



**ISLINGTON**



**Islington**

***Clinical Commissioning Group***

# **Children and Young People's Health Strategy**

**2015 – 2020**

**Improving the Health of Islington's Children and Young  
People**

**Islington Clinical Commissioning Group  
and  
Islington Council**

**For Health and Wellbeing Board**

**15/4/15**

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# CHILDREN AND YOUNG PEOPLES' HEALTH STRATEGY 2015 – 2020

## Islington Clinical Commissioning Group and Islington Council

### Executive Summary

Islington Clinical Commissioning Group (CCG) and Islington Council are committed to maximising the health of all our children and young people and ensuring they receive high quality, empowering services. We agreed to jointly publish a health strategy that would provide a cohesive approach to commissioning and delivering services and drive improvement across all aspects of child health over the next five years.

Children and young people's health is shaped by many factors. Children and young people develop with a range of strengths and vulnerabilities. These factors are influenced first and foremost by their families, the homes and wider circumstances they grow up in. Beyond this there are those services which interact with children and young people and their families; public health, primary care, community and acute services and services outside health such as children's centres, nurseries and schools, play and youth services, police and social care services for example. All of these are influenced by a wider set of determinants; the physical environment, the social context, in particular inequalities and for some children and young people, particular high levels of vulnerability that shape their lives in very deep ways.

### Our Vision

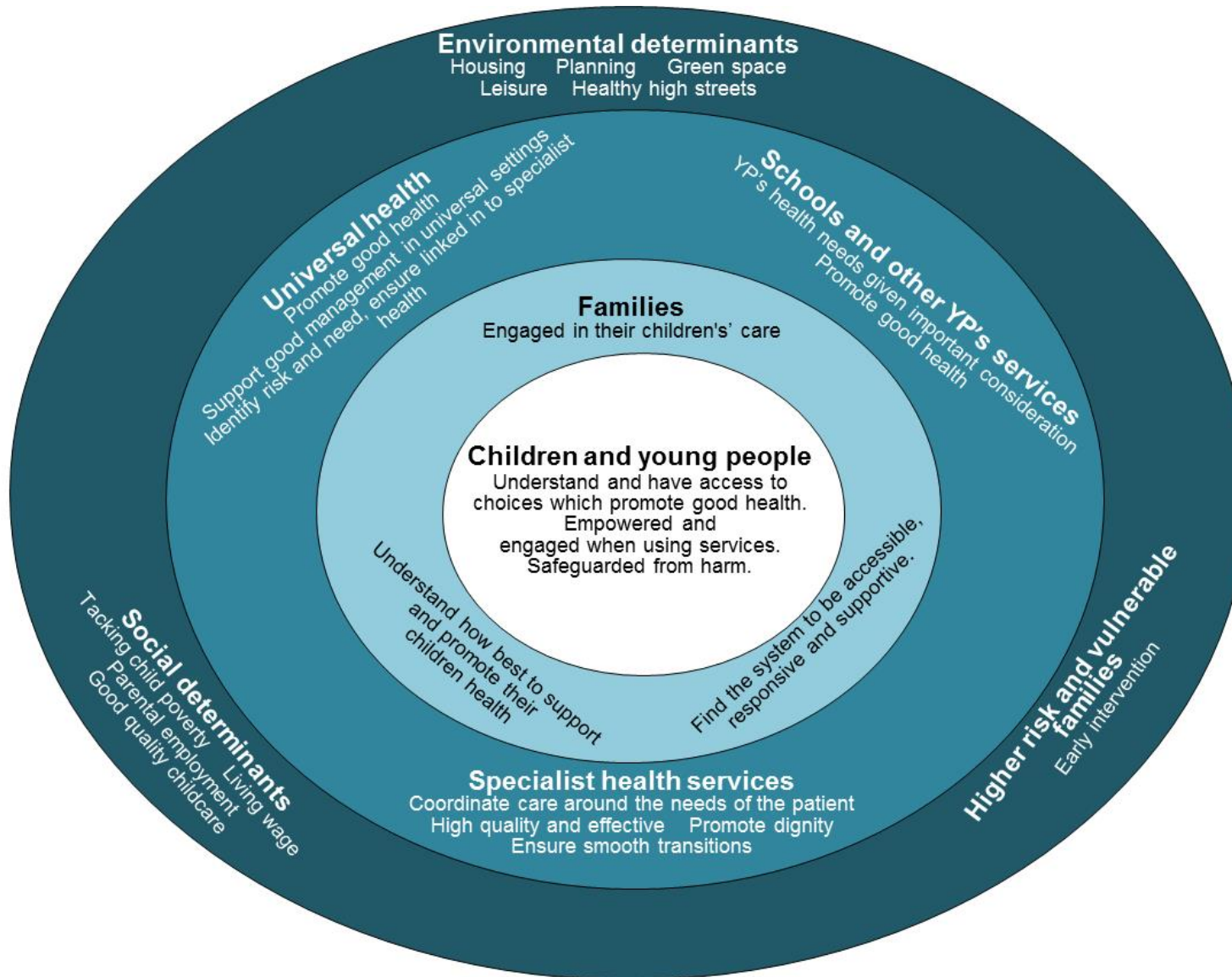
Our vision is to improve the health and wellbeing of children and young people in Islington from conception to adulthood and to reduce health inequalities by:

- 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.

### Our 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.

# Contributors to the Health of Islington's Children and Young People



## **Our Children and Young People's Health Needs**

- The 0-18 year old population of Islington in 2014 is around 40,500.<sup>1</sup>
- Almost 40% of young people under 18 are from the White-British ethnic group, and almost a quarter are from Black, African, Caribbean, or Black British ethnic groups. Mixed ethnic groups, Asian or Asian British, and Other White groups account for 9-15. Among Asian ethnic groups the Bangladeshi or British Bangladeshi account for the largest group.<sup>2</sup>
- The level of child poverty has fallen in Islington in recent years, but the level remains high with 38% (about 13,100 children and young people aged under 16) living in poverty.
- Breastfeeding and immunisation rates are similar or better in Islington compared to London and England.
- Health outcomes with a strong link to behavioural risk factors and wider determinants tend to be worse in Islington compared to London and England, including obesity and sexually transmitted infections. Prevalence of mental health conditions is also high in Islington.
- The number of pregnant women book into maternity services before the 13th week is below target. In 2012/13, this figure was 88%, which is below the target (90%). This means another 350-630 women would need to be booked in early to meet the target.
- The level of child obesity is higher in Islington compared to England, with 23% of Reception year pupils (about 430 children and young people) being either overweight or obese. This figure rises to 36% among Year 6 pupils (about 560 pupils).
- Children and young people in Islington have a high rate of caries related hospital admissions, despite a largely similar level of tooth decay compared to England. This suggests there is scope for increasing treatment and access to preventative dental care in the community.
- Islington has the third highest rate of paediatric outpatient attendances in London. In 2012/13 there were about 7,400 attendances, equivalent to a rate of 37 per 1,000 population. Half of all paediatric outpatient attendances resulted in discharge at first appointment, suggesting referral rates may need review.
- The rate of A&E attendances among children and young people aged under 5 is higher in Islington than England. In 2013/14, there were 8,400 attendances among this group, equivalent to a rate of 642 per 1,000 population. Young people aged 19-25 account for a higher number of A&E attendances (11,400) compared to under 5s, but the rate is lower (476 per 1,000). The high A&E attendance rate suggests many parents are choosing to use A&E services as a means of accessing rapid assessment by a doctor, in the absence of any alternatives closer to home.

## **What children and young people say is important to them**

- 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
- To be treated in environments with good facilities
- Better use of technology for access to information, online booking etc.
- Free healthcare (including medicines, dentists)

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<sup>1</sup> Greater London Authority (GLA) 2013 Round Demographic Projections

<sup>2</sup> Based on Census 2011 data

- Better information about health issues generally
- More discussion on health in schools
- Enabled to have greater independence and personal empowerment around their health

### **What our other stakeholders tell us are priorities**

- 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.

### **Our Strategic Priorities**

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**

Tackling problems before they arise, making sure we identify problems as early as possible and to ensure that the appropriate support is put in place

- *Continue to drive the First 21 Month’s project that seeks to improve care from conception to the end of a child’s first year, ensuring a specific focus on*
  - *Improving the rate of pregnant women booking into maternity services before the 13th week and reducing parental smoking.*
  - *Improving education and support for parents and carers of infants in dealing with minor ailments*
  - *Improving early child nutrition through access to healthy start vitamins and improved breastfeeding*
  - *Supporting access to antenatal preparation for parenthood*
  - *Maximising the role of health visitors in improving early child health outcomes*
  - *Improving the identification of vulnerable women, communication between professionals and access to specialist support where necessary*
- *Maximise the role of schools and other settings in improving health outcomes through Healthy Schools and School nursing services*
- *Support the rollout of the new young peoples’ sexual health network across Camden and Islington*
- *Develop, pilot and roll out models of “making every contact count” for children and young people across health and wider services to support professionals to understand and identify a wide range of needs, provide interventions where appropriate and refer where necessary.*
- *Work across the council such as with Children’s Centres, education, social care, housing, planning, environment and other parts of the council to address key determinants of child health such as through planning, housing and transport policy e.g. work to reduce asthma through addressing issues of air quality and parental smoking*

## **2. Ensuring improved Oral Health**

Oral health is a major preventable cause of hospital admissions and general anaesthetics for extractions. It is both a strong marker of inequalities, and linked to other important areas of child health and nutrition.

- *Continue to deliver fluoride varnish programme in primary schools and children's centres – improving take up particular in the latter*
- *Re-commission oral health promotion services with a strong focus on promoting access to dentists*
- *Ensure every contact counts, by ensuring GPs and Early Years professionals know how to raise and respond to the issue of oral health*

## **3. Prevent and reduce obesity and overweight**

The challenges of child obesity and overweight are a national issue as highlighted by the Chief Medical Officer and others. It is a priority in Islington with high rates compared to nationally.

- *Continue to support breastfeeding and achieve UNICEF baby friendly gold standard.*
- *Continue to implement the Islington food strategy which supports local food and health projects within the borough including growing, cooking and gardening projects and the Healthy Catering Commitment which promotes healthier cooking methods and ingredients at a wide range of caterers across Islington.*
- *Continue to support the delivery of a wide range of services to encourage physical activity, play and healthy eating including adventure playgrounds and family kitchen.*
- *Continue to support high rates of physical activity for young people, through implementing the recommendations of the CYP Physical Activity Needs Assessment and the ProActive Islington PA Strategy*
- *Re-commission child weight management services with a greater focus on prevention*
- *Ensure every contact counts, including ensuring that GPs are equipped to discuss issues of childhood obesity with parents.*

## **4. Ensure the health sector works effectively to safeguard children and young people**

Health services have a major responsibility in safeguarding the health and welfare in children and young people, and need to be alert and responsive whenever there is concern that children and young people may be experiencing harm.

- *In light of the Rotherham enquiry into child sexual exploitation (July 2014), and any subsequent emerging learning from other enquiries, CCG and Public Health to contribute with local partner agencies, to the Islington Safeguarding Children Board Child Sexual Exploitation action plan.*
- *Roll out to all GP practices the CCG funded IRIS project (a general practice-based domestic violence training, support and referral programme for primary care staff and local pharmacists).*
- *CCG and PH to seek assurance that all health providers are compliant with emerging national guidance on Female Genital Mutilation and that this is reflected in their local policy, guidance and training.*
- *Pending the roll out of the national Child Protection Information System (CPIS), CCG and PH to continue to seek assurance that all health providers have robust information sharing arrangements in place, for example, flagging children who are subject to a child protection plan.*



- *Further work to promote the Early Help Assessment Common Assessment Framework (CAF) and Lead Professional role.*
- *CCG and local authority to promote 'Think Family' approach, encouraging those working with adults to consider the impact on children in the family too*
- *Children's Service Improvement Group will oversee an action plan in relation to implementing a 'Think Family' approach, feeding into the Islington Safeguarding Children Board as required*
- *The CCG will continue to monitor and review our joint action plan in meeting the Winterbourne View concordat seeking to ensure a joined up approach across agencies to meeting the individual needs of this group. All individual placements will be regularly reviewed and reported on in line with the Department of Health reporting requirements*

**5. Strengthen primary care to ensure that all children and young people in Islington have access to high quality and equitable services**

- *Healthcare professionals to be encouraged to attend training sessions on communicating with children and young people.*
- *Continue to establish and embed children's clinics in primary care including upskilling of Practice Nurses and other primary care staff as needed in working with children and young people*
- *Review and evaluate Children's Multi-disciplinary teleconferencing and use the learning from this to further improve integrated working.*
- *Review Locally Commissioned Services for opportunities to improve their reach to children and young people.*
- *Ensure that adolescents and older young people have access to appropriate primary care services tailored to their age group*
- *Above to include appropriate use of technology (e.g. access to online booking, use of apps etc.)*
- *Continue to roll out to other GP practices and community pharmacies 'You're Welcome' - an accreditation system to encourage health services to become 'young people friendly'*

**6. Improve access to timely care and treatment for children and young people who are acutely unwell**

- *CCG and partners to 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.*
- *CCG to encourage GP practices to develop a proposal for improved access to urgent paediatric care within primary care (method, times and places) Possible use of GP collaboration to achieve this.*
- *Identify methods to increase confidence in GPs to ensure high quality and equitable access to paediatric urgent care provision in general practice across the Borough.*
- *Support the use of the local Paediatric Ambulatory Care Centre for children and young people for whom primary care is not appropriate.*
- *Continue to develop and evaluate 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.*

**7. Ensure that health services are high quality, cost effective, clinically safe and deliver a positive experience of care**

- *Children's Service Improvement Group to continue to oversee the Action Plan for the involvement of children, young people and their families in the design and delivery of health services.*



- *Clinical Quality Review meetings (that are part of the means by which the Whittington Health and UCLH contracts are managed) will incorporate a regular item on progress towards achieving the London Quality Standards and other national or regional standards as they are developed in the period of the strategy.*
- *The above approach will be the same whether the CCG is the lead commissioner, as is the case for Whittington Health and Moorfields, or where the CCG is an associate to the contract as is the case for UCLH where Camden CCG is the lead.*
- *We will work with providers to ensure that they provide data in age bands to ensure that services can be appropriately targeted.*
- *The CCG will continue to require providers to evidence that they are using feedback from patients and learning from serious incidents, serious case reviews, medication error reports and complaints to improve service safety and quality.*
- *The experience of children and young people will be routinely captured through patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) where they are available.*
- *Commissioners to build on recent initiatives in moving the focus of care away from hospital to community settings where it is clinically safe to do so, enabling hospital resources to be used for children with needs that rely on the hospital setting.*
- *A service improvement action plan will be developed between commissioners and providers based on the priority actions within this strategy. Its implementation will be monitored by the Children's Service Improvement Group.*
- *CCG to continue to work with other health commissioners in NCL in developing co-commissioning of primary care services, beginning with general practice.*
- *Ensure that quality markers for children's services are incorporated into the developing scorecard for primary care.*
- *The CCG Medicines Optimisation team will continue to work with all stakeholders for medicines use in children and young people to embed medicines optimisation in everyday practice and achieve high quality, safe and effective medicines usage.*

**8. Ensure health services and partners work together to deliver person centred care for children and young people with:**

- a) long term conditions
  - *Promote the implementation of "The House of Care" for children with long term conditions.*
  - *Continue work with patients and clinicians from Whittington Hospital NHS Trust and University College London Hospitals NHS Foundation Trust on the design and implementation of revised care pathways which reduce mortality and morbidity and promote self-management for common long-term conditions.*
  - *Ensure that all children with a long term condition participate in the development of, and have an up to date copy of their clinical care and support plan shared between all care providers (including schools) and delivered in a co-ordinated way.*
  - *All healthcare staff dealing with children with LTCs, in any care setting, to be encouraged to have a working knowledge of the latest information on communicating appropriately with children and their families. This requirement to be incorporated into all relevant healthcare strategies, e.g. the primary care strategy.*

- b) life limiting or life threatening illness
    - *We will continue to provide a holistic service 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, that includes the following elements:*
      - *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.*
  - c) with mental and emotional health needs
    - *Ensure that the Child and Adolescent Mental Health Service (CAMHS) Strategy and associated action plan is refreshed*
    - *Ensure local CAMHS services are delivering timely, responsive and effective services to meet the needs of children in Islington.*
    - *Review existing parental mental health offers into Children's Centres, Children in Need services and perinatal mental health to identify gaps and ensure best use of resources to promote resilience in users and the wider family.*
    - *Ensure that we deliver the Crisis Care Concordat Action plan in relation to Islington CAMHS*
  - d) with special educational needs and disabilities
    - *CCG to continue to contribute to the multi-agency Disability Strategy Group that is overseeing implementation of the Government's SEN and Disabilities (SEND) reforms.*
    - *Develop a robust joint commissioning framework across Education, Health and Social Care, supporting our Local Offer,*
    - *Establish a mechanism for on-going consultation with children, young people and their families as well as schools and other partners to ensure that a robust and developing local offer is in place.*
    - *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.*
    - *Review services for children and young people with Autism to ensure timely assessments and robust clinical interventions following diagnosis that are evidenced based.*
    - *Develop and implement systems for the introduction and roll out of Personal Health Budgets.*
- 9. Improve the health of vulnerable groups of children and young people including children looked after, young people who offend and young carers**
- *Support the Health of Children Looked After strategy group in overseeing targeted interventions for children looked after including those placed out of the borough.*

- *Implement the Priority Actions of the health section of The Islington plan for Children Looked After and Care Leavers Action Plan for 2014-2017;*
- *Ensure implementation of a seamless holistic pathway for young offenders in both assessment / identification and evidence based interventions to improve their health outcomes*
- *Ensure that the health needs of users of the Stronger Families Programme are met*
- *Ensure implementation of the Youth Carers Strategy for Camden and Islington 2015-2018*
- *Continue to monitor and review the dedicated CLA CAMHS provision to ensure it offers robust and timely support to service users and professionals working with this group*

**10. Ensure young people are well supported and remain connected with services in the transition from paediatric services**

Services should be joined up and coordinated around the individual, to ensure the best possible experience of transition to adult services for young people requiring on-going care.

- *All young people with long term conditions approaching transition, and their parents / carers, to be offered access to a series of workshops and an informative app as a matter of course so that they feel empowered to manage their condition as they move into adult services*
- *Review the design of young people with long term conditions transitioning to adult services to identify the need for new service offers*
- *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.*
- *For young people who are subject to an Education, Health and Care plan, develop and extend the existing transition process so that it provides a guaranteed seamless transition to adult services that is phased over a few years and is completed by the time the young person is 25 years old.*
- *Identify young people with on-going health needs for whom there is no adult service to transition to and seek to address this gap.*

**11. Encourage the development of infrastructure that supports delivery of this strategy e.g. IT, workforce development etc.**

- *Work to continue to support IT interconnectivity between different healthcare sites and organisations across the borough*
- *If changes to sites of health delivery are agreed, ensure that maintaining IT interconnectivity is an integral part of the planning process, so that integrated health (and other) records can continue to be accessed.*
- *Possibility of developing integrated health and care records in a phased way with and for children and young people to be explored.*
- *Young person/people to be involved in the IT procurement process*
- *Consent to access a child's GP by their parents to be automatically switched off at 16 and the young person re-consented to share and access their data online.*
- *Continue to support the development of a Community Education Provider Network in relation to developing integrated working across the workforce so as to improve the health of children, young people and their families.*

## Outcomes

There are many important outcomes laid out in the Public Health or NHS Outcomes Frameworks. Islington is currently performing well against many of the national indicators for children and young people's health, particularly given the level of deprivation in the Borough and it is important that we **maintain this performance or improve upon it**, so that in 5 years' time we are in the top quartile when compared to the rest of inner London.

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, or what our young people and wider stakeholders said mattered to them.

Of the priority outcomes listed below, 1-6 are already clearly defined below with good quality benchmark data available. The others are not, but we believe they are so important that we need to develop these outcome measures and then establish a baseline and targets from which we can assess how we are performing and improve outcomes accordingly.

### Priority Outcomes

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<sup>3</sup>
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

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<sup>3</sup> as indicated by the Early Years Foundation Stage

## 1. Introduction

“Our Children Deserve Better” was the call from the Chief Medical Officer in her annual report of 2013; we agree. In March 2014 Islington Clinical Commissioning Group (CCG) and Islington Council agreed to jointly develop a health strategy for children and young people that would set out a vision and action plan for improving children and young people’s health, and their experience of health services over the next five years. This is the first dedicated children and young people’s health strategy for Islington. At its heart is a greater focus on prevention and putting children and young people at the centre of their care.

We care passionately about improving the health of all our children and young people. We are committed to narrowing inequalities in health across the life span, and these inequalities are rooted in childhood both in children and young people’s health and the wider determinants. Where these inequalities are present, the health problems are often preventable. We are also committed to ensuring that when children and young people access services, they are high quality, respectful and delivered in a way that puts patients’ needs at the centre.

Services to improve children and young people’s health are planned, funded and delivered by many organisations. In establishing this strategy we are providing a framework to guide those who may be making decisions about the best use of public funds to ensure the best outcomes for our children and young people. Across all areas of children and young people’s health there is more we can do to deliver on the principles and priority areas we have articulated. In some areas this means building on good existing services and the outcomes they are delivering; in other areas we have clear plans to develop services and in particular how they work together; while in other areas there is work to do to review need, understand the latest evidence base and best practice and develop solutions.

