haringey strategic partnership

for children & young people

AGENDA ITEM

MEETING

Children and Young People's Strategic Partnership Board
10 December 2007

TITLE

Primary Care Trust - children and young people's health service's commissioning: priorities for service development

SUMMARY

The strategy sets out the framework within which children and young people's health services will be commissioned in Haringey. It focuses on the core components of a comprehensive children and young people's health service, but excludes very specialist Tier 4 services, Child and Adolescent Mental Health Services (CAMHS) and maternity services, which will be covered elsewhere.

It poses a number of questions for consultation around the health priorities and commissioning of future health services for children and young people.

RECOMMENDATIONS

That the CYPSP consider the possible priorities and consultation questions for future service development and commissioning in children's health services

LEAD OFFICER(S)

Gerry Taylor – Director of Strategic Commissioning (Acting), Haringey Teaching primary Care Trust

Haringey NHS
Teaching Primary Care Trust

Every Child Matters: Improving Health services for Children and Young People in Haringey

CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICES COMMISSIONING STRATEGY 2007 - 2010

DRAFT

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1. INTRODUCTION

The purpose of this strategy is to set out the framework within which children and young people's health services will be commissioned in Haringey. It has been informed by the Haringey Teaching Primary Care Trust (HTPCT) Commissioning Intentions for 2007/2008, the HTPCT Primary Care Strategy, the Barnet, Enfield, and Haringey Clinical Strategy, and the various work streams developed through the Children and Young People's Strategic Partnership and the implementation of the Every Child Matters: Change for Children Programme, and the North Central London Children's and Young People's Partnership for Health.

The strategy will focus on the core components of a comprehensive children and young people's health service, but will exclude very specialist Tier 4 services, Child and Adolescent Mental Health Services (CAMHS) and maternity services, which will be covered elsewhere.

2. VISION

'We want every child and young person in Haringey to be happy, healthy and safe with a bright future'
(Changing Lives – The Haringey children and young people's plan)

Year on year improvement in health outcomes is key to ensuring that children and young people in Haringey are able to enjoy a bright future. Healthy lifestyles, delivering effective health services, addressing inequality and disadvantage, and education and social care, all play a vital role in promoting and protecting children and young people's health.

There is much that is very good about health services for children and young people in Haringey, including a high quality and dedicated workforce, but delivering year on year improvement in outcomes will only happen if we all seize the opportunity to respond positively to the challenges and opportunities facing the NHS.

The key is to ensure that health services are developed and delivered in partnership with children, young people and their families, in a coherent way, with effective co-ordination, and good multi agency working across different tiers of provision, and transition points in a child and young person's life.

3. KEY DOCUMENTS

National

- The Every Child Matters Green Paper (DfES, 2003)
- The Children Act (HMSO, 2004)
- The National Service Framework for Children, Young People and Maternity Services (DoH & DfES, 2004)
- Tackling Health Inequalities: A Programme of Action (The Wanless Report DoH, 2003)
- Choosing Health - The Public Health White Paper (DoH, 2005)
- The Our Health, Our Care, Our Say: A New Direction for Community Services White Paper (2006)
- Direction of Travel for Urgent Care: a discussion document (DoH, 2006)
- The Youth Matters Green Paper (DfES, 2006)
- Commissioning a Patient Led NHS (DoH, 2005)

Local

- Healthy Start Healthy Futures – A discussion document (NCL SHA, 2003)
- HTPCT Draft Commissioning Intentions for 2007/2008
- Barnet Enfield and Haringey Clinical Strategy (2007)
- Developing world class primary care in Haringey: A consultation document (June 2007)
- Show me the way to stay home – A GOSH discussion document (2006)
- The Haringey Local Delivery Plan
- Changing Lives – The Haringey Children and Young People's Plan (2006-9)
- Growing Up in Haringey – The Annual Public Health Report (HTPCT, 2005)
- Knowing our Children and Young People: Planning for their Futures – The joint needs assessment (2006)
- The Life Expectancy Action Plan (2006)
- The Infant Mortality Action Plan (2007)
- The Teenage Pregnancy Action Plan (2006-2007)
- Haringey Sexual Health Strategy and Action Plan (2005-2007)
- The Draft Obesity Strategy (2007-2010)
- The Asthma Care Pathway (2007)

4. WHY PRODUCE A STRATEGY?

4.1 Every Child Matters: Change for Children (ECM:CfC) is a national programme developed in response to the issues raised by the report into the death of Victoria Climbié (2003), which emphasized the need for effective and accessible multi agency services focused around the needs of children, young people and families. It is expected that the ECM:CfC programme will deliver improved outcomes for children and young people and that PCTs, NHS Trusts, and other agencies working with children and young people, will work in partnership with Local Authorities to ensure successful implementation.

4.2 In addition, to the changes being driven by the ECM:CfC programme, there are other considerations for health services. The provision of health care for children and young people has to keep up with the rapid rate of change in clinical practice that has occurred as a result of medical and technological advances, and the changing pattern of 'illness' in children and young people:

- There has been a substantial reduction in acute illnesses such as severe infections, which used to be a common reason for admission to hospital.
- More care can be provided on an outpatient or ambulatory care basis, and where admission to hospital is necessary, the average length of stay has shortened.
- New developments also mean that many conditions can now be treated more successfully than previously, and more children with chronic illness and with disability are surviving compared with 10-15 years ago. This places new demands on health services with the need for ongoing support to children and their families in the community and at home.

4.3 These changes need to be seen in the context of shortages in critical trained staff groups such as neonatal nurses, children's community nurses, and possibly in future, paediatricians. The European Working Time Directive and revised GP and Consultants contracts, also have implications for how services are organized.

4.4 In consultation events carried out locally, and nationally for policy documents such as the National Service Framework, the message from children, young people and families is:

"It is better for children to be at home than in hospital"
"families want rapid, local access to services when their child is ill"
"parents and children and young people accept the need to travel for very specialised care but want local access when they are concerned their child is ill"

Improving how we involve children, young people and families in the way services are developed and delivered is a priority for HTPCT. How do you think we can achieve this?

4.5 There are several key policy documents, which also need to be considered:

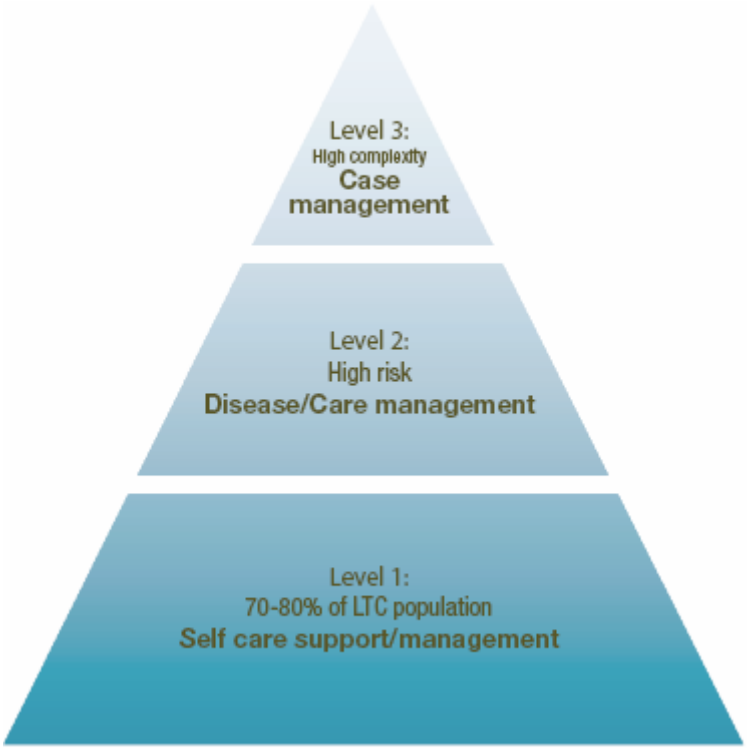
i *Tackling health inequalities: a programme for action* (Department of Health 2003), sets out how tackling health inequalities in childhood is the most cost-effective way of reducing health inequalities in childhood and later life. Supporting parents and carers to give children and young people the best start in life, and breaking inter-generational cycles of poor health, is key to achieving national targets to reduce inequalities in life expectancy and mortality.

ii The Public Health White Paper *Choosing Health (Department of Health, 2005)* focuses on choice and ensuring that services are available to all groups including those who have found it difficult to access services in the past. Specific priorities for action include:

