Appendix A

London Borough of Islington and NHS Islington CCG

Children’s Health Strategy

Vision, Principles and Strategic Priorities

1. Vision

To improve the health and wellbeing of children and young people\(^1\) 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 them to be in control of their own health where possible and to maximise their life chances as they grow up.

2. Principles that run through all commissioned services

• 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.

\(^1\) 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.
3. Strategic commissioning priorities

A Ensure every child has the best start in life.

- We will continue to invest in preventative and public health interventions throughout childhood and adolescence.
- We will build on the First 21 months programmes through evaluation and focus on best practice identified.
- We will continue to support the Healthy Child Programme (pregnancy to 19 years) and the Family Nurse Partnership.
- We will work with parents and professionals to identify and deliver effective models of practice and bring to scale
- We will undertake a review of School health, the healthy schools programme and medical guidance re management of health conditions
- We will develop, pilot and roll out models of “making every contact count” for children and young people across health and wider services
- We will work across the council such as with education, social care, housing, planning, environment and other parts of the council to address key determinants of child health
- We will support a targeted approach to ensure that marginalised groups and individuals are able to access health services in order to achieve equitable health outcomes.

B Ensure that health services are high quality, affordable, clinically safe and deliver a positive experience of care.

- We will use data intelligently to improve and to target services for Islington Children and Young People and will work with providers to report data across aged bands from 0-24
- We will continue to work with providers on service transformation which is informed by learning from innovation and input by service users. We will focus on eradication of duplication from the system through new ways of integrated working using a collaborative integrated approach that works across professional and organisational boundaries and centres on the individual child and their needs. This will require the

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2 Where the term ‘children’ is used in the actions associated with each priority, it should be assumed that it refers to ‘children and young people’.
continued development of integrated care pathways with the training and
development of the local workforce to support them.

- Children and young people will be treated and cared for in safe environments and protected from avoidable harm. We will use feedback from patients and learning from serious incidents, serious case reviews and complaints to improve service safety and quality.

- We will increase the numbers of children receiving care at or close to home, where this can be delivered safely, so that hospital resources are used for children with more serious or acute need:

**C All health services and partners will work together to deliver care coordinated around the child, young person and family:**

a) We will ensure that all children who are acutely unwell access timely treatment in the most appropriate location, including those with minor illnesses and injuries:

- We will promote care at home from parents for common and less serious minor illnesses and injuries with support and advice from primary and community health services.

- We will work to improve capacity in general practice with access to timely and confident paediatric care by delivering support to the localities through targeted training programmes and support from community children’s nurses and consultant paediatricians.

- We will maximise the use of the local Paediatric Ambulatory Care Centre for children and young people for whom primary care is not appropriate.

- We will continue to develop the Paediatric Hospital at Home service, to enable carefully selected acutely ill children to be cared for at home by a specially trained nursing team with support from a Consultant Paediatrician.

- We will implement the local Urgent Care Review recommendations for children’s services

- We will continue to monitor the reasons for acute admissions and readmissions and aim to continue to reduce these.

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3 NHS Camden CCG & NHS Islington CCG: Urgent Care Review (UCR)Final Report and Recommendations (May 2014)
b) We will work to enhance the quality of life for children and young people with long-term conditions and their parents or carers and help them to feel supported to manage their condition

- We will continue work with patients and clinicians from Whittington Hospital NHS Trust and University College London Hospitals NHS Foundation Trust on the design of care pathways which reduce mortality and morbidity and promote self-management for common long-term conditions such as asthma, eczema, diabetes, epilepsy, allergies, constipation and reflux.

- We will ensure that all children with asthma (epilepsy?) and diabetes participate in the development and have an up to copy of their clinical care plan shared between all care providers (including schools).

- We will work with partners to maximise school attendance and to reduce unplanned hospital admissions for children and young people with long-term conditions.

- We will continue to develop and embed the use of the regular, formalised Children’s Multi-Disciplinary Team conversations between primary and secondary clinicians to enhance the integration of care for children with long-term conditions.

- We will work with acute providers to monitor the delivery of the Best Practice Tariff standards for paediatric diabetes and epilepsy.


c) We will ensure that children and young people with a life-limiting or life-threatening condition and their families have access to a suite of services that provide:

- Continuity of care to ensure that the child is placed at the centre of a complex care system including general practice, acute and tertiary care (if provided), community nursing team, hospice and school;

- Pain and symptom management to ensure that severe pain and other adverse symptoms are kept under control;

- Advance care planning to ensure that families receive the support and care they need in a timely manner;

- Psychological support for both the patient and family;

- End of life care including provisions for the child to die in their own home, if this is their choice;
• Bereavement support for the family during the child’s illness and following the child’s death.

d) We will work to ensure effective co-ordinated care for children and young people with mental health and emotional needs

• We will ensure that the Child and Adolescent Mental Health Service (CAMHS) Strategy and associated action plan is delivered, to ensure local CAMHS services are delivering responsive and effective services to meet the needs of ALL children in Islington.

• We will continue to develop, review and monitor the impact of the CAMHS and Adult Mental Health Services (AMHS) transition project, to support young people’s effective transition into adult mental health services, incorporating the flexibility of a personal health budget where appropriate.

• We will complete the development of a Parental Mental Health Service that delivers an integrated offer of support and intervention across CAMHS, AMHS and Children’s Centres, promoting resilience in users and the wider family.

e) We will work to ensure effective co-ordinated care for children and young people with special educational needs and/or disabilities

• We will implement the Government’s Special Educational Needs and Disabilities (SEND) reforms.

• We will develop effective systems and processes to underpin joint commissioning across Health, Education and Social Care for children with additional needs and disabilities.

• We will develop and implement systems for the introduction and roll out of Personal Health Budgets.

• We will ensure that our local health providers are appropriately trained and supported in the implementation of Education, Health and Care Plans for children with a focus on achieving improved outcomes.

• We will develop a mechanism (Parent Consultants) to ensure the ongoing consultation and involvement of parents / carers and service users on the health local offer to ensure joint commissioning plans are based on the experiences and feedback of service users.

• We will support young people as they transition to adult services in all key areas including mental health, developmental disorders, disability and long-term conditions.