

Report of: Director of Public Health

Health and Wellbeing Board	Date: 8 March 2019	Ward(s): All
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SUBJECT: North Central London (NCL) System-Wide Paediatric Asthma Plan**1. Synopsis**

- 1.1 Asthma is the most common long term medical condition among children in the UK affecting three children in every classroom. Asthma is the most common cause of emergency hospital admissions for children and young people, with a significant proportion (up to 75%) thought to be avoidable if care and support was provided earlier and as part of a more integrated approach

In May 2018 North Central London STP's Children & Young People Programme Board agreed that, in order to fundamentally improve outcomes for children and families living with asthma, a holistic whole-system response was required. In developing this approach, a co-ordinated, multi-agency approach has been taken with partners across North Central London – with a focus on developing needs-led and borough-based integrated solutions at the local, borough level, as well as developing a shared or common approach across NCL, where it makes sense to do so

This report outlines our approach to improving the health and care of children and young people in Islington who suffer from asthma.

2. Recommendations

- 2.1
- To endorse the approach being taken across north central London to improving outcomes for children with asthma and their families and the strategic outcomes this work is seeking to deliver.
 - To support the development and delivery of complementary NCL and local system-wide asthma plans focused on these common strategic outcomes.

3. Background

In May 2018 North Central London STP's Children & Young People Programme Board agreed that, in order to fundamentally improve outcomes for children and families living with asthma, a holistic whole-system response was required. In developing this approach, a co-ordinated, multi-agency approach has been taken with partners across North Central London – with a focus on developing needs-led and borough-based integrated solutions at the local, borough level, as well as developing a shared or common approach across NCL, where it makes sense to do so.

A diverse range of professionals and organisations from across NCL came together at the end of last year to develop and agree a set of shared strategic outcomes and objectives, which have informed and guided the development of local and NCL-level plans (see appendix 1).

1. Young People & Families informed and empowered to manage the condition more effectively into adulthood
2. Enable healthy environments, which support children and young people with asthma to remain as well as possible
3. Enable all children to have access to a full education and activities unhindered by asthma
4. All children have access to high quality asthma care
5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.

These strategic outcomes and associated objectives have been shared and tested with a number of key stakeholder groups across North Central London including local authority services and teams (including public health, housing, air quality, school health and wellbeing teams), tertiary, secondary, primary and community services, all of whom have supported our aspirations and approach.

We are also passionate about ensuring the plan is meaningful to and informed by the children, young people and families we serve. Across February and March we commenced engagement work with children, young people and families through workshops and questionnaires to ensure their views are at the heart of our plan and inform the way it is delivered.

In Islington, it is recognised that significant work has already been undertaken and is underway to support children and young people with asthma. This good practice has been incorporated into the local system plan in Islington, as well as helping shape and inform the approach and work in other areas of the NCL geography.

In January, staff drawn from across the Islington system worked together to further develop and refine both the local asthma plan as well as the plan for NCL level delivery, building on local strengths and with a particular focus upon the local population needs.

This process, which has been replicated across all five NCL boroughs, has in itself been incredibly helpful for local systems, enabling a greater understanding of the relationships across the local system and has generated further insight into how organisations can work more effectively together.

Work to develop and refine the NCL and local level asthma plans continues, but from these local workshops and action planning sessions, it has clearly emerged that, whilst there are some things that make sense to deliver “once” across NCL, much of the whole-system action needed is best progressed at borough level.

Whilst common strategic outcomes and objectives have been developed and agreed at an NCL level, local systems are best placed to understand the needs of their populations and the landscape of local responsibilities, decision making and delivery mechanisms in place to improve outcomes. Local systems will retain autonomy and decision making responsibility in relation to the activities within the plan, whilst working towards common outcomes and a shared agenda, and collaborating on those things that make sense and are better done once at a NCL level.

Local work is detailed within the plan (appended) and includes a range of intervention initiatives across Islington which include;

- Integrating care and support across health, social care and education
- Enhancing the community offer
- Upskilling staff
- Empowering young people and families
- Supporting population health
- Prevention approach
- Links with school superzone pilot

To date, the elements of our strategic work to improve asthma outcomes in north central London that have emerged as best done at the NCL level include:-

- A shared approach to training and development of key staff groups in relation to asthma
- A networked learning approach across the system to support continuous improvement in outcomes for children and young people with asthma
- A consistent approach to engaging with and communicating to children, young people and families in relation to asthma awareness and education
- A system-wide asthma dashboard to monitor progress towards our shared outcomes across the partnership
- An NCL-wide understanding about the links with asthma and the wider social and environmental triggers, such as air pollution, smoking, poor housing.

The plan will be monitored through the North Central London Asthma Network which meets on a quarterly basis and also through the CYP Programme Board as part of the NCL STP.

The next steps are:

- Review of the outputs from local planning workshops (local asthma plans) and to identify and agree key NCL level activities and deliverables that support and complement these local plans (Feb-Mar/April)
- Development of asthma dashboard to track and measure delivery against plan (Mar/Apr)
- Engagement with families and young people to inform development of plan (Feb-Mar)
- Seeking endorsement across the system for the plan and ensuring alignment across organisational priorities (March-April)
- Formal launch of plan on World Asthma Day – 7th May 2019

4. Implications

4.1 Financial Implications:

Asthma has a significant impact on NHS spending; it was estimated to cost the NHS £1 billion in 2004. Based on findings from a study by Healthy London Partners, the potential savings from a 60% reduction in emergency admissions per 100,000 (0-18 years) could be as much as £197k. Specific financial implications will need to be considered by decision-makers as actions arising from the plan are developed and implemented.

4.2 Legal Implications:

There are no legal implications arising from the recommendations sought.

4.3 Environmental Implications:

Environmental implications are set out in the appended plan.

4.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

This approach will have a positive impact on children and young people, and in particular those who are likely to develop asthma. There are no other equalities concerns relating to the delivery of this plan.

5. Conclusion and reasons for recommendations

Asthma is the most common long term medical condition among children in the UK affecting three children in every classroom. Asthma is the most common cause of emergency hospital admissions for children and young people, with a significant proportion (up to 75%) thought to be avoidable if care and support was provided earlier and as part of a more integrated approach.

In 2016, 13 children under 14 years old died from asthma in the UK, which has the third highest risk of childhood asthma amongst developed nations. Within north central London, there have been a number of recent child deaths related to asthma and it is rightly a priority across the STP footprint.

The recently published NHS Long Term Plan has also committed to focus increasingly on respiratory illness and acknowledged the complexity of issues related to asthma, including the effective use of medicines, the impact of air pollution and the risk associated with smoking, amongst other factors.

The causes of asthma are often complex and interrelated but there is strong understanding of the links and 'triggers' for asthma, including the impact of wider environmental determinants of health, such as housing and poor air quality.

For this reason, it is clear that a whole system response to tackling asthma is required in north central London, not just a health system response, in order to deliver tangible and sustained improvements in outcomes for our children, young people and their families

Appendices

- Appendix A: Designing and delivering system-wide asthma improvement in Islington – PowerPoint presentation.

Background papers:

- None.

Signed by:



Director of Public Health

8 March 2019

Date

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