- Reducing the number of people who smoke
- Reducing obesity and improving diet and nutrition
- Increasing exercise
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health

iii *The National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004)*, is a ten year, multi agency programme intended to stimulate long term and sustained improvement in children's health. It in effect defines the child health component of the Every Child Matters: Change for Children (ECM:CfC) Programme, whilst at the same time establishing standards for children's health services across all tiers from universal to specialist services.

iv *Supporting People with Long Term Conditions: An NHS and social model to support local innovation and integration; (Department of Health 2005),* looks at the management of long term conditions, and identifies 3 levels of intervention: supported self care; disease specific management and finally case management.



v *The White Paper 'Our health, our care, our say: a new direction for community services (Department of Health, 2006*), which looks at community health and social care services for all age groups, has a number of key themes:

- Enabling health, independence and well being
- Better access to General Practice and community services
- The provision of care closer to home – including the development of community hospitals
- The development of integrated services around the individual – including those who have difficulty accessing care
- Support for people with long term needs
- Ensuring that the needs and wishes of patients are reflected in the way services are developed.

vi *Direction of Travel for Urgent Care: a discussion document (Department of Health, October 2006),* is currently out for consultation, and examines how urgent and emergency services might be developed in future. The document considers the full range of responses - from telephone advice and reassurance to self care, through to face to face consultation with a clinician or deployment of a crisis team or admission to hospital in an emergency requiring specialised facilities – with the emphasis, where feasible, on care close to home.

vii *The acutely or critically sick or injured child in the district general hospital: A team response (Department of Health, 2006)*. The report examines the competencies required in the identification and care of the critically sick child and focuses on team working, networks and pathways from presentation to paediatric intensive care. Emphasis is placed on the importance of training and maintaining the necessary skills across all tiers of provision.

5. CONTEXT

5.1 In Haringey there is a well established ECM:CfC programme led by the Children and Young People's Partnership Board (CYPSPB) and progress is described in more detail in Appendix A. The twenty priorities of Changing Lives – the Haringey children and young people's plan are listed in Appendix B. Developing joint commissioning arrangements will be a priority in 2007/2008.

5.2 The ECM:CfC programme is being implemented in the context of a NHS reform programme, which aims to give patients greater choice and more say in how services are delivered, through the development of more effective commissioning arrangements, with an emphasis on plurality of provision from a range of providers, and the need to consider decommissioning services where quality, outcomes and value for money cannot be evidenced. With the exception of very specialist services responsibility for the commissioning of health services has passed to primary care and in Haringey, the HTPCTs four Practice Based Commissioning (PBC) collaboratives are now well established and beginning to deliver changes to care pathways and reduced reliance on hospital based outpatient services.

5.3 Whilst the initial focus has been on provision for adult and older people, the rationale for change applies equally to services for children and young people. As PBC becomes more established it is expected that the scale and impact of changes to the way services are delivered will increase, and close ties will need to be developed between the PBC collaboratives and the Haringey ECM:CfC programme to ensure that the commissioning of health services for children and young people takes place in the context of the development of Children's Trust arrangements and the joint priorities agreed in the integrated Children and Young People's Plan (Appendix B).

5.4 The financial context of the TPCT is outlined in the Draft Commissioning Intentions. The TPCT's underlying financial position has improved over the past year such that we expect to be entering 2007/8 in a healthy financial position. However, there continue to be a number of pressures on the TPCT's finances and choices about investment and disinvestment will need to be made to ensure that the TPCT maintains financial balance on an ongoing basis. The TPCT will continue to focus on developing community and primary care led care pathways that aim to reduce reliance on

secondary care services and support the release of resources into interventions focused on prevention and early intervention.

5.5 In commissioning health services for children and young people the Haringey TPCT will be looking to:

i *Reduce Inequalities* and ensure that the chances of good health and good outcomes are the same for all Haringey children irrespective of gender, ethnicity or socio-economic circumstances.

ii *Commission needs based services*, with priority given to improving health outcomes in areas which have a particular impact in Haringey, either in terms of numbers affected, severity of disease or disability and/or those diseases or disabilities that have higher prevalence in Haringey compared with national and London averages.

iii *Commission services based on evidence of effectiveness*, including cost effectiveness. This will include use of the National Service Framework for Children, Young People and Maternity Services (NSF), NICE guidance, and best available national evidence, and where appropriate services, which have been demonstrated not to work, will be decommissioned.

iv *Focus on prevention and early identification and intervention* and ensuring that children and young people in Haringey have the best start in life. The TPCT is working closely with the London Borough of Haringey and other partners to refocus provision on community based multi-agency services that are focused on prevention, and early identification and intervention.

v *Ensure national targets and local priorities* are delivered

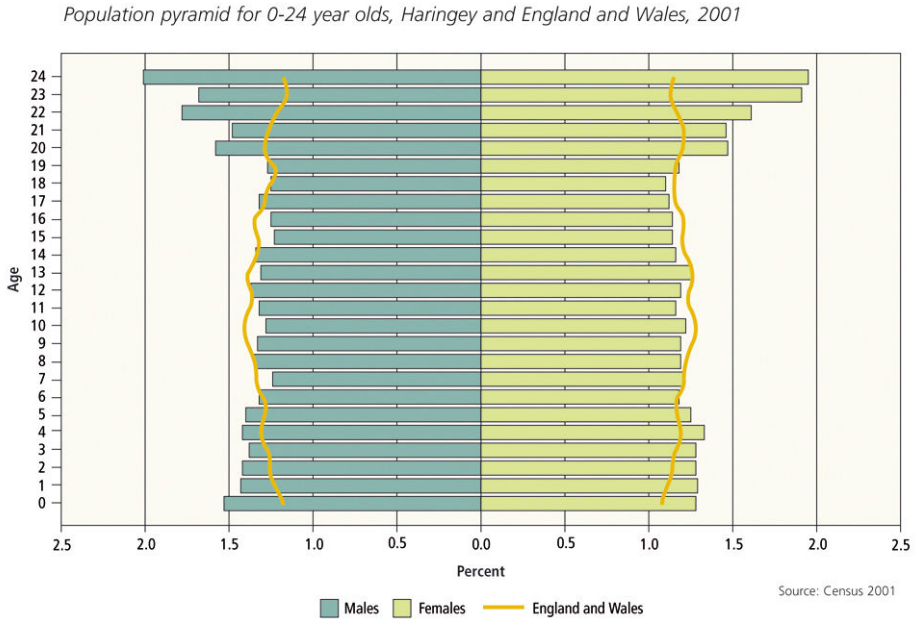
vi *Commission expected outcomes from services* that are developed in response to patient feedback. Specifications for the commissioning of children's health services will increasingly detail expected outcomes and measures of quality of care. All providers will be expected to demonstrate that they actively seek patient feedback about the services they provide and how they respond to this feedback.

6. CHILDREN AND YOUNG PEOPLE IN HARINGEY

A growing population of children and young people

Haringey has over 224,000 people living in 11.5 square miles. Overall the Haringey population is younger than the national average and approximately a quarter of the population, or 53,258 children and young people, are aged under 20, 17,175 (7.7%) are aged under 5, and 3,752 (1.7%) are aged under 1. The relatively young nature of Haringey's population compared to England and Wales is demonstrated in Figure 1.

Figure 1 Population pyramid for Haringey under 25's (Census 2001)



The number of young children in Haringey is growing (See Figure 2), and over the next five years the GLA estimates that there will be an extra 2,300 under 10's living in Haringey. However it is expected that the number of children and young people in the 10-19 age groups will decrease.

