

Together for Children: NHS Grampian Child Health Strategy 2026–2032 – DRAFT

Executive Summary

Every child in Grampian deserves the same chance to grow up healthy, safe and supported.

The evidence tells us, clearly and urgently, that this is sadly not yet the reality for every child.

Across Grampian, too many children are growing up in poverty, too many are reaching school age with unmet developmental needs, and too many families and carers are navigating a system that responds to crisis rather than preventing it. This needs to change.

Health inequalities begin before birth and widen at every stage of childhood. Mental health need is rising, and the children who face the greatest challenges so often encounter the greatest barriers to support. This strategy builds directly on the findings of NHS Grampian's Director of Public Health Annual Report 2024, which focused on the health of children and young people in Grampian. That report set out clearly the evidence on child poverty, health inequalities, rising mental health and neurodevelopmental need, and the importance of early intervention and prevention — and crucially, it was shaped by the voices of children and young people themselves, whose experiences and priorities directly informed its findings.

This strategy is our response, translating that evidence and those voices into a clear set of priorities and the commitments needed to act on them. It sets out what we will prioritise, what will be different by 2032, and what we are asking of ourselves and our partners, collectively. It is deliberately high-level — the detail sits in our statutory plans for child poverty, corporate parenting and children's rights — but our ambition is clear: which is to shift our system from one that responds to crisis toward one that prevents it.

Developing this strategy has very much been a collaborative effort, shaped by ongoing engagement with services and agencies across NHS Grampian, Health and Social Care Partnerships, and the multi-agency Children's Services Planning groups in Aberdeen City, Aberdeenshire and Moray. None of this will happen through NHS action alone. Delivering on the ambitions described in this document requires genuine partnership across health, education, social care, and communities. It requires the Board to make the decisions and investments that signal real commitment. And last but by no means least, it requires us to listen — to children, young people and families — and to act on what they tell us — and consistently so.

Laura Skaife-Knight
Chief Executive
NHS Grampian

Child Health Commissioner Foreword

I am pleased to introduce this Child Health Strategy, which sets out our shared ambition to improve the health, wellbeing and life chances of babies, children and young people across Grampian.

At the heart of this strategy is a simple but powerful belief: that childhood matters, and that how children are supported in their earliest years shapes not only their health, but their confidence, resilience and opportunities throughout life. Every day, I hear from professionals, families and young people themselves about both the strengths within our system and the very real pressures facing children and those who care for them. This strategy has been shaped by those experiences and by a determination to do better, together.

Children's health is not created by services alone. It is shaped by relationships, communities, income, education, environment and by whether children feel safe, listened to and valued. This strategy reflects that reality. It prioritises prevention, early support and equity, and it seeks to move us towards a more joined-up, compassionate system that responds to children's needs earlier and more effectively.

I am particularly mindful of the growing inequality in outcomes for children and young people, and of the increasing complexity of need we are seeing across both physical and mental health. This strategy is a clear statement of intent to address those challenges: strengthening early years support, improving mental wellbeing, reducing barriers to access, and ensuring that children with additional or complex needs receive timely, coordinated care.

Delivering this strategy will require sustained collaboration across health, local authorities, education, the third sector and communities. It will also require us to listen carefully to children, young people and families — not as an afterthought, but as partners in shaping and improving the support available to them. As Child Health Commissioner, I am committed to that relational approach, to using evidence and lived experience together, and to ensuring that resources are directed where they can make the greatest difference.

This strategy is not the end point; it is a framework for action and improvement. I look forward to working alongside partners, colleagues, children and families to turn its ambitions into meaningful change — so that every child across Grampian can grow up healthy, supported and hopeful about their future.

Tracy Davis
Child Health Commissioner
NHS Grampian

Together for Children: A Whole-System Child Health Strategy 2026–2032

This strategy is owned and overseen by the NHS Grampian Children’s Health Board. Delivery will happen collaboratively through NHS Grampian and HSCP services working together, and through each partnership’s contribution to the three Children’s Services Planning groups across Aberdeen City, Aberdeenshire and Moray.

