

## **8. CHILDREN AND YOUNG PEOPLE PLANNING FRAMEWORK**

### **8.1 Analysis of Local Position**

- 8.1.1 In Renfrewshire, responsibility for local planning of children's services sits with the Renfrewshire Children's Services Partnership (RCSP).

RCSP strives to improve outcomes for all children and young people focusing on both those at risk and early intervention and prevention and is responsible for overseeing the implementation of Renfrewshire's Integrated Children's Services (ICS) Plan.

- 8.1.2 The Integrated Children's Services Plan represents local implementation of national policies and links closely with local Community Planning arrangements and Single Outcome Agreement (SOA). Within the Renfrewshire SOA, the key local outcomes which the CHP will contribute to are:

- The health of young children is improved. (No. 5)
- Improvement in the protection of children (No. 8)
- Increase public participation in the planning and delivery of services (No. 11)
- Our children are well qualified and prepared for adult life (No. 4)
- Equality of opportunity for children, young people and adults (No. 13)

- 8.1.3 This will be delivered by the structure supporting the RCSP which consists of the ICS Management Group and thematic sub-groups.

The CHP plays a leading role within this Partnership structure.

In 2009:

- We have invested in establishing 3 geographical Children and Families Teams and redesigned their ways of working;
- We are redesigning SLT services as part of the wider AHP redesign work; and
- We are redesigning how our CAMHS services work, investing in additional staff and developing new out of hours arrangements.

In late 2009, RCSP received funding for the 'Achieving Step Change' programme. This will focus on:

- (i) improving parenting
- (ii) focussing on outcomes
- (iii) developing engagement and participation

We are now progressing to develop a Triple P based parenting programme for Renfrewshire.

### **8.2 Numeric Analysis**

- 8.2.1 Table 1 shows the estimated 0 - 15 population of Renfrewshire for the next 25 years; it is expected there will be a fall in the number of children. This population group has been decreasing for a number of years, but the number of looked after children has been increasing over the past few years.

Table 1: Projected change in 0-15 population

	2008	2013	2018	2023	2028	2033
0-15 population	30686	30256	30385	30094	28745	27369
% change from previous		-1.4%	0.4%	-1.0%	-4.5%	-4.8%
% change from 2008		-1.4%	-1.0%	-1.9%	-6.3%	-10.8%

8.2.2 Although there is a projected decline in the 0 - 15 population, there are likely to be more children in need. This is due to an increasing number of parents misusing alcohol and drugs and better awareness of the care needs of children, leading to an increase in the number of children taken into care or on the Child Protection Register.

Table 2: Looked after population

	2007/08	2008/09	At 31/01/10
No. of looked after children	663	716	773
% change in no. of looked after children	13.9%	8.0%	8.0%
LAC as % of 0-17 population	1.9	2.0	2.5%
No. of accommodated children	290	326	299
% change in no. of accommodated children (from previous year)	9.4%	12.4%	-8.3%

The number of children looked after in Renfrewshire was higher than the Scottish average at 1.9% in 2007/08, compared with 1.4% for Scotland.

The number of children involved with Social Work's Drug and Alcohol Services has increased in the last five years, from 86 in 2004/05 to 183 in 2008/09. Some of these young people are the children of parents with a substance misuse problems, whilst others are themselves involved in misusing alcohol, drugs or other substances. Although young people aged 12-15 make up the majority of these cases, the number of younger children involved with the drug and alcohol services has been increasing.

The number of children on the Child Protection Register in March 2010 is 102, compared with 116 in 2009 and 99 at the same point in 2008. The majority of children remain on the Child Protection Register for less than one year and recent data shows a trend towards shorter registration periods. More than half of these have been registered because of physical neglect, but there has been a rise in the proportion of cases which relate to emotional abuse.

Almost 6000 children live in parts of Renfrewshire ranked in the most deprived 15% areas of Scotland.

The Renfrewshire Anti-Poverty strategy has identified that 18,340 children in Renfrewshire are living in households that are dependent on out of work benefits of child tax credits (more than the family element) in 2006/07. 24% of single parent households in Renfrewshire have a net income of less than £10,000 per annum.

- 8.2.3 There were over 1,800 live births in 2006 and the rate of low birth-weight babies is 5% above the Scottish average. The teenage pregnancy rate is 8% above the national average.