Figure 2: Population change amongst the under 20's 2007 - 2011

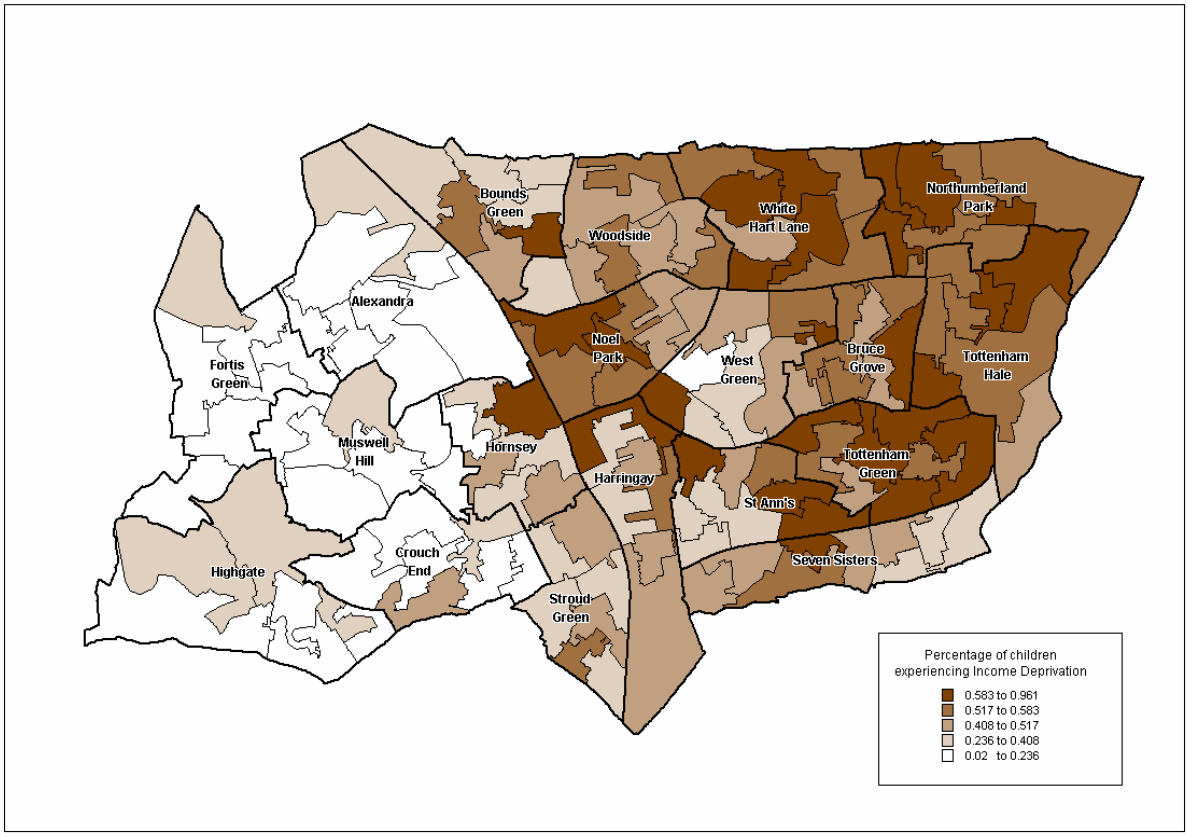
	2007	2011	Extra Children	% increase
00-01	3,752	3,893	141	3.80
01-04	13,423	13,973	550	4.10
05-09	12,399	14,090	1691	13.64
10-14	11,686	11,067	-619	-5.30
15-19	11,999	11,118	-881	-7.34
Under 20	53,259	54,141	882	1.66

Almost three-quarters of Haringey's children and young people come from ethnic minority communities. They speak 190 languages between them. The age profile of different ethnic groups will change over the medium term, and the number of children with mixed ethnic heritage is expected to increase.

Children and young people vulnerable to poor health

Substantial numbers of children and young people in Haringey live in families or households that are vulnerable to poor health. As measured by the Income Deprivation Affecting Children Index (Indices of Multiple Deprivation, 2004), there are more children in the East of the borough experiencing poor socio-economic circumstances than in the West. The Index suggests that in some areas of the East, 90% of children are affected by income deprivation, while in the West the majority of areas have less than 5% of children living in poverty.

Figure 3 Percentage of Children Experiencing Income Deprivation by ward



Source: Indices of Multiple Deprivation, 2004

Whilst homeless families are no longer accommodated in Bed and Breakfast accommodation, substantial numbers of families with children remain in temporary accommodation. High numbers of refugees and asylum seekers have been recorded, including children with and without carers. In June 2005, Haringey Council were supporting 445 children aged under 18 seeking asylum as part of a family and a further 357 unaccompanied asylum-seeking children. Looked after children are another group with additional health needs and in July 2005 there were 506 being looked after by Haringey Council.

Children and young people with Special Educational Needs and Disabilities
There are 1,270 children and young people in Haringey with statements of Special Educational Needs. This represents 2.9% of the school population and is in line with the England and London average. As a result of Haringey's very clear inclusion policy, 61.3% attend mainstream schools which is above the London average and most of our statistical neighbours. However national figures indicate that as many as 20% of children and young people are registered as having Special Educational Needs, but without a statement.

There were 521 children and young people with disabilities on the voluntary register with Haringey Council as of August 2005. A disproportionately high number of children and young people on the register were of primary school age and from black ethnic groups.

Waiting times for access to speech and language therapy and occupational therapy for this group of children remain very long. The wait for speech and language therapy for school aged children in mainstream schools is projected to increase as caseloads are full and there is minimal capacity to take new children onto the caseload from the waiting list.

Waiting times in mainstream schools - January 2007

SLT	Number of children waiting	200
	Average wait from referral to treatment	36 weeks
	(Projected to increase to 60 weeks by July 2007)	
OT	Number of children waiting	210
	Average wait from referral to treatment	78 weeks

This group of children are high users of health, education and social services and would benefit from the further development of 'one stop shop' multi-agency/integrated provision.

Young carers
Many young carers take on the kind of responsibility that an adult assumes in looking after an ill or disabled member of their family. This often limits their personal, social and educational opportunities. Census data suggest that 723 children and young people in Haringey are providing care to members of their family.

Infant mortality and life expectancy
Children in Haringey experience inequalities in infant mortality and life expectancy. For example a girl growing up in an affluent ward can expect to live 5 years longer than a girl growing up in a deprived Haringey ward. For boys the difference is 8 years. The rate of infant deaths remains high in Haringey at 7.7 deaths per 1000 live births, compared to 5.0 per 1000 for England as a whole. There were 4,047 live births in 2005, of which 323 children (8.4%) had a low birth weight and 36 (0.9%) had a very low birth rate. The proportion of children with a low birth weight has remained fairly constant for a number of years although there has been a significant

reduction in children born with a very low birth weight. Low birth weight is strongly associated with death in infancy and adverse health outcomes in later life.

Helping women to quit smoking before or during pregnancy, and early booking for maternity care are key ways to reduce poor infant health and mortality. Many screening tests and assessments should be carried out before the 16th week, and anecdotal evidence from the North Middlesex University Hospital NHS Trust suggests that the numbers of women booking late for maternity care, or who are unbooked on admission is a cause for concern. A study of women at the Whittington Hospital NHS Trust in 2003, found that only 51% of women had booked for antenatal care before 16 weeks. Breastfeeding also improves infant health outcomes, and has a range of longer-term health benefits to the mother and child.

Childhood immunisations

As with many other London boroughs that use the Child Health Surveillance System (CHIA), the TPCT has been unable to provide up to date immunisation rates to the Health Protection Agency due to problems with the CHIA system. This is an ongoing problem, which remains outside of the control of the TPCT due to the nature of the centralised commissioning of IT systems in the NHS. The latest immunisation figures are presented in the 2005 Annual Public Health Report and these will be updated as soon as the information is available. (See Figure 4)

Figure4: Immunisation coverage

Percentage (%) of children immunised by their 2nd birthday, 2003/04

Area	Diptheria	Tetanus	Pertussis	Polio	Hib	MMR	Men C
National target	95	95	95	95	95	95	95
Haringey	**87**	**87**	**87**	**87**	**87**	**72**	**85**
London	88	88	88	88	88	70	86
England	94	94	93	94	94	80	94

Source: NHS immunisation statistics England, 2003/04, Department of Health, 2004

There is reason to believe that the immunisation rates in Haringey have fallen even further (Haringey and London immunisation rates are lower than national rates and targets), as a similarly affected neighbouring PCT has conducted an audit to estimate uptake rates and these have fallen significantly.

Children and young people with long term conditions

Over 2,230 (4.5%) dependent children and young people in Haringey aged under 18 were reported to have a limiting long-term illness in the last Census (2001). Data is not currently available on the prevalence of particular conditions amongst children in Haringey, but should become available as GPs develop disease registers in their practices. Children with long term conditions and their carers may require tailored support to enable them to treat or manage their condition thereby avoiding

deterioration in their health and well-being and the need for admission to hospital. Support is also required to meet their emotional, developmental and educational needs. Primary care services play a very important role in helping children and families to manage conditions such as asthma, diabetes, epilepsy, sickle cell and thalasaemia, which with infections and accident and injuries, were the cause of a significant number of admissions/emergency admissions to hospital amongst under 18s in Haringey.

Attendance at Accident and Emergency departments and acute admissions

Between April 2003 and March 2006 there were 13,826 admissions to hospital amongst children under 20 years of age. Equal proportions were for Elective and emergency episodes of care. Much of this treatment was provided at the North Middlesex University Hospital (NMUH) and the Whittington Hospital NHS Trusts.

In 05/06 there were 16,140 attendances by children and young people aged under 19 at NMUH and 6,236 at the Whittington.