This strategy sets out NHS Grampian’s vision and priorities for improving the health and wellbeing of babies, children, young people and families across Aberdeen City, Aberdeenshire and Moray. It aligns with NHS Grampian’s wider strategic direction and with national policy including GIRFEC, The Promise, and Scotland’s commitments under the UN Convention on the Rights of the Child.

Scotland’s Policy Context for Children



The priorities that we will take a particular focus on are set out in NHS Grampian’s *Plan for the Future*, and those priorities agreed with our partners are set out in our Children’s Services Plans.

(Insert links to Children’s Services Plans when available.)

This strategy is supported by three statutory plans that set out NHS Grampian’s specific commitments and actions in key areas, and which should be read alongside it. The **Child Poverty Action Report** (published annually under the Child Poverty (Scotland) Act 2017) details NHS Grampian’s contribution to reducing child poverty and health inequality, including income maximisation, targeted family support, and action for the six national priority family groups. The **Corporate Parenting Report** (published under the Children and Young People (Scotland) Act 2014) sets out how NHS Grampian fulfils its duties as a corporate parent, including health assessments for looked-after children, support for unaccompanied asylum-seeking young people, and trauma-informed practice across services. The **Children’s Rights Report** (published every three years under the UNCRC (Incorporation) (Scotland) Act

2024) describes how children’s rights are embedded across NHS Grampian’s planning, services and resource decisions, including through Child Rights and Wellbeing Impact Assessments. Together these plans provide detailed actions, measures and accountabilities that sit beneath this strategy’s high-level priorities.

How Child Health Is Planned and Delivered in Grampian

Improving outcomes for children and young people in Grampian is a shared responsibility across NHS Grampian, local councils, police, third sector organisations and community partners. Under the Children and Young People (Scotland) Act 2014, each local authority area is required to produce a Children's Services Plan — a statutory, multi-agency plan setting out how partners will work together to improve outcomes for children, young people and families. In Grampian, three such plans cover Aberdeen City, Aberdeenshire and Moray respectively, each developed with children, families and communities, and each grounded in the principles of Getting it Right for Every Child (GIRFEC). These plans provide detailed multi-agency priorities, actions, and performance indicators that sit alongside this strategy.

Within NHS Grampian, the Children's Health Board provides system-wide strategic oversight, coordination and assurance for child health. It aligns children's health priorities across NHS Grampian and partner organisations, commissions and coordinates cross-system work where this adds value and provides assurance to NHS Grampian on progress against agreed priorities — with operational delivery remaining through existing NHS, Integration Joint Board and partnership governance structures. Rather than holding its own separate delivery plan, the Children's Health Board works through the three Children's Services Plans as the primary vehicle for delivery, alongside the child health priorities set out in NHS Grampian's Plan for the Future. The Children's Health Board is therefore the primary vehicle for NHS Grampian's accountability for child health outcomes, drawing together progress across both partnership and NHS delivery into a single point of oversight and assurance.

Each of the three Children's Services Plans contains its own delivery framework, performance indicators and improvement plan, developed with communities and reviewed annually. NHS Grampian's Plan for the Future sets out the Board's own operational commitments to child health, which are monitored through the Children's Health Board alongside the partnership priorities. The details on specific actions, timescales, and measures are within these plans. This strategy does not seek to replicate that detail — its purpose is to set the direction and priorities that connect and align those existing plans, and to signal NHS Grampian's commitment to its role within them. Progress against this strategy's own headline indicators is set out in Appendix 1 and will be reported regularly through the Children's Health Board.

1. Vision

Our vision is to create a future where every child and family in Grampian thrives—healthier, happier, and supported by a healthcare system that reflects what matters to them. By 2032, we will keep The Promise by nurturing relationships, empowering families to stay together where safe, and ensuring children, young people, and families are heard, respected, and involved in every decision that shapes their lives.

2. The Case for Change

The evidence is clear and the need is urgent. What happens in the earliest years shapes health and life chances for decades to come. The evidence for this was set out in NHS Grampian's [Director of Public Health Annual Report 2024](#).

