

Scottish Child Health Commissioners' Group

Note of meeting held on Thursday 14th - Friday 15th June 2007

Macdonald Highland Resort

Aviemore

Present:

Charles Clark (Chair)	NHS Lanarkshire
Jim Carle	NHS Ayrshire & Arran
Harden Carter	NHS Lothian
Emelin Collier	NHS Western Isles
Kathy Collins	NHS National Services Scotland
Sarah Corcoran	SEHD, Child and Maternal Health Division
Lorraine Currie	NHS Grampian
Elaine Grieve	Orkney Islands Council
John Froggatt	SEHD, Child and Maternal Health Division
Morgan Jamieson	SEHD, Child and Maternal Health Division
Anne Leigh- Brown	Information Services, NHS National Services Scotland
Catriona Macdonald	NHS Greater Glasgow and Clyde (First day only)
Caroline Mackie	NHS Tayside
Zelda Mathewson	NHS Tayside (First day only)
Jennifer Milligan	NHS Dumfries & Galloway
Cathy Orr	NHS Lothian
Robert Stevenson	SEHD, Child and Maternal Health Division

1. Welcome and apologies

Charles Clark opened the meeting and thanked everyone for attending the meeting in Aviemore. Charles introduced John Froggatt, who became the Head of Child and Maternal Health Division in [insert date], and was attending his first Child Health Commissioner meeting. Charles also welcomed Elaine Grieve, the new Child Health Commissioner for Orkney. Apologies were received from –

Sally Amor (Vice Chair)	NHS Highland
Jim Chalmers	Information Services, NHS National Services Scotland
Graham Foster	NHS Forth Valley
Rosie Ilett	SEHD, Child & Maternal Health Division
Maxine Moy	NHS Fife
Ralph Roberts	NHS Borders
Sarah Taylor	NHS Shetland

In attendance:

Gillian Garvie	SEHD, Child & Maternal Health Division
Chris Ridley	SEHD, Child and Maternal Health Division
Gordon Allison	Getting it right for every child team

Marj Stewart
Liz Watson

Getting it right for every child team
Getting it right for every child team

2. Introduction and Group Session

Child Health Commissioners – the current picture

Charles summarised the questionnaire data, which everyone had a copy of. An electronic copy is attached with the minutes.

Charles suggests that members get into 3 groups to discuss the following topics which nearly all Commissioners listed as important:

- ✚ Specialist Children's Services/ New Hospitals
- ✚ CAMHS
- ✚ Getting it Right

Charles asked for groups to consider the following during their group discussion

- ✚ What do you do?
- ✚ What is the CHC role?
- ✚ What skills/ knowledge/ support do you need?
- ✚ What are the facilitating factors?
- ✚ What are the barriers?

CAMHS

Size of the Framework a huge barrier

Resources, including workforce another barrier

CAMHS should be a HEAT target

Group believe that CAMH will be biggest problem in 2020

Child Health Commissioners in many areas are responsible for the implementation of the Framework

GIRFEC

The Group were not in doubt that Child Health Commissioners still have a crucial role to play across Scotland and agreed that there would be a terrible gap in each area without Child Health Commissioners.

The point was made succinctly by Harden Carter, that if you want to improve the health and wellbeing of the/ a population, start with the children. Responsible for improving the health and wellbeing of children and young people of the nation/ Board are then this will, over time, improve the health of the population.

By far the majority of Commissioners agreed that although there might be lots of people in the picture, it was crucial to have someone looking after it overall or things might be missed.

Catriona Macdonald advised that CAMHS in Greater Glasgow and Clyde now sat with specialist children's services. Jim Carle advised that in Ayrshire and Arran, the lead on CAMH sits with adult services. Lorraine advised that in Grampian, children's mental health was with her, but adolescent sits with adult.

CHPs

Some Commissioners thought there was an argument for more than one lead. One suggestion was that leads should be with local CHCP/CHPs although there was concern that this would lead to different priorities in the Board area which would, in turn, lead to a fragmented service. There are a total of 35 CHPs in Scotland; most Board areas have between 1 and 4 although Greater Glasgow and Clyde has 5. Catriona thought she may have to take this to CHPs. Various players. Lorraine was concerned at the lack of focus on children until these posts and CYPHSG. Emelin Collier was against the role sitting with CHPs as she felt CHPs were too operational. Where issues exist, Child Health Commissioners are approached as the single person who can influence. It was pointed out that in some Board areas, the Head of Children's Services were located within the CHP.