Further work needs to be done to improve the data available on children and young people aged 0-19 use of health services – numbers, trends, cause, outcome and so on. However we know that for all age groups there is concern about the relatively high rates of attendance at A&E Departments, and numbers of emergency admissions, compared with other boroughs. In addition there have been a number of breaches of the A&E waiting time target at NMUH, where children have either been kept waiting to see a non paediatric specialist in the main A&E department, or have been kept in the paediatric A&E department for assessment whilst a diagnosis is made, rather than make an unnecessary admission. Also there is concern about the greater than expected length of stay in hospital for some paediatric cases at the NMUH and the Whittington, and further work is necessary to understand cause and possible resolution.

Healthy lifestyles

The behaviours and lifestyles of children, young people and families will impact on their health throughout their lives.

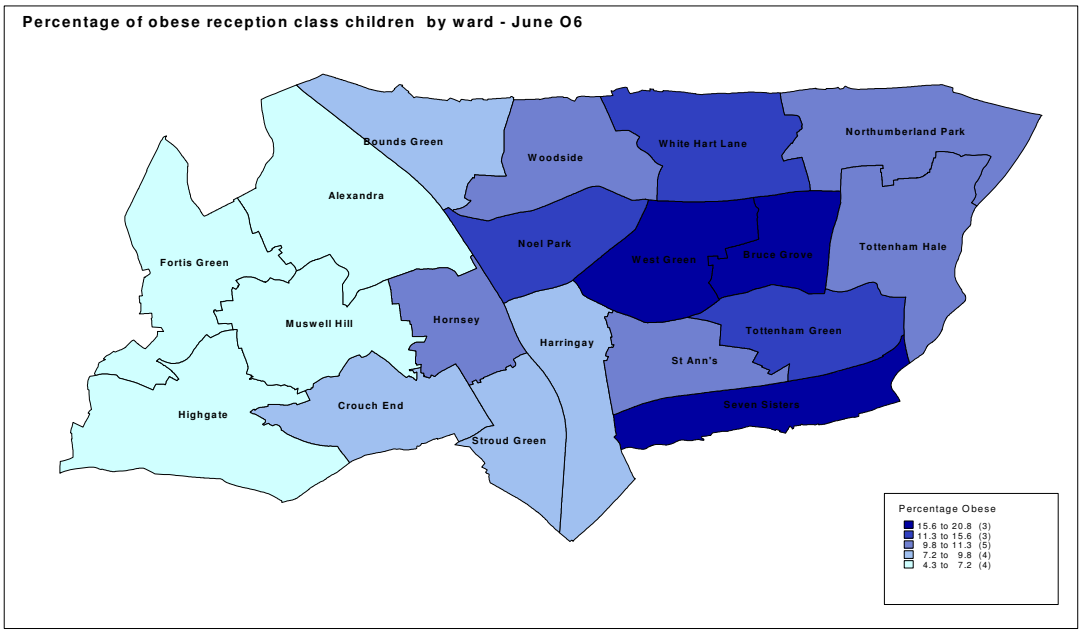
Smoking is a major contributor to poor health outcomes, and differences in smoking prevalence between different socio-economic and ethnic groups is a major determinant of health inequalities. Worryingly there has been an increase in the proportion of women who smoke in recent years, and it is estimated that over 5,000 young people smoke in Haringey. The smoking cessation service provides cost-effective support to help people quit smoking, and is available to young people although uptake is currently poor. It is hoped that the ban on smoking in public places will help young people not to start smoking, and increase their incentive to quit.

As part of a joint national campaign between the Department of Health and the Department of Education, every borough across the country is required to annually collect height and weight data of all children in maintained schools. School nurses across Haringey visited every primary school during the 2006 summer term to collect

information from all children in Year R (4-5 year olds) and Year 6 (10-11 year olds). In 2006 average figures across Haringey indicate 15 % of children were obese and a further 15% overweight. The rates of obesity and therefore risk to health were greater in the east of the borough, and were noticeably different between children from different ethnic groups.

Figure 5 Percentage of children in Reception and Year 6 who are overweight or obese in 2006

		Year R			Year 6	
	Girls	Boys		Girls	Boys	Total
Overweight	13%	12%	13%	14%	16%	15%
Obese	9%	13%	11%	20%	23%	22%
Total	22%	25%	24%	35%	39%	37%



Nearly 14,000 5-15 year olds are not meeting the recommended guidelines for physical activity. Care pathways for children and young people whose weight puts them at risk are being developed, and interventions must be put in place to help all children and young people maintain a healthy weight through a balanced diet and physically active life.

Oral health

At September 2005, 63% of under-18s in Haringey were registered with a dentist which compares well with national figures (62%) and is much better than London as a whole (52.7%). One third of 5 year olds in Haringey had experienced dental decay as of 2003, fewer than the UK average of nearly 40%. However, inequalities in oral health are evident when comparing different schools, with the average level of tooth decay being nearly four times higher in some schools than the Haringey average.

Sexual health

Surveys suggest that young people are becoming sexually active at an earlier age. Young people who are becoming sexually active may be particularly vulnerable to sexual ill health, including unwanted pregnancy or abortion, and exposure to sexually transmitted infections (STIs) and HIV. Nearly one in ten young people tested through the local screening programme have chlamydia infection and there are targets to increase the number of young people accepting testing and treatment through this programme. In 2005 there were 1,134 attendances at the sexual health service at St Ann's ..Improving the sexual health of young people is a key national and local priority.

Teenage pregnancy

Pregnancy in adolescence increases the risk of poor health and poor social outcomes for both mother and baby. In Haringey the rate of teenage conceptions is above the national average and steadily increased during the 1990s. However recent data suggests that the teenage pregnancy rate in Haringey is starting to fall. In 2005 the rate was 62.5 per 1,000 compared to a rate of 68.6 in 2004. However the rates remain above those for both England (46.9) and London (59.7) The conception rate for under 16s has remained fairly static at 14.5 per 1000 in 2002 compared to 7.9 for England and Wales.

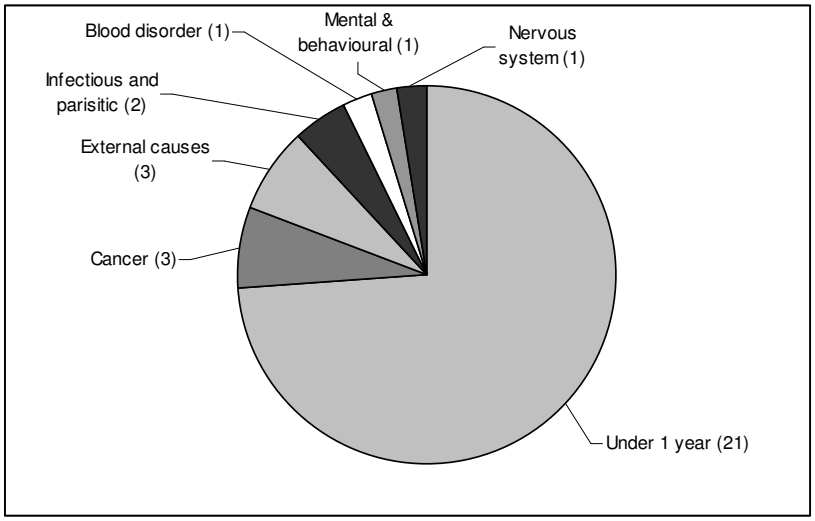
Mental health

Ten percent of children between the ages 5 -15 have diagnosable mental health problems (Office for National Statistics). In Haringey this would account for nearly 4,500 children and is borne out by the increasing demand for Child and Adolescent Mental Health Services.

Mortality

Death rates for children have been relatively high in recent years, 42 in 2005, 31 of whom were infants, with 11 deaths recorded between the ages 1-14, most of whom were boys. (See Figure 6)

Figure 6: Cause of death amongst Under 20's (2005)



Our health improvement priorities are to:

Reduce health inequalities, including the gap in life expectancy between Haringey and England, and between deprived and affluent parts of the borough. To be monitored through changes in the all cause mortality rate.

Reduce infant mortality:

- Increase the number of new mothers known to have initiated breastfeeding. LDP Target is 77.05%.
- Reduce the number of women known to have been smokers at time of delivery. LDP Target is 6.02%.
- Increase the number of women booking early for antenatal care, preferably at 8-10 weeks.
- Reduce the number of women booking late, or not booking at all for antenatal care.

Increase the uptake of childhood immunisations – National target: 95% uptake

Reduce childhood obesity. National target is to halt the increase in obesity amongst children under 11 years old by 2010.