There are genuine strengths: high immunisation uptake, improving dental health, falling teenage pregnancy rates. But the data also shows persistent inequality, rising need, and a system that too often responds to crisis rather than preventing it. These are not isolated pressures. They reflect underfunded prevention, fragmented pathways, and families facing the greatest need encountering the greatest barriers.

Around one in five children in Grampian are growing up in poverty — a figure unchanged in ten years. The healthy life expectancy gap between children born in the most and least deprived areas is widening — a gap that compounds at every stage of childhood and cannot be closed without sustained early action. Mental health need is rising sharply.

The [Marmot Review](#) confirms that health inequalities in the UK have widened over the last decade. The evidence on what works is clear: earlier investment, targeted at the social determinants of health, produces the greatest returns. Scotland's [Childsmile programme](#) demonstrates this directly — in the eighth year of the toothbrushing programme the expected savings were more [than two and a half times the costs of the programme implementation](#).

The challenges we face require a coordinated system response including:

- Rising and complex mental health needs
- Persistent and widening health inequalities
- Fragmented pathways and difficulty navigating support
- Increasing neurodevelopmental need and delays in support
- Pressure on families and whole-family wellbeing
- Vulnerabilities in care experienced children and young people's outcomes
- Exposure to risk; exploitation, substance use and online harm
- Workforce capacity, pressures and variation in confidence
- Lack of prevention focus in systems and funding
- Need for better data sharing, insight and learning

3. What Will Be Different by 2032

By 2032, children, young people and families in Grampian will experience earlier support, more joined-up services, and a stronger focus on prevention and wellbeing.

Strategic priorities are:

- Maternal Health and Best Start in Life
- Children and Young People Mental Health and Emotional Wellbeing
- Reducing Child Health Inequities
- Supporting Children with Complex and Additional Needs
- Creating Healthy and Sustainable Environments for Children

Key changes will include:

- Children, young people and families will feel **listened to, respected and involved** in decisions about their health and wellbeing. Care will feel more **relational, consistent and focused on what matters** to children and families
- Earlier identification of developmental, mental health and family support needs.
- Carers — including young carers — are identified early and connected to appropriate support
- Reduced inequalities in access to care and health outcomes.
- Services that are **easier to navigate**, with fewer repeated assessments and clearer routes to help.
- Staff will feel more **supported, connected, and confident**, with learning and reflection embedded in everyday practice. Workforce models will better protect **professional judgement, wellbeing, and sustainability**.
- Stronger collaboration between health, education, social care and community partners.
- A culture of continuous improvement, with digital tools and data used to **support care and improvement**

Progress towards these changes will be tracked through the headline indicators set out in Appendix 1. For each strategic priority, the Appendix table sets out what these changes will look like in practice and how progress will be measured. These indicators will be reported regularly through the Children's Health Board and NHS Grampian's partnership governance arrangements, ensuring that the ambitions set out here become a standing item of accountability rather than a one-off commitment. Indicators will be refreshed over time to reflect what children, young people and families tell us matters most.

4. Strategic Priorities for Child Health

Five strategic priorities reflect the most important opportunities to improve outcomes for children and young people in Grampian. To deliver these priorities, the strategy is designed towards a set of **region-wide system changes** that shift our services from reactive support toward prevention, early intervention, relational practice, and seamless multi-agency working.

Strategic Priority 1. Maternal health and best start in life

- **Standardised Crisis and Bereavement Pathways**
Implement a single trauma-informed crisis and early-intervention pathway across primary care, CAMHS, schools, and social work.
- **Population-Level Mental Health Surveillance**
Participating in biennial wellbeing surveys through SHINE and local planning groups and embedding findings into service planning and improvement.
- **Trauma-Informed Practice**
Progress trauma-informed practice across all child-facing services, building on existing workforce development activity. An implementation plan, including oversight arrangements and phased timescales, will be developed and agreed through the Children's Health Board.

Strategic Priority 3. Reducing Child Health Inequities

Around one in five children in Grampian is growing up in poverty, and the health consequences of that are visible at every stage of childhood — in developmental outcomes, in mental health, in access to care, and in life expectancy.