Some discussion around 15 Boards, perhaps less needed, role of regional planning.

Children and Young People's Health Support Group (CYPHSG)

Robert Stevenson posed/ put the question to Commissioners – do you think the job/ work has been achieved? Dr Carter's report established the Child Health Support Group, now know as the Children and Young People's Health Support Group (CYPHSG).

There was much support from the Group for the CYPHSG to resume visiting individual Health Boards. Nothing will focus a Chief Executive quite like a visit from the Scottish Executive. Heads like a lead that is able to brief them.

The Group reported that there were still big issues with funding and with achieving standards across Scotland. Child Health Commissioners needed to be and feel empowered. The majority of Commissioners feel they have access to Chief Executives when key issues arise and they would be far smaller fish if there were more of them and the role sat within CHPs. Agreed there was a need to weigh advantages and disadvantages. It was clear that there might be different solutions in Greater Glasgow and Clyde and perhaps Lothian.

The Group asked if there were any plans for the CYPHSG. John Froggatt, head of the Child and Maternal Health Division, indicated that there were not any that he was aware of. The work isn't complete, so there is work to do and it should continue. There is a clear ongoing role. Malcolm Wright, Chair of the CYPHSG, is planning/ hoping to discuss with the Deputy First Minister and Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon. But whether the name and focus remain as at present, it is not possible to say at present.

Robert advised the Group of a Support Group meeting on Monday 18th June and he would present an up to date paper to the Child Health Commissioners on Friday 15th June in advance of the Support Group meeting.

Catriona wondered how well the Support Group related to Child Health Commissioners, she felt there was a degree of disconnect between Scottish Executive reports and Commissioners.

Robert responded that Professor Kerr's report had been taken on board by the Executive and the Support Group had definitely tried to be more inclusive and a good number of CHCs were involved in sub groups. In fact all CHCs had been invited to be involved in any number of sub groups that they were interested in, and the website address with all papers on specialist children's services had been circulated a number of times also.

Lorraine does not feel at all isolated and believes that things have improved over the past few years. Robert asks the Group how things could be improved. Charles considered that the work from the Support Group has shaped the work of Child Health Commissioners and Robert was clear that Commissioners have in turn initiated and shaped subjects and reports.

- ❖ Key role about central in the network to implementation policy
- ❖ Being responsible – having specialist knowledge
- ❖ Real issue regarding commissioning function at Board or CHP level, but mainly at Greater Glasgow and Clyde and perhaps Lothian.
- ❖ Strengths and weaknesses for both

Morgan believes there is a strong sense of need for one person to hold the lead. Perhaps the title is not quite right, but it does keep the role a very senior one and it was important not to lose that seniority. There was a danger that taking to CHPs you would lost the breadth of view. Robert mentions guidance to CHPs was really about an operational focus and there is a need for a strategic role.

Harden talks about Scotland's health problems, if we take a Hall 4 focus to the country; we need to focus on the people who need it most. For the future health of the population of the people of Scotland, we have to focus on children. Too many Boards, we have a function and should focus on the strengths. Need to develop CHPs more.

The Group discussed how best

Charles asked the Group how they would like the Agenda to change/ evolve. Sometimes Charles brings items to the table, sometimes the Executive, but Charles is not sure that the balance is right.

- ❖ An early warning system is of value
- ❖ Communication with the Executive is crucial
- ❖ Understanding people's roles
- ❖ Meetings are of value

Educational too, Commissioners gain from each other at meetings and outwith. Advisory element - agenda does mostly reflect that.

Exchange more about what works in areas. Expertise analysis. Good system for communicating with Boards, lets us know about the models, good things.

It was suggested that if each Commissioner has a specific interest, then they should represent the Group on certain issues e.g. CAMHS, Getting it Right, building up to a library of skills. Commissioners agreed that they should probably make good use of email

Anne Leigh Brown advises Commissioners of the importance of using her and Jim Chalmers as a resource for child health information, they are very happy to be used far more than they are currently. Charles responds that sharing that information is very useful, Jim and Anne can

help join people up. Catriona suggests a future agenda item. Jim Carle informs the group that Anne's help recently was extremely helpful.