Promote healthier lifestyles to children, young people and parents including:

- Increase the % of CYP eating at least five portions of fruit and vegetables per day
- Increase the % of CYP achieving the minimum level of physical activity of one hour per day
- Reduce the number of people that smoke, and protect children from the harmful effects of environmental tobacco smoke
- Reduce the incidence of alcohol and substance misuse

Reduce teenage conception rates and increase the number of young people aged 15 – 24 accepting chlamydia screening at least once per year, as part of a broader aim to improve sexual health

Improve mental health, through initiatives to promote mental health and better access to services

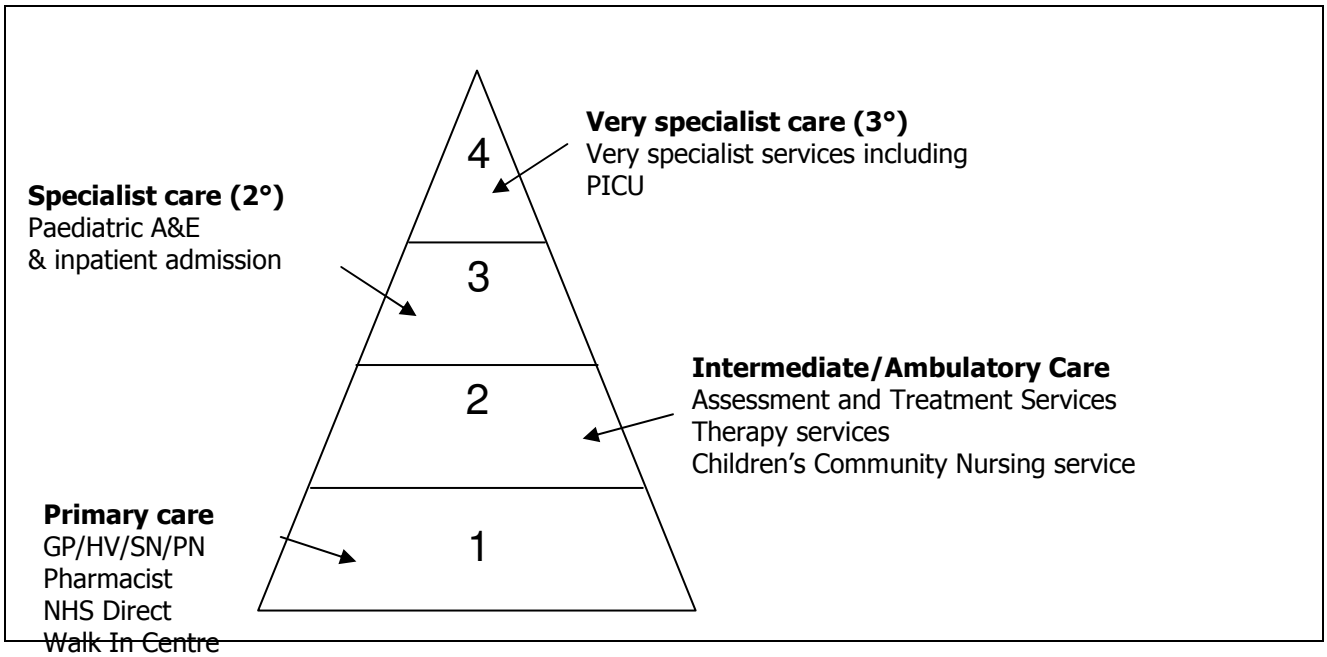
Improve services for vulnerable children and young people – including children and young people with disabilities

Improve support for young carers

Do you agree with our priorities?

7. CURRENT PROVISION

Children and young people are frequent users of all types of healthcare compared to adults, and in the NSF it is estimated that whilst '80% of all episodes of illness are managed by parents without reference to the professional health care system … in a typical year, a pre school child will see a general practitioner about six times, while a child of school age will go two or three times; up to half of infants aged under twelve month and one quarter of older children will attend an accident and emergency department. In any year, one in eleven children will be referred to a hospital outpatients clinic, and one in ten to fifteen will be admitted to hospital.'



The four tiers of health care provision are typically represented by a triangle, such as that shown above, and in Haringey:

- There are 60 GP practices
- Community children's health services are provided by Haringey TPCT. There are four teams: *early years* (health visitors and therapists); *schools* (school nurses and therapists); *specialist child health services* (consultant paediatricians, therapists, and health visitor); and the s*afeguarding* team which provides advice, supervision, training and support for all HTPCT staff and independent practitioners on child protection, looked after children, homelessness and domestic violence issues.
- Most midwifery services are provided by NMUH and the Whittington Hosptial
- Paediatric provision at the North Middlesex University Hospital (NMUH) is provided by the Great Ormond Street Hospital for Children (GOSH) at NMUH as part of the partnership described in section 8.3
- Most acute/secondary care services for children are provided by NMUH, and the Whittington Hospital. Provision at both includes: Walk In Centre; A&E

Department; in patient and out patient general paediatric provision; and non paediatric specialities, such as orthopaedics, that may be accessed by children.

- NMUH, has a separate paediatric A&E Department, which is open from 7.30am to 8.00pm, although assessments stop at 6.00pm. The Whittington Hospital has a separate area for children in the main A&E Department.
- There is a Haringey Children's Community Nursing and Complex Care Team, based at NMUH, who provide community nursing services to children and young people across Haringey. This includes anything from wound care or removal of sutures to the case management of children and young people with long term conditions. Specialist Nurses in Asthma, Diabetes, and Sickle Cell disease are attached to the team. There is a well established Children's Community Nursing Network across North London.
- Acute/secondary care services for Haringey children and young people is also provided by other providers, sometimes as part of managed network type agreements. For example out patient ENT cases are seen at NMUH and the Whittington, but day/inpatient care is provided by the Chase Farm Hospital and the Royal Free Hospital respectively.
- Great Ormond Street Hospital for Children NHS Trust is the main provider of very specialist services
- Palliative care services are provided by the Lifeforce Team, a multi-disciplinary team, which covers Camden, Islington and Haringey, and can draw on specialist advice from Great Ormond Street Hospital for Children.
- The TPCT commissions support for young carers from the National Children's Home

As noted in section 6, we need to know more about how Haringey children and young people use our health services and improving our information base will be a priority for 2007/2008.

8. PARTNERSHIP CONTEXT

8.1 The TPCT is committed to working with partners to deliver services that are well integrated both *horizontally*, that is with the local authority children's services building on the vision set out in the ECM:CfC programme and *vertically* – i.e. across primary, community, secondary and tertiary children's health services through the North Central Sector Children's Partnership for Health.

8.2 The Every Child Matters: Change for Children Programme

The TPCT will continue to work with Haringey Council to develop integrated commissioning and provider models for the benefit of children, young people and families in Haringey, through the ECM:CfC programme described in Appendix A. The twenty priorities of Changing Lives – the Haringey children and young people's plan are listed in Appendix B.

8.3 The Children and Young People's Partnership for Health (CYPPH)

Managed Clinical Networks (MCN) are defined as "Linked groups of health professionals from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Trust/Health Authority boundaries, to ensure equitable provision of high quality and clinically effective services." (NHS Neonatal Service Website). The National Service Framework cites Managed Clinical Networks as being key to driving up the quality of care in the NHS, and the CYPPH (GOSH Partnership) is a developing example of such network, which has been established between Great Ormond Street Hospital for Children, the North Middlesex University Hospital, Haringey Teaching Primary Care Trust, and the Whittington Hospital, to address the sustainability of children's health services in North Central London, and improve their quality through integration and standardisation.

Through the Partnership all specialist paediatric staff at the North Middlesex Hospital, and the TPCT's paediatric medical staff, are employed by Great Ormond Street. Following extensive consultation with staff and partners, the TPCT and Great Ormond Street Hospital for Children (GOSH) Board's have given in principle approval to the extension of the partnership with GOSH to include all children's services currently employed by Haringey TPCT. It is anticipated that the transfer of staff will take place from April 2008, with a shadow period commencing October 2007. It should be emphasised that the TPCT is committed to continued close joint working with Haringey Council services and the further development of aligned and integrated models of service based in the community, with the partnership with GOSH ensuring that developments are *underpinned* by strong NHS clinical, professional and organisational support structures.

For 2007/2008, the CYPPH (GOSH Partnership) have agreed to prioritise work on care pathways for children with long term conditions, including complex care needs, and Accident and Emergency (A&E) provision. This will support the need to refocus provision from inpatient and acute hospital based care, to care closer to home in the community.