### 1.1 Strategy Content

- This strategy is focussed on the health of children and young people living in Islington from pre-birth to 18 years of age.
- It is also concerned with the transition from children’s to adult services; this is an area of particular concern for young people with long term conditions and poor mental health. Here we consider young people up to age 25.
- Several pre-existing strategies impact on children and young people’s health and are referred to. We do not include detailed references to these but links are made to guide the reader who wishes to access greater detail.

*Don’t underestimate my needs because I’m young. Listen to everything I’m saying and take my concerns seriously.*

**Islington Young Person**

## 1.2 Process

This Children and Young People's Health Strategy has been established under the guidance of the Islington Children's Service Improvement Group (CSIG) which is the CCG and Local Authority's main forum for considering strategy and commissioning in relation to the health of children and young people. The strategy was developed by the Children's Health Commissioning Team, Public Health and Islington CCG, with crucial on-going input from a wide range of stakeholders.

This strategy has been developed throughout 2014 with an extensive and detailed process involving many stakeholders. We have engaged extensively with children, young people and their carers and a broad range of professionals and organisations. Early on we conducted six focus groups with young people to ask their views on health and their health service experiences. The young people had a range of different backgrounds and needs, so we were able to build our emerging strategy on the rich and diverse information they provided.

The broad range of professionals and organisations involved in providing us with their views have encompassed health in a variety of settings including primary, community and hospital, social care, public health, education and children and young people's services. Members of the Youth Council have also contributed.

We brought together around 60 stakeholders from across all of the above to consider together what our ambitions in Islington should be, over the next five years in order to achieve the best health outcomes for children and young people across the borough. Thought was given to the strategic priorities we should be pursuing within this overarching ambition and how current service delivery could be shaped in future to achieve this.

As strategic thinking progressed we held a further discussion session with around 30 young people from across Islington in order to gather further information on their experiences and views of how they wanted to have services provided.

We have used detailed analysis of children and young people's health needs and current service delivery to inform discussions and on-going interaction with professional stakeholders to shape our progress.

The draft strategy was circulated in the Autumn 2014 to all stakeholders who have been involved in the process, for approximately six weeks consultation.

The draft strategy has been taken on several occasions to the Islington Children and Families Board, Health and Wellbeing Board, Children's Scrutiny Committee, GPs Forum, CCG Integrated Care Board and CCG Governing Body.

Recognise that it can be hard for me to ask for help – listen and encourage me.

***Islington Young Person***

## 2. Vision and Principles

### 2.1 Vision

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 children and young people to be in control of their own health where possible and to maximise their life chances as they grow up.

### 2.2 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 a choice of personalised high quality services, where and when needed and free at the point of access.
3. **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.
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.



## 3. Context

### 3.1 National context

A number of recent research and policy reports have raised the profile of children and young people's health. The Chief Medical Officer's annual report of 2013, calls on the whole health service, social care and education professionals to take action regarding children and young people's health across the country. The report highlights the importance of ensuring good health in childhood in order to reduce the risk of poor health later in life, particularly in avoidance of long-term conditions which impact on quality of life and shorten life expectancy over the course of a lifetime.

The Children's and Families Act 2014<sup>4</sup> was passed earlier this year and detailed guidance is awaited on some key areas of impact. The Act delivers greater protection for vulnerable children and young people generally, the aim being to ensure that all children and young people can succeed in life whatever their background and circumstances. With regard to children and young people's health, the most salient aspect of the reforms are those applying to children and young people with special educational needs and/or disabilities (SEND) up to the age of 25 years. Changes include a duty on schools to support pupils with medical conditions; a single education, health and care plan from birth to 25 for children and young people with complex needs; personal budgets and improved transition planning.

I need a positive social life, free from bullying, to support my emotional wellbeing. I may need support to experience this, especially if I have a disability.

*Islington Young Person*

A recent Care Quality Commission report, '*From the pond into the sea*'<sup>5</sup> published in June 2014 outlined the shortcomings for many young people with long-term health needs in how transition to adult services is managed.

The review made clear that services should be joined up and coordinated around the individual, to ensure the best possible experience of transition to adult services for young people requiring on-going care. The following 4 key messages resulted:

- Commissioners must listen to and learn from young people and their families.
- Existing good practice guidance must be followed to ensure young people are properly supported through transition.
- GPs should be more involved, at an earlier stage, in planning for transition.
- Adolescence / young adulthood should be recognised across the health service as an important developmental phase.

Only 50% of young people and their parents who were interviewed during the review process said they'd received support from a lead professional during transition. A young person being managed within children and young people's services will most likely have received coordinated care led by a professional they are familiar with. Upon transition they may have to deal with a range of different health and therapy teams and adult social services, often in an uncoordinated way.

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<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>5</sup> [http://www.cqc.org.uk/sites/default/files/CQC\\_Transition%20Report.pdf](http://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf)

## 3.2 London-wide context

In October 2014 the London Health Commission reported. Led by Lord Darzi, its findings resonate strongly with the work we have undertaken locally. It makes the case for a determined focus on early intervention and prevention, such as the need to support parents, create healthy environments and the role of schools in promoting health. But it also says that care can be better, for both physical and mental health, in both primary and secondary care, and in the way they work together.

The London Health Commission built on previous reports of recent years. 'London – A Call to Action'<sup>6</sup> was published in 2013 by NHS England (London Region). The document sets out some of the challenges that the NHS and care system in London faces. In relation to children and young people, the report identifies the following concerns when comparing London to the rest of the country:

- Children and young people in London have considerably higher hospital mortality rates.
- Relatively high mortality for mothers during pregnancy or birth.
- Childhood obesity is a specific problem and more prevalent in the most deprived areas and certain ethnic groups.
- The high use of A&E services for children and young people.
- Poor management of long-term conditions for children and young people.

The current lifestyle of many young people (including behaviours such as drinking, smoking, poor diet and lack of exercise) presents an increasing risk of premature mortality.

Previously, Healthcare for London (HfL) had also concluded that:

- Too many children and young people had care provided in A&E or acute inpatient and outpatient settings unnecessarily, when they could receive more appropriate care closer to, or at, home.
- The more deprived a child is, the more likely it is that the child will attend A&E for an asthma-related admission. An estimated 75% of asthma-related childhood attendances were avoidable across the capital.
- Families of children and young people with long-term complex medical conditions reported that the care often provided by a range of professionals working in different settings was very difficult to manage.

I need as much support as possible to stay healthy in the places I spend most of my time, such as school or youth clubs, rather than going to a 'health' service

**Islington Young Person**

## 3.3 Local context

### *Governance and Commissioning of Health Services*

This strategy is shared across Islington Council and the Clinical Commissioning Group. Islington has a long history of joint and cooperative working across the NHS and Council. This approach has led to beneficial whole system developments such as the creation of joint commissioning across the CCG (originally with the predecessor PCT organisation) and Islington Council. In 2013, Integrated Pioneer status was awarded to the CCG and LBI in recognition of their combined vision for developing coordinated care in order to improve health and social care outcomes through strengthening the whole system approach, thus

<sup>6</sup> <http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/11/ldn-cta.pdf>

building on the existing track record of achievement. The Pioneer application designated one of the target population groups as being those with long-term conditions, including children and young people.

In the new landscape of health commissioning, responsibilities are held in a number of different places as Table 1 below demonstrates. This makes it ever more important that if we are to deliver coordinated, integrated services, we need to bring key stakeholders, including service users, together.

**Table 1 Commissioning Responsibilities across child health**

National	NHS England	<ul style="list-style-type: none"> <li>Specialist health services, including some mental health and acute care pharmacy and ophthalmic services</li> </ul>
	Department of Health / Public Health England	<ul style="list-style-type: none"> <li>National public health campaigns</li> <li>Health protection nationally and locally</li> </ul>
Regional/ Sub-Regional	NHS England – Local Area Teams	<ul style="list-style-type: none"> <li>Immunisation and Children’s screening</li> <li>Children’s public health for under-5s (including the Healthy Child Programme, Health visitors and Family Nurse Partnership (<i>moves to LAs in 2015</i>))</li> <li>Primary care, including GP’s contracts</li> </ul>
	Collaborative groups of CCGs and Local Authorities	<ul style="list-style-type: none"> <li>Work together to increase the effectiveness of commissioning health and public health services for key groups over a wider area than a single borough</li> <li>GP Out of Hours services</li> </ul>
Local	Islington Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> <li>Mainstream acute emergency and elective services walk in clinic</li> <li>Outpatient and ambulatory services</li> <li>Locally commissioned services for general practice</li> <li>Community health services</li> <li>Local child and adolescent mental health services</li> <li>Medicines management for all ages</li> </ul>
	Islington Local Authority	<ul style="list-style-type: none"> <li>Children and young people’s public health services for 5-18 year olds (including the Healthy Child Programme)</li> <li><i>Health Visitors and Family Nurse Partnership from Oct 2015</i></li> <li>Drug and alcohol services</li> <li>Sexual health service</li> <li>Child development services</li> <li>Children’s Social Care including Early Help Services</li> <li>Health promotion initiatives</li> <li>School nurses</li> <li>Housing, Planning, Leisure</li> </ul>
	Schools	<ul style="list-style-type: none"> <li>Outreach services from special schools to support children with special educational needs in mainstream schools</li> <li>Funding contributions to CAMHS services and Speech and Language therapy</li> </ul>

The Islington Health and Wellbeing Board (HWBB) comprises membership from across the Council and the CCG. Four overarching priorities for all ages have been adopted by the Board in order to drive system wide improvement:

1. Ensuring every child has the best start in life.
2. Preventing and managing long term conditions to extend both the length and quality of life and reduce health inequalities.
3. Improving mental health and wellbeing.
4. Delivering high quality, efficient services within the resources available.

The Children's Services Improvement Group (CSIG) reports into both the Health and Wellbeing Board and the CCG Governing Body and is also linked to the Children and Families Board. CSIG is the main forum focussing on strategy and commissioning in relation to children and young people's health across both the CCG and Local Authority. This group has overseen the development of this strategy which fits within the above priorities at the same time as offering an approach that is tailored specifically to health services for children and young people.

Although this is the first strategy in Islington that attempts to address all aspects of children and young people's health, many strategies have been developed over the years that have either directly or indirectly impacted on children and young people's health. The most recent of these are set out at **Appendix A**.

#### *Providers*

In 2011, community health services for children and young people that were previously run by the PCT became part of Whittington Health Integrated Care Organisation (providing acute and community services to the boroughs of Islington and Haringey). Health services traditionally have used the term 'integrated' to describe coordinated services, where organisations and services within them work closely with each other to deliver more efficient and patient focussed care.

Islington has two main paediatric providers, Whittington Health, mainly serving north Islington and University College London Hospital (UCLH), mainly serving the south of the borough.

Pioneer status has strengthened the alignment of acute and community health care in addition to the opportunities already offered by the creation of Whittington Health.

### **3.4 The financial context and our financial pressures**

The CCG's budget for 2014/15 is £303.4m, and for 2015/16 it is £308.6m. The money allocated to us reflects changes in the population, with a higher proportion of funds going to support the elderly.

Although the number of people living in Islington is growing, they tend to be younger than in some areas, so we have received less money per person than we did in 2013/14.

The next few years will therefore be challenging as we aim to save 5% of resources in 2013/14 and another 4% in 2015/16, and a target of 3% per annum thereafter.

The money we save will go towards delivering the priorities set out in the Children's Health Strategy and other local priorities (that will also deliver improved health outcomes for children):

- Continuing our strategy to improve access to primary care services;
- Helping people over 75 to use primary care services more easily;
- Helping health and social care services work more closely together through the Better Care Fund;
- Increasing the level and quality of community services provided locally.

The local authority financial strategy is set in the context of a very challenging economic climate which has seen unprecedented levels of central government cuts to local authority services. Between 2011-15, Islington Council had to make savings in excess of £100m. The next four year period looks as if a further £96m may have to be found which means that the council's overall budget would have been halved since 2010.

Partnerships are the key to being able to maintain effective services and continue to improve outcomes for children and young people. There are key partnerships between the council and health services in supporting early intervention and prevention; and also with schools (who control 71% of the overall children and young people's services budget in the local authority). These partnerships need to build on our achievements to date and encourage both the alignment of resources and more formal joint commissioning arrangements.

Our challenge is how can we, across the council, health system, schools, criminal justice system, business and employment services, and the third sector invest in support that prevents problems arising in the first place or gets effective help to children, young people and parents when the problems first arise. As well as the compelling social case in terms of improved health and well-being for the children, young people and families, there is a strong economic case as described above for if we do not maintain effective early intervention and prevention services, we will be storing up problems and facing higher costs in future years.

### **3.6 The cost of health services**

In 13/14, Islington CCG spent approximately £23m on health services to children and young people aged 0-17 years.

Of this, £7.8m was spent on acute (hospital) services, mainly at Whittington Health and UCLH.

This does not include spend on services commissioned by NHSE including specialist services and primary care. The commissioning budget for health visiting will transfer to the local authority in October 2015.

In 13/14, the budget for Public Health for children's services was £3.9m

### **3.7 How do we monitor service quality?**

The NHS Outcomes Framework sets out 5 domains against which all healthcare services should be planned and measured. These are:

- Improving health and preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions and helping them to recover quickly.
- Providing high quality care when people are unwell or injured.
- Ensuring that people have a positive experience of care.

- Treating and caring for people in a safe environment; and protecting them from avoidable harm.

The NHS Outcomes Framework sits alongside the Public Health Framework and the Adult Social Care Framework. These separate frameworks are complementary and have the overarching aim of improving the outcomes of health and social care. They share indicators where appropriate and work continues on further alignment.

The Public Health Framework utilises 4 domains as follows:

- Improving the wider determinants of health.
- Health improvement.
- Health protection.
- Healthcare public health and preventing premature mortality.

Progress against the outcomes is monitored against a series of indicators. The most salient indicators for children and young people in the NHS and Public Health Outcomes frameworks are highlighted at **Appendix B**.

The London Quality Standards were established across the capital in 2013 with the aim of improving the quality and safety of emergency care (separately defined for adults and children and young people, and medicine and surgery) and maternity. Key to improving the quality and safety of these services is reducing the variation in outcomes for patients depending on which day of the week they need care. A set of standards were developed against which progress on service quality in these areas could be measured.

Assurance of delivery of standards is managed through routine monitoring and meetings with the service providers. Islington CCG commissioners meet regularly with Whittington Health on service quality. Camden CCG leads the monitoring of UCLH service delivery against standards, with Islington CCG being a participant in the assurance process.

## 4. Islington Children and Young People's Health Needs

### 4.1 Our population

The total resident 0-18 year old population of Islington in 2014 is around 40,500.<sup>7</sup> This is 18.5% of the total borough population, which is a relatively low proportion compared to other London boroughs.

Almost 40% of young people under 18 are from the White-British ethnic group, and almost a quarter are from Black, African, Caribbean, or Black British ethnic groups. Mixed ethnic groups, Asian or Asian British, and Other White groups account for 9-15%. Among Asian ethnic groups the Bangladeshi or British Bangladeshi account for the largest group.<sup>8</sup>

The number of children and young people aged 0 to 18 is projected to grow by 13% or approximately 5000 between 2014 and 2024. The number of children aged 5 to 10 is projected to grow the most by 2,250 children, followed by children aged 11 to 15, though proportionately the latter is projected to grow slightly more.

There have been significant improvements in children's health over the past few years as demonstrated by the results of the 2014 Child Health Profile produced for Islington from data collected nationally by the Child and Maternal Health Observatory<sup>9</sup> and reproduced below.

#### Interpreting the 2014 Child Health Profile

The chart in **Fig 2** overleaf shows how Islington has performed against a range of indicators that reflect some aspect of children's health and wellbeing, including the wider determinants of health, as compared with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The **red line** indicates the England average and Islington's position is 'traffic-lighted' as per the key, with a **red circle** indicating a result that is significantly worse than the England average and **green circle** significantly better. **Amber** indicated that outcome is within the England average statistically.

There are some worrying 'red-rated' areas. These are largely categorised as the wider determinants of health such as poverty; homelessness; school-leavers not in education, employment or training; or children in care. However, two-thirds of the results are around the England average or significantly above it. For an area with such notable deprivation, and all that entails for children, this is a positive reflection of the efforts taken in the past to develop effective children's services.

An analysis of trends of similar indicator results (covering premature mortality, health protection, health improvement and prevention of ill health) over the past 4 years, from 2010 to 2013, shows that there has been improvement in the following areas great enough to move the indicator into a better 'traffic-lighted' outcome category:

- Infant mortality
- MMR vaccinations (1 dose) at 2 year
- Dtap / IPV / Hib vaccination at 2 years
- Conceptions in under 18s
- Hospital admissions due to substance misuse (15-24 years)
- Hospital admissions for asthma (under 19 years)
- Hospital admissions for mental health

<sup>7</sup> Greater London Authority (GLA) 2013 Round Demographic Projections

<sup>8</sup> Based on Census 2011 data

<sup>9</sup> [http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES\\_STATIC\\_RES&SEARCH=I\\*](http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=I*)



- Hospital admissions for self- harm (10-24 years)
- Educational achievement

Where certain wider determinants of health are concerned, indicators do not present such a positive direction of travel. Here, the only improvement in rating over the past four years is associated with children achieving 5 A\*-C GCSEs including English and maths.

DRAFT

**Figure 1 Summary of child health and wellbeing indicators for Islington**

- Significantly worse than England average
- No significant difference
- Significantly better than England average
- ◆ London average



Indicator	Area	Local no per year	Local Value	Eng ave	England Worst	Current Performance	England Best
▼ Child Health Profiles 2014 >> Premature mortality							
Infant mortality: 2010-2012	Islington	6	2.1	4.3	7.7	◆	1.3
Child mortality rate (age 1-17 years): 2010-2012	Islington	7	20.1	12.5	21.7	●	4.0
▼ Child Health Profiles 2014 >> Health protection							
MMR vaccination for one dose (2 years): 2012/13	Islington	2,418	91.6	92.3	77.4	◆	98.4
Dtap / IPV / Hib vaccination (2 years): 2012/13	Islington	2,581	97.8	96.3	81.9	◆	99.4
Children in care immunisations: 2013	Islington	195	95.1	83.2	0.0	◆	100.0
Acute sexually transmitted infections (including chlamydia): 2012	Islington	1,291	42.9	34.4	89.1	●	14.1
▼ Child Health Profiles 2014 >> Wider determinants of ill health							
Children achieving a good level of development at the end of reception: 2012/13	Islington	899	43.6	51.7	27.7	●	69.0
GCSE achieved (5A*-C inc. English and maths): 2012/13	Islington	912	63.5	60.8	43.7	◆	80.2
GCSE achieved (5A*-C inc. English and maths) for children in care: 2013	Islington	-	-	15.3	0.0	◆	41.7
16-18 year olds not in education, employment or training: 2013	Islington		5.0	5.3	9.8	●	1.8
First time entrants to the youth justice system: 2013	Islington		741.2	440.9	846.5	●	171.0
Children in poverty (under 16 years): 2011	Islington	12,815	38.3	20.6	43.6	●	6.9
Family homelessness: 2012/13	Islington	290	3.2	1.7	9.5	●	0.1
Children in care: 2013	Islington	310	84	60	166	●	20
Children killed or seriously injured in road traffic accidents: 2010-2012	Islington	6	19.2	20.7	45.6	●	6.3

Indicator	Area	Local no per year	Local Value	Eng ave	England Worst	Current Performance	England Best
▶ Child Health Profiles 2014 >> Premature mortality							
▶ Child Health Profiles 2014 >> Health protection							
▶ Child Health Profiles 2014 >> Wider determinants of ill health							
▼ Child Health Profiles 2014 >> Health improvement							
Low birthweight of all babies: 2012	Islington	204	6.9	7.3	10.2		4.2
Obese children (4-5 years): 2012/13	Islington	186	10.7	9.3	14.8		5.7
Obese children (10-11 years): 2012/13	Islington	299	21.8	18.9	27.5		12.3
Children with one or more decayed, missing or filled teeth: 2011/12	Islington	-	30.4	27.9	53.2		12.5
Under 18 conceptions: 2012	Islington	81	30.1	27.7	52.0		14.2
Teenage mothers: 2012/13	Islington	14	0.5	1.2	3.1		0.2
Hospital admissions due to alcohol specific conditions: 2010/11 - 2012/13	Islington	16	43.7	42.7	113.5		14.6
Hospital admissions due to substance misuse (age 15-24 years): 2010/11 - 2...	Islington	20	57.3	75.2	218.4		25.4
▼ Child Health Profiles 2014 >> Prevention of ill health							
Smoking status at time of delivery: 2012/13	Islington	215	7.7	12.7	30.8		2.3
Breastfeeding initiation: 2012/13	Islington	2,514	89.5	73.9	40.8		94.7
Breastfeeding prevalence at 6-8 weeks after birth: 2012/13	Islington	1,898	74.7	47.2	17.5		83.3
A&E attendances (age 0-4 years): 2011/12	Islington	8,455	687.5	510.8	1,861.3		214.4
Hospital admissions caused by injuries in children (0-14 years): 2012/13	Islington	276	86.4	103.8	191.3		61.7
Hospital admissions caused by injuries in young people (15-24 years): 2012/13	Islington	260	86.4	130.7	277.3		63.8
Hospital admissions for asthma (age under 19 years): 2012/13	Islington	94	238.8	221.4	591.9		63.4
Hospital admissions for mental health conditions: 2012/13	Islington	25	66.8	87.6	434.8		28.7
Hospital admissions as a result of self-harm (10-24 years): 2012/13	Islington	88	224.0	346.3	1,152.4		82.4

Source: ChiMat March 2014

## 4.2 Children and young people's health needs in Islington

This section outlines the health needs of children and young people in Islington. Further details and additional factors contributing to children and young people's health needs is available from the Islington Evidence Hub (<http://evidencehub.islington.gov.uk>).

