

Scottish Child Health Commissioners' Group

Note of meeting held on 22 November 2006
Carlton Hotel, Edinburgh

Present:

Charles Clark (Chair)	NHS Lanarkshire
Sally Amor (Vice Chair)	NHS Highland
Annie Buchanan	NHS Fife
Jim Carle	NHS Ayrshire & Arran
Jim Chalmers	Information Services, NHS National Services Scotland
Emelin Collier	NHS Western Isles
Kathy Collins	NHS National Services Scotland
Sarah Corcoran	SEHD, Child and Maternal Health Unit
Graham Foster	NHS Forth Valley
Morgan Jamieson	SEHD, Child & Maternal Health Unit
Catriona Macdonald	NHS Greater Glasgow & Clyde
Caroline Mackie	NHS Tayside
Zelda Mathewson	NHS Tayside
Jennifer Milligan	NHS Dumfries & Galloway
Ralph Roberts	NHS Borders
Robert Stevenson	SEHD, Child and Maternal Health Unit
Gail Thomson	NHS Grampian

1. Welcome and apologies

Charles Clark opened the meeting and welcomed all in attendance. Apologies were received from –

Ian Bashford	SEHD
Lorraine Currie	NHS Grampian
Sarah Gledhill	SEHD, Child & Maternal Health Unit
Rosie Ilett	SEHD, Child and Maternal Health Unit
Anne Leigh- Brown	Information Services, NHS National Services Scotland
Cathy Orr	NHS Lothian

In attendance:

Pat Carragher	Children's Hospice Association Scotland (CHAS)
Geoff Horne	Children's Hospice Association Scotland (CHAS)
Marian Keogh	Children's Hospice Association Scotland (CHAS)
Colin Robertson	SEHD
Tamsin Somerfield	Specialist Registrar, NHS National Services Scotland
Jane Walker	Nursing Officer, SEHD

Children's Hospice Association Scotland (CHAS) – Rachel House Report

Funding papers in respect of Rachel House had been circulated prior to the meeting and will be added to the Child Health Commissioner page on the Children's and Young People's Health Support Group Website.

Charles introduced Marian Keogh, Geoff Horne and Pat Carragher from Children's Hospice Association Scotland (CHAS), and reminded the Group it had been around 18 months since colleagues from CHAS last attended a Child Health Commissioner meeting, and invited them to talk to the Group. Marian Keogh informed the Group that she had been Chief Executive for around 8 months and Geoff talked the Group through a presentation with key issues arranged into 5 key sections, and these are attached with the minutes.

During discussion, the following points/ issues were raised:

- It was clear that a communications protocol was missing
- Jim Carle had attended two positive meetings
- Jim had produced a draft SLA – currently with CHAS
- Three local authorities not paying – Jim had contacted Rosie Ilett to help resolve
- Two Boards not paying – Tayside payed on their behalf
- SLA should be agreed by all CHCs before going to Boards
- Any new developments for CHAS should come to CHCs

Charles thanked colleagues from CHAS for coming along.

Jim Carle raised funding issues regarding CHAS. These particular issues have not yet been raised with CHAS by Jim as he would like guidance from this Group first. Clarity was needed over the HDL relating to CHAS. It was thought that direct funding would end for Robin House in March 2007. Caroline thought that the paper that went to Chief Executives dated September 05 might help to clarify. Charles asked Caroline to find out the Chief Executive position, and would discuss at the next meeting.

After discussion, members considered that it would not be appropriate for Jim Carle to be the local authority negotiator, and this was something that Rosie Ilett/ Robert Stevenson should raise with colleagues in the Education Department. Jim was, however, happy to be involved in initial discussions.

Action Point – Caroline Mackie to find out the Chief Executive position.

Action Point – Child and Maternal Health Unit to contact Education colleagues regarding the local authority position.

3. Review of Community Nursing

Charles welcomed Jane Walker, Nursing Officer in the Health Department, to the meeting and invited her to present to the Group. Jane's presentation is attached.



Nurses' strengths as identified by '*Report of the Review of Nursing in the Community in Scotland*' can be summarised as:

- approaching health assessments from a broad knowledge base
- providing a wide range of health-promoting, health-enhancing and direct-care interventions
- problem-solving with people, taking into consideration the choices available to them and their potential impacts
- building relationships with individuals and communities over time
- supporting people to access and co-ordinate health and social care services when necessary.