9. SERVICE DELIVERY MODEL

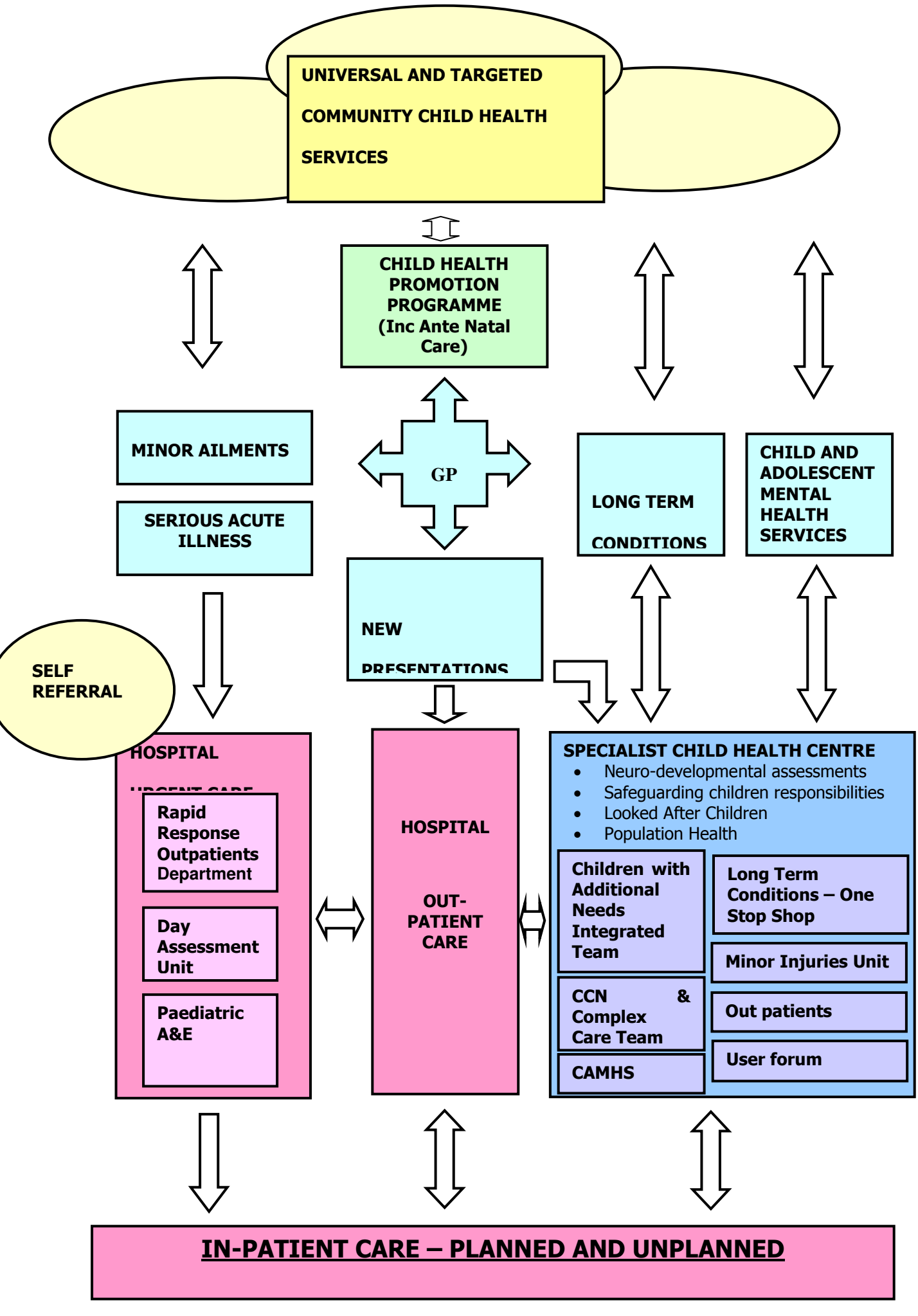
9.1 The service delivery model for children and young people's health services is evolving in response to the drivers for change described earlier in this document, requiring innovation and flexibility, from both the providers and the commissioners of services. It is expected that all children and young people's health services will be developed and delivered, in accordance with the standards defined by the National Service Framework for Children, Young People and Maternity Services, as part of the ECM:CfC programme described above. Standards One to Five are applicable to all children (and cover health promotion, supporting parents, child-focussed services, growing-up and safeguarding children) and thereafter there are specific standards for the ill child, the child in hospital, disabled children, children with mental health problems and maternity services (See Appendix C). .

9.2 The diagram on p22, has been adapted from diagrams included in the GOSH discussion document *Show me the way to stay home*, and illustrates the proposed service delivery model. Successful implementation is dependant on the development of community and primary care led pathways that aim to reduce reliance on secondary care services and support the release of resources into interventions focused on prevention and early identification and intervention.

- Prevention and early identification and intervention is fundamental to the successful implementation of the ECM: CfC Programme, and the TPCT expects all providers to work with the Haringey Council to develop integrated services around the needs of the child, young person and family. To include implementation of the Common Assessment Framework and work on joint protocols and pathways into services(Appendix A).
- A care pathway for asthma, has been developed through the CYPPH (GOSH PARTNERSHIP), and the TPCT expects to see providers collaborate on the development and implementation of similar pathways for other conditions including diabetes, sickle cell, and epilepsy, to make the best use of the improved access to primary care planned in the TPCT's primary care strategy.

9.2 Other key aims of the model are to:

- Reduce inequalities in health, through the development of services focused on prevention and early identification and intervention, and delivery of the Child Health Promotion Programme, with particular emphasis given to improving outcomes for vulnerable groups of children.


UNIVERSAL AND TARGETED
COMMUNITY CHILD HEALTH
SERVICES
CHILD HEALTH PROMOTION PROGRAMME (Inc Ante Natal Care)
MINOR AILMENTS
SERIOUS ACUTE ILLNESS
GP
LONG TERM CONDITIONS
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
NEW PRESENTATIONS
SELF REFERRAL
HOSPITAL
Rapid Response Outpatients Department
Day Assessment Unit
Paediatric A&E
HOSPITAL
OUT-PATIENT CARE
SPECIALIST CHILD HEALTH CENTRE
Neuro-developmental assessments
Safeguarding children responsibilities
Looked After Children
Population Health
Children with Additional Needs Integrated Team
CCN & Complex Care Team
CAMHS
Long Term Conditions – One Stop Shop
Minor Injuries Unit
Out patients
User forum
IN-PATIENT CARE – PLANNED AND UNPLANNED

- Where possible, to provide services in or close to home, or in other locations convenient to the child, young person and family. To include improved access to primary care, delivery of the health component of the core offer to children's centers and extended schools, and the extension of specialist community child health services to include 'one stop shop' provision for long term conditions, with possibly an adjacent minor injuries unit.
- Ensure that the need for urgent specialist care is identified promptly in the community by appropriately trained and skilled staff, with rapid transfer to an acute hospital with a range of services available to assess and diagnose the child or young person's condition. Provision to include a day assessment unit and consultant led rapid response outpatients clinics.
- Develop multi-agency/integrated provision for children with additional needs – to include children with disabilities

The different elements of the proposed model are described in subsequent sections.

9.2 For consideration by all providers

In addition to Standards for Better Health, there are a number of issues that the TPCT expects all providers to fully address:

i *A focus on children, young peoples and families* – services to ensure that children, young people and families are actively involved in their treatment and care, there is more opportunity for them to be involved in the way services are designed and developed.

ii *Equitable provision* – services to have policies and procedures in place to ensure that service provision is equitable, regardless of gender, ethnicity or socio-economic circumstance. These should be audited regularly for effectiveness and updated accordingly.

iii *Timely access* – services to meet access targets, including the NHS Improvement Plan (June 2004) commitment that *'By 2008 no one will wait longer than 18 weeks from GP referral to hospital treatment'*.

iv *Safeguarding children* - providers to ensure that services meet the requirements for effective child protection, and that all staff working with children and young people understand their roles and responsibilities regarding safeguarding and promoting the welfare of children and young people, receive regular training, and are updated, supported and supervised appropriately.

v *Clinical Governance and a safe culture* – services should have clinical governance systems in place which focus on children and young people and include arrangements for: safeguarding (see above); the use of evidence based practice developed in accordance with the NSF, NICE guidelines and so on; clinical audit; effective prescribing and referrals, and continuing professional development.

vi *Age appropriate provision* – services should be age appropriate, reflecting the fact that children and young people have different needs to adults, and that requirements change as children and young people grow. Wherever possible children and young people should be treated in child and/or adolescent friendly facilities away from adult provision. Appointment systems should be designed to minimise disruption and the amount of time children and young people will be away from school.

vii *Transition between services* – services to have procedures and protocols in place to ensure that the transition between services, for example early years to schools or young people's to adult services, is as seamless as possible. This requires an agreed procedure which ensures forward planning, close co-operation between staff of both services, shared information and the involvement of the child or young person, and their parent or carer if appropriate.

