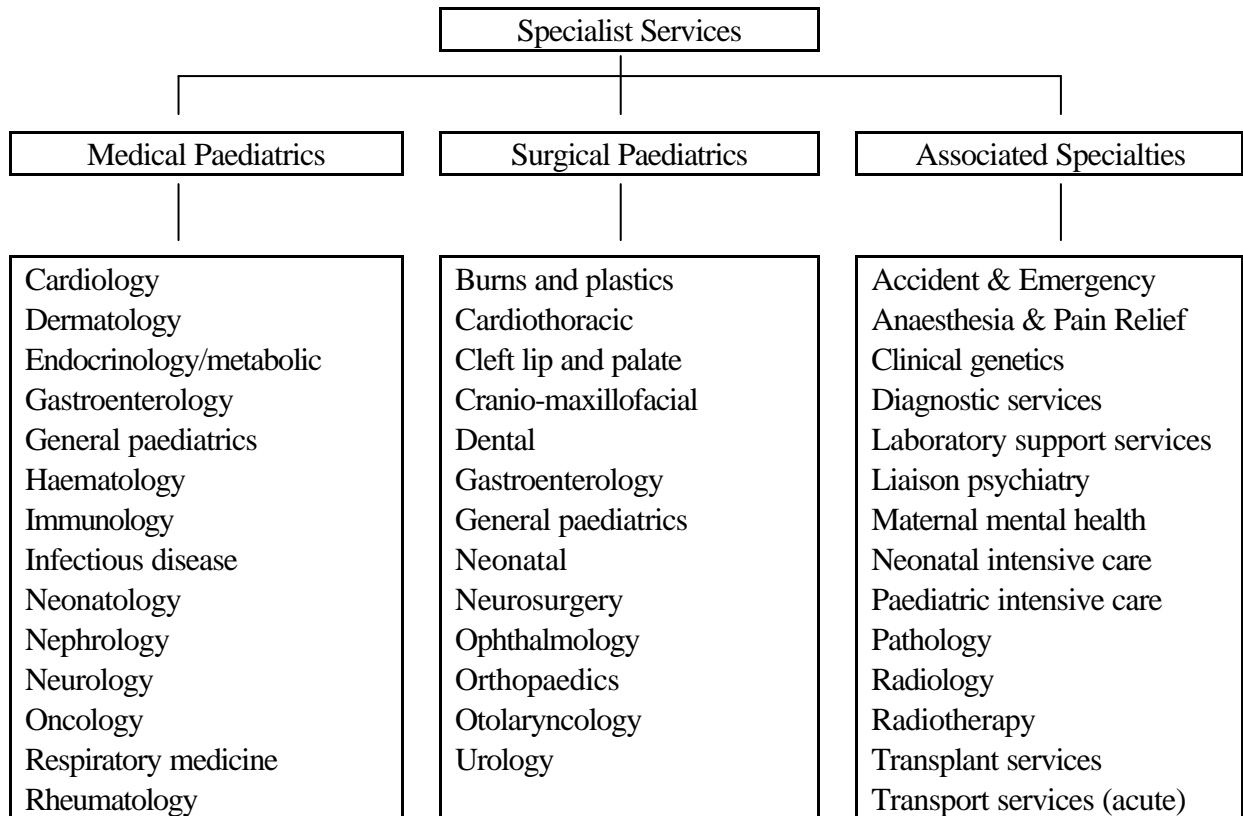
- ❑ Ambulatory care;
- ❑ Pre-admission out-patient clinics;
- ❑ One stop clinics;
- ❑ Day care and Day Case;
- ❑ Specialist outreach services;
- ❑ Fast track/rapid access clinics.

Clinics might be provided in either hospital or community settings, but should be as near to home as possible to minimise anxiety for the child.

- **Hospital Based Services**

Specialist healthcare for children is usually hospital based and delivered either in the outpatient or in-patient setting, and where possible should have a significant emphasis on ambulatory care. When planning and providing specialist services for the child population, the NHS Board can either directly provide care as a secondary or tertiary service, or commission specific specialist services from another healthcare provider within the secondary, tertiary or quaternary care sector.

The following list of specialist services should address the needs of any child with any health problem and must be considered within the planning and commissioning process of all NHS Boards. However, a seamless service must be provided when children experience care from any of the services.



5. Child Friendly Facilities

Periods of ill health are stressful to both the child and his/her family. Facilities should be child friendly, appropriate to the needs of children, young people and their families and be separate from those occupied by adults if possible. They should include:

- Appropriate waiting and play areas;
- Unrestricted visiting for parents and access that is suitable for families;
- Appropriate accommodation for families when required;
- Easy access, or if this is not possible, within a geographic area with suitable transport provision;
- Relevant nutritious menus for children;
- Information for children and their families in a format and language conducive to understanding and that is culturally sensitive;
- Support services for families such as bereavement services, counselling and support groups as appropriate.

Standards and guidelines in Action for Sick Children documents are very helpful when setting up or auditing facilities.