The Review recommends that the disciplines of District Nursing, Public Health Nursing (Health Visiting and School Nursing) and Family Health Nursing be absorbed into a new, single Community Health Nursing discipline. The elements common to each of these disciplines will be assumed by the Community Health Nursing discipline. The new Community Health Nursing discipline will build on the strengths of nursing in the community to:

- adopt a strong partnership approach with individuals, carers, families and communities
- work as part of nursing and multi-disciplinary, multi-agency teams
- practise according to the seven elements of nursing in the community
- focus on providing services that meet local needs and complement and reflect national priorities as set out in *Delivering for Health*.

The Group discussed the diagram of service model (as set out in Jane's presentation) which has the community health role at the centre. Jane advised that this would be a flexible model to respond to community needs and would vary across communities. The overriding aim of the new service model is to ensure that nursing services in the community are fit for purpose to meet the demands of 21st century Scotland. The model builds on the best elements of nursing practice in the community to provide a means to support nurses to deliver a modern, flexible and responsive service within a multi-disciplinary, multi-agency context.

The Group thought there were big challenges involved, and it was not clear how the model would link in with all specialties. Commissioners were keen to keep the focus on early years and would like to see evaluation of the outcomes for children and young people. Jane advised that there was no clear view of children's nursing, but scoping was to be commissioned soon.

Charles thanked Jane for coming to talk to the Group. Commissioners were keen for Mags McGuire to come along to the next meeting to talk specifically about children's nursing.

Action Point – Invite Margaret McGuire to talk at the next meeting on children's nursing review. (Sarah C)

Minutes of previous meeting held on 30th August 2006

The minutes of the previous meeting held on 30th August 2006 were accepted as an accurate record, subject to one minor change. All approved minutes and relevant papers are available to view on the Children and Young People's Health Support Group (CYPHSG) website at www.show.scot.nhs.uk/sehd/cyphsg Website is currently being updated.

Health Improvement Short-Life Working Group

Charles advised the Group that a Children and Young People's Health Support Group (CYPHSG) short-life working group had been established to take forward the health improvement agenda. The short-life working group planned to meet a number of times between November and February with a view to making recommendations to the CYPHSG in February 2007. The proposed key tasks of the short-life working group include:

- Consider health improvement issues raised in response to the Action Framework.
- Map key policy streams and activity (including national and local infrastructure) relevant to the health improvement of children and young people (and any gaps).

Action Framework for Children and Young People's Health in Scotland

Morgan advised that work on the final Action Framework was being finalised and remained committed to timescales to ensure it would be in the public domain by February 2007. This would ensure the final Framework would be in areas well in advance of the election. The analysis had been received, and although there were no major surprises, substantial work still needed to be done. The Child and Maternal Health Unit are working closely with colleagues within the Health Department and in the Education Department. Whilst the Framework clearly goes well beyond the health sector, targets are mainly for Boards. It was possible that the final Framework would have a Ministerial sign off.

Robert advised Commissioners about the volume of activity ongoing in respect of the Framework. A consultancy firm, Rocket Science, had been commissioned to run regional engagement seminars during December and January in Edinburgh, Aberdeen, Inverness, Glasgow and Dundee, and extra sessions would be arranged if necessary. Robert stated the 5 engagement venues would provide key opportunities for people to get their views across and encouraged Child Health Commissioners to attend.

Robert reiterated that there was a firm Ministerial commitment to launch the final Action Framework in early February, as it was a *Delivering for Health* commitment, and that Derek Feeley, the Director of Healthcare Policy and Strategy in the Scottish Executive Health Department was being kept involved and kept up-to-date. There was likely to be a National Delivery Plan, similar to the Mental Health Delivery Plan. Full discussions would take place with NHS Boards when developing this plan, which would show what local, regional and national services should look like.

Members discussed the challenges involved in drawing together this huge child health agenda, and agreed the timescales were challenging. It would be important to map out the existing

funding streams and to identify where funding would be needed at an organisational development level to build capacity and for training and education to support staff.

Representation of CHCs on other Groups

A paper had been circulated to the Group, prior to the meeting, with Children and Young People's Health Support Group (CYPHSG) Specialist Groups listed. Robert advised that many of the sub-groups had now been set up and had met including those looking at Workforce, Information, General Surgery, Age Appropriate Care, Cancer and Communications.

Some of the CHCs were involved in selected Groups, but there was still time for further interested Commissioners to be involved. Involvement could be by attending meetings, or receiving and commenting on relevant papers. The outcomes from the workstreams of the sub-groups would be included in the National Delivery Plan.

Action Point – circulate paper with up-to-date details to Group.

