

Report of: Director of Strategy and Commissioning, Children's Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 July 2014		All
Delete as appropriate	Non-exempt		

SUBJECT: Islington Children and Young People's Health Strategy 2014-19**1. Synopsis**

- 1.1. NHS England (NHSE) is requiring all CCGs to work in clusters to develop 5 year plans. (Islington is part of the North Central cluster that includes Camden, Barnet, Enfield and Haringey). CCG clusters were required to submit these plans by June and are being given the opportunity to revise them prior to final submission in September. The North Central cluster has submitted a high level plan which makes little specific reference to children.
- 1.2. The Children's Service Improvement Group (CSIG), which is a sub-group of NHS Islington CCG Governing Body, with support from the Islington Health and Wellbeing Board and Children and Families Board, is taking this opportunity to develop a comprehensive health commissioning strategy for Islington children and young people, covering both the CCG and the Local Authority. The headlines from this will feed into the North Central cluster five year plan for NHSE but will also, for the first time bring together an integrated plan for commissioning children's health services as a whole for children and young people living within the Borough or registered with an Islington GP.
- 1.3. This strategy will be informed by the JSNA and in particular the health profile of Islington children and young people as summarised in the attached documents. (*Appendix A and B*).
- 1.4. The purpose of this paper is to consult with the Health and Wellbeing Board at an early stage in the development of this strategy. It outlines the stakeholder consultation process that has already been undertaken involving clinicians from primary, secondary and community health services, partners, children, young people, parents and carers and the early results from this. It also summarises the planned next steps.

2. Recommendations

- 2.1. That the Health and Wellbeing Board endorses the production of a CYP Health strategy across Islington CCG and the Local Authority.
- 2.2. That the Health and Wellbeing Board comments on the direction of travel and any other issues to consider for the CYP Health Strategy.

3. Background

- 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 CCGs to work in clusters to submit a five year plan in June. It is accepted that the timescale for this is short and hence CCG clusters are to be given an opportunity to revise this in September.
- 3.2. The headlines from our local strategy will inform the North Central CCG cluster's five year plan but it is intended that our local strategy will also serve as a document bringing together an integrated plan for commissioning children's health services across the CCG and the Local Authority.
- 3.3. It is important that we do not duplicate other work, but rather complement it; therefore the Children and Young People's Health Strategy will read across the joint priorities set by ICCG and the Islington Health & Wellbeing Board, and also the overarching Children & Families Strategy, which is currently in the process of being updated for 2015-19.
- 3.4. There is a growing body of evidence that what happens early in life affects health and wellbeing later in life and investing in improving children's health will provide an economic return in time¹. This evidence has been reflected in Islington's **First 21 Months** plans, to which this strategy will act as a signpost.
- 3.5. It will take into account the implications of the Children & Families Act 2014 for the NHS, which will make significant changes to the way children with special educational needs and disabilities and their families are supported.
- 3.6. The strategy will reflect Islington CCG's status as an Integrated Care Pioneer working to align acute and community health provision and to maximise opportunities from the Integrated Care Organisation at Whittington Health.
- 3.7. It will not cover commissioning plans for maternity services, although it will refer to antenatal care, particularly in relation to the First 21 Months project.
- 3.8. It is planned that the strategy will use a '**life course framework**' approach. The life course approach is a framework from pregnancy to a child's 18th birthday or to 25 years old for young people in special circumstances, such as those with a disability who remain in education. The life course framework approach includes:
 - Antenatal
 - Early years and school readiness
 - School years
 - Emerging adulthood, adolescence to adulthood and independence
- 3.9. This will be viewed through the lens of inequalities in terms of how children's health outcomes are shaped by wider social and environmental factors.

¹ Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. DH. October 2013

4. Context

- 4.1. The strategy is being developed in the context of the diverse commissioning arrangements for health services and financial constraints that currently exist across the public sector.
- 4.2. Several agencies have budget holding responsibilities for component parts of the health system: NHS England for Primary Care and Specialist Commissioning, Islington CCG 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.
- 4.3. 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 serving 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.
- 4.4. The strategy will be 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 eradication of 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.