For the period 2003-2005 Renfrewshire's Infant Mortality Rate was 5.1 (rate per 1,000 live births). By 2006-2008 this rate dropped to 4.1. Rates in Renfrewshire compare favourably against the Greater Glasgow and Clyde average of 6.3 in 2003-2005 and 5.0 in 2006-2008.

Primary immunisation rates are close to the Scottish average. The Greater Glasgow and Clyde target for MMR immunisation at 24 months is 95%. In September 2008 Renfrewshire achieved a rate of 92.8%, above the GGC average of 91.4%. By September 2009, the Renfrewshire rate increased to 92.9%.

Renfrewshire has exceeded the 95% target for MMR immunisation of 5 year olds. In September 2009 the rate was 97.5% in Renfrewshire; 96.3% for GGC.

- 8.2.4 A Young People's Health and Wellbeing Survey was carried out in November 2008 in all Renfrewshire Secondary Schools, Mary Russell School and New Directions. The survey results cover a wide range of health and wellbeing areas. These include some key snapshot data for national health targets, from which future surveys can measure change.

These include:

- 83% of pupils had brushed their teeth twice or more in the previous day;
- 41% of pupils had consumed five or more portions of fruit and vegetables in the previous day;
- 15% of pupils were exercising for at least sixty minutes on five or more days in the week.

The findings also revealed numerous significant differences for the five key independent variables (gender, year group, deprivation, limiting illness or disability and young carers).

Full and summary reports available at:

[http://www.chps.org.uk/content/default.asp?page=s606\\_1](http://www.chps.org.uk/content/default.asp?page=s606_1)

### **8.3 Health Gaps and Key Issues**

- 8.3.1 The Renfrewshire Anti-Poverty strategy has identified that 18,340 children in Renfrewshire are living in households that are dependent on out of work benefits of child tax credits (more than the family element) in 2006/07. UK research has demonstrated that children under the age of 16 were most likely to experience poverty than any other age group.

- 8.3.2 The number of children coming into contact with Social Work Services has risen by several hundred over the last five years to 3349 in 2008/09. The biggest increase has been in the number of children aged under 5 becoming involved with Social Work.

- 8.3.3 The total number of looked after children in Renfrewshire is 720 (as at 31 March 2009). The number of children looked after in Renfrewshire has tended to be

slightly higher than the Scottish average at 1.9% in 2007/08, compared with 1.4% for Scotland (figures for 2008/09 are not yet available from the Scottish Government). In addition, the actual numbers of children looked after has been increasing year on year.

The number of children involved with Social Work's drug and alcohol services has increased considerably in the last five years, from 86 in 2004/05 to 183 in 2008/09. Some of these young people are the children of parents with a substance misuse problems, whilst others are themselves involved in misusing alcohol, drugs or other substances. Although young people aged 12-15 make up the majority of these cases, the number of younger children involved with the drug and alcohol services has been increasing.

## 8.4 Outcomes Table

### Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>We will Improve the lives of the most vulnerable children.</p>	<ul style="list-style-type: none"> <li>- We will target vulnerability and match our resource allocation to better meet need.</li> <li>- Have in place means of ensuring that information sharing across the ante natal and post natal periods enables identification of potentially young mothers and children and establish ways of ensuring that vulnerable pregnant women are linked to and across the acute and community midwifery service.</li> <li>- Develop and implement pathways for young mothers from antenatal through post natal periods.</li> <li>- Fully implement the IAF, appropriate support and training is in place and that regular audits to monitor quality occur.</li> <li>- Ensure child protection arrangements are consolidated across the CHP and with independent contractors and that actions from HMIE reports are implemented.</li> <li>- Thoroughly prepare our services and staff for the 2010 HMIE Inspection of child protection services within Renfrewshire. This will include establishing and clarifying the role of school nursing in child protection.</li> <li>- Ensure an effective programme of screening, support and intervention by:               <ul style="list-style-type: none"> <li>- developing children and family teams;</li> <li>- ensuring that models of attachment and</li> </ul> </li> </ul>	<p>Audit of outcomes of interventions of vulnerable children.</p> <p>A care pathway between midwifery and Health Visiting established.</p> <p>Number of children with completed IAF. Audit of completed random sample by December 2010. Number of staff trained in IAF.</p> <p>Self evaluation audit completed.</p> <p>Actions for Health arising from self evaluation are implemented.</p> <p>Teams established. Alignments agreed.</p>

### Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<p>alignment of health visitors with general practice are effective and jointly agreed.</p> <ul style="list-style-type: none"> <li>- Develop support and appropriate pathways for the most vulnerable children. Ensure effective intensive intervention where prevention and early intervention do not succeed.</li> <li>- Review existing institutional care and complex cases and establish alternative local care plans where possible. Where that is not possible establish local care management responsibility.</li> <li>- Identify gaps in service provision for children with chronic /complex needs and work with partner agencies to reach solutions</li> <li>- Provide appropriate inputs to support looked after and accommodated children in both residential facilities and the community</li> <li>- Provide health promotion groups to residential care units</li> <li>- LAAC staff to provide training for residential care staff and foster carers</li> <li>- Early identification of health related additional support need</li> <li>- The Integrated Assessment Framework to be implemented across Specialist Children's Services</li> </ul>	<p>Effective implementation of a targeted delivery model by regular caseload supervision.</p> <p>Contribute to Stepped Care Programme. Number of LAAC children is reduced by March 2011. Care Plans are developed.</p> <p>Clear pathways identified, evidenced by audit of service provision and audit of Special Needs System on quarterly basis, effective June 2010</p> <p>Baseline audit June 2010.</p> <p>Monitor change for healthier lifestyle by questionnaire for children on annual basis each February, commencing 2011. Bi –annual audit of training event evaluation, commencing December 2010.</p> <p>Audit of Support Needs System to identify strengths and weaknesses, document and disseminate information December 2010. All staff to be trained in IAF by December 2010. Annual audit to be completed in March each year to demonstrate level of implementation.</p>

## Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>The care of children and young people is planned and delivered through a collective approach across NHSGGC.</p>	<ul style="list-style-type: none"> <li>- Ensure an effective interface between the acute and community based children's services is established. Develop an effective care system which fully utilises universal services and has clear pathways into specialist services.</li> <li>- Link in to primary care framework commitment to develop further models of community service provision which are based around the general practice structure. Enabling shared decision making across CHP and independent contractors about service delivery and deployment of resources, including testing new ideas and developing effective models of primary care team working.</li> <li>- Establish clear shared policy in relation to risk management, thresholds and decision-making to ensure consistent and accountable practice.</li> <li>- Actively participate in developed Managed Clinical Networks.</li> <li>- Clear pathway (LAAC Health Process) established in accordance with CEL 16.</li> <li>- Monitor 4 week response time</li> </ul> <p style="margin-left: 40px;">Further development of acute /CHP Operational Group to ensure effective delivery of service provision and joint planning.</p>	<p>Monitor implementation of actions from Operational Combined Child Health Group and Child Health Liaison Group. Review of Muscular Dystrophy assessments at the Child Development Centre.</p> <p>Ensure membership of Primary Care Strategy Group to take forward primary care perspective of CHP interface for access and patient pathway design.</p> <p>Embed RCPC Risk Management Framework.</p> <p>Clear pathways across tertiary, acute and community boundaries are in place, evidenced by annual audit of compliance, commencing January 2011.</p> <p>Quarterly audit of referral rate to service and response time, commencing September 2010.</p> <p>Quarterly audit of response time for one year from March 2010; and annually thereafter.</p> <p>Group work plan to be agreed on an annual basis initially by July 2010 and reviewed annually thereafter.</p>

### Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>There is a focus on early intervention in the lives of children and young people.</p>	<ul style="list-style-type: none"> <li>- Shift resources from a focus on crisis management to early intervention and prevention of ill health ensuring that early intervention has a particular focus on early years and parenting.</li> <li>- Support the implementation of the Renfrewshire Parenting Framework ensuring that parenting support is flexible and responsive to the needs of all families.</li> <li>- Explore how to fund and implement Triple P in Renfrewshire. Identify how to incrementally release resources from the system to support investment in parenting and other early intervention programmes.</li> <li>- Ensure we routinely assess during ante natal period, at birth and during early years for risk factors and respond when they are present.</li> <li>- Develop the Primary Mental Health Worker role in Children &amp; Family Teams.</li> <li>- Provide CAMHS support to Youth Justice system</li> </ul>	<p>Participate in implementation of Stepped Change Project, which will include an epidemiological study and engagement with the community.</p> <p>Implementation of the NHS contribution to the Parenting Framework.</p> <p>Implementation Plan, which includes a Financial Framework established. Number of staff identified and Training Programme implemented.</p> <p>Ensure skills and competencies of staff are enhanced and maintained around assessment.</p> <p>Recruit x2 Band 6 PMHWs by August 2010. Embed in CAMHS and develop training and development. Annual review of implementation. Quarterly meetings with reporters to be established effective July 2010. CAMHS will provide training programme to panel members. Evaluation audit produced and reviewed March annually.</p>
<p>We will Improve the health of children and young people.</p>	<ul style="list-style-type: none"> <li>- Develop and implement an injury prevention strategy</li> </ul>	<p>Establish links to Injury Prevention Group (Community Planning Safer and Greener Sub Group).</p> <p>Establish a robust data set, which demonstrates the number of children with unintentional injuries.</p>