### Key messages

- The 0-18 year old population of Islington in 2014 is around 40,500.<sup>10</sup>
- Almost 40% of young people under 18 are from the White-British ethnic group, and almost a quarter are from Black, African, Caribbean, or Black British ethnic groups. Mixed ethnic groups, Asian or Asian British, and Other White groups account for 9-15. Among Asian ethnic groups the Bangladeshi or British Bangladeshi account for the largest group.<sup>11</sup>
- The level of child poverty has fallen in Islington in recent years, but the level remains high with 38% (about 13,100 children and young people aged under 16) living in poverty.
- Breastfeeding and immunisation rates are similar or better in Islington compared to London and England.
- Health outcomes with a strong link to behavioural risk factors and wider determinants tend to be worse in Islington compared to London and England, including obesity and sexually transmitted infections. Prevalence of mental health conditions is also high in Islington.
- The number of pregnant women book into maternity services before the 13<sup>th</sup> week is below target. In 2012/13, this figure was 88%, which is below the target (90%). This means another 350-630 women would need to be booked in early to meet the target.
- The level of child obesity is higher in Islington compared to England, with 23% of Reception year pupils (about 430 children and young people) being either overweight or obese. This figure rises to 36% among Year 6 pupils (about 560 pupils).
- Children and young people in Islington have a high rate of caries related hospital admissions, despite a largely similar level of tooth decay compared to England. This suggests there is scope for increasing treatment and access to preventative dental care in the community.
- Islington has the third highest rate of paediatric outpatient attendances in London. In 2012/13 there were about 7,400 attendances, equivalent to a rate of 37 per 1,000 population. Half of all paediatric outpatient attendances resulted in discharge at first appointment, suggesting referral rates may need review.
- The rate of A&E attendances among children and young people aged under 5 is higher in Islington than England. In 2013/14, there were 8,400 attendances among this group, equivalent to a rate of 642 per 1,000 population. Young people aged 19-25 account for a higher number of A&E attendances (11,400) compared to under 5s, but the rate is lower (476 per 1,000). The high A&E attendance rate suggests many parents are choosing to use A&E services as a means of accessing rapid assessment by a doctor, in the absence of any alternatives closer to home.

<sup>10</sup> Greater London Authority (GLA) 2013 Round Demographic Projections

<sup>11</sup> Based on Census 2011 data

## Understanding the data

### *Data sources*

There are a number of different data sources used to help assess children and young people's health needs in Islington. There are some limitations to the data available, meaning local estimates are sometimes based on national data. This is for example the case for number of children and young people with asthma, or young people who smoke: these figures are based on national survey data which has been applied to Islington's population. Furthermore, some data comes from local systems, whereas other data is based on what is published. Where possible, data for London, England, or other comparable areas are shown but such data are not always available.

Analysis using hospital data is presented in a number of sections below. There are a number of different sources of that data: some analysis is based on nationally available indicators, such as data from NHS Comparators or indicators included in the ChiMat profiles. In addition to these data, further analysis has been done based on a local extract of emergency and elective admissions and A&E attendances in order to understand underlying patterns better.

### *Measures*

There are a number of measures used in the analysis presented below, including standardised rates, percentages, and raw numbers. The type of measure used reflects the aim of the analysis and the underlying data. For example, to compare hospital admission rates across different areas, data need to be standardised to account for different age structures in the different populations. The rates presented also vary from per 1,000 to per 100,000 population, depending on the scale of the indicator being measured.

## Wider determinants of health

### Child poverty

Islington's children and young people generally experience a high level of poverty and associated risk factors compared to London and England overall. While child poverty has fallen in recent years, from 44% in 2006 to 38% in 2011, the level remains high.<sup>12</sup> It is expected that about 13,100 children and young people aged under 16 live in poverty in 2014.<sup>13</sup>

### Child protection

Compared to the size of the under-18 year old population, Islington has tended to have a relatively low number of children and young people who were subject to a child protection plan, looking at the snapshot at the end of each financial year. The Islington rate has been lower than the Inner London and Statistical Neighbour averages in each of the last four years, and the Islington rate has also been in line or lower than the England average each year.

There were 179 children and young people who became the subject of a child protection plan in 2013/14. For 85 children and young people (48%), this was due to neglect. For 68 children and young people (38%), this was due to emotional abuse, whilst for 25 children

<sup>12</sup> See *Child Poverty in Islington briefing, October 2014*

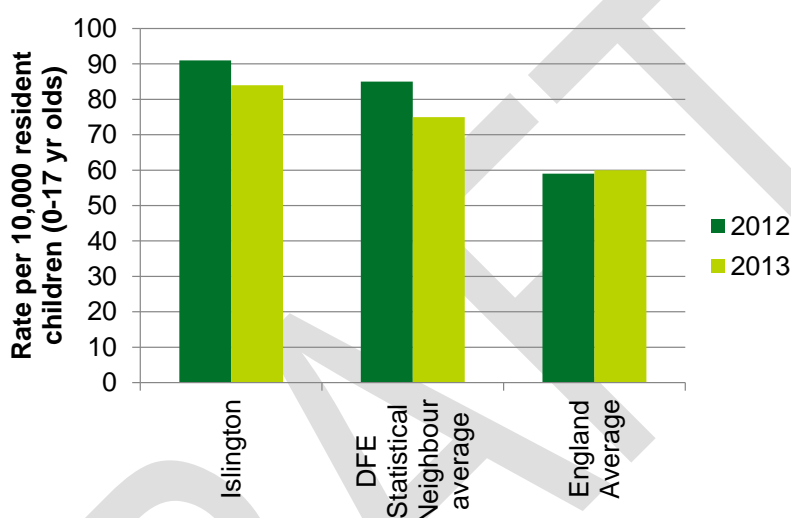
<sup>13</sup> Further information: *Area Children and young people and Young People's Partnership Profile 2014*

and young people (14%) this was due to physical abuse.<sup>14</sup>

### Children Looked After

As of March 2013, there were 311 children looked after by Islington Local Authority, equivalent to a rate of 84 per 10,000 0-17 year olds. While the rate has decreased since 2012, it is still noticeably higher than comparable boroughs and the England average. Of these children looked after 19% were placed more than 20 miles from home, the national average was 16% and the comparable borough average was 18%. In terms of health outcomes for children looked after (including immunisations, dental checks, and annual health assessments), these were generally as good as those in comparable boroughs and across England as a whole.<sup>15</sup>

**Figure 2:** Rate of children looked after at 31 March



Source: Department for Education, 2013

### Young people who offend

Islington's Youth Offending Team (YOT) undertook a total of 470 interventions with 285 young people during 2013/14.<sup>16</sup>

Islington has achieved a year on year reduction in first time entrants to the youth justice system with an overall decrease of 69% in the rate of first time entrants since the baseline year of 2007. While this is below the reduction reported by our Youth Offending Team (YOT) Family<sup>17</sup>, it is recognised that the rate is still above the current London average and the service remains committed to bring the figure down further.

The reoffending rate, based on offences recorded on the Police National Computer, for Islington young people who offend has been higher than the rate for any of the borough's comparators throughout the last 4 years. However, the gap in the rate between Islington and the comparators has narrowed since the cohort of young people who offend from the 2010/11 financial year.

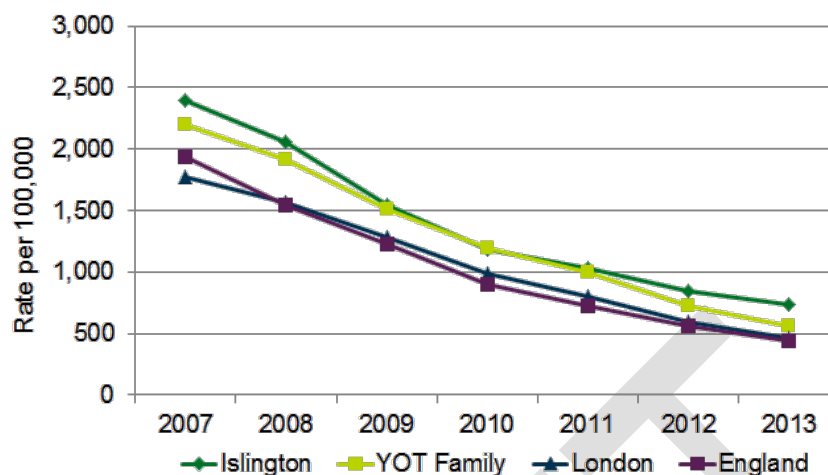
<sup>14</sup> Vulnerable Children and young people Needs Assessment 2014

<sup>15</sup> <https://www.gov.uk/government/publications/outcomes-for-children-and-young-people-looked-after-by-las-in-england>.

<sup>16</sup> Vulnerable Children and young people Needs Assessment 2014

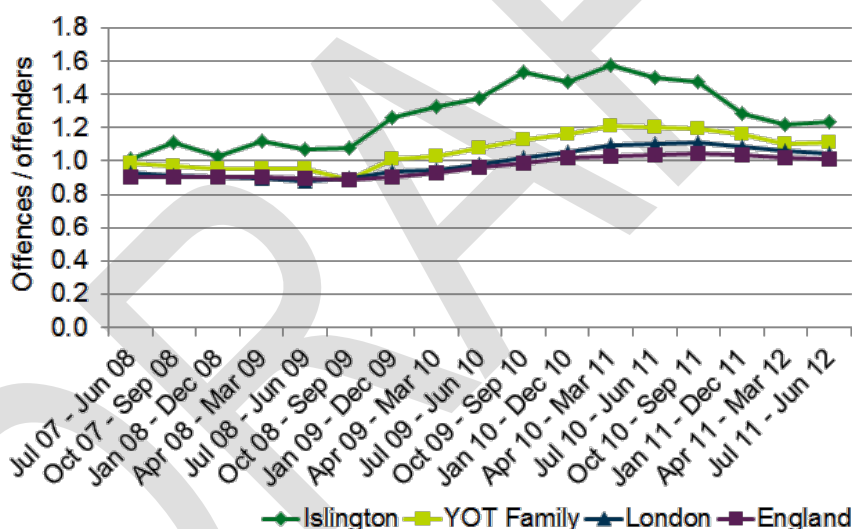
<sup>17</sup> Islington's YOT Family is made up of Lambeth, Southwark, Tower Hamlets & City of London, Camden, Hammersmith and Fulham, Hackney, Haringey, Wandsworth and Lewisham. The YOT Family average includes the Islington rate, whereas Statistical Neighbour averages exclude Islington figures.

**Figure 3:** First Time Entrant rate per 100,000 of 10-17 population



Source: Youth Justice Board 2013

**Figure 4:** Reoffending rate (frequency) after 12 months



Source: Youth Justice Board 2013

## MATERNAL HEALTH AND IMMUNISATIONS

### Maternity

The early stages of pregnancy are a key time in a baby's development and a mother's health. All women are encouraged to contact maternity services as soon as they are pregnant and especially before the 13<sup>th</sup> week (third month) of pregnancy. In Islington comparatively few pregnant women book into maternity services before the 13<sup>th</sup> week and the level of smoking in pregnancy is higher than London. In 2012/13, 88% of women (average over the quarters) were booked into maternity services before the 13<sup>th</sup> week, which is below the target of 90%. This means another 350-630 women would need to be booked in early to meet the target.

Despite the often adverse wider determinants of health, some health indicators for infants and young children are similar or better in Islington compared to London and England. For



example the level of breastfeeding initiation (89.5%) and at 6-8 weeks (75%) is higher in Islington compared to the regional and national averages.<sup>18</sup>

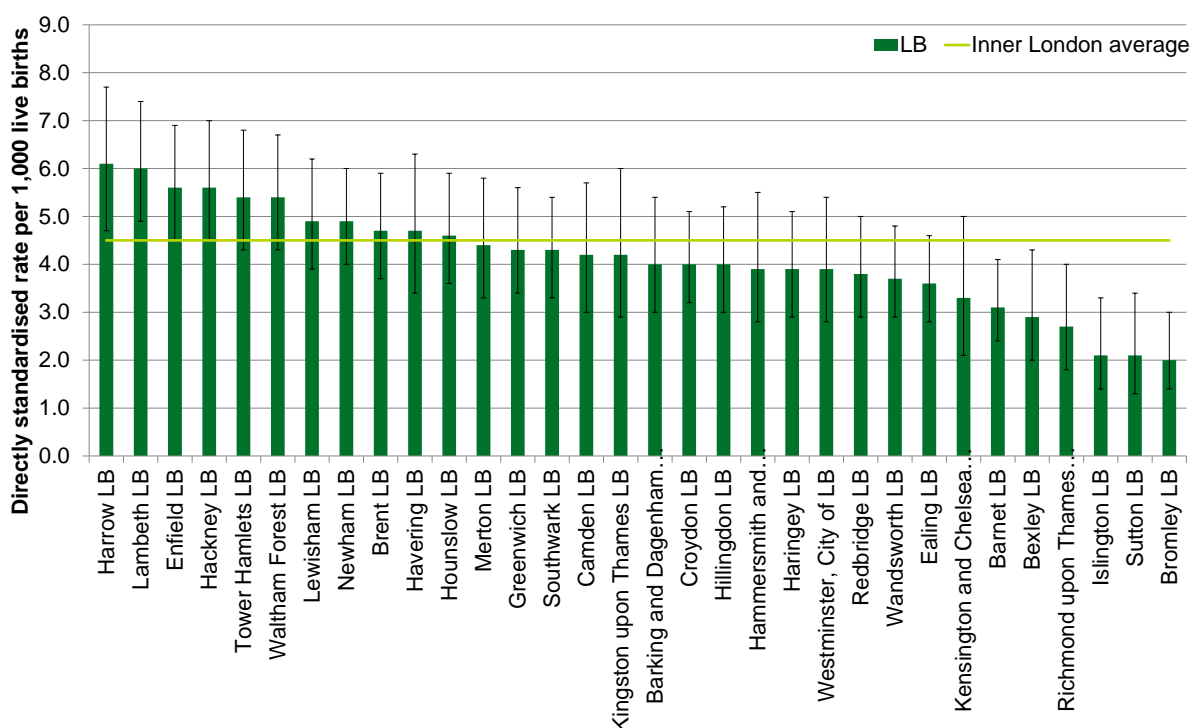
Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. In Islington in 2012/13 there were 215 women smoking in pregnancy in Islington, equivalent to 7.7 per 100 maternities.<sup>19</sup> This rate is better than England (12.7 per 100) but worse than London (5.7 per 100).

### Still births, neonatal, infant mortality

In 2010-12 (pooled) there were 19 infant deaths in under one year olds. Fourteen of these were infants aged under a month. Both the rates of infant (<1 year) and neonatal (<1 month) mortality were lower in Islington compared to Inner London: Islington had a rate of 1.6 neonatal deaths per 1,000 live births compared to the Inner London average of 3.2. The equivalent rate of infant mortality was 2.1 per 1,000 in Islington versus 4.5 in Inner London.

The numbers of both low weight births and still births are very small and are therefore not publicly available.

**Figure 5:** Infant mortality <1 year, directly standardised rate per 1,000 live births, London boroughs, 2010-2012 (pooled)



### Maternal mortality

There were no maternal deaths in Islington in 2010-12, meaning the standardised rate was also zero, For comparison, the standardised rate in Inner London was 0.25 per 100,000 female population of child bearing age.

<sup>18</sup> Department of Health, Statistical release: Breastfeeding initiation and prevalence at 6-8 weeks, Q4, 2012/13.

<sup>19</sup> ChiMat Profiles 2014, <http://www.chimat.org.uk/profiles>

## Immunisations

The level of childhood immunisations is similar in Islington compared to the England average. Immunisation uptake in the borough has been increasing over time and is now generally similar to or higher than the England average among one and two year old children. Immunisations uptake among five-year-olds is reasonably high, although it has not yet reached the recommended level (95% coverage).<sup>20</sup>

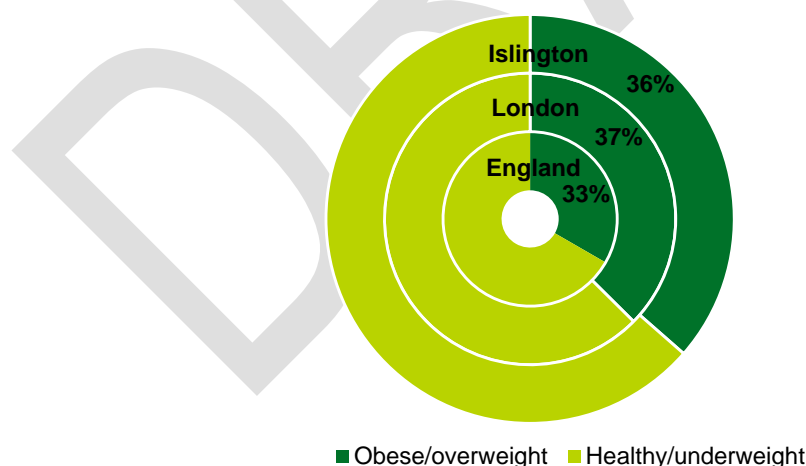
## RISK FACTORS

### Overweight and obesity

Children and young people who are obese are more likely to suffer from poor self-esteem and are less likely to socialise and do well at school. Health conditions such as high blood pressure, diabetes, poor lung function, bone problems and early puberty are also more common among obese children and young people. In Islington in 2012/13, almost a quarter of reception year pupils (23%, about 430 pupils) were overweight or obese. Among Year 6 pupils, the equivalent figure is more than a third (36%, about 560 pupils). The proportion of Year 6 pupils who are overweight including obese is higher than the national average. For Reception year pupils, the level of overweight including obesity is similar to the national average, though obesity on its own is higher.

Overweight and obesity varies by gender, age, ethnicity and socio-economic factors. Children and young people from the most deprived areas have levels of obesity almost twice that of those who live in the least deprived areas. Among reception pupils, those who are Black African have significantly higher levels of obesity than any other ethnic group. Year 6 pupils (10-11 year olds) from Black and South Asian ethnic groups have higher levels of obesity compared to White British pupils.<sup>21</sup>

**Figure 6:** Overweight and obesity among children in Year 6 (10-11 year olds), Islington, London and England, 2012/13



Source: National Child Measurement Programme, 2014

<sup>20</sup> [http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2012-2013/\(2013-02-25\)-Childhood-immunisation-fact-sheet.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2012-2013/(2013-02-25)-Childhood-immunisation-fact-sheet.pdf)

<sup>21</sup> [http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2013-2014/\(2013-04-03\)-Childhood-obesity-fact-sheet.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2013-2014/(2013-04-03)-Childhood-obesity-fact-sheet.pdf)

## Alcohol and substance misuse

There is limited data available for alcohol and substance misuse among young people at local level or children and young people affected by parental alcohol misuse. While most alcohol-related diseases take years to develop, the heavy use of alcohol during late adolescence is a risk factor for the development of alcohol-related problems in later life. Other more immediate adverse outcomes include increased risk of early onset sexual intercourse and unsafe sex, which has implications for sexually transmitted infections and teenage pregnancy. For young people, binge drinking is also strongly associated both with being the perpetrator and the victim of crime.

An estimated 1,400 11 to 15 year olds in Islington have ever used drugs, primarily cannabis. 1,000 have used any drug in the past year and 500 in the past month. The likelihood of using drugs rises with age and by 15 around a third of young people have ever tried drugs. Nationally around two-fifths of pupils (39%) had drunk alcohol at least once. Boys and girls were equally likely to have done so. These estimates are based on national figures as no local data is available. This intelligence gap will be addressed by the Health Related Behaviours Questionnaire which will include questions on drug and alcohol knowledge, attitudes and practices amongst young people. Nationally the incidence of drinking and drug use in young people has declined over the last 10 years and this is likely to be the case locally due in some part to the increasing ethnic diversity of the borough, for example we know Asian young people are significantly less likely to drink.

Excessive alcohol consumption among under 18s is an avoidable cause of hospital admissions. In the period 2007/08 to 2009/10, there were 24 acute alcohol-specific hospital stays among young people aged under 18 who were resident in Islington, equivalent to a rate of 72 per 100,000 population. This rate is higher than the London average (39 per 100,000), but statistically similar to England (62 per 100,000).<sup>22</sup>

The evidence suggests that most adult smokers started smoking in adolescence. Around 300 young people aged 11 to 15 years are estimated to be regular smokers in Islington.