6. Personnel

All staff who work with children should provide a child-friendly family focused, combined and integrated service designed to meet the needs of children. Those working exclusively with children and families should hold a formal qualification, either at pre- or post-registration level, in the chosen field. This would include:

- Hospital and community-based paediatricians;
- Neonatologists;
- General and specialist paediatric surgeons;
- Child and adolescent psychiatrists;
- Child and adolescent clinical psychologists;
- Paediatric anaesthetists
- Paediatric pathologists and general pathologists who provide children's services;
- Hospital based children's nurses;
- Neonatal intensive care nurses;
- Paediatric intensive care nurses;
- Paediatric mental health nurses;
- Specialist nurses such as in the field of diabetes, cystic fibrosis, asthma;
- Children's community nurses, including Diana Initiative nurses;
- Hospital at Home teams;
- School nurses;
- Health Visitors
- Midwives working in the community and neonatal units;
- Specialist children's professionals allied to medicine;
- Nursery nurses;
- Play therapists;
- Employed and informal carers.

Generalist professionals with an interest and role in caring for children require to have appropriate training and skills. This would include:

- General Practitioners;
- Adult or specialist surgeons, who operate on children;
- Accident and emergency doctors;
- Anaesthetists, either paediatric or those with a specific interest in children's services;
- Laboratory services staff;
- District nurses,
- Accident and emergency nurses;
- Practice nurses;
- Infection control nurses;
- Nurse consultants and nurse practitioners;
- NHS 24 staff;
- Professions Allied to Medicine.

Where appropriate, clinical supervision and support from a specialist should be available and encouraged. Tertiary services should have a responsibility to provide information and assistance to secondary and primary care services.

Opportunities for joint training, secondment and job rotation and dissemination of good practice should be explored and developed, e.g.:

- Opportunities for joint training of nurses, doctors and professions allied to medicine.
- To ensure the maintenance of skills, the concept of secondment and job rotation between central and peripheral units for all health carers should be explored and developed.
- There should be a dynamic approach to the dissemination of good practice pertaining to child health provision so that primary, secondary and tertiary care services can adopt a consistent, high quality approach to the provision of health care.

7. Conclusion

Using the template as a framework provides a real opportunity to improve the health status of Scotland's children today and in the future and gives children a high priority by:

- Improving health;
- Preventing illness;
- Reducing inequalities in health;
- Ensuring children in Scotland, irrespective of where they live, have access to a comprehensive, integrated and combined service, either provided locally or in partnership with another provider to ensure clinical effectiveness;
- Ensuring every child is given the opportunity to develop to his/her maximum potential;
- Addressing issues today which will impact on the wellbeing of future generations.

The development of a child health strategy by each Unified NHS Board provides an ideal opportunity for them to work together on a regional basis when it is most appropriate to do so. Our National Health, a plan for action a plan for change and the Template for Child Health Services present a major opportunity for Unified NHS Boards and Trusts to once and for all break down organisational barriers and provide a truly combined and integrated service for children and work towards the reality of providing pooled provision and budgets for child care.

**CHILD HEALTH SUPPORT GROUP
MAY 2001**

APPENDIX 1

The core aims and actions identified in Section 6 of Our National Plan, a plan for action a plan for change.

- We will offer information and support to all women of child-bearing age, and their partners so that they can make the best choices about diet, alcohol, lifestyle, smoking and drugs to help them prepare for a healthy pregnancy.
- In February 2001, we will publish A Framework for Maternity Services in Scotland. It will ensure choices for women and their families while recognising the need for clinical safety and assist decision taking on the design of Maternity Services in Scotland.
- Each local NHS Board will have systems to promote early detection, referral and treatment of postnatal depression, involving midwives, health visitors, GPs and other agencies.
- We will support parenting, by ensuring each NHS Board has in place effective, local antenatal and post natal parent education and support programmes to make sure that women and their partners are well prepared for the emotional and physical changes that occur in pregnancy, childbirth and parenthood.
- We will develop better parental support through initiatives such as Starting Well and Sure Start Scotland.
- We will increase the health input into family centres, with links between LHCCs and Family Centres.
- To promote Breastfeeding we will:
 - Support local NHS Board breast feeding strategies
 - Implement the joint WHO/UNICEF Initiative on breast-feeding.
 - Raise awareness of its benefits, by promoting support by professionals and peers.
 - Enhance the opportunities for women to continue breast-Feeding on their return to work
- We will develop guidelines to help health professionals recognise when women – whether mothers or not - are experiencing domestic violence and to ensure that they are given sensitive support and advice.
- The NHS in Scotland will refresh and update its screening programmes, focusing on the health of women and children.
- We will seek to improve lifestyle education, raising awareness of the lifestyle issues that will affect children's future health. Health promotion and health education in schools, including HEBS

campaigns, will help pupils to make healthy choices for themselves on alcohol, smoking and drugs.