System-Change Actions

The Children's Health Board, working with NHS Grampian and HSCP partners and through Children's Services Planning groups, will seek progress in the following areas:

- **Health in All Policies (HiAP)**
Continue application of a health equity lens across policies, decisions and resource allocation, working within the national Health in All Policies framework and NHS Grampian's value and sustainability programme to ensure equity considerations are embedded at every level
- **Targeted Immunisation & Screening for Underserved Groups**
Expand outreach models—mobile clinics, evening appointments, LAC-focused sessions, migrant family access support—to ensure equitable uptake.
- **Multi-Agency Early-Warning Data Sharing**
Working with education and social care partners to develop shared data insights that support earlier identification of unmet need, disengagement and vulnerability, progressed through Children's Services Planning data and intelligence workstreams.

Strategic Priority 4. Supporting Children with Complex and Additional Needs

For children with neurodevelopmental needs, complex health conditions or care experience, the current system too often asks them and their families to wait too long, repeat their story too many times, and navigate transitions without adequate support. The gap between identification of need and meaningful help remains too wide, and the move from children to adult services continues to be a point of vulnerability. Children with care experience face additional disadvantage — their health needs are often greater, and the consistency of support they receive does not always reflect that.

The Children's Health Board, working with NHS Grampian and HSCP partners and through Children's Services Planning groups, will seek progress in the following areas:

System-Change Actions

- **Regional Neurodevelopmental Early Intervention Pathway**
Developing a multi-disciplinary pathway providing single triage, early intervention, joint assessment and parent support, so that children and families receive coordinated help sooner and navigate fewer separate referral routes.
- **NHS-Led Transitions Framework**
Developing a coordinated transition pathway beginning at age 14, ensuring clear health summaries, MDT planning, and consistent communication for young people moving to adult services.
- **Dedicated NHS Support for Care-Experienced Children**
Implementing a “Tell Us Once” model will ensure care-experienced children do not need to repeat their story across services, with dedicated health support that addresses both their physical and emotional wellbeing consistently over time.

Strategic Priority 5. Creating Healthy and Sustainable Environments for Children

The environments in which children grow up, their neighbourhoods, green spaces, air quality, access to healthy food, and the safety of the spaces they use, shape their health. NHS Grampian has a role to play not just in treating ill health but in actively contributing to the conditions that allow children and young people to thrive.

The Children's Health Board, working with NHS Grampian and HSCP partners and through Children's Services Planning groups, will seek progress in the following areas:

System-Change Actions

- **NHS Leadership in Healthy Place-Making**
Strengthening NHS Grampian's contribution to local development planning, supporting the conditions for active travel, access to green space, healthy food environments and 20-minute neighbourhoods, so that where children live supports rather than undermines their health.
- **Health Support in Youth Safe-Spaces**
Working to ensure that harm-reduction, mental health and sexual health support is accessible to young people within safe spaces across localities, reaching those least likely to engage through traditional services.
- **Climate & Environmental Health Protection for Children**
Contribute to climate resilience measures including air-quality monitoring, extreme-weather planning, and sustainable healthcare delivery.

5. Governance and Accountability

The governance arrangements underpinning this strategy — including the role of the Children's Health Board and the three Children's Services Plans — are described above. The Children's Health Board is

accountable for overseeing progress against this strategy's priorities, with reporting through NHS Grampian's partnership and organisational governance structures.

The following principles set out how the Children's Health Board, and NHS Grampian and HSCP members within it, will deliver on that accountability:

- **Prioritise prevention in funding decisions** — protect and grow investment in early years, health visiting and community mental health, and resist the pressure to consistently deprioritise these in favour of acute demand.
- **Back key service changes with real resource** — provide strategic endorsement and the necessary organisational backing for the early years' prevention pathway, neurodevelopmental model and mental health access model.
- **Hold itself to account on equity** — require and publish routine reporting on health inequality, SIMD-disaggregated outcomes and measurable progress against this strategy's priorities, at Board level.
- **Embed child health equity across all NHS Grampian decisions** — apply a child health lens to all strategies, resource allocation decisions and partnership plans, not just those explicitly about children.
- **Make child health visible at the highest level** — ensure senior Executive Director representation on the Children's Health Board, with genuine accountability for progress embedded in its remit.
- **Invest in the participation of children, young people and families** — allocate dedicated time and funding to enable them to shape service design, strategy review and quality improvement, treating this as a core commitment rather than an optional addition.