## Sexual health and teenage conceptions

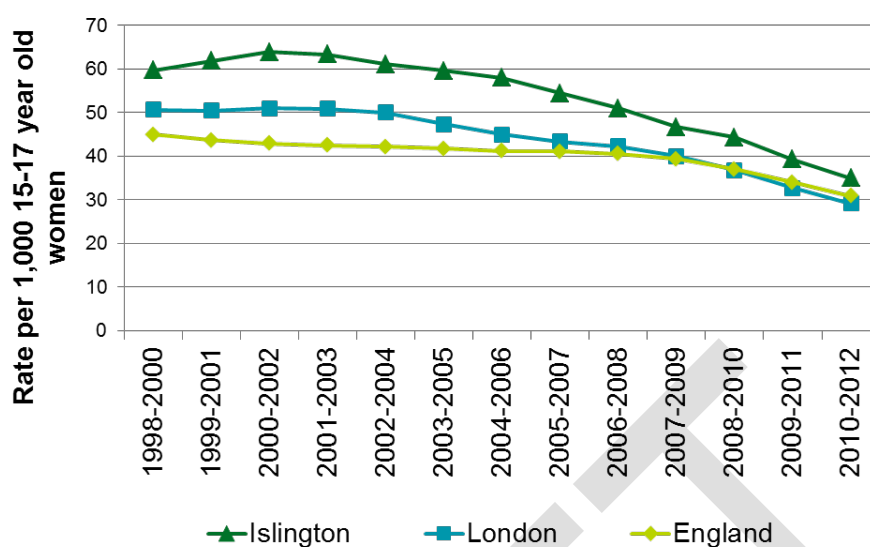
Teenage pregnancy is strongly linked with poor social and health outcomes. The evidence shows that children born to teenage mothers are more likely to experience a range of negative outcomes in later life. In 2012, there were 81 conceptions to young women aged under 18 in Islington. Nine of these conceptions were to young women aged under 16. Two-thirds of under 18s conceptions ended in abortion. Islington's teenage pregnancy rate (30 pregnancies per 1,000 women aged 15-17 in 2012) has been falling in recent years and is now statistically similar to London (26 per 1,000) and England (28 per 1,000).<sup>23</sup>

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<sup>22</sup> ([http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Reporting/2012-2013/\(2012-11-14\)-APHR-2012-Full-report.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Reporting/2012-2013/(2012-11-14)-APHR-2012-Full-report.pdf)) and 'Bottling It Up' (<http://www.turning-point.co.uk/media/53899/bottlingitup2011.pdf>)

<sup>23</sup> [http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2013-2014/\(2013-05-20\)-Teenage-pregnancy-fact-sheet.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Information/Factsheets/2013-2014/(2013-05-20)-Teenage-pregnancy-fact-sheet.pdf)

**Figure 7:** Under 18s conception rate, Islington, London, and England, 1998-2000 to 2010-12



Source: ONS, 2014

There were almost 1,300 diagnoses of acute sexually transmitted infections in Islington among 15 to 24 year olds in 2012, equivalent to a rate of 43 per 1,000 population. This is higher than the England average (34 per 1,000).

### Female Genital Mutilation (FGM)

There are few data on female genital mutilation (FGM) but it has been estimated that approximately one in ten 0-18 year-old girls in Islington are at risk. Of these, about 1,200 girls are in the highest risk category. Half or more of these girls are aged 7 or younger.<sup>24</sup>

### Oral health

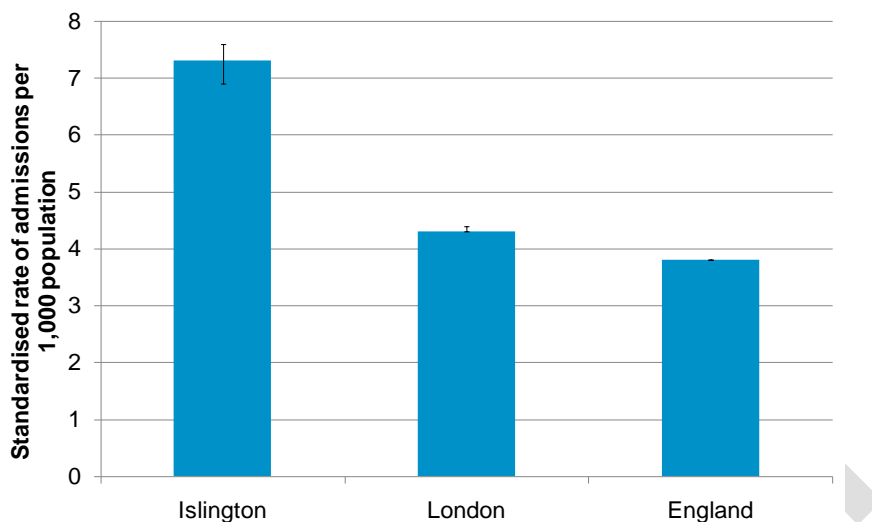
Good oral health is an important part of general health as it contributes to general wellbeing and allows people to eat, speak and socialise without discomfort or embarrassment.

In 2011/12, the average number of teeth affected by decay was 1.3 among 5 year old children in Islington. While this is slightly higher than England (0.9) and London (1.2), the difference is not statistically significant. Among children and young people with tooth decay, the average number of teeth affected is approximately four, clearly showing the burden experienced by a minority of children and young people.

The rate of planned admissions to hospital for dental reasons was higher for Islington than London and England in 2011/12. In 2012/13, more than 170 children and young people in Islington were admitted to hospital for dental caries. This represents 5% of all child inpatient admissions in Islington in that period. Over half of these admissions were for children aged 5-9 years. The higher rate of hospital admissions, despite the largely similar level of tooth decay, suggests there is scope for increasing access to preventative dental care and treatment in the community among children and young people in Islington.

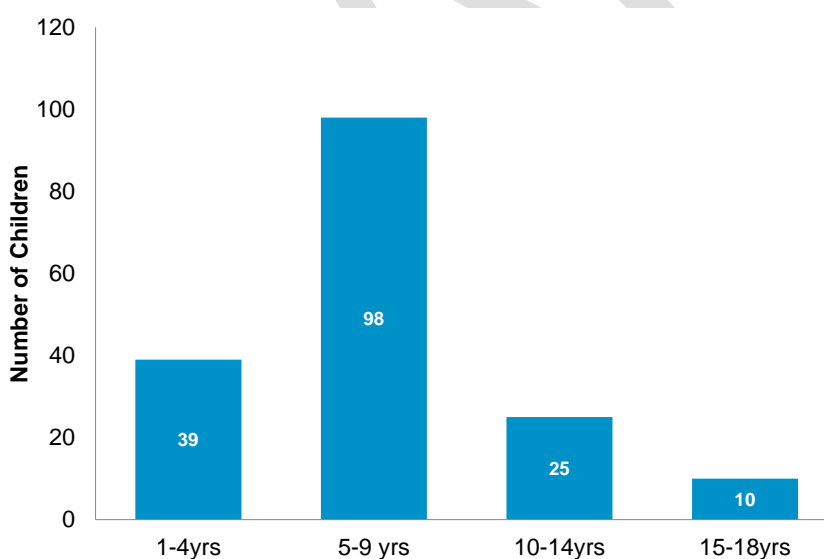
<sup>24</sup> [http://www.islington.gov.uk/publicrecords/library/Community-safety-and-emergencies/Publicity/Public-notices/2013-2014/\(2013-04-18\)-FGM-In-Islington-A-Statistical-Study.pdf](http://www.islington.gov.uk/publicrecords/library/Community-safety-and-emergencies/Publicity/Public-notices/2013-2014/(2013-04-18)-FGM-In-Islington-A-Statistical-Study.pdf)

**Figure 8:** Hospital admission rates for dental reasons, 2010/11



Source: NHS Comparators, 2012

**Figure 9:** Number of children and young people admitted to hospital for dental caries by age group, Islington, 2012/13



Source: SUS, 2012/13

## LONG TERM CONDITIONS AND HOSPITAL ADMISSIONS

### Long term conditions

The most common long term conditions among children and young people are asthma, epilepsy and diabetes.

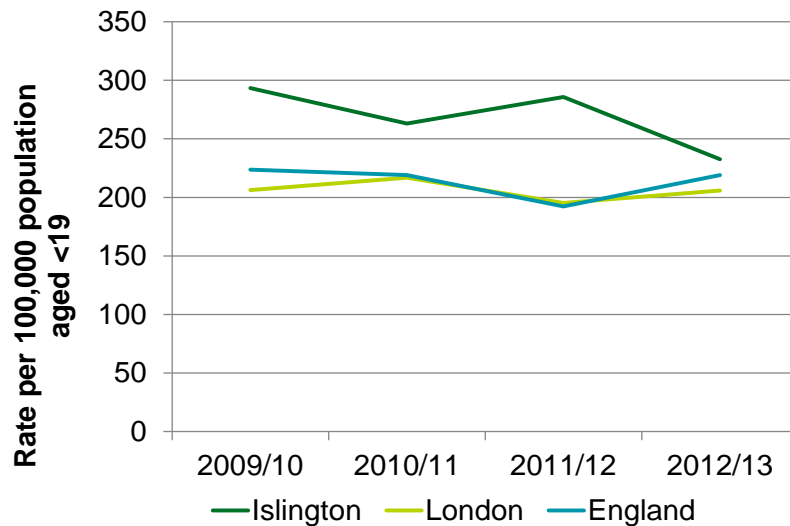
It is estimated that 1 in 11 children and young people suffer from asthma, meaning that around 3,700 0-18 year olds in Islington suffer from this condition. The most common

conditions recorded by GPs in Islington (as of September 2012) for children and young people aged under 19 are diabetes (79 children and young people), epilepsy (200 children and young people), and learning disabilities (133 children and young people). Data for asthma are not available.<sup>25</sup> No comparable data are available for London and England.

Data for emergency hospital admissions for asthma, diabetes, and epilepsy are readily available, and can be used to indicate whether diagnosis and management of these conditions is better or worse than London and England. In Islington the rates for these conditions are similar compared to the regional and national averages, suggesting that emergency admissions for these conditions are not currently areas of major concern.

For asthma, hospital admissions for under 19s has fallen in Islington from a comparatively high level and is now similar to England and London (94 admissions in Islington in 2012/13, equating to a rate of 233 per 100,000 population).

**Figure 10:** Unplanned hospital admissions for asthma over time, ages under 19, Islington, London, and England

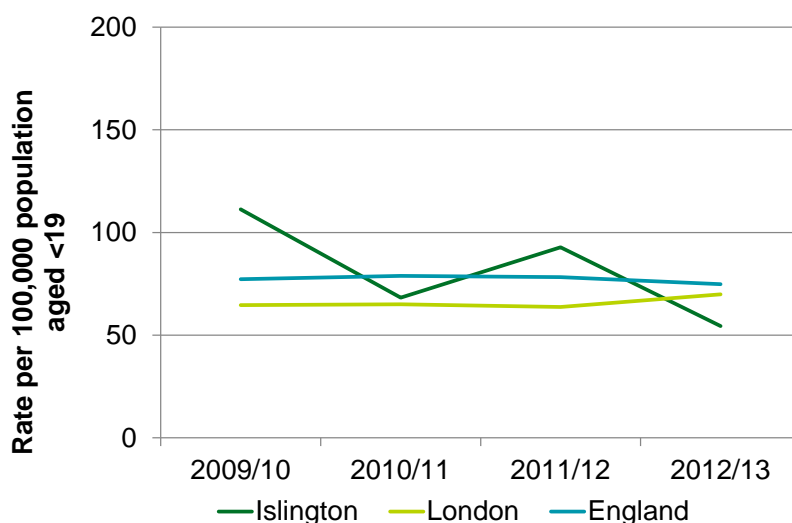


Source: Disease Management Information toolkit, ChiMat 2014

For epilepsy, the rate has also fallen between 2009/10 (111 per 100,000) and 2012/13 (54 per 100,000), although there has been some fluctuation reflecting the small number of admissions. In 2012/13 there were 22 emergency admissions for epilepsy. The rate in 2012/13 is not statistically different from London and England.

<sup>25</sup> Data for asthma are not available due to a data extraction issue affecting asthma medications. Medication codes are used to determine current asthma diagnoses.

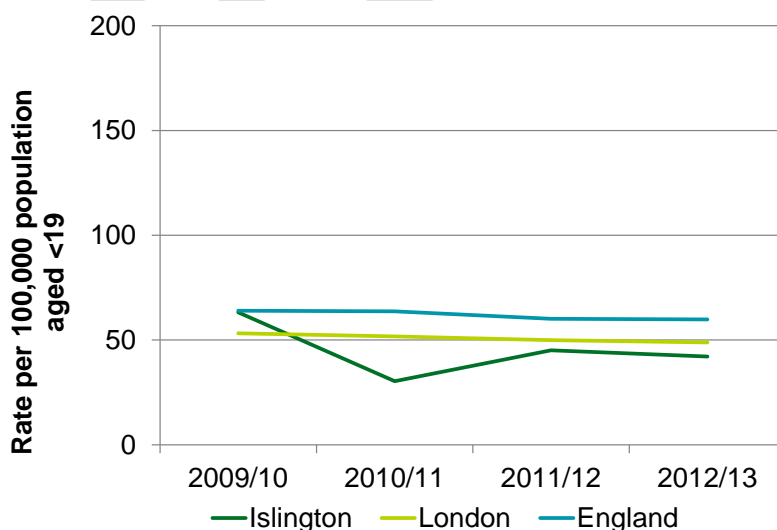
**Figure 11:** Unplanned hospital admissions for epilepsy over time, ages under 19, Islington, London, and England



Source: Disease Management Information toolkit, ChiMat 2014

The rate for unplanned diabetes admissions has fluctuated in Islington between 2009/10 and 2012/13, which is partly a reflection of the low number of diabetes admissions. In 2012/13 there were 17 unplanned admissions for diabetes in Islington, equivalent to a rate of 42 per 100,000 population. Again, the rate is statistically similar to England and London.

**Figure 12:** Unplanned hospital admissions for diabetes over time, ages under 19, Islington, London, and England



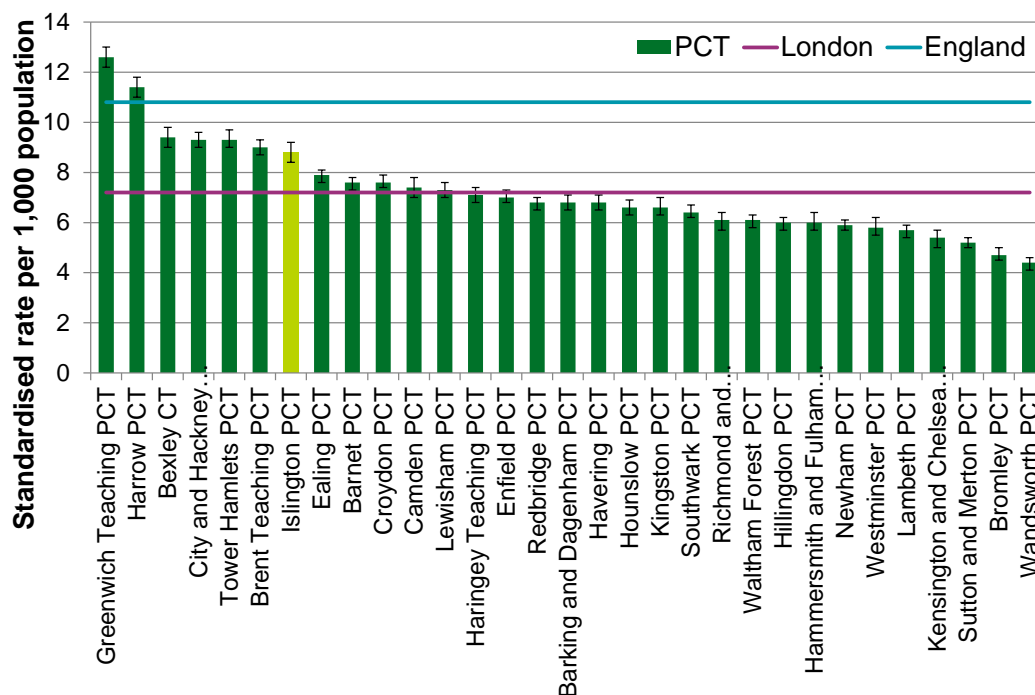
Source: Disease Management Information toolkit, ChiMat 2014

### Hospital admissions for other causes

While emergency admissions for asthma, diabetes and epilepsy are similar in Islington compared to London and England, the overall rate of emergency paediatrics admissions is higher in Islington (8.8 per 1,000 population) compared to the London average (7.2) although it is lower than England (10.8). In 2012/13, there were 1,850 emergency paediatric admissions in Islington.



**Figure 13:** Emergency admissions to paediatric specialty per 1,000 population, London PCTs, 2012/13

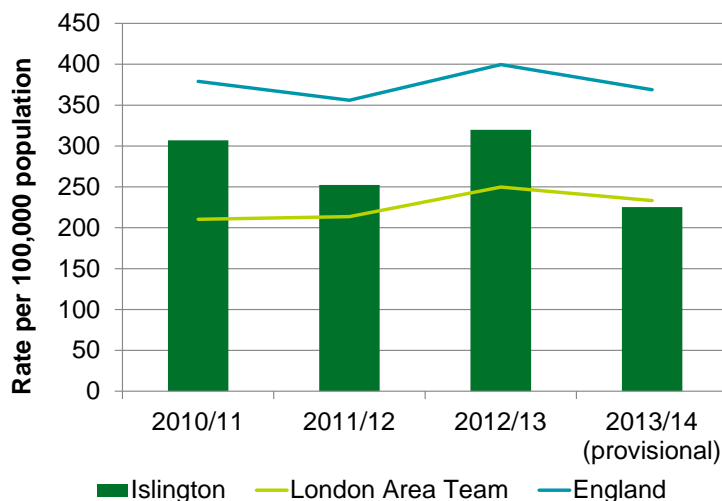


Source: NHS Comparators, 2014

It is not clear what causes account for the higher rate of paediatric emergency admissions in Islington compared to London. Paediatric admissions are often not well-coded in terms of cause and many relate to 'observation for other suspected diseases and conditions'. While injury is a common cause of admission for both 0-14 and 15-24 year olds, published data shows that Islington has a lower admission rate than England for both age groups. There were about 280 admissions for injury in 0-14 year olds and 260 admissions in 15-24 year olds in 2012/13.

Lower respiratory tract infection is the most common cause of A&E attendance for children aged under 5 (see section below). It is also a fairly common cause of emergency admissions. The Islington rate for under 19s has been high compared to the London Area Team in recent years, but the rate has improved in the provisional 2013/14 data suggesting it is now similar to the London data (252 per 100,000 population).

**Figure 14:** Emergency admissions lower respiratory tract infections (CCG indicator 3.4), children and young people aged under 19, rate per 100,000, Islington, London Area Team, and England, 2010/11 to 2013/14

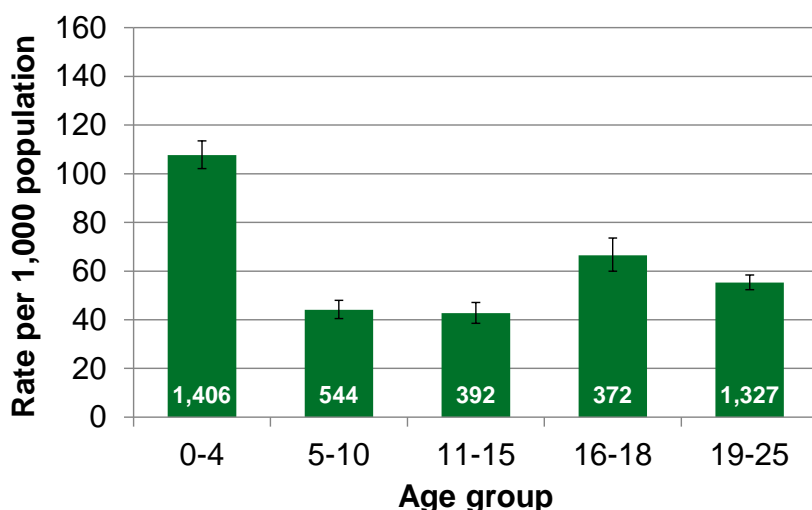


Source: Hospital Episode Statistics (HES) and ONS mid-year resident population estimates (based on 2011 Census), HSCIC Indicator portal, 2014

#### Emergency and elective admissions by age group

Children aged under 5 have the highest rate of emergency admissions at 108 per 1,000 population, followed by 16-18 year olds (66 per 1,000). Children aged under 5 accounted for 1,400 of about 2,700 admission in 0-18 year olds in 2013/14. Young people aged 19-25 accounted for a further 1,300 admissions<sup>26</sup>

**Figure 15:** Emergency admissions by age group, rate per 1,000 population, Islington 2013/14

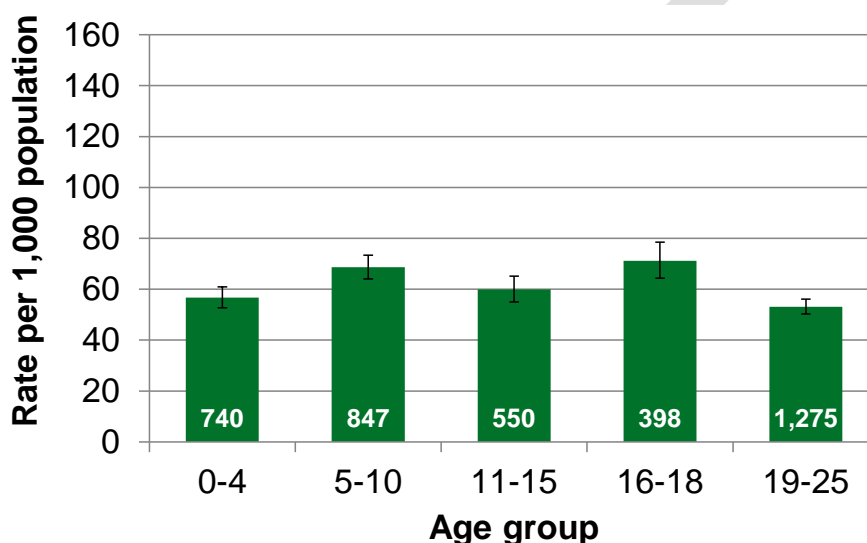


<sup>26</sup> Note that this number of emergency admissions is different to the figure given above based on NHS Comparator data. This is due to different years and different extraction methods (NHS Comparators is based on admissions to paediatric specialty, whereas this figure includes all admissions for under 18s/under 25s).