Succession planning for the future, define more clearly what the role should be. We are not NEc? The right people for the job, for the sake of the future, take the Agenda for Change approach. Charles explains that one of the outputs for today is a Framework for the agenda. Lorraine mentions common threads from Commissioners Job Descriptions. Agenda for Change = Freedom to Act. Depends on the individuals want to act, it can't be given to us, its up to you to take it.

Charles asks if Robert would be prepared to work with him and a few others to draw up a Framework.

In terms of the functioning of the Group, agenda etc, its terrifically helpful to get advance warning of SE things, use the email function more as a Group, we should ask ourselves to share knowledge/ skills.

John Froggatt, Head of Child and Maternal Health Division

John gives a brief synopsis to the Group of his career to date. John has a nursing background and came into the Scottish Executive originally as a Secondee to work on nurse prescribing. He then joined Joint Future Unit, before moving to Public Health Division and joined the Child and Maternal Health Division – as Head – on [insert date – GG will know!]

Big personal interest in children's lives, but our job is to serve Ministers. John believes there is a golden hour, time for intervention in children's lives. John advised the Group that he had found the days discussion extremely interesting and useful. Centrality of role of Child Health Commissioners. The role of the new Scottish Government, cross cutting role, elements of housing, recognised that many things impact on health. Agenda across departments, for children we all need to work together. Pockets of disadvantages hurting Scotland. But there is recognition in Scotland now that we have to tackle early, whether pre-natal or early years. Recognised that out of dept into work improve health and mental health.

Some manifesto commitments have already been honoured, but not everything is clear yet, still early days of the new Scottish Government. The targeting of the most disadvantaged is recognised. Child Health Commissioners role and children's agenda in general. Mention Hall 4 and Specialist Children's Services. Don't yet know how health checks in relation to manifesto commitments will work out.

Interesting times, minority government. The Minister for Public Health, Shona Robison has portfolio responsibility for children, Nicola Sturgeon, Deputy First Minister and Cabinet Secretary for Health and Wellbeing of course has an interest.

Maintaining things through change – Harden Carter.

Issues, solutions and next steps

Friday 15th June

Charles welcomes everyone back to the second day of the meeting and invites Chris Ridley to do her introductory presentation on Getting it Right for Every Child, to the Group

Introduction on Getting it Right for Every Child – Chris Ridley

The Journey so far

- For Scotland's Children: 2001
- It's everyone's job to make sure I'm alright: 2002
- Children's Hearings Review: 2004
- Getting it right for every child: proposals for action: 2005
- Getting it right implementation plan: 2006
- Pathfinders launched 2006
- Letter on plan target by December 2007: October 2006
- Draft Bill issued for consultation: December 2007
- Guidance on the child's or young person's plan: 2007
- Letter on resources for plan target: 12 January 2007
- Symposium for strategic planners (Plan target and Getting it right): 30 January 2007

Why Getting it right for every child?

Children experiencing a 'round of referrals' without necessarily getting what they need. Assessments used to determine eligibility for a service rather than planning action to help a child.

Information systems acting as a barrier to joined up working and information sharing.

Children referred to the Reporter where no compulsion needed but as a means of accessing services - depleting resources to directly help children; increasing paperwork.

Lack of effective action when parents could not or would not care for their children or control their behaviour.

So change needed

What children want

Get to know us, speak with us and listen to us
Take us seriously and involve us
Respect our privacy
Be responsible to us
Think about our lives as a whole
Think carefully about how you use information about us
Put us in touch with the right people
Use your power to help
Make things happen when they should
Help us be safe

How?

Practice change

- Ongoing
- Pathfinder projects (Highland/domestic abuse)
- Guidance/ training/ awareness / practice tools – as developed

Legislation

- Draft Children's Services (Scotland) Bill consultation

Identifying and removing barriers

- Governance, funding and structures
- As required

What do we want to achieve?