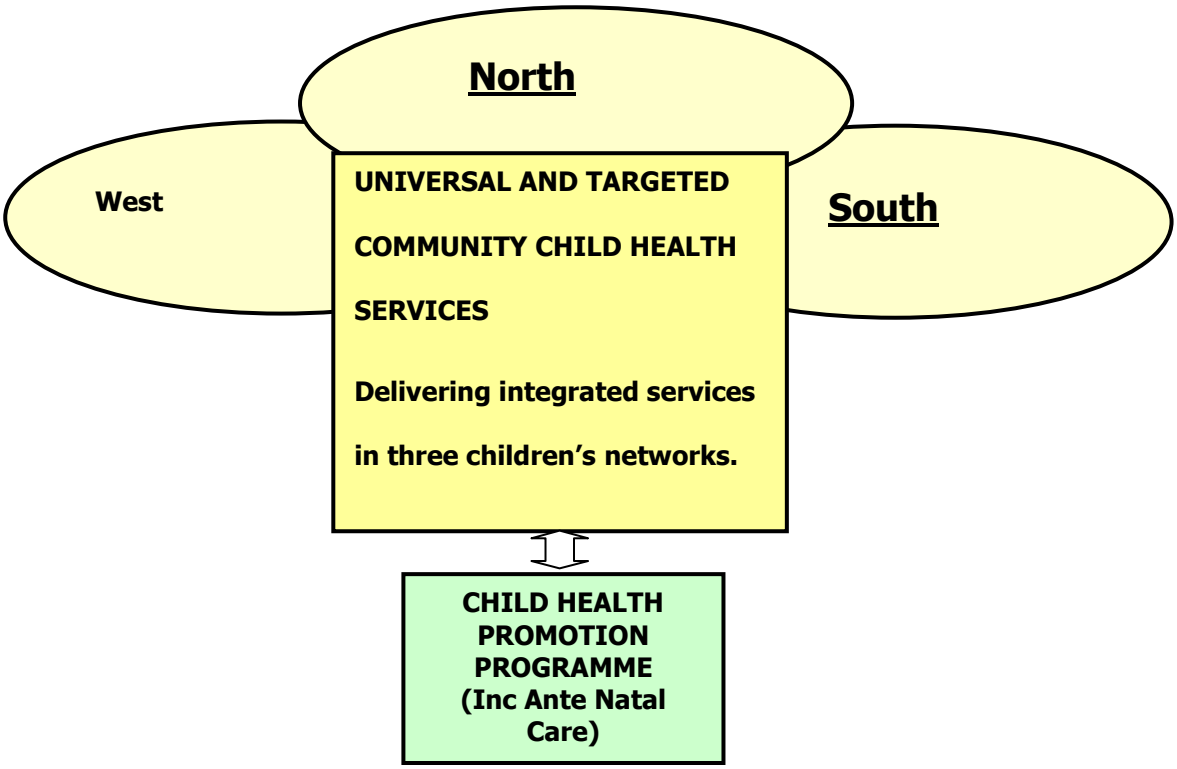
viii *Partnership working* – where appropriate, services to engage in the ECM:CfC and CYPPH (GOSH) partnerships, and to have protocols and procedures in place to ensure that organisational boundaries do not become a barrier to ensuring that children, young people and families receive the best possible health care. These should be audited regularly for effectiveness and updated accordingly.

ix *A skilled and dedicated workforce* – all staff treating or caring for children and young people should have appropriate training, which is updated regularly, with opportunity to refresh or learn new skills. Training should cover both the technical and clinical skills, and the personal and communication skills necessary to treat children and young people properly, as well as opportunity for leadership development. Recruitment and retention policies should be in place.

x *Confidentiality and information sharing* – all staff to follow the multi agency protocols that have been developed, to ensure that children and young people's confidentiality and rights are respected, but that where necessary information is appropriately disclosed to other professionals/agencies without consent.

Are there other priority issues for all services that should be highlighted?

10. COMMUNITY HEALTH SERVICES - CHILDREN'S NETWORKS



10.1 Health Improvement

Through the Haringey Strategic Partnership and the ECM:CfC programme, the TPCT is working with Haringey Council and other partners to reduce inequalities and improve the health of children and young people in Haringey.

The Child Health Promotion Programme (CHPP) described in Standard 1 of the National Service Framework (See Appendix C), provides a framework to ensure the promotion of health and well being of individual babies, children, young people and families. The CHPP is a multi agency programme for children age 0-19, to be delivered as part of the ECM:CfC programme, which replaces the medical model of screening for disorders in childhood, in favour of more emphasis on health promotion, primary prevention, and active early intervention targeted at those children who are most vulnerable and most at risk. Health Visitors in Haringey have led the work to implement the programme in Haringey, and the TPCT is now looking to providers to extend the programme to all children and young people under 19.

It is envisaged that the CHHP will be implemented in the context of a broader programme to improve the health of the community through awareness raising, health promotion and education, and improved access to service provision. There are strategies, work programmes and/or plans attached to each of the health improvement priorities identified in section 6, for example the infant mortality action plan, the teenage pregnancy action plan and the obesity strategy, which complement the priorities in *Changing Lives – The Haringey children and young people's plan*, and the TPCT expects all providers to make the appropriate and agreed contribution, to ensure that outcomes are improved for children, young people in Haringey.

Priorities include:

- To develop a multi-agency plan to encourage women to book early for pregnancy, preferably at 8-10 weeks of pregnancy to give them time to plan their pregnancy effectively and consider early screening options.
- Implementation of NICE guidance on postnatal care, to include the development of UNICEF baby-friendly standards in maternity and postnatal services.
- Multi-agency action to increase the uptake of childhood immunisations
- Development and implementation of infant feeding guidelines, led by the Infant Feeding Co-coordinator.
- Expand monitoring systems to include breastfeeding maintenance and smoking status throughout pregnancy and amongst households with children.
- Development of an obesity reduction strategy, and integrated care pathways for children and adults. To include family based interventions for children who are overweight/obese and their parents
- Reduce the number of people that smoke, and protect children from the harmful effects of environmental tobacco smoke
- Reduce teenage conception rates and increase the number of young people aged 15 – 24 accepting chlamydia screening at least once per year, as part of a broader aim to improve sexual health
- The continued implementation of the Healthy Schools Programme. This is a priority for the CYPSP (LBH Partnership), and is stretch target in the Local Area Agreement.
- Develop a strategy for suicide prevention in Haringey focusing on promotion of mental well-being, reducing the risks of suicide amongst key high-risk groups, and reducing the availability of suicide methods

10.2 Supporting parents or carers and self care

Supporting parents or carers to care for their children, whether through universal programmes to provide them with information and equip them with basic parenting skills, or through more specialist programmes to help when problems arise, or are likely to do so, is a key priority for both the NSF and the ECM:CfC programme. There is a wide range of provision in Haringey, and the TPCT will work with Haringey Council's Children and Young People's Service, who have the lead in this area, to develop a parenting support strategy to further improve provision.

More specifically for health services, it has been estimated that 80% of all episodes of illness are managed by parents and carers without reference to the professional health care system, and ensuring that parents, carers and indeed children and young people feel confident and assured in this role, is fundamental to plans to improve provision for children and young people with long term conditions and complex needs, and should be a priority for all health services.

10.3 Universal and targeted community child health services

The TPCTs early years and schools services provide community health services to Haringey's children and young people:

The Early Years Service – is a multi-disciplinary team with health visitors, RGNs, nursery nurses, speech and language therapists, physiotherapists and occupational therapists, providing universal and targeted services to children under 5 and their families in a range of locations (73 nursery classes, 10 children's centres, community clinics and health centres and 4 specialist resource bases for children with additional needs) within the Borough. The health visiting service is currently implementing the

Child Health Promotion Programme described in section 9.3, and is, moving towards services that are targeted on the most vulnerable children, whilst ensuring that all children receive a core child health service.

The Schools Service – is a multi-disciplinary team of school nurses and speech and language therapists, physiotherapists and occupational therapists, who work with children and young people in mainstream, special schools, and specialist units/resource bases, (73 infant and junior schools, 11 secondary, 5 special schools and 4 specialist resource bases) within the Borough. The service has well established links with local schools and Haringey Council's children and young people's service.

