

EAST AYRSHIRE COUNCIL

POLICY & RESOURCES COMMITTEE - 12 APRIL 2005

AYRSHIRE AND ARRAN DRAFT CHILD HEALTH STRATEGY

Report by Executive Director of Educational and Social Services

1. PURPOSE OF REPORT

- 1.1** The purpose of this report is to inform Policy & Resources Committee of the Council's response to the Ayrshire and Arran Draft Child Health Strategy. The response is based on comments from officers within each service Department and was submitted to meet the consultation timeline, subject to Committee approval.

2. BACKGROUND

- 2.1** NHS Ayrshire and Arran and its Community Planning Partners through the Ayrshire Children's Health Planning Group have been involved in developing the draft Ayrshire and Arran Strategy for Child Health 2005/2008.
- 2.2** The responsibility for the publication of the Strategy lies with NHS Ayrshire and Arran. However, local authority officers from across educational and social services departments in the three Ayrshire local authorities have led in a number of the priority areas.
- 2.3** The Scottish Executive expects health services to develop child health strategies in conjunction with their Community Planning Partners. Guidance issued by the Scottish Executive on 11 November 2004 set out seven key outcomes for children, which are as follows: Safe, Nurtured, Included, Healthy, Active, Respected and Responsible and Achieving.
- 2.4** The guidance also set out its expectations regarding integrated children's service planning. It states that "For NHS Boards, the Children's Service Plans will now form an integral part of the preparation and assessment of local health planning".

3. RESPONSE FROM EAST AYRSHIRE COUNCIL

- 3.1** Appendix 1 to this report sets out the response from East Ayrshire Council using the format provided by NHS Ayrshire and Arran. A copy of the draft Strategy is available at the Members Information Point.
- 3.2** Officers of the Council have been involved in identifying the key priority areas to be taken forward within the draft strategy. These are:
- Developing an integrated assessment framework
 - Children in need of protection
 - Children affected by disabilities
 - Sexual health
 - Child and adolescent mental health

- Substance misuse

These are current and relevant. However, the Strategy now requires to reflect the seven key outcomes for children as set out in national guidance. There is also a need to make the document more outcome focussed and user friendly particularly for children, young people and their families.

- 3.3** There are concerns regarding the resourcing of the recommendations. The health service faces tremendous challenges to shift the balance from tertiary services to primary care and in particular the prevention of ill health in children and young people.

4. POLICY AND LEGAL IMPLICATIONS

- 4.1** The Draft Child Health Strategy will be monitored through integrated children's service planning arrangements. East Ayrshire's integrated children's service plan is nearing completion and will be submitted to Policy and Resources Committee in the near future for approval. Children's service planning sits within the context of the Community Planning arrangements within East Ayrshire.

5. FINANCIAL IMPLICATIONS

- 5.1** There are no financial implications arising from this report.

6. RECOMMENDATIONS

- 6.1** It is recommended that Members of the Policy & Resources Committee:
- (i) approve East Ayrshire Council's response to Ayrshire and Arran's Draft Child Health Strategy.

John Mulgrew
Executive Director of Educational and Social Services

23 February 2005
KG/SR

LIST OF BACKGROUND PAPERS

1. Ayrshire and Arran Draft Child Health Strategy
2. Scottish Executive guidance on Integrated Children's Service Planning 2005/2008: 11 November 2004

Members seeking further information should contact Kay Gilmour, Head of Community Support, Tel: 01563 576104.

IMPLEMENTATION OFFICER: KAY GILMOUR

EAST AYRSHIRE COUNCIL

AYRSHIRE AND ARRAN DRAFT CHILD HEALTH STRATEGY

RESPONSE FROM EAST AYRSHIRE COUNCIL

1. Do you think the document is helpful?

The document provides some relevant statistical information and templates for action which set out the strategic direction for child health services in Ayrshire & Arran. The planning cycle of 2005 to 2008 sits well with children's service planning. This is clearly vital given the recent guidance issued by the Scottish Executive which brings together integrated children's service planning within the context of community planning. Reporting progress on integrated children's service plans includes local child health strategies.

2. Do you like the format of the document?

The section entitled "Our Vision for Ayrshire and Arran" helpfully describes how services will be delivered. What it does not do is set out a vision for the Ayrshire and Arran area. The diagrams on pages 7 and 8 might usefully be included as a schedule at the back of the document. Ultimately those receiving services are more interested in how they will be delivered rather than the planning arrangements behind them.