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> <li>- Develop a comprehensive range of early intervention services including               <ul style="list-style-type: none"> <li>- whole population intervention;</li> <li>- physical activity and healthy eating (including ACES);</li> <li>- breastfeeding support - UNICEF baby friendly accreditation and implementation of CEL 36;</li> <li>- oral health support;</li> </ul> </li>   <li>- Financial inclusion, e.g. Healthy Start uptake.</li>   <li>- Implement the Greater Glasgow and Clyde Infant Feeding Strategy.</li>   <li>- Ensuring that we maintain and improve our high rates of childhood immunisation uptake by disseminating NICE guidance throughout integrated teams.</li>   <li>- Implementation of Pilot 'Health Promoting Residential Unit Project', utilising strategies around health promotion for:               <ul style="list-style-type: none"> <li>- Healthy eating (nutmeg programme)</li> <li>- ACES ( healthy weight support programme)</li> <li>- Oral health support</li> <li>- Sexual health</li> </ul> </li> </ul>	<p>Increase the proportion of new-born children exclusively breastfed at 6-8 weeks to 28.4% by March 2011.</p> <p>Reduction in decayed missing or filled teeth at P1. 80% of all three to five year old children to be registered with an NHS dentist by 2010/11.</p> <p>At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.</p> <p>Nos. accessing Healthy Start.</p> <p>Action Plan implemented.</p> <p>Achieve 95% target at 24 months and 5 years.</p> <p>Monitor compliance with Project funding. Monitoring of relevant HEAT Targets.</p>

### Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> <li>- Exercise</li> <li>- The CCN Service will undertake a research project on childhood constipation to identify a structured pathway for managing constipation in children.</li> <li>- Implementation the use of SHANARI wellbeing indicators in assessment process across SCS</li> </ul>	<p>Baseline audit of referrals carried out by September 2010.            Pathway developed by January 2011.            Quarterly audit of impact of pathway effective January 2011.            Provide training to all staff in use of SHANARI by October 2010.            Implementation and evaluation of model by April 2011</p>
<p>Children and families will have Improved access to services that is equitable and appropriate.</p>	<ul style="list-style-type: none"> <li>- Review referral routes and care pathways into services to identify inappropriate or obstructive arrangements and establish programme of change.</li> <li>- Audit of CAMHS referrals.</li> <li>- EQIA all referral and care pathways.</li> <li>- Develop competencies for staff who work with children and young people.</li> <li>- Specialist Children's Services will ensure that referral pathways are accessible for referrers and service users.</li> <li>- LAAC service will arrange appointments by telephone to ensure choices are available to service users.</li> <li>- Establish a programme to develop competencies within local teams to deliver care pathways for children with disability and autism and provide or access appropriate support systems.</li> </ul>	<p>By December 2011 all children and young people should wait no longer than 18 weeks for referral to treatment.</p> <p>Implement action from audit results.            Implement Action Plan from results.            PDPs/KSFs result in a service training plan.            Number of staff trained.            Service user satisfaction audit will be carried out annually by all areas of Specialist Children's Services in April.            An action plan from the audit implemented bi-annually.            Monitor numbers of young people attending health check ups and assessments and provide annual evaluation, March 2011.            Participation in GGC wide ASD review.</p>
<p>Service users can access Child Health</p>	<ul style="list-style-type: none"> <li>- Reduce our waiting times to Speech</li> </ul>	<p>Numbers waiting longer than 18 weeks RTT.</p>

## Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
services at a place and time they need it	<ul style="list-style-type: none"> <li>and Language Therapy Services through redesign.</li> <li>- Implement the Integrated Eating Disorder Care Pathway in Specialist Children's Services</li> <li>- Implement the evidence based CAMHS Service Framework across NHSGGC and achieve the outcome of 18 weeks RTT.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor number of staff trained in new model of working July 2010.</li> <li>Provide waiting time figures that do not meet the 18 weeks RTT target.</li> </ul>
We will Improve the quality of the services we deliver.	<ul style="list-style-type: none"> <li>- Continue to participate in RCPC case file audits.</li> <li>- Implement the 'New to CAMHS' competency model for all new CAMHS staff.</li> <li>- Develop support for young carers.</li> </ul>	<ul style="list-style-type: none"> <li>Action Plan developed to take account of results of audit.</li> <li>Evaluation of all training portfolios by December 2010.</li> <li>Establish link to Young Carers' Group and monitor progress.</li> </ul>
Our service planning reflects demand, evidence base and views of service users and their carers.	<ul style="list-style-type: none"> <li>- Fully support implementation of the Achieving Step Change Project which is designed to shift services from achieving outputs to achieving outcomes.</li> <li>- Children and young people have the opportunity, along with carers, to be heard and involved in decisions which affect them</li> <li>- We need to understand and take cognisance of the needs and demands of children and young people, for example in relation to how they want to access and receive services.</li> <li>- We will ensure that our local plans have been subject to EQIA.</li> <li>- The CCN service will use the evidence</li> </ul>	<ul style="list-style-type: none"> <li>Provide progress update on impact on Services.</li> <li>Act on findings from implementation of Youth Participation Strategy as relating to the CHP.</li> <li>Embed Framework of patient/user feedback within Services and review annually.</li> <li>EQIAs to be carried out in CAMHS&lt; Health Visiting and Speech and Language Therapy. Annual sample audit to be carried out each September to ensure standards are met.</li> </ul>

### Children and Young People

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	base of Best Practice Statements for children to set standards for: <ul style="list-style-type: none"> <li>- enteral feeding</li> <li>- home oxygen</li> <li>- methotrexate</li> <li>- tracheostomy</li> </ul>	Baseline audit will be carried out in September 2010. Quarterly audit of impact of pathways.
Service users can access CAMH services at a place and time they need it	<ul style="list-style-type: none"> <li>- The age range of the CAMH Service will be increased to include all young people to the age of 18.</li> <li>- CAMHS to move to provide services on a 24/7 basis.</li> <li>- Deliver on HEAT Target 5 (26 weeks referral to treatment target for CAMHS)</li> </ul>	4 x Band 6 nurse therapists to be recruited by June 2010. Clinicians and managers to develop a safe sustainable service by August 2010.  Deliver on Out of Hours Service by April 2010. Quarterly audit of all Out of Hours referrals. Provide robust monitoring of waiting times monthly from April 2010.
Children's Services across NHSGGC will be efficient and fit for purpose	<ul style="list-style-type: none"> <li>- The Resource Allocation Model (RAM) for CAMHS and Community Child Health will be applied to Specialist Children's Services</li> <li>- All services will receive training in demand and capacity models and apply to services.</li> </ul>	Systems will be developed to ensure RAM is applied to Services by December 2010. Implementation Plan to be developed by April 2011. Progress monitored April 2012; 2013. Training in demand management theory for all team leaders by September 2011. Services will redesign using this framework, monitor and evaluation of improvements to be carried out each year from June 2011.

## **8.5 Finance and Workforce**

- 8.5.1 As part of work undertaken to allocate resources relative to need through the Health Visiting review process, a model was developed that weighted the 0–19 year old population of each CHP/CHCP for deprivation and age. This model has been applied to the three population areas within Renfrewshire CHP, and has been used in conjunction with other data sources and local management and nursing knowledge to inform the allocation of children's services resources, in particular Health Visiting, school nursing and speech and language therapy across Renfrewshire CHP.

The resource allocation model provides a well informed guide to allocate resources to our three Teams. This would be a medium to long term strategy to ensure equity of resources across all three Teams.

Within Health Visiting, School Nursing and Speech and Language Therapy, workforce planning is in an advanced stage designed to ensure the skill mix within our Teams meets the needs of our children.

Children's Services, in common with other CHP services, has contributed substantial resource towards the CHP annual savings target during 2009 – 11. Children's Services must respond to the difficult economic climate by continually examining its skill mix and key priorities.

Additional funding for nursing (£140,000) and psychology (£80,000) for CAMHS amounts to £220,000 in 2010/11.