Source: SUS 2013/14; Denominator data are based on Islington GP Public Health dataset September 2012

There were over 2,500 elective admissions among under 19s and a further 1,300 admissions among 19-25 year olds in Islington in 2013/14. Elective admissions by age group follow a different pattern compared to emergency admissions with the highest rates seen among 5-10 year olds and 16-18 year olds. Boys under the age of three account for a larger share of elective admissions than girls, but the reverse is the case for elective admissions among young people aged 16 and over. Gynaecological conditions account for a notable proportion of elective admissions among young women (for example, among young women aged 21 and over gynaecological conditions account for 17%).

**Figure 16:** Elective admissions by age group, rate per 1,000 population, Islington 2013/14

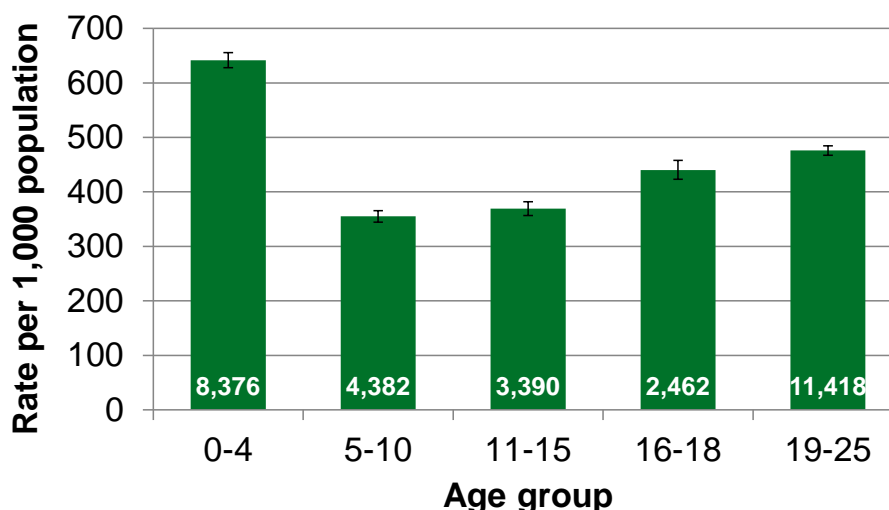


Source: SUS 2013/14; Denominator data are based on Islington GP Public Health dataset September 2012

#### A&E attendances

There were about 18,600 A&E attendances for 0-18 year olds in Islington and a further 11,400 attendances for 19-25 year olds in 2012/13. Children aged under 5 have the highest rate of A&E attendances (8,400 attendances, equivalent to a rate of 642 per 1,000 population). This is higher than the England average (511 per 1,000; London data not available). Specifically, children aged under two account for the highest rate (data not shown). The rate of attendances among 5-10 year olds drops to almost half of that for under 5 year olds and then continues to rise until the age of 19-25 (476 per 1,000). Comparable data to England are not available for children aged 5 and over.

**Figure 17:** A&E attendances by age group, rate per 1,000 population, Islington 2013/14



Source: SUS 2013/14; Denominator data are based on Islington GP Public Health dataset September 2012

Diagnosis coding within A&E has been improving in recent years but remains incomplete in many providers including the Whittington. Based on data from the UCLH for 2013/14 the following are the four most common diagnoses:

Children aged under 5	Young people aged 19-25 years
1. Respiratory conditions (mainly recorded as non-asthma)	1. Gastrointestinal conditions
2. Local infection	2. Gynaecological conditions
3. Gastrointestinal conditions	3. Sprain/ligament injury
4. Head Injury	4. Dislocation/ fracture/ joint injury/ amputation
<i>These four diagnoses account for 55% of attendances.</i>	<i>These four diagnoses account for 30% of attendances.</i>

From the age of 16 onwards there are a higher proportion of girls attending A&E, which may be explained by the emergence of gynaecological conditions at this age. Among under 5s boys dominate disproportionately (data not shown).

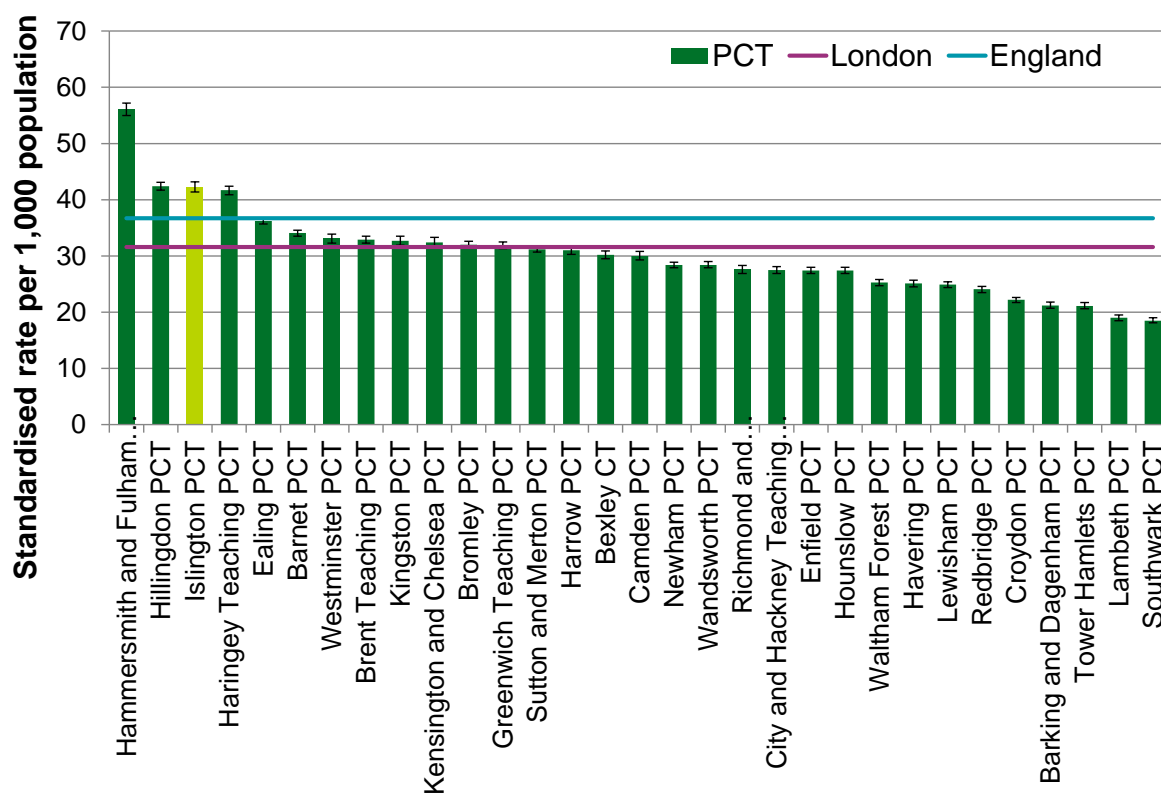
During the course of an urgent care review in 2013/14 it was demonstrated that a significant proportion of children and young adult attenders could have been more appropriately managed in other care settings. It has been estimated from the patient payment bandings that approximately 25% of children or young people aged 19 and under at local A&E departments receive no investigation or significant treatment (which equates to approximately 9,000 attenders per year). The cost to commissioners of these estimated 9,000 attenders is over £600k per year.

Furthermore, two-thirds of A&E attendances in 2013/14 were by patients who attended more than once in that year. The high A&E attendance rate suggests many parents are choosing to use A&E services as a means of accessing rapid assessment by a doctor, in the absence of any alternatives closer to home.

## Outpatient attendances

Islington has one of the highest rates of paediatric outpatient attendances in London. In 2012/13 there were about 8,500 attendances, equivalent to a rate of 42 per 1,000 population. This compares to 32 per 1,000 in London and 37 per 1,000 in England. Half (50%) of all paediatric outpatient attendances resulted in discharge at first appointment. Again this is higher compared to London (47%) and England (44%). Data are not available to explore the reasons for outpatient referrals to paediatric speciality.

**Figure 18:** Outpatient attendances to paediatric speciality including non-Payment by Results activity per 1,000 population, 2012/13



Source: NHS Comparators, 2014

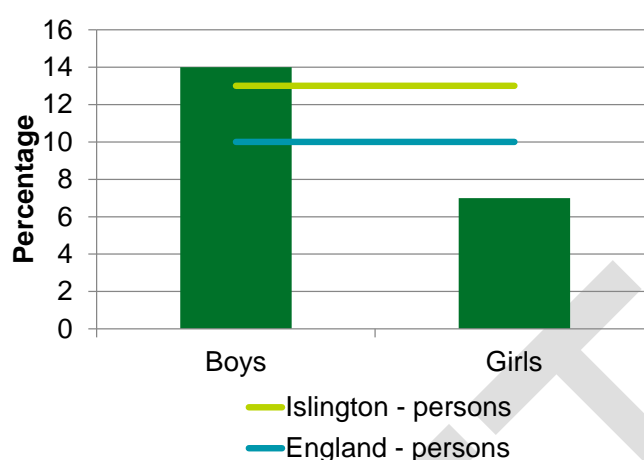
The challenging economic forecasts both for CCG's and Local Authorities over the next few years mean that commissioners must ensure that the most efficient and effective services are being put into place, to deliver the best outcomes possible without duplication or waste.

## Mental health

Islington children and young people have many of the risk factors associated with poorer mental health outcomes, with particular reference to deprivation, child poverty, living in workless households and single parents. This is reflected in high prevalence of mental health conditions among children and young people. Prevalence of mental health disorders among Islington children and young people (5-17 years) is estimated at 13% (3,200 children and young people), which is higher than national average of 10%. Prevalence is higher in boys (14%) than girls (7%). Mental health disorders are highest in Black children and young people at 15% (860) followed by White children and young people 13% (1,710).

There are three main disorder categories: conduct disorders having the highest prevalence (8%, 1,910 children and young people), followed by emotional disorders (5%, 220 children and young people), and hyperkinetic disorders (2%, 500 children and young people).

**Figure 19:** Estimated prevalence of mental health disorders in Islington children and young people (5-17 years)



Source: CAMHS Strategy 2012-15 Need Assessment.

It is notable that despite the high prevalence, hospital admissions due to mental health conditions and self-harm among young people are similar or lower in Islington compared to London and England. In 2012/13, there were 25 admissions for mental health conditions among children and young people aged 0-17 years and 88 admissions for self-harm among 10-24 year olds.<sup>27 28</sup>

#### Special educational needs and / or disabilities

There were around 5,800 children and young people aged between 0 and 19 years in Islington with a statement (820) or additional educational need without a statement (5,000) in January 2013. There has been a slight rise in the number of children and young people with a statement in Islington over the previous five years, equating to an average of 19 additional statements each year.

The number of referrals for autism in children aged 0-5 has increased from 12 per quarter in 2012/13 to 19 per quarter in 2013/14. For 2014/15 there has been a further increase to 29 in the first quarter. All of these referrals were subject to a comprehensive screening process through the central referrals system and are deemed appropriate referrals to the Social Communication Team<sup>29</sup>. It is not clear to what extent the increase reflects changing referral practices or other underlying causes. Children's Commissioners across the North Central London cluster of CCG's have also reported a significant increase.

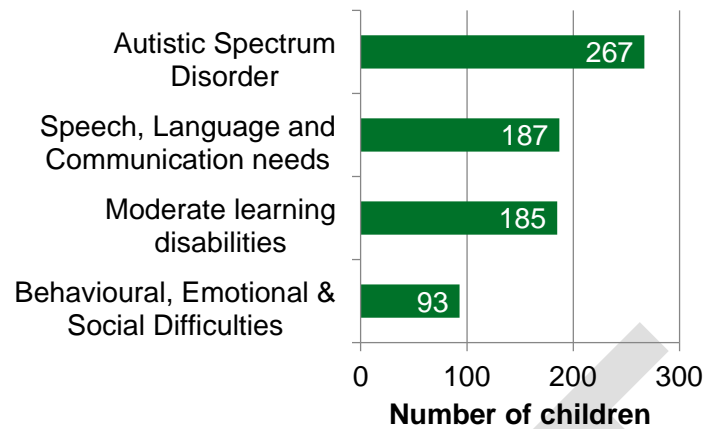
Among children and young people with a statement, Autistic Spectrum Disorder was the most prevalent primary need in 2013, followed by Speech, Language and Communication needs and moderate learning disabilities.

<sup>27</sup> Information on hospital admissions due to mental health conditions <http://www.chimat.org.uk/profiles>

<sup>28</sup> *Islington Child and Adolescent Mental Health Services Needs Assessment*, Feb 2013

<sup>29</sup> *Islington Additional Needs and Disability Services Report for Commissioners (21<sup>st</sup> October)*

**Figure 20:** Four most prevalent primary needs in 2013



Source: One Pupil Database, 2013

There were an estimated 2,500 children and young people with disabilities aged 0-19 in Islington in 2014 (5%) based on GLA population estimates 2013 and the Family Resources Survey 2011/12.<sup>30</sup>

<sup>30</sup> *Children and young people with Special Educational needs and Disabilities Joint Strategic needs assessment, 2014*

## 5. Stakeholder Consultation

### 5.1 What our young users tell us

A general event was held for young people in July 2014 attended by approximately 30 young people including members of the Youth Council

They 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
- To be treated in environments with good facilities
- Better use of technology for access to information, online booking etc.
- Free healthcare (including medicines, dentists)
- Better information about health issues generally
- More discussion on health in schools
- Enabled to have greater independence and personal empowerment around their health

So how professionals communicate with children and young people is very important, together with better access to care and information, and the greater use of technology.

In addition, a series of focus groups were held in spring 2014 with specific groups of young people including:

- children looked after and care leavers
- teenage parents
- young carers
- users of a mental health counselling service
- children with autism (from The Courtyard)
- parents of children with disabilities (Centre 404)

This resulted in what we are calling '**I statements**' as follows:

- Recognise that it can be hard for me to ask for help – listen and encourage me.
- Don't underestimate my needs because I'm young. Listen to everything I'm saying and take my concerns seriously.
- Provide me with choices and support me to make the best decision for me. Give me enough time to consider my options. I need you to be non-judgmental and respectful, especially when decisions are emotive.
- Give me the choice to be seen without an adult and make sure I understand my right to confidentiality. Ask me who I would like my information to be shared with so I don't have to repeat myself.
- Be prepared for our session.
- Treat me like a person, not a patient – my problem is only a bit of me. My emotional and social wellbeing are important too. Try to understand what life is like for me, such as any caring responsibilities or having English as a second language. Ask me questions to help me explain my experiences and needs.



- I need a positive social life, free from bullying, to support my emotional wellbeing. I may need support to experience this, especially if I have a disability.
- I need good quality information and support so that I know how to look after my physical and emotional wellbeing and how to access appropriate support. Ensure that my parent or carer also has this information and can support me to access any services which may be helpful. This includes online information, peer and face-to-face support.
- I need as much support as possible to stay healthy in the places I spend most of my time, such as school or youth clubs, rather than going to a 'health' service.
- I need services which are responsive to my needs. This includes being easy to contact, having friendly, knowledgeable and non-judgmental staff and designing the service so that it fits around my school and social commitments.
- Try to ensure that I have the same team or that I see the same person each time I access your service. Give me the option of waiting slightly longer to see someone I know so that I can make this decision.
- Make sure I am involved in any changes before they happen and that I know about them in advance. This could include changes to the service, such as opening times or changes which affect me personally, such as changing the level of support I receive.
- Recognise that adolescence is a challenging time for me and that I have different to when I was a child. Provide services which support me through this time and which give me as much independence as I would like. Ensure that the space is suitable and that staff feel confident in working with teenagers.

## 5.2 What our other stakeholders tell us

In April 2014, we brought together around 60 stakeholders in children and young people's health services in April 2014, to consider together what our ambitions in Islington should be to achieve the best health outcomes for children and young people. This event included representatives from a wide range of professional backgrounds, organisations and services, together with representatives of parents and users. All attendees contributed to the following suggested strategic priorities:

- 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 and all of their needs.
- A highly trained and informed workforce, that is 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.
- Mental and emotion health, providing support to the child and their family.

## 6. Our Key Priorities

Out of our vision, principles, needs assessment and stakeholder engagement emerged eleven priorities. They do not capture everything we are seeking to achieve over the next five years but they are broad, ambitious and if we can achieve a step change in these areas, would make a substantial difference to the lives of children and young people, and their families in Islington.

- Priority 1      Ensure the best start in life for all, continuing to invest in prevention and further embedding early intervention
- Priority 2      Ensuring improved Oral Health
- Priority 3      Prevent and reduce obesity and overweight
- Priority 4      Ensure the health sector works effectively to safeguard children and young people
- Priority 5      Strengthen primary care to ensure that all children and young people in Islington have access to high quality and equitable services
- Priority 6      Improve access to timely care and treatment for children and young people who are acutely unwell
- Priority 7      Ensure that health services are high quality, cost effective, clinically safe and deliver a positive experience of care
- Priority 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) with mental and emotional health needs
  - d) with special educational needs and disabilities
- Priority 9      Improve the health of vulnerable groups of children and young people including children looked after, young people who offend and young carers
- Priority 10     Ensure young people are well supported and remain connected with services in the transition from paediatric services
- Priority 11     Encourage the development of infrastructure that supports delivery of this strategy e.g. IT, workforce development etc.

We discuss these priorities further below.

## **Priority 1    Ensure the best start in life for all, continuing to invest in prevention and further embedding early intervention**

We are committed to supporting children and young people of all ages to be resilient and to have good health, not just to tackle ill health as it occurs. This means a approach based on prevention – tackling problems before they arise – and early intervention – making sure we identify problems faced by children, young people and families as early as possible and ensuring that effective support is put in place. Islington was designated as one of 20 ‘Early Intervention Pioneer Places’ by the Early Intervention Foundation in 2013 demonstrating our national profile as a leader in this area. However, the challenge is how to embed this further.

Our vision for children’s health begins from conception. We are continuing to provide high quality sexual health services and are launching a new young people’s sexual health network alongside Camden to ensure a comprehensive offer of dedicated young peoples’ clinics, clinical and health promotion outreach and condom distribution. These services aim to support a continuing reduction in teenage pregnancy and prevention of poor sexual health and alongside our adult sexual health services ensure excellent access to contraception to support planned pregnancies.

Our First 21 Months programme, working across health, public health and early years represents a major push to improve outcomes from conception to age 1. Our focus is on improving access to maternity services, ensuring better identification of need and better sharing of information; improved infrastructure to support integrated working for health staff in children’s centres; a strong focus on the mental health of mothers alongside a focus on how we can build resilience and social networks to act as buffers of support.

The transfer of commissioning responsibilities for health visiting and the Family Nurse Partnership to local authorities and the growth of this workforce provides an important opportunity. Health visitors will help boost the support families receive in the antenatal period, and support families throughout those first few years of life. We have been piloting and will roll out the integrated review of child health and education for two year olds giving parents and professional a real insight into children’s development and the priorities for the future..

We are refreshing our work for conception-age three to ensure we focus on those things that matter most. Much of our universal health promotion work in the early years is scaled up through the healthy Children’s Centre programme. This is an accreditation programme developed in Islington to support children’s centre staff and health professionals to work together to provide high quality services to support young children and families’ health and wellbeing.. Children’s centres working within the programme audit their provision according to standards that address a number of health priorities: Healthy weight, healthy lives (breastfeeding, healthy eating and physical activity); Oral health; Mental health and emotional health and wellbeing; Supporting teenage parents; Alcohol and substance misuse; Smoking cessation and smoke free homes; Childhood immunisations; Mother and baby’s health during pregnancy and the first year of life (the first 21 months).

In Islington all children’s centres have audited their provision, with 11 out of the 16 centres meeting all the standards and being recognised as Healthy Children’s Centres.

The next stages of the work are:

- to review the standards alongside health partners and children’s centre staff to ensure they meet current guidance and practice recommendations
- to pilot a process for ‘reaccreditation’ to ensure centres meet the standards and progress beyond these. This multi-agency review will support centres to continue to

- meet all the standards and identify areas to develop particularly strong areas of work to have significant impact on families' health and wellbeing (to 'go for gold')
- Develop and roll out a coordinated training programme with all the partners offering professional development for staff working with children under 5.

### **Integrated Care In Action - 2-2 ½ year integrated review**

The integrated review combines the Healthy Child Programme 2 year check with the statutory education progress check for 2 year olds. Islington is piloting this review and bringing parents, Health Visitor and Early Years key worker together to talk about the child's development and any wider issues the family faces and may need support with. The review gives parents and professionals a holistic picture of development and progress at this crucial stage in children's lives and seeks to identify and offer early help to children and families, where needed.

Strong strategic partnerships have underpinned Islington's approach. 200 practitioners have received joint training, sharing knowledge and developing professional relationships. Practitioners at all levels in both services contributed to the design phase, and materials and processes continue to be improved in response to feedback.

New ways of working, different data systems, quality assurance, and practical barriers have presented challenges. Key to overcoming these has been the consistent message from parents that they value the review as an opportunity to be an equal partner in discussions, to share concerns and receive advice.

Our next steps are to embed systems and evaluate impact. With many disadvantaged 2 year olds now accessing funded early education, the opportunity to identify needs early and deliver timely interventions places the integrated review firmly within our renewed focus on conception – aged 3.

