



**Report of: Jason Strelitz, Assistant Director Public Health, Islington Council
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Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 April 2015	Item B4	All

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SUBJECT: Islington Children and Young People's Health Strategy 2014-19

1. Synopsis

- 1.1 Islington Clinical Commissioning Group and Islington Council are committed to maximising the health of all our children and young people and ensuring they receive high quality, empowering services. They agreed to publish a health strategy to provide a cohesive approach to commissioning and delivering services and drive improvement across all aspects of child health over the next five years.
- 1.2 The strategy is based on a Needs Assessment, extensive consultation with children and young people and their families and a wide range of stakeholders including both commissioners and providers. The latter has included GPs and other staff working in primary care services, and clinicians working in community and acute services including both Whittington Health and UCLH. The Children's Service Improvement Group has overseen the development of this strategy.
- 1.3 Our vision is to improve the health and wellbeing of children and young people in Islington from conception to adulthood and to reduce health inequalities by:
 - Promoting good health.
 - Making safe, high quality, affordable and coordinated health services available at, or close to home in partnership with children, young people, their parents and carers.
 - Supporting them to be in control of their own health where possible and to maximise their life chances as they grow up.

- 1.4 A final draft of this strategy is attached as Appendix A.
- 1.5 Islington Health and Wellbeing Board is asked to sign off the final draft of the strategy, which was signed off by the Governing body of Islington CCG in January 2015.

2. Recommendations

- 2.1. That the Health and Wellbeing Board sign off the CYP Health strategy.

3. Background and Context

- 3.1. In February 2014, NHS England required all CCGs to submit a two year plan and, as part of this, Children's Commissioning was required to provide a two year 'plan on a page'. The timescale for submission was very short; hence Islington CCG was unable to undertake much consultation with partners. NHSE then required CCG's to submit a five year plan.
- 3.2. The headlines from this strategy will inform the NHSE five year plan but it is intended that this strategy will bring together an integrated plan for commissioning children's health services across the CCG and local authority.
- 3.3. The strategy has been developed in the context of the diverse commissioning arrangements for health services and financial constraints that currently exist across the public sector
- 3.4. Several agencies have budget holding responsibilities for component parts of the health system: NHS England for Primary Care and Specialist Commissioning, ICCG for non-specialist acute (hospital care), mental health, maternity and community health services, the London Borough of Islington (LBI) for public health and contributions from education and social care, whilst elements of health packages are purchased by schools and will be increasingly sought after by individuals holding personal health budgets.
- 3.5. Local provider configuration poses challenges for coherent commissioning. Islington has two main paediatric providers; Whittington Health serving north Islington and west Haringey and UCLH largely serves south Islington. The Children's Health Commissioning Team has worked closely with clinicians from both acute providers on pathway development for long term conditions. Whittington Health, which has a small acute inpatient paediatric unit, is working closely with us on the delivery of integrated models of care at or close to home and facilitating collaboration with UCLH in relation to the setting up of a new Paediatric Hospital at Home service.
- 3.6. The strategy has been developed in the context of financial constraint and increasing demand. ICCG has planned to achieve £27 million of QIPP savings by 2015/16. There will consequently need to be an increased focus on eradicating duplication from the system and continued development of effective new models of care that will deliver the best possible outcomes whilst keeping children and young people safe.
- 3.7. The strategy aims not to duplicate other work, but rather complement it; and reads across the joint priorities set by ICCG and the Islington Health and Wellbeing Board, and also the overarching Children and Families Strategy, which has been developed over the same period.
- 3.8. The strategy was developed during 2014 overseen by the Children's Services Improvement Group.
- 3.9. This strategy was endorsed by Islington CCG Governing Body in January 2015.

4. Consultation and engagement

4.1 During the process a wide range of stakeholders were engaged. Consultation has been undertaken with the following:

4.2 Young People

4.2.1 A series of focus groups were held with specific groups of young people: CAIS (children looked after), Inspire (young parents group), the Youth Council, the Courtyard (young people with autism) as well as young people with disabilities and their parents (in conjunction with Healthwatch Islington). The main messages from this consultation was that children, young people and young parents told us that they want:

- Information about services so that they know what is available and so enables them to make informed choices;
- Services that listen and recognise their needs, whether as a patient, carer or a non-English speaker;
- Services that communicate effectively and respectfully and keep them informed of what is happening;
- Services that are responsive, easy to contact and can see them quickly if we need it;
- Services that are personalised and 'try to comply' with their right as set out in the NHS Constitution 'to express a preference for using a particular doctor within your GP practice';
- Services that are efficient and coordinate care so that they don't have to repeat their story at each consultation.

A further, more general event was held in collaboration members of the Youth Council. Young people attending this event told us:

- They want to be treated by kind and caring staff;
- Good communication skills are important;
- They want to be told what's happening;
- They want us to speak to them, not their parents;
- They want high quality services (clinical expertise and innovation);
- They want improved access (e.g. extended hours) and improved waiting times;
- They don't want to be kept waiting for long periods;
- They want to be treated in environments with good facilities;
- They support better use of technology for access to information, online booking etc.;
- They support free healthcare (including medicines, dentists);
- They want better information about health issues in general;
- They want more discussion on health in schools;
- They should be enabled to have greater independence and personal empowerment around their health.

4.3 Professionals

4.3.1 Our engagement with professionals included representatives from the CCG and Local Authority, GPs, community health staff and acute clinicians from both Whittington and UCLH NHS Trusts. They considered the following to be of particular importance:

- Early identification and intervention, from conception to adulthood;
- Access to high quality services – right time and right place;
- Multidisciplinary, coordinated approach that centres on the child's needs;
- Highly trained and informed workforce, supported by access to shared information;

- Supported transition from child to adult services in all key areas, including mental health, disabilities and long term conditions.