The Strategy is a very technical document and it would be hoped that a version will be developed both for children and young people and for their carers. Page 13 sets out the Strategy's objectives. However, these should be clearly presented at the beginning of the document.

There should be consistent colour coding highlighting individual local authority areas in all of the bar graphs.

3. What do you feel are the barriers (if any) to achieving the aims of this Strategy?

Although there are already very well established partnership arrangements in East Ayrshire there are potentially issues regarding both the capacity to deliver actions and resourcing of actions. There requires to be a commitment to exploring in detail the current and future joint resourcing of children's services. Consideration also requires to be given to the wider determinants impacting on the health of children and young people such as transport, housing and the environment.

The balance of resources within the health service currently lies with tertiary care. In order for many of the objectives to be met within the Child Health Strategy a reconfiguration of resources to primary care and indeed to the prevention of ill health will be required.

Page 14, "What do we already have?". Without any detail behind the list of

services it is a distraction and should be appended as a schedule at the end of the document.

Page 11 describes the specific funding streams which are aimed at targeting areas of deprivation. One of the challenges facing community planning partners is the realignment of mainstream resources including health service resources. This section needs to start teasing these issues out.

Action Templates:

The action templates are very process driven and are not outcome focussed. If the Child Health Strategy is to become an integral part of children's service planning the template requires to be much more outcome focussed.

Page 18. The template very helpfully recognises the additional resources required to implement a Scottish Framework for Nursing in Schools. East Ayrshire Council currently supports the school nursing staff through the Changing Children's Service Fund to ensure the full provision of services within Learning Partnerships. If adequate resourcing for the school nursing service cannot be found within health service resources this will be a significant barrier to achieving the anticipated outcomes.

4. Are there any critical omissions or inaccuracies in the Strategy?

Section 4, "Where do we want to be?". This section needs to clearly set out the seven key outcomes as described in the Scottish Executive guidance on Integrated Children's Service Planning.

Although integrated training and development is contained within the Strategy there requires to be much clearer focus in order to achieve outcomes.

Pages 7-8 diagrams 1 & 2. Diagrams 1 & 2 compare and contrast the relationships between the various planning groups and accountable bodies involved in children's services in Ayrshire. Diagram 2 however omits to illustrate accountability to the political process through Council committee structures.

Despite illustrating the proportion of children and young people aged 0-19 living within the most deprived areas of Ayrshire in Section 3, there is no reference to targeting these young people within the templates for action. If this doesn't happen it will be all the more difficult to monitor the impact on reducing health inequalities.

Pages 9-11. As the Strategy aims to improve health outcomes for specific target groups such as young carers, homeless young people and children with disabilities, it would be helpful if this section provided, where available, local data on the health status and needs of these groups.

It is likely that a significant emphasis will be placed on children and young people within Regeneration Outcome Agreements which will ultimately direct the use of Community Regeneration funding. This should be reflected in the Strategy.

Action Templates:

Generally although it is helpful to illustrate the partnerships involved in implementing the strategy it would be more helpful to identify a lead organisation for each priority area.

There is no reference to funding currently being committed to Hungry for Success on page 18 of the template.

Under mental/emotional wellbeing section, 'Choose Life' is quoted as being led by community planning partners (Education). The local authority is a lead partner holding 'Choose Life' funds on behalf of Community Planning Partners.

The section on children and young peoples mental health should be updated to reflect the recent consultative documents issued and in particular "A Framework for the Promotion, Prevention and Care".

The section on sexual health should be updated making reference to the implications of the recently launched national Sexual Health Strategy.

Page 22. The presumption of mainstreaming in Education arises from Section 15 of the Standards in Schools (Scotland) Act 2000.

There appears to be no mention of £72,522 which was allocated to East Ayrshire Council's Recreation Partnership Project from the mainstreaming of the Health Improvement Fund. This funding would fit under the school health target within the well child or young persons template and could therefore be highlighted in the resources column.

5. Are there any other comments you would like to make?

There is no reference to the involvement of children and young people in the shaping of this Strategy. If children and young people have been involved then this should be clearly set out. If not, the intention to involve children and young people in the monitoring of the Strategy through children service planning arrangements should be stated.

Overall, although the priority areas are clearly set out and endorsed the overall Strategy requires to be more outcome focussed.

It needs to clearly set out how it will now become an integral part of children's service planning.