Examples:

For children

Children and families experience a co-ordinated and unified approach to having their needs met

For staff

more time to spend on activities that will improve outcomes for children

For agencies

effective, joined up polices, processes, structures and tools for the delivery of good outcomes

The way forward

Current commitment:

Deliver Plan for each child attending a hearing by December 2007

Current Considerations:

New Administration
Reorganisation of SEED
Highland pathfinder progress
Other areas progress

Chris summed up by asking Commissioners for their help and to keep in touch with her.

Chris's presentation is attached with the minutes.

Highland Pathfinder update – Marj Stewart & colleagues

Charles introduced Marj Stewart and colleagues and invited Marj to present to the Group.

Marj Explained that the aims of Getting it Right include:

- A new duty of co-operation
- Improve joint working/communication
- Improve effectiveness through shared understanding
- Support early intervention
- Identify additional needs
- Reduce bureaucracy and duplication
- One record one meeting, one plan

GIRFEC umbrella to meet a child's needs, everything else sits underneath including ASL Act, looked after children etc.

Marj advised the Group that following consultation with children and their families it was found that services were delivered in a scatter gun approach with little co-ordination. Parents complained that there was a duplication of meetings, reports were difficult to understand and access to resources was hampered by poor communication between different agencies.

Marj explained that the key principles of Getting it Right include:

- Children get the help they need when they need it
- Thinking whole child and action to address need
- No referrals, other than to Children's Hearings
- Responses to meet need are appropriate, proportionate and timely
- Strengthen the capacity of families and communities
- Free up practitioners to spend more time with children and families – less reports, plans and meetings
- Integrated practice around the child: applies to everyone, inc. youth justice, schools, health, child protection and the voluntary sector

Getting It Right is an approach, not be seen as a new process, but an approach which encourages best practice, a look at the child as a whole, which focuses on help being provided rather than a child being slotted in to a service. But most of all it is about **all** children and places the child at the centre. It is designed to stop the child being passed – referred – from one agency to another. The help comes to them.

It encourages, not early Intervention, but appropriate, timely and proportionate intervention. During phase 1 there was discussion about the chs intervening earlier. We concluded that was not appropriate. The chs is about compulsory measures of supervision. What was important that children got the right level of help when it would make a difference. For some children that might mean no action on a particular occasion: the issue might resolve itself/ intervention or help might exacerbate any difficulties. But when the nature of the child's circumstances required action, even at a high level of intervention, that action should be taken as soon as possible.

The aims of Getting it Right include:

- A new duty of co-operation
- Improve joint working/communication
- Improve effectiveness through shared understanding
- Support early intervention
- Identify additional needs
- Reduce bureaucracy and duplication
- One record one meeting, one plan

Children and young people get the help they need when they need it and are central to the process of finding solutions.

Everyone working with children and young people uses a consistent and equitable approach and works more effectively together to improve outcomes for children and young people.

Everyone is clear of their personal responsibility to do the right thing for each child and how they contribute to the collective responsibility to do the right thing for each child.

Parents and children benefit from a collaborative approach which results in fewer meetings, requires them to give their information only once, and jointly develop with professionals one plan that will meet all of their needs.

Agencies and professionals are freed up to get on and respond to children and take appropriate, proportionate and timely action with the minimum of paperwork, bureaucracy and duplication.

Elements of the Pathfinder Programme

- Consider, test and confirm the arrangements necessary to implement *Getting it Right for Every Child*.
- Plan and effect the implementation of *GIRFEC* in one area of Highland.
- Develop practice tools that include: the assessment framework; the child's single assessment, record & plan; and service processes and pathways.
- Achieve implementation as an electronic process.
- Develop training materials that can be used by other authorities.
- Describe how the process of implementation of *GIRFEC* can be achieved.

Project Elements

- Project Board
- Project Plan
- Reference groups
- Multi agency Team
- Products and deliverables (workstreams)
- Communication Strategy
- Training Strategy
- Lessons Learned Log
- Networking and consultation

Implementing Hall 4 and Assessing Need

Implementing Additional Support for Education

Service Delivery Model

Desired Outcomes

As much or as little focus

The Getting It Right Assessment Process

The aspiration for Scotland's children to be Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible and Included (commonly known as SHANARI), practitioners should consider whether the child's needs are being met in relation to the seven aspects.

Where there are concerns for a child, using the Child's World Assessment Triangle will help to analyse and make sense of the information using the concept of strengths and pressures; identify what impact this would have on the child; what needs to change to improve the child's situation.