6. Delivering the Strategy

This strategy is delivered through the Children's Health Board. Progress against the five strategic priorities will be reported regularly to the Board, with detailed actions and accountabilities sitting within the plans described above.

Appendix 2 sets out the five-year perspective on what the Children's Health Board and its partners are working toward, and clear priorities for the first year of delivery.

7. Summary

This strategy sets out a clear direction for NHS Grampian's contribution to the health and wellbeing of every child in Grampian. Delivering it will require sustained commitment to prevention over reaction, to families over systems, and to the most disadvantaged children above all.

The evidence is clear, the need is urgent, and the opportunity is now. Every decision we make in the years ahead, about investment, about service design, about how we work with partners — is a decision about what kind of start in life Grampian's children will have.

Appendix 1: Measuring and monitoring Progress

Progress will be supported by quality improvement, learning from lived experience, and collaboration across services.

Strategic Priority	What Change Looks Like	Headline Indicators of Progress	Timeline
Maternal Health & Best Start	Families supported earlier and more consistently from preconception. Fewer children reaching school age with unmet developmental needs. Poverty less likely to determine a child's health outcomes. Families in financial hardship connected to support through routine health contacts.	Breastfeeding rates at 6–8 weeks; inequality gap in developmental concerns (SIMD1 vs SIMD5); smoking in pregnancy rates; number and value of financial inclusion referrals	Years 1–3
CYP Mental Health & Emotional Wellbeing	Children and young people accessing mental health support earlier and through more flexible routes. Fewer crisis presentations. A workforce that feels confident and equipped in trauma-informed practice. CYP reporting improved wellbeing over time.	Waiting time to first contact for mental health support; CYP-reported wellbeing (SHINE survey); repeat crisis presentations; trauma-informed training completion rates	Years 1–3
Reducing Child Health Inequities	Children in the most deprived areas accessing immunisation, screening and early help at rates comparable to their peers. Underserved groups — including looked-after children, young carers, migrants and those in SIMD1 — no longer face disproportionate barriers to care.	Immunisation and screening uptake in SIMD1; reduction in missed appointments among underserved groups; HV and paediatric referrals for early help	Years 1–4
Supporting Children with Complex & Additional Needs	Children with neurodevelopmental needs receiving earlier support without waiting for diagnosis. Young people moving to adult services with a clear, coordinated plan. Care-experienced children experiencing more consistent, relational health support.	Neurodevelopmental waiting times; young people with a completed transition plan; health outcomes for care-experienced CYP	Years 1–6
Healthy & Sustainable Environments	Children and young people in communities across Grampian benefiting from health support in safe, accessible spaces. Activity and nutrition indicators improving. NHS Grampian playing an active role in shaping healthier local environments.	Youth engagement with health offers in safe spaces; activity and nutrition indicators; reduction in exposure to environmental harm	Years 1–6

Appendix 2: Five-Year Delivery Perspective 2026–2032

The table below sets out a five-year delivery perspective for each strategic priority over the life of this strategy. Year 1 priorities reflect actions already confirmed or underway. Detailed multi-agency delivery sits within the three Children’s Services Plans and NHS Grampian’s statutory plans for child poverty, corporate parenting and children’s rights.