5. Progress to date

- 5.1. Consultation has been undertaken with the following:

Young People

- 5.2. This has been undertaken in partnership with Healthwatch Islington, and in collaboration with Inspire (young parents group), the Youth Council, the Courtyard (young people with autism) and CAIS (looked after children). The main messages from this consultation to date are that children, young people and young parents have 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.
- 5.3. Further consultation is planned with Centre 404 (young people with learning difficulties), the Brandon Centre and young people with asthma. A further, wider consultation with young people and parents is currently being planned.

Professionals

- 5.4. A stakeholder event for professionals was held on 4th April and was attended by 62 people including members of the Children's Service Improvement Group, representatives from the CCG and Local Authority, GPs, community health staff and acute clinicians from both Whittington and UCLH NHS Trusts. A full write up of this event is available on request. The evaluation responses were very positive.
- 5.5. The above events have helped to inform the development of the draft vision, principles and strategic commissioning priorities underpinning this strategy as follows:

Vision

To improve the health and wellbeing of children and young people² in Islington from conception to adulthood and to reduce health inequalities by:

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

Principles

- Prevention, early identification and intervention across all children's and young people's health services from conception to adulthood, and other services which impact on children and young people's lives.
- Equal access for all to (free) high quality services where and when needed.
- Working in partnership with 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.
- Services working together to deliver care coordinated around the child, young person and family.
- Making the best use of resources in commissioning services based on population need and the best available evidence.
- Ensuring that safeguarding underpins all planning and delivery of health services to children and young people with the full commitment of all professionals.

² The Vision, Principles and Priorities set out in this document relate to children and young people up to, and including, 18 years old and to those young people from 19-25 years old who undergo transition in their ongoing healthcare arrangements from children's to adult service provision.

Strategic Commissioning Priorities

- A Ensure that every child has the best start in life
- B Ensure that health services are high quality, affordable, clinically safe and deliver a positive experience of care
- C All health services and partners will work together to deliver care co-ordinated around the child, young person and family for children and young people who:
 - a) are acutely unwell;
 - b) have long term conditions (such as asthma, epilepsy or diabetes);
 - c) have a life-limiting or life-threatening condition;
 - d) have mental health and emotional needs;
 - e) have special educational needs and/or disabilities.

6. Next steps

- 6.1. Public Health will be leading on the Needs Assessment and the section of the strategy that relates to the key messages from this.
- 6.2. A sub-group of the Children's Service Improvement Group will be meeting to consider proposed key actions to sit under each of the strategic priorities, which will go out for wider consultation. A first draft of the outline strategy is attached as *Appendix C*.
- 6.3. Individual meetings with key stakeholders are being arranged to further develop the key actions.
- 6.4. The strategy will be written in August.
- 6.5. We are aiming to circulate the first draft of the strategy widely, for consultation and comment. It is anticipated that this will take place in September.

7. Implications

7.1. Financial Implications

There are no financial implications arising from the recommendations in this report. Once the draft strategy is available for circulation, any financial implications will be outlined.

7.2. Legal Implications

There are no legal implications arising from the recommendations in this report. None at this stage. Once the draft strategy is available for circulation, any legal implications will be outlined.

7.3. Equalities Impact Assessment

Once the draft strategy is available for circulation, an Equalities Impact Assessment will be completed.

7.4. Environmental Implications

There are no environmental implications arising from the recommendations in this report.. Once the draft strategy is available for circulation, any environmental implications will be outlined.

8. Conclusion and reasons for recommendations

- 8.1. A Children and Young People's Health Strategy across the CCG and local authority is required to set a clear direction of travel for all health staff and partners to work to over the next five years.
- 8.2. This will feed into the development of other related strategies, including the Children and Families Strategy which is being developed within a similar timeframe and the North Central CCG cluster 5 year plan for NHSE.

Attachments:

- Appendix A – Child Health Profile – Islington
- Appendix B – Child Health Profile – Islington – Additional information on acute activity
- Appendix C – Draft Outline Children's Health Strategy

Final Report Clearance

Signed by



7 July 2014

Received by

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Head of Democratic Services

Date

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