CAMHS

Charles updated members with the discussion on CAMHS that took place at the recent Children and Young People's Health Support Group meeting on 10th November. There had been a long and, at times, difficult discussion about the issue of CAMHS especially in relation to the Mental Health Delivery Plan which was due to be launched in December. Charles advised that concern had been raised at the support group meeting on many issues, including the following:

- Strong concern that child and adolescent mental health services (CAMHS) had not been more involved in the development of the Delivery Plan
- The Delivery Plan must be the vehicle to implement *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care* issued in October 2005, that was a Ministerial commitment given at the launch
- The Delivery Plan should acknowledge that the needs of CAMHS had not yet been fully addressed and that further work still needed to be done
- The Delivery Plan must not breach existing policy commitments
- It must be acknowledged that CAMHS services are running with approximately half the level of staff required – the service has been redesigning since the Scottish Needs Assessment Project (SNAP) report in 2000 but it needs investment.

There was concern from members that policy on CAMHS would now sit with Mental Health Division and not the Child and Maternal Health Unit. Charles indicated that he would like CAMHS to be a standing item on the Agenda of future Commissioner meetings.

Pandemic Flu

Charles welcomed Professor Colin Robertson to the meeting to discuss preparedness of the health service to cope with pandemic flu. Colin is a member of the Executive's Pandemic Flu Co-ordination Team and Charles invited him to present to the Group. Colin's presentation is attached below and is being added to the CHC web pages on the Children and Young People's Health Support Group.



Child commissioners
presentatio...

The following points/ issues were made:

- Avian flu is not pandemic influenza
- Need close contact for humans to be affected
- On average 3 flu pandemics every century
- Pandemic influenza is being taken very seriously
- Important to keep infrastructure going
- 1918 influenza came back 3 times, 2nd wave most deadly

Colin has visited each Board area and every NHS Board has a strategic plan and a pandemic flu co-ordinator – usually in public health. The Group were interested to know whether there were any plans specific to children. Colin advised that children were included in plans, but does not think that sufficient concentration has been placed on the way pandemic flu has affected children in the past, and would welcome support from Commissioners in their areas with strategic plans.

Children were considered ‘superspreaders’ and high rates of infection would be likely in children, although there would likely be diagnostic difficulties, especially in very young children. Colin advised that measures that would be put in place to slow the spread of infection included school closures and limiting non essential travel. However, in previous pandemics, mothers were at home. The impact on current workforce if schools were to close is huge, as one parent would have to stay at home. Would be unlikely to have a vaccine for the first wave. But there is a huge amount of work ongoing to fast track vaccines. Because of potential limits on travel, there may be difficulty getting vaccines to affected areas.

Hospitals are likely to be severely affected by sickness and staff being off sick and one idea being considered is that specialists in other areas may have to help accident and emergency staff deal with any outbreak. Colin advised that the Executive’s Pandemic Flu Co-ordination Team were working on the basis of when not if.

Charles thanked Colin for his informative presentation.

Red Book

Charles advised that a small working group led by Zoë Dunhill had been set up to look at the Red Book. Information varied enormously throughout Scotland e huge variations across Scotland at what information is presently given out in the Red Book It was clear that many Boards have updated recently in the light of Hall 4, and the working group hoped to make some recommendations early in 2007.

Getting it Right for Every Child – Update

Charles advised the Group of a presentation given by Rosie Ilett to the Health Departmental Board on Getting It Right for Every Child (GIRFEC). The legislative process is currently being looked at, and the consultation period will give Child Health Commissioners and Health Boards a chance to comment. The brief will be circulated with the minutes.

Funding has now been confirmed from Education to support a new senior post within the Health Department and this is being progressed by the Child and Maternal Health Unit and the post will be advertised soon.

Action Point – Getting it Right Team member to be invited to update at the next Child Health Commissioner meeting.

General Surgery – Update

Charles advised members that he had attended the first two General Surgery meetings, Chaired by George Youngson, and alerted members that the General Surgery Group planned to issue a questionnaire to Commissioners on the delivery of children's surgical services up to the age of 16, in their areas.

AOB

Age Appropriate Care working group

Morgan advised Commissioners that the Age Appropriate Care working group – which he chaired – hoped to issue a survey to all Commissioners towards the end of February. Morgan or Andrea would then phone Commissioners individually around 3 weeks later at a pre-arranged time to discuss. Commissioners were content with this approach.

Date and venue of future meetings

The next meeting will take place on Wednesday 7th February 2007 in Conference room C & D in St Andrew's House, Edinburgh.

Future meetings will be held on Wednesday 9th May 2007 (possibly in Inverness) and Thursday 23rd August 2007.

All meetings will run from 10:30 – 14:30.