- We will revolutionise the school nursing service, building on the experience of nursing roles in New Community Schools to develop a service that focuses on identifying and addressing the health needs of the whole school community.
- We will develop a new model of public health nursing, bringing health visitors and school nurses into a single discipline focused on addressing the health needs of communities.
- The Scottish Executive will allocate up to £81.5 million over 2001-2004 (£4 million for drugs related proposals in 2001-2002) to provide improved services and support for deprived and vulnerable children through well integrated children's services. We will expect the NHS at a local level to work closely with Local Authorities, voluntary sector and other partners to make best use of this resource
- In early 2001, the Child Health Support Group (CHSG) will produce a Child Health Service Template that will provide a framework for all agencies involved in providing a combined, integrated and co-ordinated child health service
- As part of the performance management arrangements put in place by this Plan, NHS Boards will have to demonstrate that the treatment and facilities they provide for children meet both clinical and emotional needs of the child and parents.
- We will require NHS Boards to ensure that they have appropriate training and systems in place to ensure that treatment given to children in the general hospital environment recognises and addresses their needs and those of families.
- The Executive is committed to improving the provision of services for children with special needs including joint commissioning of respite care.
- The Executive is acting on the recommendation of the Riddell Committee and reviewing how we provide speech and language and other therapies for children with learning disabilities.
- The Executive will issue guidance on the education of children who are too ill to attend school.
- By summer 2002, children, young people and adults with learning disabilities will have access to local area co-ordinators who will co-ordinate services to provide information, family support and funding.
- We will encourage the NHS to work with and listen to young people to make sure that local services are shaped in ways that effectively meet their needs.
- We are investing £1 million from the Health Improvement Fund in the Walk the Talk initiative to underpin this work, developing a network of services to meet young people's health needs.

- We expect the NHS to work with partner agencies to ensure that transition is managed sensitively and with attention to young people's needs.
- We are providing £3 million over 3 years for the 'Healthy Respect' national health demonstration project that seeks to develop and share best practice in the promotion of sexual health, prevention of unwanted teenage pregnancies and reduction of sexually transmitted diseases.
- We will expect each local NHS Board to work in partnership with Local Authorities and voluntary sector organisations to ensure that young people have access to a range of sexual health support and services.
- By October 2001, the maximum wait for urgent referral to treatment for children's cancers and acute leukaemia will be one month.
- We published our Action Plan for Dental Services in August 2000 and will put its pledges into practice, starting with free toothbrushes and toothpaste and fissure sealant programmes for young children.
- We will carry out a wide ranging consultation on Children's oral health which will seek views on a range of measures including ways in which the benefit of fluoride can be made available, for example through the fluoridation of public water supplies or by means of fluoridated drinks or tablets
- We will establish the Health Promoting Schools Unit in the first half of 2001 and work to encourage every school to become a Health Promoting School
- We will build on our work to date to make healthy food available to children through the provision of fresh fruit in nursery schools and salad bars and healthy tuck-shops in schools

APPENDIX 2

The following documents are a selection of the policy and guidance statements relevant to child health.

Issued by Scottish Executive Health Department (SEHD):

2001

- A Framework for Maternity Services in Scotland.
- Nursing for Health: A review of the contribution of nurses, midwives and health visitors to improving the public's health.

2000

- An Action Plan for Dental Services in Scotland.
- Breastfeeding and Returning to Work.
- Drugs Action Plan: Protecting our Future.
- Our National Health: a plan for action, a plan for change.
- The Same as You? A review of services for people with learning disabilities.
- Protecting Children, a Shared Responsibility-Guidance for Health Professionals in Scotland.

1999

- Audit: Maternity Care Matters.
- Tackling Drugs in Scotland: Action in Partnership.
- Towards a Healthier Scotland - A White Paper on Health.

1998

- Acute Services Review.
- Priorities and Planning - Guidance for the NHS in Scotland 1999 - 2000.
- Smoking Kills - A White Paper on Tobacco.
- The Scottish Office NHS Policies for Children 1974 - 1998: An Overview.

1997

- Designed to Care: Renewing the National Health Service in Scotland.

1996

- Eating for Health: A Diet Action Plan for Scotland.
- Health Services in Schools – Report of a Policy Review.

1993

- Provision of Maternity Services in Scotland – a Policy Review.

1991

- At Home in Hospital – A Guide to the Care of Children and Young People.

Issued by non-SEHD

2000

- Aiming for Excellence - Modernising Social Work Services in Scotland.
- Child Strategy Statement.
- Protecting Children - A Shared Responsibility.
- Social Inclusion – Opening the Door to a Better Scotland.
- Sure Start Scotland: Guidance.
- Walk the Talk: Developing appropriate and accessible health services for young people.

1999

- Making it Work Together - A Programme for Government.
- Riddell Advisory Committee Report into the Education of Children with Severe Low Incidence Disabilities.

1997

- Breastfeeding – getting off to a good start.
- Emergency Health Services for Children and Young People: A Guide for Commissioners and Providers.
- Youth Matters.

1996

- Health Services for Children and Young People: A Guide for Commissioners and Providers.

1995

- Children (Scotland) Act 1995.

1994

- Setting Standards for Children undergoing Surgery.

1993

- Bridging the Gaps.
- Health for all our Children; Achieving appropriate health care for black and minority ethnic children and their families.

1991

- Just for the Day
- UN Convention on the Rights of the Child (1989) ratified by the UK Government.

1990

- Setting Standards for Adolescents in Hospital.