Schools are an extremely important site for maximising the health of our young people. Whilst the impact of education on health is important long term, with a good education leading to good employment and an increased income, we know that embedding health promotion in school life can have a direct impact on children's health, and in turn on their education. Our active healthy schools programme will continue to develop helping schools to maximise the contribution they can make across: smoking, obesity, teenage pregnancy/STIs, substance misuse, mental health, oral health, immunisation and supporting schools around common medical conditions (asthma, allergies, diabetes etc.). The school nursing workforce is also important helping both to promote good health and meet the specific health needs of children. We are currently reviewing this service to ensure we can maximise its impact going forward.

For older young people, particularly those who are vulnerable, good health will be promoted in a wide range of settings (particularly schools and social settings) with information that includes the impact of risky behaviour such as drugs and alcohol, through an approach that can be summarised as "making every contact count". The impact of alcohol and substance misuse is considerable on young people. Alcohol and drugs are linked to increased risk taking behaviour and may contribute to the burden of sexually transmitted infections, unwanted pregnancy and accidental injury in the borough.

Islington Young People's Drug & Alcohol Service (IYPDAS) works with young people aged 8 to 18 who live or have a GP in Islington. In 2013/14 the service saw 113 young people, aged up to 24 years. Services offered include one to one sessions, advocacy, joint working with peer services, family/carer support and onward referral as required. This service will develop over the coming years to ensure greater partnership working with the adult treatment service and an increased presence in other community services. Another important area to develop over the next 12 months is exploring how the service can work with young people, families and those

working with these groups to raise awareness of the harms of substance misuse and encourage a preventive approach to the work of the team.

On alcohol, a range of work also happens with retailers to promote responsible licensing, including the use of policies such as challenge 25. To support this work there is a borough wide programme of test purchases.

Islington's (smoke free action plan strategy has three strands. Closing Gateways In aims to ensure every young person is aware of the impact of smoking and receives education as part of the Healthy School programme. Education and awareness raising to prevent or delay take up in the first place contributes to the falling prevalence levels recorded among children and young people. An Islington "Peer led, peer ed" pilot introduced 4 years ago is being rolled out across more schools each year. For young people aged 16 plus, City and Islington college received seed funding 3 years ago to develop and deliver lifestyle education and activities for its students across all 5 campuses. The Stop Smoking Service delivers Level One awareness training to staff and students particularly targeting those studying health and social care from the Marlborough site so that they are able to apply this knowledge in their work experience placements in Islington's Childrens Centres. For those outside education or using youth services, youth workers and targeted youth support staff have received Level One training, and are able to raise and discuss lifestyles and behaviours within the curriculum. A Youth Health Trainer successfully completed an apprenticeship with the Community Stop smoking Service and made major contributions to making local programmes and resources more accessible to younger smokers in motivating them to make quit attempts.

The social and environmental determinants of health are also vitally important. This includes housing, the physical environment (for example access to play and leisure facilities, safe streets, and healthy high streets, air quality and pollution), and the social environment (including poverty and fuel poverty, family relationships, social networks and friendships).

Islington's Child Poverty Strategy<sup>31</sup> pulls together the range of policies, programmes and interventions aimed at mitigating the impacts of poverty and fuel poverty on families. The strategy highlights four priority themes: supporting people into sustainable employment; supporting families to be financially resilient; tackling the immediate impacts of poverty; and improving the life chances for children and young people.

The relationship between housing and health is well documented. Problems associated with private housing include poor quality housing, poorly insulated properties, and a greater prevalence of damp and condensation compared with social housing. Issues affecting both social and private housing include overcrowding, poverty and fuel poverty. In order to promote a more joined-up approach to tackle housing related problems that contribute to poor health outcomes, a joint NHS and Council Environmental Health Officer (EHO) is developing partnerships and proactive referral streams with NHS colleagues such as GPs, to support the integration of housing into the multi-disciplinary team approach in Islington.

The Council and Clinical Commissioning Group have worked together to improve access to play and active spaces across the borough to help support local school children and young people, their families and the wider Islington community to increase their physical activity. To ensure that the new structures and equipment is used by as many people as possible funding has also been made available that will be used to train school staff and other community stakeholders (from the voluntary sector, health champions, peer facilitators and volunteers) on how to use the

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<sup>31</sup> [http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/\(2013-10-11\)-Child-Poverty-Strategy.pdf](http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/(2013-10-11)-Child-Poverty-Strategy.pdf)

new equipment to its best advantage. Good facilities for sport, and the scope for further opening of school facilities outside of school hours remains challenging but important.

There is a range of activity across the borough that contributes to improving children and young people's health and wellbeing, including reducing accidents through Residential Environmental Health's tackling home hazards and the borough wide 20 MPH speed limit, planning policies such as tackling the over-concentration of uses such as betting shops and fast food takeaways, and Housing Services' work on around energy and heating, overcrowding, youth engagement, and sport/activity such as the Arsenal in the Community partnership.

**Key actions:**

Continue to drive the First 21 Month's project that seeks to improve care from conception to the end of a child's first year, ensuring a specific focus on

- Improving the rate of pregnant women booking into maternity services before the 13th week and reducing parental smoking.
- Improving education and support for parents and carers of infants in dealing with minor ailments
- Improving early child nutrition through access to healthy start vitamins and improved breastfeeding
- Supporting access to antenatal preparation for parenthood
- Maximising the role of health visitors in improving early child health outcomes
- Improving the identification of vulnerable women, communication between professionals and access to specialist support where necessary

Maximise the role of schools and other settings in improving health outcomes through Healthy Schools and School nursing services

Support the rollout of the new young peoples' sexual health network across Camden and Islington

Develop, pilot and roll out models of "making every contact count" for children and young people across health and wider services to support professionals to understand and identify a wide range of needs, provide interventions where appropriate and refer where necessary.

Work across the council such as with Children's Centres, education, social care, housing, planning, environment and other parts of the council to address key determinants of child health such as through planning, housing and transport policy e.g. work to reduce asthma through addressing issues of air quality and parental smoking



## Priority 2 Ensuring improved Oral Health

Recent improvements in children's oral health have been promising, but the inequalities remain very stark. We know that social deprivation is closely associated with dental disease. Oral health has a significant impact on children and young people's health and on-going development. It is a major cause of hospital admissions and general anaesthetics for extractions. It is both a strong marker of inequalities, highly preventable and interrelated to other important areas of child health linked to nutrition.

Promotion of a healthy, balanced diet, regular tooth brushing, and visits to the dentist should give children and young people strong healthy teeth and avoid decay and the need for intervention. To augment this approach we have a fluoride varnish programme in primary schools and Children's Centres to offer children and young people extra protection.

Islington's Oral health promotion team works with local dental practices to support implementation of 'Delivering Better Oral Health: an evidence-based toolkit for prevention'. This includes providing consistent evidence-based messages on oral hygiene, healthy eating, smoking and tobacco use, alcohol misuse, sugar-free medicines, as well as linking practices with local services to enable effective signposting of patients. In 2014/15 (to date), 95% of Islington practices were trained.

### **Islington Fluoride Varnish Programme**

Fluoride varnish is a protective coating that is painted on teeth and dries instantly to protect teeth from decay. High quality evidence confirms effectiveness of fluoride varnish in both permanent and primary dentitions, with specific reductions in caries rates estimated at 46%. Fluoride varnish as a topical treatment has a number of practical advantages; it is well accepted and considered to be safe, the application of fluoride varnish is simple, and requires relatively little training.

The Islington Community-based Fluoride Varnish Programme has been implemented since April 2011. The aim of the programme is to increase access to fluoride varnish in community settings by offering two fluoride varnish applications a year to children aged between 3–10 years old.

To date, nearly 40,000 FV applications has been delivered to children in Islington) to approximately 20,000 children. Additionally, the programme sign-posted nearly 7,000 children for a dental check-up and facilitated urgent access to local dental practices. The programme is currently running in 56 settings (38 primary schools, 16 children centres and 2 community nurseries) and it is well accepted by parents, children and school staff.

The Oral health promotion team also actively promotes 'First Tooth First Visit' scheme amongst local dental surgeries. In February 2014, the team developed and delivered 'Managing Children in Dental Practice' training and 106 dental staff attended (from 42% of the Camden dental practices and 30% of the Islington practices). Preventive oral health care should be implemented from the antenatal period onwards and health care professionals should offer advice and encourage engagement with dental services. Oral health is part of Islington's Healthy Children's Centres programme.

We are awaiting the publication of NHS England's integrated commissioning framework for NHS dental services, aimed at improving the oral health of the population, increasing access to NHS dental services and reducing financial inefficiencies.

**Key actions:**

Continue to deliver fluoride varnish programme in primary schools and children's centres – improving take up particular in the latter

Re-commission oral health promotion services with a strong focus on promoting access to dentists

Ensure every contact counts, by ensuring GPs and Early Years professionals know how to raise and respond to the issue of oral health

DRAFT



### Priority 3 Prevent and reduce obesity and overweight

The challenges of child obesity and overweight are a national issue as highlighted by the Chief Medical Officer and others, but it is a particular challenge in Islington. The main cause of overweight and obesity is the amount and type of food and drink consumed in relation to the amount of physical activity undertaken. However, there are a wider range of influencing factors that share a complex relationship with one another. The risk factors can be broken down into biology, societal influences and the food physical environments.

#### Promoting Access to Healthy Food in Islington

Islington schools and other partners have embraced many programmes that support children, young people and families to eat well, working with the local authority to ensure high quality provision and increase knowledge and skills relating to food, including:

- Primary Universal Free School Meals: since 2010 (high level of take up (88%); advised DfE on toolkit
- Gold Standard School Meals: Caterlink have achieved the Gold 'Food for Life' Catering Mark
- Food for Life Partnership: 54 / 58 schools signed-up; 13 hold bronze or silver
- Healthy Schools: borough-led programme with 49 schools engaged (84%), linked to London programme: 27 schools with bronze award
- Breakfast clubs: offered in 89% schools
- Engagement in a variety of after-school programmes including Change4Life plus clubs; food growing and/or cooking alongside physical activity; Family Kitchen: parents/carers and children learning to cook healthy, affordable meals together
- Healthy Catering Commitment: Promoting healthier cooking methods to 300 local caterers, with additional work to engage teenagers and young people
- Children and young people weight management services and obesity care pathway working groups

As with other aspects of child health it is strongly linked with inequalities. We have a multi-dimensional approach heavily geared towards prevention. We promote breastfeeding and healthy infant feeding, commissioning peer supporters and working towards UNICEF baby friendly gold award. We do a lot through our children's centres and increasingly working with nurseries to promote healthy eating.

We try to maximise the opportunities for physical activity for young people, trying to use all the levers available to use to ensure children and young people get access to healthy nutritious food in all settings. For those where overweight has become an issue we support a range of specific programmes targeted at families to support healthy weight.

ProActive Islington<sup>32</sup> provides a strategic and coordinated lead to promote physical activity and its benefits across the borough. The strategy targets communities that are less involved in sport and physical activity than the rest of the borough; live in areas of deprivation; and have greater health inequalities, combating this by providing services that are easy for people to access.

Islington Council's planning policy includes measures to control the concentration of uses of premises, including hot food takeaways, betting shops, and alcohol outlets.

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<sup>32</sup> [http://www.islington.gov.uk/publicrecords/library/Leisure-and-culture/Information/Factsheets/2013-2014/\(2013-04-09\)-ProActive-Islington-strategy-2012-17.pdf](http://www.islington.gov.uk/publicrecords/library/Leisure-and-culture/Information/Factsheets/2013-2014/(2013-04-09)-ProActive-Islington-strategy-2012-17.pdf)

To reduce access to fast food outlets by children, planning applications for hot food takeaways within around 200 metres or less of primary and secondary schools will be resisted. This policy is currently being developed further with draft Supplementary Planning Guidance.

The Core Strategy is a key document within Islington's Local Plan. It sets out Islington Council's strategic vision for the borough up to 2025, including our approach to the built environment and includes policies on open space and access to sport and leisure. The Core Strategy includes a requirement for a health impact assessment on all major developments, which helps to ensure that open space, play space and features such as safe cycling routes are designed into new developments.

**Key actions:**

Continue to support breastfeeding and achieve UNICEF baby friendly gold standard.

Continue to implement the Islington food strategy which supports local food and health projects within the borough including growing, cooking and gardening projects and the Healthy Catering Commitment which promotes healthier cooking methods and ingredients at a wide range of caterers across Islington.

Continue to support the delivery of a wide range of services to encourage physical activity, play and healthy eating including adventure playgrounds and family kitchen.

Continue to support high rates of physical activity for young people, through implementing the recommendations of the CYP Physical Activity Needs Assessment and the ProActive Islington PA Strategy

Re-commission child weight management services with a greater focus on prevention

Ensure every contact counts, including ensuring that GPs are equipped to discuss issues of childhood obesity with parents.

#### **Priority 4    Ensure the health sector works effectively to safeguard children and young people**

Islington CCG and the Local Authority both commission health services for children and young people and share the commitment to safeguard and promote their welfare. Both are statutory partners on Islington Safeguarding Children Board (ISCB) and in discharging our functions, have a duty to safeguard and promote the welfare of children and young people as well as working closely with partner agencies to commission and provide co-ordinated, and where possible, integrated services.

Under a new duty in Working Together for early help<sup>33</sup>, 'local agencies should work together to put processing in place for the effective assessment of the needs of individual children, who may benefit from early help'.

As commissioners for services to children and young people our monitoring and assurance processes reflect provider safeguarding arrangements and practice to protect children and young people from harm, abuse and exploitation. We ensure that providers and independent contractors have comprehensive single agency policies and procedures in place. As commissioners, we have a duty through our contract monitoring processes to ensure that providers are adequately safeguarding and promoting the safety of children and that they have robust quality assurance systems in place including looking at case files.

From 2015, we expect to be working alongside NHS England in co-commissioning primary care services. This will provide an opportunity to bring together both the contractual and quality aspects of safeguarding in primary care into a single assurance process. We are currently working to support GPs to contribute to child protection case conferences in order to ensure on-going safe services for children and young people in Islington.

The lack of sharing of records across the health and care landscape introduces risks related to poor communication. By working towards the development of an integrated health and care record, we hope to mitigate against breakdowns in communication.

Children and young people exposed to abuse, including domestic violence, female genital mutilation (FGM) and sexual exploitation represent a group who are most at risk of serious injury and harm. The negative health impact can be wide ranging. We are learning the lessons from the Rotherham inquiry<sup>34</sup> on Child Sexual Exploitation (CSE) which highlights the length of time taken for messages to be taken on board at a senior level; the impact of poor leadership and the avoidance of serious matters i.e. race. There was also a lack of follow up and assurance that policies and procedures were effective and being implemented.

As a result, we will put into place good practice that includes multi-agency strategic planning, with a clear accountability framework to respond to the needs of children and young people and support best outcomes. We will continue to ensure that safeguarding training for staff includes training on domestic violence, FGM and CSE, clear care pathways, recording and reporting systems, robust assessments, promote a better understanding of sexual health and relationships and have clear protocols for young people requesting contraception and attending sexual health clinics, including screening for sexual exploitation

Parental mental health and substance misuse can have a significant impact on the safety, health and wellbeing of children and young people and may lead to safeguarding concerns. We

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<sup>33</sup> <https://www.gov.uk/government/publications/working-together-to-safeguard-children>

<sup>34</sup> Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013): Alexis Jay OBE

recognise that it is important that those who work in adult services adopt a 'Think Family' approach by considering the impact of parental ill health on children and young people too.

The publication of the *Winterbourne View Concordat*<sup>35</sup> by the Department of Health in December 2012 has resulted in Children's and Adults Health and Social care services having a greater level of scrutiny on the provision of services to this client group and in particular on the use of NHS residential placements for individuals who have learning disabilities or autism alongside mental health conditions or behaviour that challenges.

Locally we are seeking to work collaboratively with our partners in education and social care as well as colleagues in adult services to deliver care that is co-ordinated and personalized around the needs of the individual and where possible delivered closer to home.

#### **Key actions:**

In light of the Rotherham enquiry into child sexual exploitation (July 2014), and any subsequent emerging learning from other enquiries, CCG and Public Health to contribute with local partner agencies, to the Islington Safeguarding Children Board Child Sexual Exploitation action plan.

Roll out to all GP practices the CCG funded IRIS project (a general practice-based domestic violence training, support and referral programme for primary care staff and local pharmacists).

CCG and PH to seek assurance that all health providers are compliant with emerging national guidance on Female Genital Mutilation and that this is reflected in their local policy, guidance and training.

Pending the roll out of the national Child Protection Information System (CPIS), CCG and PH to continue to seek assurance that all health providers have robust information sharing arrangements in place, for example, flagging children who are subject to a child protection plan.

Further work to promote the Early Help Assessment Common Assessment Framework (CAF) and Lead Professional role.

CCG and local authority to promote 'Think Family' approach, encouraging those working with adults to consider the impact on children in the family too

Children's Service Improvement Group will oversee an action plan in relation to implementing a 'Think Family' approach, feeding into the Islington Safeguarding Children Board as required

The CCG will continue to monitor and review our joint action plan in meeting the Winterbourne View concordat seeking to ensure a joined up approach across agencies to meeting the individual needs of this group. All individual placements will be regularly reviewed and reported on in line with the Department of Health reporting requirements

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<sup>35</sup> <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

## **Priority 5      Strengthen primary care to ensure that all children and young people in Islington have access to high quality and equitable services**

The vast majority of contacts with the health service for children and young people are with primary care health teams. In a typical year, pre-school children will see their general practitioner about 6 times while school-aged children and young people will visit 2 or 3 times. Most conditions presenting in primary care concern young children with minor illnesses that can be effectively managed by the child's family with the support of local pharmacists. However, it is important that access to general practice is responsive to parents when the need arises and if the condition fails to improve or deteriorates and if a referral is required.

Primary care has a key role in improving the health and well-being of the children and young people in their local area and addressing health inequalities, both through local strategic partnerships, and through work with individual children, young people, families and communities.

GPs provide a significant part of the Child Health Surveillance programme, offering health checks and immunisations working in collaboration with HVs and other community based children and young people's service providers.

However, there is much scope for GPs to promote health and wellbeing for children and young people and this is increasingly recognised. This is particularly relevant for children and young people with complex needs and long term health conditions.

Since 2012 the CCG has been working with GPs to identify gaps in service provision. Common paediatric conditions e.g. asthma, epilepsy, allergies, constipation and reflux were initially identified and pathway work was undertaken to improve the knowledge and skills required to manage these conditions effectively in primary care.

It was also recognised that capacity was an issue and in order to address this a number of initiatives have been implemented including investment in children and young people's community based asthma and epilepsy nurses, primary care paediatric nurses based in GP practices and the development of a GP led allergies clinic.

Continuing to establish and develop these clinics is a core part of the 5 year strategy.

In addition to these common problems, there are an increasing number of children and young people who are living with LTC. Many of these children and young people will receive much of their care in specialist settings, however GPs play a central role in the child's and the child's family's care. The role of primary care continues to be ever present as these young people transition to adulthood.

The need to develop person centred coordinated care for this group has been recognised as a key strategic objective for the CCG and Children's Multi-disciplinary Team teleconferencing has been implemented with primary care at its centre to address this.

### **Integrated Care in Action – Children's Multi-disciplinary Team teleconferencing**

A list is generated from acute data each month of children who have had four or more A&E attendances for asthma or an emergency admission for paediatric diabetes. This is circulated to GPs who choose from the list patients they consider would benefit from a MDT discussion. They see the parents (s) to get their consent.

The care team consisting of the child's GP, health visitor or school nurse, community nursing, CAMHS, Families First (family support service) and acute paediatrician from either Whittington Health or UCLH then rings in for a 15 minute teleconference discussion. 11 children and young people are discussed monthly. As well as the criteria listed above, any member of the core team can refer in a child or young person who would benefit from such a discussion.

In order to deliver effective person centred coordinated care; young people have identified a key issue in how they are talked to by health and care professionals. Young people told us that they wanted to be treated by kind and caring staff and that good communication skills are important. They wanted better information about health issues generally, they want to be told what is happening and they want to be enabled to have greater independence and personal empowerment around their health. They wanted health professionals to speak to them rather than their parents and they wanted better use of technology for information and access to services. In particular, GPs and other health professionals working with children and young people with long term conditions need to be able to have better conversations with them and make use of appropriate technologies.

A vehicle for making improvements in primary care is through a Locally Commissioned Service (LCS) i.e. incentivising GPs to undertake additional work. We would like to see the current LCS's reviewed for opportunities to improve their reach to children and young people.

The CCG is keen to ensure that young people feel confident that they can access primary care services. However, it is recognised that adolescents and older young people do not necessarily choose to access primary care services. Indeed, it was because of concern about take up of GP services falling off after 11 years that the Department of Health introduced the 'You're Welcome' programme to encourage health services through an accreditation system, to become 'young people friendly'.

In Islington, the 'You're Welcome' programme, including young people mystery shopping health services, has already been successfully applied to a range of community services. Although the Department of Health pilot ended some years ago, the CCG has mainstreamed the principles of this as part of an on-going process of ensuring young peoples' involvement in the design and delivery of health services.

Pharmacists working in primary care, in the community and in hospitals have a central role in the safe and effective use of medicines for children and young people.

Community pharmacy provides a readily accessible first port of call for many health consultations, over-the-counter medicines and signposting to other services. Treatment for minor ailments is available free of charge to all under 16 years of age and those in further education or low income to 18 years of age. A growing range of services is available from community pharmacies including smoking cessation, free provision of emergency hormonal contraception for young people, needle and syringe exchange, supervised consumption of methadone and buprenorphine, medicines use reviews and special project such as improved counselling for inhaler technique for children and young people.