The identified overall aims and interventions will be organised in terms of SHANARI in the Child's Plan

Information collected by single agencies

- Access to shared information through existing social work, education, health & other partner systems
- Able to view shared data

State of Play

- Children and families consulted
- Public Health element of record
- Education element of record
- SW element record
- Child concern form
- Assessment process
- Meetings alignment
- Draft child's plan
- Practitioner Guidance
- Evidence base

Challenges

- access to resources
- Moving meetings to the child
- E-solutions
- Fully involving Voluntary Sector
- Information sharing
- Quality assurance
- Supporting practitioners through change
- Timescales

Robert asked if the work includes those children with complex needs and mentions the work ongoing on specialist children's services and the large number of children who use these services. Whilst Marj considers that those children are likely to be involved in lots of meetings, Robert disagrees and considers this to be a Scottish issue rather than simply Highland.

Gordon continues presentation. Gordon is IT lead and discusses briefly information eCare and the challenges involved in this. The information is collected by single agencies and information is collected by shared agencies. Dumfries and Galloway have a pilot, but people not joining as too challenging. However, good intervention = good support. What systems do we need to tap into, that's the stage they're at. What additional do we need? What do we need to achieve? Timescales are around 7 years, team at SE are working hard. Social Work ready before Christmas, Education this year. Social work were first to connect, once connected, how to refine?

John Froggatt advises that the Maternity record is not without problems. Cathy Orr states that all areas have records, but if not used, won't work out. Anne Leigh Brown reports that the strength of the single birth record is that it is used nationally. Cathy Orr talks about the child health record. John Froggatt talks about intervention and children staying in an abusive family. Marj – better

Specialist Children's Services

Charles invites Robert Stevenson to present to the Group an update on Specialist Children's Services. Robert's presentation is attached to the minutes.

It's an update on where we are and where we think we are.

Outcomes and key issues. Initiated a pilot in 2004. George Youngson suggested 20 areas, of which 4 were selected and a number of outcomes came out of the 4 reports. But then Kerr report came on board. All reports listed in RS paper. Documents reflected issues from this group. Service needs not reflecting needs of children and families around Scotland, but now looking at wider range of issues. However, it is acknowledged that some services are in a worse state now than in 2004, although some have improved. Reasons are complex.

Unfortunately, there is very little room to manoeuvre. Likely to be a Scottish Executive implementation plan by the end of the year, possible Delivery for Health 2. Need to ensure our work is reflected in that. Key strategic areas, inter discuss, NSD stepped up to mark, Morgan leading on some work. MCN funding, delivery process, appropriate treatment at right time and right place. Telemedicine and Age Appropriate Care – Morgan Jamieson leading on, implication in AAC – up to 16 get care as standard - for 2 new children's hospitals and Aberdeen. Huge workforce issues.

Work programme on transitions, need to ensure that service is there. Resource, NRAC flagged up if you underestimate then there are serious disadvantages and Robert believes there is serious underinvestment. Hard edged decision making process, benchmarking in England and Wales, but dealing with different issues north and south of the border. Competition is frowned on, workforce issues north and south, hard to attract especially if terms and conditions are better in England.

Models of Care

Some services will only be provided at a national level. DGH provision. CBC provided by specialist/non specialists. Aim to be clear by October. NSD to be congratulated on the work they have done – PICU/ HDU. Children's cancer a key area, cost implications for many of the services. PICU 5 million other 2 million.

Sustainable hospitals, costs, one hospital. But maybe not desirable for politicians as well as how that would affect families. 80% of treatment at a shared care level, investment decisions need to be made.

Planning and Commissioning

Clear issues about clinical outcomes. Cystic Fibrosis – clear set of recommendations came in during 2002, still not implemented.

Workforce

PICU, Kathy Collins has real concerns about specialist nurses; the service won't be able to attract staff. It was quite clear that Agenda for Change had not helped specialist nurses, although it was local interpretation of Agenda for Change that was the problem.

Key Service Areas

Metabolic good example – fast tracked. Number of posts supported by Academics, funded by voluntary sector, concerns that this is not sustainable. Serious implications for service/s if funding is withdrawn by Universities etc.