5. Vision and Principles

5.1 Our vision is to improve the health and wellbeing of children and young people in Islington from conception to adulthood and to reduce health inequalities by:

- Promoting good health.
- Making safe, high quality, affordable and coordinated health services available at, or close to home in partnership with children, young people, their parents and carers.
- Supporting them to be in control of their own health where possible and to maximise their life chances as they grow up.

5.2 The strategy has had six guiding principles:

1. **Prevention, early identification and intervention** across all children and young people's health services, from conception to adulthood, and other services which impact on children and young people's lives.
2. **Equal access for all** to personalised, high quality services, where and when needed, free at the point of access and with choice where possible/appropriate.
3. **Working in partnership with children, young people**, parents, carers and their communities to be involved in the design of health services that promote good health and empower them to better manage their own health and wellbeing.
4. **Services within, and outside of Health, working together** to deliver care coordinated around and responsive to the child, young person and family.
5. Ensuring that **safeguarding underpins all planning and delivery** of health services to children and young people with the full commitment of all professionals.
6. **Making the best use of resources** in commissioning services based on population need and the best available evidence.

5.3 Our Strategic Priorities

5.3.1 We have identified eleven strategic priority areas for this strategy. We highlight these below with some examples of key actions under each one.

1. Ensure the best start in life for all, continuing to invest in prevention and further embedding early intervention.
2. Ensuring improved Oral Health.
3. Prevent and reduce obesity and overweight.
4. Ensure the health sector works effectively to safeguard children and young people.
5. Strengthen primary care to ensure that all children and young people in Islington have access to high quality and equitable services.
6. Improve access to timely care and treatment for children and young people.

7. Ensure that health services are high quality, cost effective, clinically safe and deliver a positive experience of care.
8. Ensure health services and partners work together to deliver person centred care for children and young people with:
 - a) long term conditions;
 - b) life limiting or life threatening illness;
 - c) mental and emotional health needs;
 - d) special educational needs and disabilities.
9. Improve the health of vulnerable groups of children and young people including children looked after, young people who offend and young carers.

6. Outcomes

We have identified 12 priority outcomes for this strategy. They attempt to capture the breadth of what our needs assessment said were the most important things we needed to improve both in terms of comparative or inequalities data, and what our young people and wider stakeholders said mattered to them.

1. Increase the proportion of pregnant women booked with maternity services by 12.6 weeks.
2. Reduction in A&E attendances (0-4 years), particularly where children and young people are discharged with no treatment.
3. Reduction in tooth decay in children aged 5 years of age.
4. Children and young people achieving a good level of development at the end of reception.
5. Reduction in childhood obesity, particularly for children and young people aged 10-11 years.
6. Reduced unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s.
7. Reduced level of health related school absence, particularly for young people with long term conditions or disability.
8. Patient reported outcome and experience measures for children and young people with a mental health problem.
9. Patient reported outcome and experience measures for children and young people who are acutely unwell or have long term conditions.
10. Progress in achieving outcomes set out in the Education, Health and Care Plans for children and young people with special educational needs and disabilities.
11. Self-reported wellbeing of children looked after and improved health outcomes for young people known to the Youth Offending Service.
12. Children and young people report they are receiving the care they need following transfer from paediatric services.

7. Next steps

- 7.1 The next step is for the Children's Service Improvement Group to oversee the development of detailed action plans for each priority area in partnership with children, young people and their families and other stakeholders and then to oversee their implementation.
- 7.2 If agreed, a public facing summary document will be produced, with a plain English document in an accessible format. In addition we are planning a communication specifically for children and young people.

8. Implications

8.1 Financial implications

None identified.

8.2 Legal Implications

The Health and Wellbeing Board has a duty to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the Islington population (section 195 Health and Social Care Act 2012).

Part 3 of the Children and Families Act 2014 requires the Council to keep local provision for children and young people with special educational needs and disabilities under review, to co-operate with partners to plan and commission provision for those children and young people and to publish clear information on available services; health commissioners are placed under a duty to deliver the health care services specified in Education, Health and Care plans.

The Care Act's provisions on the transition for children to adulthood require the Council to maintain children's services until they have adult care and support in place, so that there is no gap (sections 58-66).

Statutory guidance, Promoting the Health and Well-being of Looked After Children, was issued to local authorities, CCGs and NHS England in March 2015 under sections 10 and 11 of the Children Act 2004: section 10 requires local authorities, CCGs and NHS England to co-operate in order to carry out their responsibilities to promote the health and welfare of looked-after children.

8.3 Equalities Impact Assessment

The Child Health Strategy is explicitly aimed at tackling inequalities in health outcomes. There are no specific changes to commissioning plans as a result of this strategy but all those that come under it, where relevant, will be subject to equalities impact assessment.

8.4 Environmental Implications

There are no environmental implications to this report.

9. Conclusion and reasons for recommendations

9.1 The key priorities and key actions outlined in this strategy do not capture everything we are seeking to achieve over the next five years but they are broad and ambitious and if we can make a step change in these areas, it would make a substantial difference to the lives of children and young people and their families in Islington.

Attachments:

- Appendix A – Islington CCG's Two year 'plan on a page' for NHSE re **commissioning** of children's health services
- Appendix B – Child Health Profile – Islington
- Appendix C – Child Health Profile – Islington – Additional information on acute activity

Final Report Clearance

Signed by



Jason Strelitz, Assistant Director, Public Health

25/3/15

Received by

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Head of Democratic Services

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Date

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