The Healthy Living Pharmacy initiative has been developed in partnership with Islington's Public Health team and will provide access to a Health Living Champion in each accredited pharmacy for provision of lifestyle advice and signposting to healthy living support initiatives such as weight management, exercise on referral, and alcohol services.

Evidence suggests that 20% of calls to a primary care out-of-hours centre and at least 8% of accident and emergency department consultations could be managed by a community pharmacist.



Islington CCG is a pioneer CCG and seeking to further enhance integrated working between primary care and local health and social care providers. An example of integrated working is the learning disabilities (LD) pharmacist, based in the Local Authority LD team and able to advise and support people with LD in the community working in collaboration with community and acute care pharmacists, GPs, nurses and other healthcare professionals.

CCG development of pharmacy support for children and young people will continue to be a key strategic objective.in partnership with relevant commissioners (NHS England and Islington Council).

**Key actions:**

Healthcare professionals to be encouraged to attend training sessions on communicating with children and young people.

Continue to establish and embed children's clinics in primary care including up-skilling of Practice Nurses and other primary care staff as needed in working with children and young people

Review and evaluate Children's Multi-disciplinary teleconferencing and use the learning from this to further improve integrated working.

Review Locally Commissioned Services for opportunities to improve their reach to children and young people.

Ensure that adolescents and older young people have access to appropriate primary care services tailored to their age group

Above to include appropriate use of technology (e.g. access to online booking, use of apps etc.)

Continue to roll out to other GP practices and community pharmacies 'You're Welcome' - an accreditation system to encourage health services to become 'young people friendly

## **Priority 6    Improve access to timely care and treatment for children and young people who are acutely unwell**

Children and young people who are acutely unwell need to have same day access to a clinical assessment and treatment. We have heard from our users how timely access to services is important and from data we know that at least 25% of attendees at A&E under the age of 19 years could have been more appropriately seen in a different setting. Parents and carers need to have a clear understanding of how to access care in the right setting and when conditions can be self-managed.

In 2013/14 Islington CCG, with Camden CCG, undertook a comprehensive urgent care review which resulted in a number of recommendations<sup>36</sup> to streamline the urgent care system, which are now being progressed. These included the development of more appropriate alternatives to A&E services for children requiring urgent care where appropriate.

Easier access to same-day consultation in primary care, particularly when accompanied by imaginative use of communications technology, could meet the need of a significant proportion of this group of patients. We need to ensure that where a child's illness can be safely managed by GPs and other healthcare professionals in the community, it will be.

NHSE has outlined the case for accessible primary care including extending opening hours to provide access from 8am-8pm, 7 days a week. Recognising that not every practice will be able to open such long hours, the CCG is encouraging GPs to collaborate in addressing how this requirement could be met collectively.

Markers of good practice for ill children and young people include access to care delivered by primary care staff that have the appropriate skills for assessment, diagnosis, treatment and continuing care. Amongst GPs it is recognised that there are variable levels of confidence in dealing with paediatrics and this is an issue that the CCG is keen to address. Whittington Health has an 'ask the paediatrician' e mail service and has recently established a Paediatric Ambulatory Care Centre for children and young people whose care cannot be managed within primary care.

The CCG has also invested in a Hospital at Home (H@H) for acutely unwell children and young people.

### **Hospital @ Home**

Whittington Health is running a new seven days a week Hospital at Home service for children and young people in Islington.

Specialist community children's nurses working in partnership with acute paediatricians at Whittington Health and UCH provide safe care at home for acutely unwell children and young people from 0-18 years, enabling them to be discharged from hospital quicker or preventing admission.

The service operates 7 days a week, a nurse led team is available to conduct home visits 8am-10pm and can administer IV antibiotics or home phototherapy, monitor the trajectory of an acutely unwell child or young person and/or provide additional support to enable the carer to look after the child or young person in their home environment.

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<sup>36</sup> See

<http://www.islingtonccg.nhs.uk/Downloads/CCG/BoardPapers/20140507/Appendix%205.3a%20Urgent%20Care%20Review%20Executive%20Summary.pdf>



The service works closely with community paediatricians, GPs, midwives and other community health services. Centre 404 and Islington parents are actively shaping the service to meet the needs of parents, especially those of children and young people with complex needs.

The Paediatric Ambulatory Care Centre and Hospital @ Home are recent initiatives. Their impact on urgent care access will be monitored closely.

### **Key Actions**

CCG and partners to 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.

CCG to encourage GP practices to develop a proposal for improved access to urgent paediatric care within primary care (method, times and places).

Identify methods to increase confidence in GPs to ensure high quality and equitable access to paediatric urgent care provision in general practice across the Borough.

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

Continue to develop and evaluate 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.

**Priority 7    Ensure that health services are high quality, cost effective, clinically safe and deliver a positive experience of care**

In the course of the development of the strategy, a wide range of stakeholders - service users and health professionals (including GPs and staff working in both community and hospital settings) have shown an interest in and expressed their views about how quality can be improved. This section focusses particularly on aspects of commissioning, although clearly the provision of high quality service depends on the combined efforts of both commissioners and providers in ensuring that the health needs of children and young people are met.

*Involvement of Children, Young People, Parents and Carers in the design and delivery of health services*

A guiding principle of this strategy is “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”. The CCG and local authority see this as key to the delivery of quality services and expect all of their providers to adhere to this principle. An example of this in action is given below

**Young people’s involvement in the re-design of PULSE**

An evaluation and consultation with young people on Islington young people’s contraceptive services highlighted that whilst PULSE young people’s service was highly valued they were very critical of the reception and waiting area. They also thought the logo and service leaflets were very dated and dull. Using their comments about the reception area as the basis of a brief to an architect, 3 different plans were developed of what the space could potentially look like. We put these up in the reception area for young people to comment and vote on. We also consulted with young people during sessions at the local college. A separate group of young people accessed through youth groups, young carers groups and PULSE worked with a designer using Islington Councils youth brand guidelines to develop an updated logo plus wrote and designed a new leaflet for the service.

The CCG has a Young People’s Participation Officer who leads an action plan for the involvement of children and young people in the design and delivery of health services that affect them. This is overseen by the Children’s Service Improvement Group.

*Contract Monitoring*

The current monitoring process for Islington’s main hospital and community service providers, Whittington Health and University College London Hospitals, is through the Clinical Quality Review meetings that happen each month. Islington CCG is the lead commissioner for the contracts held with Whittington Health, Moorfields Eye Hospital and is an associate to the contract with UCLH which Camden CCG leads on.

We will work with providers to ensure that they provide data in age bands to ensure that services can be appropriately targeted.

Providers are required to evidence that they are using feedback from patients and learning from serious incidents, serious case reviews, medication error reports and complaints to improve service safety and quality.

## *Working with NHS England in relation to services they commission*

Primary care services that is, general practices, dentists, pharmacies and optometrists, all provide vital services to children and young people in Islington. They are all directly commissioned by NHS England. Locally commissioned services have been developed through both the local authority (PH) and the CCG and these have focused on improving access to services for all, better supporting those people with long term conditions and preventing things such as tooth decay. The partnership that has developed between our local primary care services, local commissioners and NHS England is an important foundation upon which to deliver future improvement and change.

Islington CCG, along with other health commissioners in North Central London (NCL) are looking to establish co-commissioning of primary care services, beginning with general practice, in 2015-16. Improving the quality of services provided to children will be one of the priorities of this new partnership

### *Medicines Optimisation – achieving best value*

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help encourage patients/parents/carers to take ownership of their treatment.

Medicines optimisation is supported by four key 'pillars' principles:

- aim to understand the patient's experience,
- evidence based choice of medicines,
- ensure medicines use is as safe as possible,
- make medicines optimisation part of routine practice.

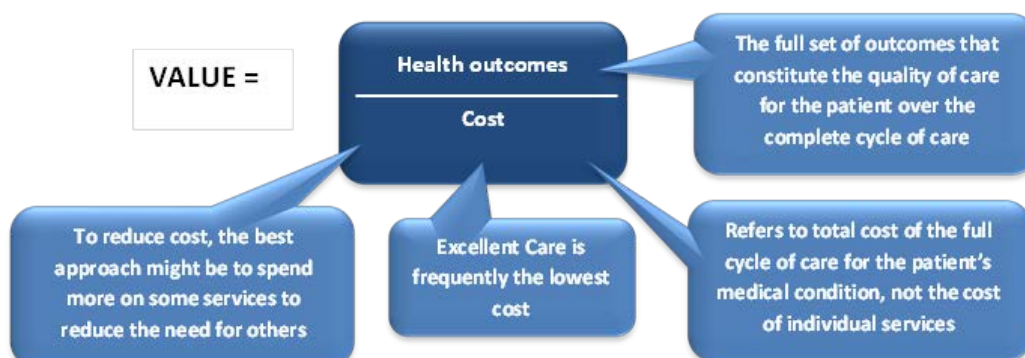
In Islington, the CCG works with GPs, nurses, community pharmacies and local hospitals to maximise the benefits from medicines use for patients. Quality Innovation Productivity and Prevention programmes have liberated £1.9m per year of resource that could be spent in other areas of health care and development.

### *Value-based Commissioning*

Value-based commissioning means changing how healthcare is organised, measured and reimbursed in order to improve the value of services.

Value in healthcare is defined as outcomes relative to the real costs it takes to deliver those outcomes as shown in Figure 21 below.

**Figure 21 – Value Based Commissioning**



The five Clinical Commissioning Groups (CCGs) in North & Central London (NCL), representing a population of 1.4 million people, are implementing a Value Based Commissioning (VBC) programme, initially for 3 specific population 'segments'(i.e. those with similar needs or a particular medical condition):

- older people living with frailty;
- people with diabetes, focusing on adults for the initial pilot; and,
- people with mental illness (scope defined as people living with serious mental illness (SMI),in particular psychosis).

The Programme aims to develop a common purpose for these cohorts, across health and social care providers in order to achieve the best possible outcomes for people for every pound spent. Where such an approach has been implemented, as in stroke care across London, significant improvements in outcomes and cost have been achieved.

For children's services, the initial work to implement value based commissioning for adults with diabetes will offer immediate learning which can be applied to care for children with diabetes. Beyond this specific cohort of patients, the learning from the initial value based commissioning pilots, holds great potential for increasing value within children's services.

#### **Key Actions**

Children's Service Improvement Group to continue to oversee the Action Plan for the involvement of children, young people and their families in the design and delivery of health services.

Clinical Quality Review meetings (that are part of the means by which the Whittington Health and UCLH contracts are managed) will incorporate a regular item on progress towards achieving the London Quality Standards and other national or regional standards as they are developed in the period of the strategy.

The above approach will be the same whether the CCG is the lead commissioner, as is the case for Whittington Health and Moorfields, or where the CCG is an associate to the contract as is the case for UCLH where Camden CCG is the lead.

We will work with providers to ensure that they provide data in age bands to ensure that services can be appropriately targeted.

The CCG will continue to require providers to evidence that they are using feedback from patients and learning from serious incidents, serious case reviews, medication error reports and complaints to improve service safety and quality.

The experience of children and young people will be routinely captured through patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) where they are available.

Commissioners to build on recent initiatives in moving the focus of care away from hospital to community settings where it is clinically safe to do so, enabling hospital resources to be used for children with needs that rely on the hospital setting.

A service improvement action plan will be developed between commissioners and providers based on the priority actions within this strategy. Its implementation will be monitored by the Children's Service Improvement Group.

CCG to continue to work with other health commissioners in NCL in developing co-commissioning of primary care services, beginning with general practice.

Ensure that quality markers for children's services are incorporated into the developing scorecard for primary care.

The CCG Medicines Optimisation team will continue to work with all stakeholders for medicines use in children and young people to embed medicines optimisation in everyday practice and achieve high quality, safe and effective medicines usage.

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**Priority 8 Ensure health services and partners work together to deliver person centred care for children and young people**

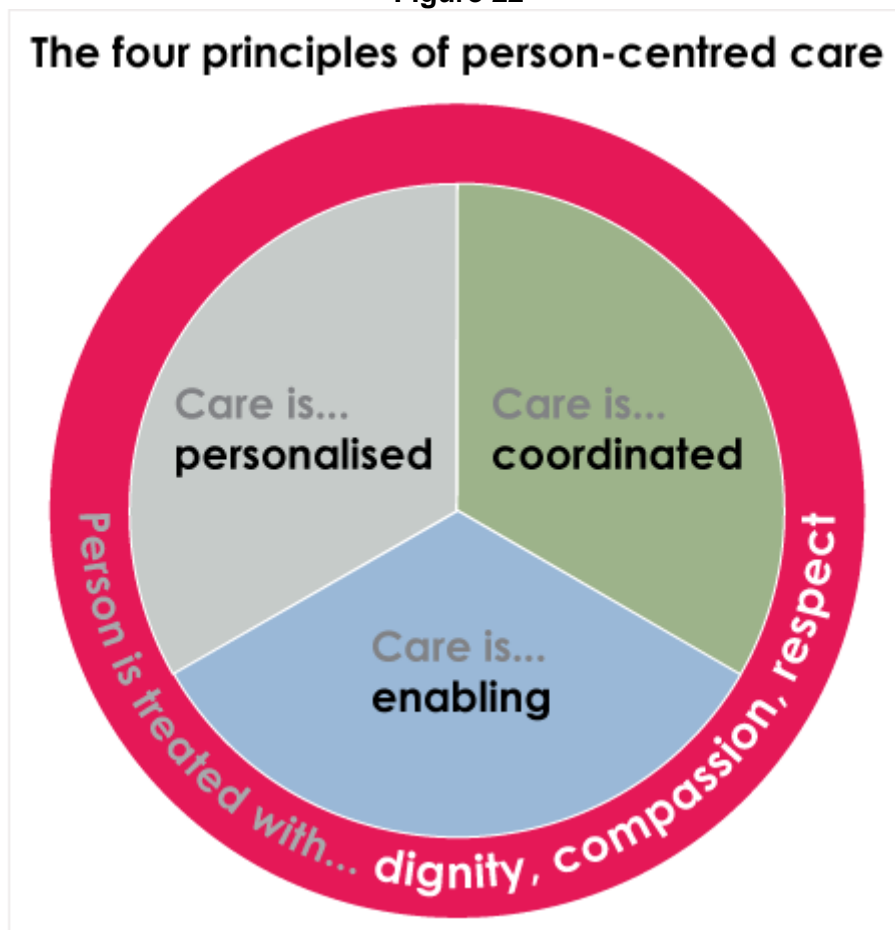
What is person centred care?

The term 'person centred care' is used to refer to many different principles and activities and there is no single agreed definition of the concept. This is partly because person centred care is still an emerging and evolving area. It is also because, if care is to be person centred, then what it looks like will depend on the needs, circumstances and preference of the individual receiving care. What is important to one person in their health care may be unnecessary, or even undesirable, to another. It may also change over time as the individuals needs changes.

Instead of offering a concise but inevitably limited definition, the Health Foundation<sup>37</sup> has identified a framework that comprises four principles of person centred care:

1. Affording people dignity, compassion and respect
2. Offering co-ordinated care, support or treatment
3. Offering personalised care support or treatment
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life

**Figure 22**



<sup>37</sup> <http://personcentredcare.health.org.uk/>

For care to be enabling, the relationship between health care professional and patients need to be a partnership rather than the professional being the expert while this patient simply follows their instructions. It is a relationship in which health care professional and patients work together to:

- Understand what is important to the person
- Make decisions about their care and treatment
- Identify and achieve their goals

Health care professionals, health and care workers and others, have a role in supporting people to develop the knowledge, skills and confidence they need to fully participate in the partnership.

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**Priority 8a Ensure health services and partners work together to deliver person centred care for children and young people with long term conditions, and their family**

Long term conditions are defined as “health problems that require ongoing management over a period of years or decades”. They can also be defined as conditions that cannot currently be cured but can be controlled with the use of medication and/or other therapies (WHO 2002). In children and young people, the most common long term conditions include asthma, allergies, epilepsy, diabetes, sickle cell and HIV/AIDS.

Young people, especially those with long term conditions, need to feel empowered to manage their condition as much as practicable, to be treated with respect by staff and to be involved in all decisions about their care. They need to be enabled to manage their condition without missing schooling unnecessarily. The amount of care delivered in a hospital setting should reduce over time as more long term conditions are managed in a community, primary care or home setting.

Building on work that has already been done, coordinated care pathways need to be developed for all of the common paediatric conditions, with input from young people, their families and professionals during the planning stage. Healthcare professionals need to have access to a patient’s details and care plans, co-developed with the patient and family, whatever setting they are working in. Acute Trusts need to collaborate with each other, and the providers of primary care and community services in ensuring that best practice is delivered. There needs to be one cohesive approach/pathway for paediatric diabetes. A high quality programme of education in individual long term conditions needs to be available for children, young people, parents and carers.

All young people with a long term condition need to have access to specific information about transition and to be treated by staff who have undertaken learning in how to communicate with children and young people with long term conditions. They need to experience transition from children’s to adult services as a seamless process, coordinated for them with a named lead and for this to be extended until they reach 25 years of age if necessary.

**Epilepsy Nurse Specialist post**

As the Epilepsy Clinical Nurse Specialist, I provide newly diagnosed patients with an initial home visit whereby further information and support is provided and a comprehensive care plan is completed. This includes addressing any other factors that may be affected by a person’s epilepsy, for example educational attainment and psychological well-being.

Thanks to funding from the CCG we have developed a ‘Self-Management Programme’ for children and young people with epilepsy in conjunction with the voluntary sector. Through these workshops children and young people are able to explore their condition further, assess what steps they can take to actively support the management of their epilepsy and meet other people going through similar experiences.

I ensure that those people coming into contact with children and young people with epilepsy have appropriate training to be able to meet the person’s needs, both in terms of their epilepsy management and also the wider social/psychological impacts of epilepsy.

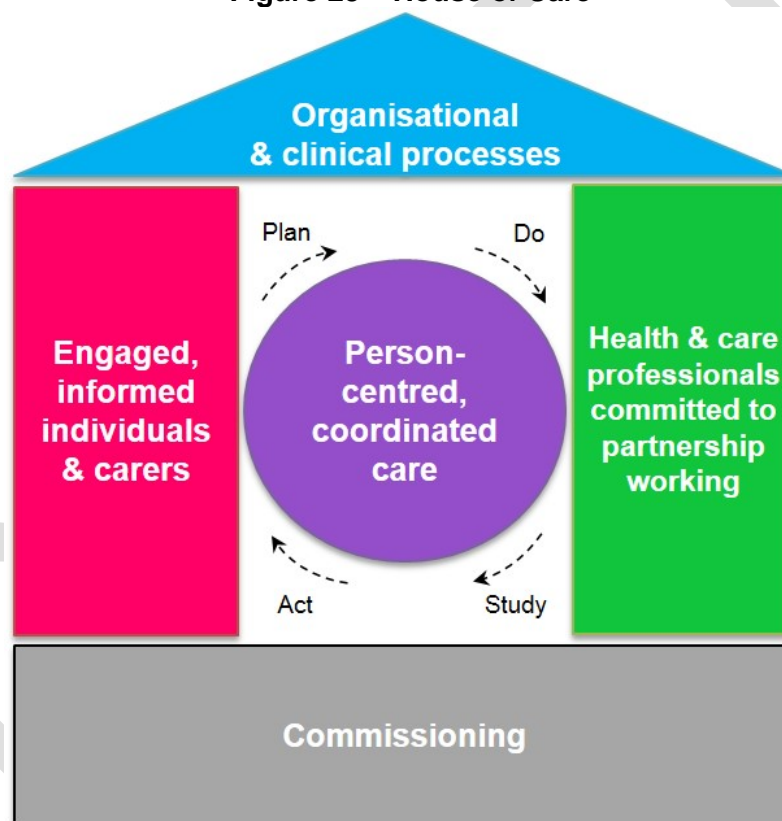
As an Integrated Care Pioneer, Islington CCG has done much to develop and implement the ‘House of Care’ model, a strategic enabler identified by NHS England for developing services



for people with long term conditions<sup>38</sup>. So far the CCG's application of this model has applied to adults with long term conditions only and there has been a comprehensive training programme for primary care to support its delivery. The model differs from others in that it assumes an active role for patients, with collaborative personalised care planning at its heart. Implementing the model requires health care professionals to abandon traditional ways of thinking and behaving, where they see themselves as the primary decision maker and instead shifting to a partnership model in which the patient plays an active part in determining their own care and support needs. This resonates completely with what young people (and not only those with long term conditions) have told us that they want.

The House of Care metaphor is used to illustrate a whole system approach, emphasising the interdependency of each part and the various components that need to be in place to hold it together. Care planning is at the centre of the house, the left wall represents the engaged and informed patient, the right wall represents the health care professional committed to partnership working, the roof represents organisational systems and processes and the base represents commissioning.

**Figure 23 – House of Care**



Working in partnership with children and young people with long term conditions and their families we want to develop this model for working with them too.

We are expecting guidance regarding the possible application of Personal Health Budgets to children and young people with long term conditions and will implement as required in partnership with children, young people and their families.

<sup>38</sup> <http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/house-of-care/>

**Key actions:**

Promote the implementation of “The House of Care” for children with long term conditions.

Continue work with patients and clinicians from Whittington Hospital NHS Trust and University College London Hospitals NHS Foundation Trust on the design and implementation of revised care pathways which reduce mortality and morbidity and promote self-management for common long-term conditions.

Ensure that all children with a long term condition participate in the development of, and have an up to date copy of their clinical care and support plan shared between all care providers (including schools) and delivered in a co-ordinated way.