Robert summarises briefly some service areas, including:

Cystic Fibrosis a classic example of workforce competitiveness and crisis due to retirements and head hunting, system is failing patients. Kathy wonders how best to plan the service and Robert concludes that the in adult service outcomes are improving.

Kathy Collins is concerned that there will be risks when it goes forward to NSAC.

Gastroenterology – what is a viable service, what do we need to deliver it? Are 2-3 consultant posts enough to sustain? Robert reports that he has shifted his thinking over the past few months from thinking that it's just about new hospitals.

Emelin Collier advises the Group of her unease. Small Boards have other issues including the need to buy in from other Boards. Funded centrally, complex is very expensive. Why can't it come from a central pot? Big Boards could be properly resourced, and then responsible for the care of smaller Boards. This would mean that small Boards are assured of care when a child needs it.

In England, money is top sliced, but we still need to be in a position of knowing the costs. Tariffs in England are based on adult, but are underestimated – highlighted a major issue.

Robert meeting next week.

Key Service Areas

Transport key area

Service areas not included, key areas, next 4 months, next steps.

Kathy Collins defends cardiac services in the light of recent

Lorraine Currie feels that numbers do not necessarily depend on clinical outcomes. Morgan considers services are patchy, due to not making the right kind of investment, which shows when compared internationally.

Robert acknowledges difficulties and has done some analysis but needs to present it. He will do with CAMHS which showed service provision across Scotland but need to show evidence. Robert will share with this Group, going to be working on. Clinical understaffed, need to be careful how we present. Services we've already looked at there are issues, need to be extremely clear on evidence base if we are going to be asking for a huge figure of funding.

Jim Carle – here are the issues etc, Jim wants to take to his Board, not just leave it up to the Scottish Executive. Come together with a joint paper for all Boards. Robert suggests involving Commissioners with what is happening, need the input of the Group to clarify that what is being said about your area is your understanding. Some issues in England too. Next 3 months, very interesting and crucial, crunch time, mustn't lose.

The Group had a brief discussion about likely costs, and Robert believed a rough estimate of £100 million wouldn't be too hard to reach. This rough estimate includes expenditure for the new children's hospitals.

New Children's Hospitals

Morgan Jamieson advised the Group of the current position in respect of the new build in Glasgow. The outline business case is nearly completed, but the ongoing debate with the new administration is slow. One reason for this is due to it being a new build of an adult hospital as well children and laboratory services are included too. Models are currently being considered, revenue compliant. Hope to be ready with the outline business case in the next few months. 2012 date.

Draft outline business case in Edinburgh by September 2007. At a recent joint meeting Morgan discussed with? Both Glasgow and Edinburgh are going ahead with planning for the status quo for cancer services, Edinburgh and Glasgow are working together.

An all day meeting is planned for 14th September for the West Boards for those who refer in. Charles Clark and Jim Carle are aware of this. DGH and SCH need drivers, increased drift towards SCH rather DGH in spite of local services.

Population 0 – 4, 3 years included, 50% inpatient figures, 0 – 4.

Cathy Orr advises the Group of a SEAT planning day on 15 August to check out planning assumptions, and invitations will issue to relevant parties soon.

Morgan discusses the increasing of age up to 16 birthday, plus footprint, but it's not the final design, just outline business case. We have bed numbers, but won't be signing off until at least 2009 for final numbers. Specialist services – not huge numbers. There is room to make not insignificant changes from outline business case to final business case. The word all are looking for is flexible. Configure the building with flexibility for change in the future. Design is exciting – cost is not.

Election of next Chair and Vice Chair

Charles advised the Group that the meeting, currently scheduled for 23 August, would be his last as Chair of the Child Health Commissioner Group. The Group discussed how best to elect a new Chair and the majority of the Group were happy to continue with the practice of

self nominating/ nominating others for the roles of Chair and Vice Chair of the Child Health Commissioners Group.

13. AOB

Charles advised that the major part of the Agenda for the next meeting would focus on CAMHS, and it was hoped that Alex McMahon, Denise Coia and Julia White would attend.

Update: Alex McMahon and Margo Fyfe attending meeting.

14. Date and venue of next meeting

Thursday 23rd August, 10:30 – 14:30, Royal College of Surgeons, Edinburgh.