Strategic Priority 1: Maternal Health and Best Start in Life

Year 1 (2026/27)	Years 2–3 (2027–2029)	Years 4–5 (2029–2032)
Complete BadgerNet integration enabling direct midwifery income-maximisation referrals; extend Early Years Financial Inclusion Pathway to Allied Health Professionals; sustain Cash-First Infant Feeding in a Crisis pathway; maintain equitable Universal Health Visiting Pathway delivery across all three areas including Aberdeen City; progress pre-diagnostic neurodevelopmental support model	Financial inclusion embedded as routine across all maternity and early years contacts; unified developmental risk-flagging approach operating consistently across maternity, health visiting and paediatrics; pre-diagnostic neurodevelopmental support available within 12 weeks of identification across all three areas	Families experience a more secure and supported start in life; reduced impact of poverty on maternal and infant health outcomes; measurable narrowing of the inequality gap in developmental outcomes between SIMD1 and SIMD5 families

Strategic Priority 2: CYP Mental Health and Emotional Wellbeing

Year 1 (2026/27)	Years 2–3 (2027–2029)	Years 4–5 (2029–2032)
Agree NHS Grampian and HSCP contribution to single mental health pathway through CSP arrangements; sustain CAMHS 18-week treatment standard; complete child-friendly consent and confidentiality leaflet; embed independent advocacy at key CAMHS and crisis decision points; develop trauma-informed practice implementation plan through the Children’s Health Board; complete first SHINE biennial wellbeing survey and embed findings in service planning	Earlier engagement and reduced non-attendance; consistent trauma-informed crisis, self-harm and bereavement pathway operating across primary care, CAMHS, schools and social work; trauma-informed training reaching agreed proportion of child-facing workforce	Children and young people access mental health support earlier and through more flexible routes; fewer crisis presentations; children and young people feel heard, respected and supported; CYP-reported wellbeing improving over time

Strategic Priority 3: Reducing Child Health Inequities

Year 1 (2026/27)	Years 2–3 (2027–2029)	Years 4–5 (2029–2032)
Map immunisation and screening uptake by SIMD and population group to identify priority gaps; implement Moray Best Start Foods	Consistent identification of access barriers across all three areas; data actively used to target inequality hotspots; outreach models	Narrowed gaps in access and outcomes between SIMD groups; children in most deprived areas accessing immunisation, screening

awareness campaign; introduce money-worries prompts in School Nursing contacts; establish quarterly income-maximisation dashboard monitoring referral volumes and outcomes; begin shared early-warning data approach with education and social care partners through CSP workstreams	operating consistently for underserved groups including looked-after children, CYP SAR-U and families in SIMD1	and early help at rates comparable to their peers; NHS Grampian's anchor institution contribution measurably increasing local economic opportunity
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------

Strategic Priority 4: Supporting Children with Complex and Additional Needs

Year 1 (2026/27)	Years 2–3 (2027–2029)	Years 4–5 (2029–2032)
Confirm scope and leadership of regional neurodevelopmental pathway through CSP arrangements; sustain Initial Health Assessment completion at or above 87% with trajectory toward 100%; embed joint IHA model across health visiting, school nursing, family nursing and community paediatrics; complete CYP SAR-U audit and agree improvement actions; establish transitions pathway planning process for all young people from age 14	More consistent pathways with fewer repeated assessments; improved handovers between children's and adult services; care-experienced children receiving more consistent health support across all three areas; CYP SAR-U model delivering consistent standards	Earlier identification of need; smoother transitions to adult services; greater continuity of care for vulnerable children and young people; all young people with complex needs moving to adult services with a completed transition plan

Strategic Priority 5: Creating Healthy and Sustainable Environments for Children

Year 1 (2026/27)	Years 2–3 (2027–2029)	Years 4–5 (2029–2032)
Map NHS Grampian's current contribution to local development planning across all three areas; confirm health support in safe space locations across localities; begin climate resilience health planning; evaluate school nursing drop-in model following Moray roll-out; apply Child Rights and Wellbeing Impact Assessments systematically across new service developments	Health support accessible in safe spaces across all three areas; NHS Grampian actively contributing to local development plans; air quality monitoring framework established; rights consistently considered in planning and investment decisions	Children and young people experience services as respectful, accessible and prevention-focused; NHS Grampian's place-making contribution measurably embedded in local development plans; climate resilience planning integrated across NHS Grampian operations