All healthcare staff dealing with children with LTCs, in any care setting, to be encouraged to have a working knowledge of the latest information on communicating appropriately with children and their families. This requirement to be incorporated into all relevant healthcare strategies, e.g. the primary care strategy.

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**Priority 8b Ensure health services and partners work together to deliver person centred care for children and young people with life limiting or life threatening illness, and their family**

The Life Force service, commissioned by the CCG and provided by Whittington Health currently provides a holistic service to children and young people with life threatening conditions that ensures the child is placed at the centre of a complex care system including general practices, acute and tertiary care (if provided), community nursing team, hospice and schools. This includes the following elements:

- 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.

The service consistently has very positive feedback from families. It is this holistic, well-coordinated care that we are seeking in relation to children and young people with other conditions as listed in this strategy.

**Key actions:**

We will continue to provide a holistic service 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 that includes the following elements:

- 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.

**Priority 8c Ensure health services and partners work together to deliver person centred care for children and young people with mental and emotional health needs, and their family**

The Child and Adolescent Mental Health Service (CAMHS) Strategy outlines the actions that are needed to ensure that local CAMHS services are delivering responsive and effective services to meet the needs of children and young people in Islington. Children and young people with mental health and emotional needs will continue to receive early intervention services in early years provision and schools and mental health support needs to be available to older young people in other settings too e.g. social settings or health setting specifically geared towards teenagers.

The CCG has recently extended the provision of counselling and therapeutic services to 16 – 21 years olds working with The Brandon Centre to deliver services in our local Youth Hubs Platform and Lift.

The CCG has agreed to fund a Parental Mental Health Service that delivers a coordinated offer of support and intervention across CAMHS, Adult Mental Health Services and Children's Centres to promote resilience in users and the wider family. It is also funding adult mental health workers in Children's Social Care – Early Help/Families First, Children in Need and the Stronger Families Programme).

A CAMHS and Adult Mental Health Services (AMHS) transition project has been set up to support young people's effective transition into adult mental health services, incorporating the flexibility of a personal health budget where appropriate.

Following the recent publication of the Governments Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis; we have been working closely with a range of partners to commit to working together to improve the system of care and support available.

As well as ensuring services are in place to support people, including young people, experiencing a mental health crisis there is also a commitment to ensuring we work together to prevent crises happening wherever possible through prevention and early intervention.

**Key actions:**

Ensure that the Child and Adolescent Mental Health Service (CAMHS) Strategy and associated action plan is refreshed

Ensure local CAMHS services are delivering timely, responsive and effective services to meet the needs of children in Islington.

Review existing parental mental health offers into Children's Centres, Children in Need services and perinatal mental health to identify gaps and ensure best use of resources to promote resilience in users and the wider family.

Ensure that we deliver the Crisis Care Concordat Action plan in relation to Islington CAMHS

**Priority 8d Ensure health services and partners work together to deliver person centred care for children and young people with special educational needs and disabilities, and their family**

The Government has recently introduced reforms that deliver a major transformation of the way services for children and young people with Special Educational Needs and/or Disabilities (SEND) will be provided. These include the replacement of the current statement system with new Education, Health and Care plans (EHCP) for children and young people with complex needs and the right to a personal budget for their support. Education Health and Care Plans will also be extended to young people with complex needs in education up to 25 years to support young people into adulthood.

Where health and social care have worked together in the past to achieve a measure of integration of services, it is now essential to ensure better joint working with education and schools for this group of children and young people. This has further implications for the sharing of care plans, and requirements for supporting technology in future. The reforms also require that children, young people and their families are involved in decisions around every aspect of their care.

We need to continue working with partners to successfully implement the Government's Special Educational Needs and Disabilities (SEND) reforms ensuring that children and young people with special educational needs and/or disabilities have access to a comprehensive 'local offer' including the full range of health services. Those with more complex needs will be offered an outcome focussed Education, Health and Care Plan (EHC); they and their carers will be involved in drawing this up and all decisions about their care – "no decision about us without us". A system will be in place for Personal Health Budgets. For young people who are subject to an Education, Health and Care plan, the existing transition process will have been developed so that it provides a guaranteed seamless transition to adult services that is phased over a few years and is completed by the time the young person is 25 years old.

We need to do more work to find out more about the substantial increase in autism reported in the needs assessment underpinning this strategy and ensure timely interventions

**Key Actions**

CCG to continue to contribute to the multi-agency Disability Strategy Group that is overseeing implementation of the Government's SEN and Disabilities (SEND) reforms.

Develop a robust joint commissioning framework across Education, Health and Social Care, supporting our Local Offer,

Establish a mechanism for on-going consultation with children, young people and their families as well as schools and other partners to ensure that a robust and developing local offer is in place.

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.

Review services for children and young people with Autism to ensure timely assessments and robust clinical interventions following diagnosis that are evidenced based.

Develop and implement systems for the introduction and roll out of Personal Health Budgets.

## **Priority 9    Improve the health of vulnerable groups of children and young people including children looked after, young people who offend and young carers**

Children and young people who are looked after (CLA) share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children and young people often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, and chaotic lifestyles with the majority entering care due to abuse or neglect.

Longer term outcomes for children looked after remain worse than their peers. Research shows that more children looked after have mental health problems than other young people, including severe and enduring mental illness. It is difficult to determine the extent to which these outcomes were caused by the child's experiences prior to coming into care, rather than their experiences once in care. However we do know that further support is needed to help these children and young people overcome the effects of the abuse and neglect they have suffered. Whilst care offers safety and support to the majority of children and young people, a minority are at continued risk of abuse or neglect, including from their carers, other young people and those in the wider community who target them.

Young people who offend that are remanded now become looked after. This has added challenges in ensuring that the health needs of CLA are met.

Islington has a relatively high rate of CLA, 84/10,000 children and young people in 2013 and about 70% are placed outside of the borough. This produces challenges in trying to ensure that health services local to where children and young people are placed recognise and address the needs of children looked after. The Children Looked After (CLA) Health team see over 90% of Islington's children looked after themselves, often visiting them in their placement and this helps to ensure that their needs are identified and referrals made to local health services. The health team ensure that statutory requirements in relation to health assessments and immunisation rates of Islington's CLA are met and are good. Figures for 2013 demonstrate that 98.5% were up to date with Health Assessments and 99% were fully immunised, however this doesn't necessarily ensure good health. Continuing to improve the health and mental health of children looked after needs joint working across many disciplines with all invested parties taking responsibility for promoting health by ensuring this group of children and young people have access to healthy diets, active lifestyles, support around risky behaviours including substance misuse and sexual health, the opportunity to sleep undisturbed, their interests and talents nurtured, their education promoted and supported and finally, access to safe, emotionally attuned health services when needed, including good dental care

Young people who offend have a wide range of potential health needs. Evidence suggests that young people who offend are unlikely to engage with primary care health services and when they do require health interventions it is usually at the point of crisis and services are usually accessed via accident and emergency. When young people come into the youth offending system there is a strong possibility of needs around mental health, substance misuse, sexual health and speech and language as well as physical health needs. A key priority for both the Youth Offending Service and health services is ensuring we meet the health needs of this group of young people who are already in the system, adequately addressing, supporting and referring young people with a view to improving health directly and addressing repeat offending. However we also need to work towards early identification in mainstream settings so that we are able to address health needs at an earlier stage that may contribute to them entering the criminal justice system in the first place.

Islington Council provides support to the most troubled children and families where there are young people with very complex difficulties, who otherwise may continue to offend or need to be



taken into care. Nationally, this programme is referred to as the Troubled Families Programme and locally it is referred to as the Stronger Families Programme.

Nationally, information about the health offer to support Troubled Families programmes was published recently<sup>39</sup>. This showed that these families often require intensive, costly and repeated interventions at points of crisis – they may need support but have very little access to it before they reach crisis point. Mental health, substance abuse, physical health and domestic violence are key issues for this group. Other health problems are also prevalent across the cohort.

Young Carers are children and young people under eighteen, who provide some care for a parent or other family member who may have a physical or learning disability, long term illness, mental ill health or drug and/or alcohol problems.

The care may be regular, substantial or less intensive; however, it is often inappropriate for the young person's age and can impact on areas of development such as education, social interaction and emotional and physical health and wellbeing. Under the Children and Families Act (2014) the local authority has a duty to assess the needs of young carers. This Act is linked to reforms within the Care Act (2014) with guidance on a 'whole family approach' to assessing and supporting adults.

Together these Acts are intended to provide a legislative framework that will support local authorities to consider the needs of the whole family, deliver coordinated packages of support and protect children and young people from excessive or inappropriate caring roles.

The local authority commissions a service to provide information, advice and family work to young carers across Camden and Islington

There is a Young Carers Strategy that covers both Islington and Camden<sup>40</sup> and a multi-agency Young Carers Strategy group oversees implementation of an action plan related to this.

GPs, schools and youth services have a crucial role in identifying Young Carers and helping to ensure they are adequately supported.

#### **Key actions:**

Support the Health of Children Looked After strategy group in overseeing targeted interventions for children looked after including those placed out of the borough.

Implement the Priority Actions of the health section of The Islington plan for Children Looked After and Care Leavers Action Plan for 2014-2017

Ensure implementation of a seamless holistic pathway for young offenders in both assessment / identification and evidence based interventions to improve their health outcomes

Ensure that the health needs of users of the Stronger Families Programme are met

Ensure implementation of the Youth Carers Strategy for Camden and Islington 2015-2018

Continue to monitor and review the dedicated CLA CAMHS provision to ensure it offers robust and timely support to service users and professionals working with this group

Recognise that it can be hard for me to ask for help – listen and encourage me.

***Islington Young Person***

<sup>39</sup> <https://www.gov.uk/government/publications/troubled-families-supporting-health-needs>

<sup>40</sup> [http://www.islington.gov.uk/publicrecords/library/Health-and-social-care/Information/Guidance/2013-2014/\(2013-06-20\)-Young-Carers-Strategy-2012-15.pdf](http://www.islington.gov.uk/publicrecords/library/Health-and-social-care/Information/Guidance/2013-2014/(2013-06-20)-Young-Carers-Strategy-2012-15.pdf)

## **Priority 10 Ensure young people are well supported and remain connected with service in the transition from paediatric services**

The Care Quality Commission report referred to earlier<sup>41</sup> highlighted that only 50% of young people and their parents who were interviewed during the review process said that they had received support from a lead professional during transition. A young person being managed within children and young people's services will most likely have received coordinated care led by a professional they are familiar with. Upon transition they may have to deal with a range of different health and therapy teams and adult social services, often in an uncoordinated way. We will work with our colleagues in adult services, our strategic partners and commissioned services to ensure that recommendations from the CQC report are implemented locally.

We know from feedback from young people, including those with long term conditions who will undergo transition at some stage that being involved in planning their care, feeling empowered to make decisions and good communication skills in those dealing with them are critically important. We need to ensure that all young people undergoing transition experience a process that recognises these attributes and delivers them.

### **Key actions:**

All young people with long term conditions approaching transition, and their parents / carers, to be offered access to a series of workshops and an informative app as a matter of course so that they feel empowered to manage their condition as they move into adult services

Review the design of young people with long term conditions transitioning to adult services to identify the need for new service offers

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.

For young people who are subject to an Education, Health and Care plan, develop and extend the existing transition process so that it provides a guaranteed seamless transition to adult services that is phased over a few years and is completed by the time the young person is 25 years old.

Identify young people with on-going health needs for whom there is no adult service to transition to and seek to address this gap.

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<sup>41</sup> Care Quality Commission report, '*From the pond into the sea*', June 2014, [http://www.cqc.org.uk/sites/default/files/CQC\\_Transition%20Report.pdf](http://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf)



**Priority 11 Encourage the development of infrastructure that supports delivery of this strategy e.g. IT, workforce development etc.**

As part of the focus on prevention and early intervention we need to continue to support health services being delivered from a multiplicity of sites. We need to ensure IT interconnectivity so that integrated health records can be accessed whatever the setting that a health professional is working from.

Over the course of this strategy planned reductions in funding to the Local Authority are likely to result in changes to the way in which Council, and consequently some health services are delivered. In implementing these changes, we need to ensure that maintaining IT interconnectivity is an integral part of the planning process.

Islington Council and Islington CCG are already working together to develop an integrated digital health and social care record for adults. This information will be shared in real time across providers to help deliver integrated care. The aim is to put the people of Islington firmly at the centre by giving them consent, so they can choose who sees their records and when. Over the course of this strategy we will be pursuing the possibility of developing this in a phased way with, and for, children and young people.

We will be looking to develop a person held health and social care record that the individual holds and gives consent to providers of care to view their record based on an agreed data set and to allow the flow of data to be sent between two or more organisations for the benefit of co-ordinating service provision across care pathways.

Patient and public involvement will be a key to delivery and in relation to young people we plan to involve one or more representatives to be part of the steering group and procurement process.

The programme will be exploring new ways of managing health and wellbeing as well interacting with health and care providers in different and innovative ways such as skype, serious games, apps and mobile notifications. We see the inclusion of children and young people in the co-production of this development as a key element.

Young people have told us that they want to be enabled to have greater independence and personal empowerment around their health. As part of this we consider it important that consent to access a child's GP records is automatically turned off at 16, and the young person re-consented to share and access their data online.

Ensuring that health, education, social care and other partners work together to deliver care co-ordinated around the child or young person a) who is acutely unwell b) has a long term condition c) a life limiting or life threatening illness c) mental or emotional health needs d) special educational needs or disabilities, and their families are key elements of this of this strategy. This requires the development of an integrated workforce that is used to working together with children and young people and their families in a co-ordinated way. This may mean primary care, community and acute services working together (vertical integration) or health professionals working with colleagues in schools, social care or third sector organisations (horizontal integration) or both. The strategy also refers to the importance of transition, so Children's Services and Adult services working together is also critical and another form of integrated working.

This strategy has also indicated a commitment to changing the way in health care and other professionals communicate with children, young people and their families, away from them as passive recipients towards engaging them as active partners in determining and addressing their health care and support needs.

We have also committed to a proactive approach to prevention and early intervention including a proactive approach to children and young people with long term conditions. The latter will require a fundamental shift within primary care.

Building on the well-established multi-agency training that has been in place for many years in relation to safeguarding children and young people, the CCG is starting to tackle the development of an integrated workforce more generally, through the setting up of a community education provider network (CEPN). This is in its infancy but it is seen as an important vehicle in supporting the improvements in health and other outcomes for children, young people and their families that this strategy aims to achieve.

### **Key Actions**

Work to continue to support IT interconnectivity between different healthcare sites and organisations across the borough

If changes to sites of health delivery are agreed, ensure that maintaining IT interconnectivity is an integral part of the planning process, so that integrated health (and other) records can continue to be accessed.

Possibility of developing integrated health and care records in a phased way with and for children and young people to be explored.

Young person/people to be involved in the IT procurement process

Consent to access a child's GP by their parents to be automatically switched off at 16 and the young person re-consented to share and access their data online.

Continue to support the development of a Community Education Provider Network in relation to developing integrated working across the workforce to improve the health of children, young people and their families.

## 7. Delivering Our Priorities

The key actions in Section 6 will be included in detailed action plans under each strategic priority and these will stipulate the outcome sought and target to be met, by whom and by what date. As this is a 5 year plan, a staged approach will be taken to implementation. Plans will be approved through existing CCG and Council decision making routes.

The existing outcome indicators, available from the Public Health or NHS Outcomes Frameworks, that can be applied to monitoring progress against delivery is set out in **Appendix B**. Where necessary we will develop our own outcomes indicators and derive a method of monitoring them in agreement with service providers.

As referred to earlier in this document, Islington has achieved a good performance against a significant number of national indicators for children and young people's health given the level of deprivation in the Borough and it is important that we **maintain this performance or improve upon it**, so that in 5 years' time we are in the top quartile for these indicators when compared to the rest of inner London.

In addition however, this document has drawn attention to particular areas where we need to do things differently in order to improve.

### Priority Outcomes

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  
Baseline = 8,554 attendances (2012/13) a rate of 696 per 1,000 population. 26% of these attendances were band 5 (no significant investigation or treatment)
3. Reduction in tooth decay in children aged 5 years of age  
Baseline = 30% (2012 survey)
4. Children achieving a good level of development at the end of reception<sup>42</sup>  
Baseline = 57.8% (2013/14 academic year)
5. Reduction in childhood obesity, particularly for children and young people aged 10-11 years  
2012/13 baselines:  
Reception (ages 4-5) = 10.6%  
Year 6 (ages 10-11) = 21.8%
6. Reduced unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s  
Baseline = 306.6 per 100,000 population (2013/14 provisional figures)
7. Reduced level of health related school absence, particularly for young people with long term conditions or disability  
2012/13 academic year baselines, for all school-age pupils in Islington schools:  
Primary = 2.8% (% of total sessions missed due to illness)  
Secondary = 2.8%

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<sup>42</sup> As indicated by the Early Years Foundation Stage Profile. Note from September 2016 the Early Years Foundation Stage Profile will no longer be compulsory.

Special schools = 4.5%

8. Patient reported outcome measures for children and young people with a mental health problem  
NHS England is currently in the process of expanding the PROMS programme to look at an appropriate indicator
9. Patient reported outcome 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 looked after children 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

Of the above outcome indicators, numbers 1-6 are already defined and we have baseline data. For numbers 7-12, we will define these outcome indicators ourselves, set baselines and targets and monitor progress against these.

Delivery of these key outcome indicators, the range of nationally established ones and any we develop ourselves will be closely monitored over the duration of strategy delivery, with regular progress reports available to the CCG and Council governance bodies. In this way we will ensure that the strategy is delivered as planned to the benefit of all of Islington's children and young people.

## Appendix A - Key Local Strategies

Islington Children's and Families Strategy 2011-2015 '*A Fair Chance for All*'

[http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/\(2012-03-03\)-Children-and-Families-Strategy-2011-2015.pdf](http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-Children-and-Families-Strategy-2011-2015.pdf)

Islington's Joint Health and Wellbeing Strategy 2013-2016

[http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/\(2013-03-01\)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/(2013-03-01)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf)

*Care Closer to Home* 2012-2014

<http://www.islingtonccg.nhs.uk/Downloads/CCG/Strategies/Care%20Closer%20to%20Home%20Strategy%20-%20Final.pdf>

Islington CCG Primary Care Strategy 2011-2016

<http://www.islingtonccg.nhs.uk/Downloads/CCG/PrimaryCareStrategy.pdf>

**currently under revision**

Urgent Care Strategy (Camden and Islington combined) produced 2014

<http://www.islingtonccg.nhs.uk/Downloads/CCG/BoardPapers/20140507/Appendix%205.3c%20Urgent%20Care%20Review%20Final%20Report.pdf>

First 21 Months Project

<http://www.islingtonccg.nhs.uk/Downloads/CCG/Authorisation/16d%20Case%20Study%204%20First%2021%20months%20and%20FNP.pdf>

Child Poverty Strategy (draft) '*Fairness for Families*'

[http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/\(2013-10-11\)-Child-Poverty-Strategy.pdf](http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/(2013-10-11)-Child-Poverty-Strategy.pdf)

Early help for Islington Families Strategy 2012

[http://www.islington.gov.uk/publicrecords/library/Children-and-families-services/Business-planning/Strategies/2012-2013/\(2012-11-29\)-Early-Help-for-Islington-Families-Strategy-2012.pdf](http://www.islington.gov.uk/publicrecords/library/Children-and-families-services/Business-planning/Strategies/2012-2013/(2012-11-29)-Early-Help-for-Islington-Families-Strategy-2012.pdf)

Islington's Child Poverty Strategy 2013

[http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/\(2013-10-11\)-Child-Poverty-Strategy.pdf](http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/(2013-10-11)-Child-Poverty-Strategy.pdf)

Islington Last Years of Life Care Strategy 2014-19

**being finalised**

## Appendix B - Related Outcomes Frameworks

The following indicators have direct relevance for children and young people. Some of the other indicators in both frameworks are aimed at all ages but have elements of relevance to children and young people too.

### NHS Outcomes Framework 2014/15

DOMAIN	Preventing people from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people recover from episodes of ill health or following injury	Ensuring that people have a positive experience of care	Treating and caring for people in a safe environment & protecting them from avoidable harm
Indicators	<p>Infant mortality</p> <p>Neonatal mortality and stillbirths</p> <p>5-year survival rate from all cancers in children and young people</p>	<p>Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</p>	<p>Emergency admissions for children and young people with lower respiratory tract infections</p>	<p>Women's experience of maternity services</p> <p>Children and young people's experience of outpatient services</p>	<p>Admission of full-term babies to neonatal care</p> <p>Incidence of harm to children and young people due to 'failure to monitor'</p>

### Public Health Outcomes Framework

DOMAIN	Improving the wider determinants of health	Health improvement	Health protection	Healthcare public health and preventing premature mortality
Indicators	<p>Children and young people in poverty</p> <p>School readiness</p> <p>Pupil absence</p> <p>First time entrants to the youth justice system</p> <p>16-18 year olds not in education, employment or training</p>	<p>Low birth weight of term babies</p> <p>Breastfeeding</p> <p>Smoking status at time of delivery</p> <p>Under 18 conceptions</p> <p>Child development 2-2½ years</p> <p>Excess weight at 4-5 and 10-11 years.</p> <p>Hospital admissions for unintended and deliberate injuries in under 18s</p> <p>Emotional wellbeing of children looked after</p> <p>Smoking prevalence at 15 years</p>	<p>Chlamydia diagnoses (15-24 years old)</p> <p>Population vaccine coverage</p>	<p>Infant mortality</p> <p>Tooth decay in children aged 5.</p>