There is a strong history of partnership working in Haringey, and both services are moving further towards an integrated model of multi-agency working as part of the developing ECM;CfC programme. Health visitors have worked in teams with corporate case loads based on Network Learning Community geographical areas since April 2006, and other services are in the process of aligning themselves to Children's Network areas.

Safeguarding service **– The Safeguarding Team is led by a nurse consultant, provides advice, supervision, training and support for all TPCT staff and independent practitioners on child protection, looked after children, homelessness and domestic violence issues. Proposals for co-location with LBH colleagues are currently in development**

Children's networks

Three Children's Networks have been established across the borough. Each area consists of 2 Network Learning Communities:

The map above shows the three Children's Network areas which have been developed as the delivery model for multi agency provision for children and young people to enable services to be delivered closer to children and families and facilitate the development of the 'team around the child approach' advocated by Every Child Matters. The networks will bring together different groups of professionals working with children and young people and families within the same geographical area, and enable

- A core range of services to be available to all children and young people and families in response to local need
- More co-ordinated and effective assessments
- A greater focus on prevention and early intervention, with a greater targeting and concentration of resources towards those children and families who are most vulnerable and most at risk.
- The development of multi-agency pathways that facilitate access to specialist provision
- A strong focus on safeguarding

- Better information sharing, both within and between agencies

It is envisaged that *where feasible* universal and targeted child health services, including midwifery services and early years and schools service described above, will be aligned to the networks. Services will be delivered from a range of settings, including the child or young person's home, children's centres, schools, special schools, extended schools, health centres, and there will need to be close collaboration with GP practices, to ensure that there is a multi-agency approach to driving up the quality of services and improving outcomes for children, young people and families.

Working with the local population, needs will be assessed, and services planned, delivered, and possibly joint commissioned on a multi-agency network basis. In addition key aspects of the Every Child Matters agenda will be implemented through Children's Network model, for example, the Common Assessment Framework, the lead professional, information-sharing, and work force development.

Children's Centres

Children's Centres are viewed as key to, improving outcomes for all children under 5, and closing the gap between those with the poorest outcomes and the rest, and so far 10 Children's Centres have been designated in Haringey with a further 8 planned as part of phase 2 which finishes in April 2008. The *Core Offer* defines the multi-agency services that are to be available from children's centres, or where space is at premium, at their *satellite centres,* which may include for example the local health centre. Core offer provision includes:

- Antenatal advice and support for parents/carers
- Delivery of the Child Health Promotion Programme – see Appendix D
- Information and guidance on breast feeding, hygiene, nutrition and safety.
- Promoting positive mental health and emotional well being, including identification, support and care for those suffering from maternal depression, ante-natally and post-natally.
- Speech and language therapy for children with communication difficulties & autistic spectrum disorders, and other specialist support.
- Support for healthy lifestyles.
- Help in stopping smoking
- Early identification of children with special needs and disabilities with inclusive services and support for their families
- Consultation and information sharing with parents/carers, including fathers, on what services are needed, and systems to get user feedback on services.

Health services are working closely with children's centres to ensure that the core offer is met, and that services reflect the needs of the local population. However the TPCT has identified peri-natal and infant mental health services as a priority for future investment.

Extended Schools

Schools are the universal service that has the most contact with school-age children as well as frequent and close contact with their families. Addressing health needs through extended schools delivers benefits by:

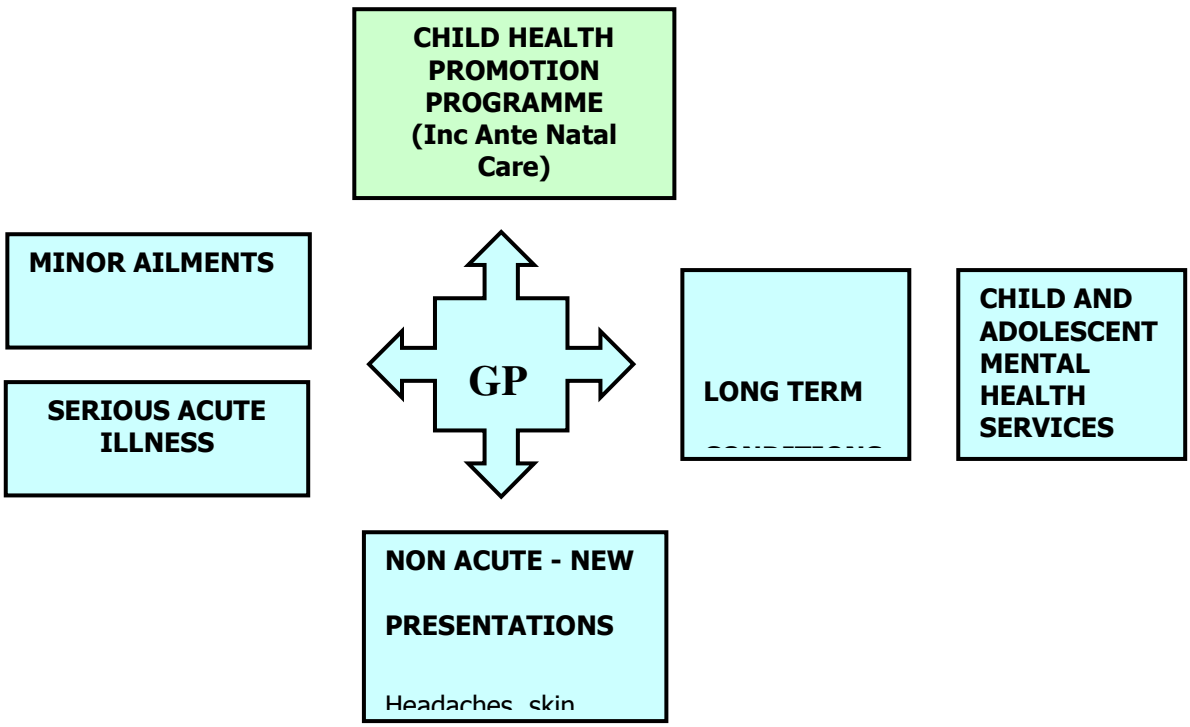
- Improving pupils' attendance
- Removing barriers to learning through earlier intervention
- Reaching hard-to-access communities
- Improving take up of preventative health services
- Tackling inequalities
- Targeting previously unmet health need

The core offer for extended services to be offered in and around schools includes parenting support, and swift and easy referral to a wide range of specialist support services (including services which may be delivered by health professionals on the school site). The Healthy Schools programme provides a sound basis for developing this work.

TPCT school services already work in Haringey schools, as established members of the school team, offering a range of provision including: a joint speech, language and communication service for children and young people with speech, language and communication disorders, participation in PHSE (Personal, Health and Social Education) programmes; immunisations; and targeted services for children with specific health issues e.g. enuresis, epilepsy and a range of other therapy services for children with complex needs.

Focussing on early identification and intervention, clear pathways and protocols will need to be developed to ensure good access to specialist provision from schools to for example the Specialist Child Health Service; CAMHS; the Sexual Health Service and so on. In consultation with children and young people, consideration will also be given to offering additional services from the school site.

11. GPS AND PRIMARY CARE



This section should be read in conjunction with the TPCT's primary care strategy 'Developing world class primary care in Haringey: A consultation document' (June 2007).

Most health service contacts for children are with GPs and the primary care team, who have a key role in improving the health and well being of children, young people and families in their area.

The TPCT has a responsibility to ensure that Haringey's children, young people and families have access to high quality primary care services, and the development of community and primary care led pathways that reduce reliance on secondary care services are a priority. Primary care is the ideal setting for the treatment of minor ailments, and the identification of more serious problems, which require treatment and care in collaboration with other providers, or in the case of serious acute illness, referral on.

Both the NSF and the report on '*the acutely or critically sick child in the district general hospital*', highlight the importance of ensuring that primary care practitioners are given the opportunity to maintain the skills and competencies required in the assessment and identification of the acutely or critically sick child. Working with GPs and other health professionals, the Managed Clinical Network being developed through the CYPPH (GOSH PARTNERSHIP), will improve access to opportunities for continuing professional development, and support the development of community and primary care led pathways into other services.

Given the high level of transience in the population the TPCT, will work with primary care providers to ensure that all children, young, people and families have access to primary care services, and are registered with a GP practice. Improving access to primary care services is one of the cornerstones of the primary care strategy, which proposes to develop a number of super health centres/polyclinics that will deliver an enhanced range of services in a primary care setting in the community.

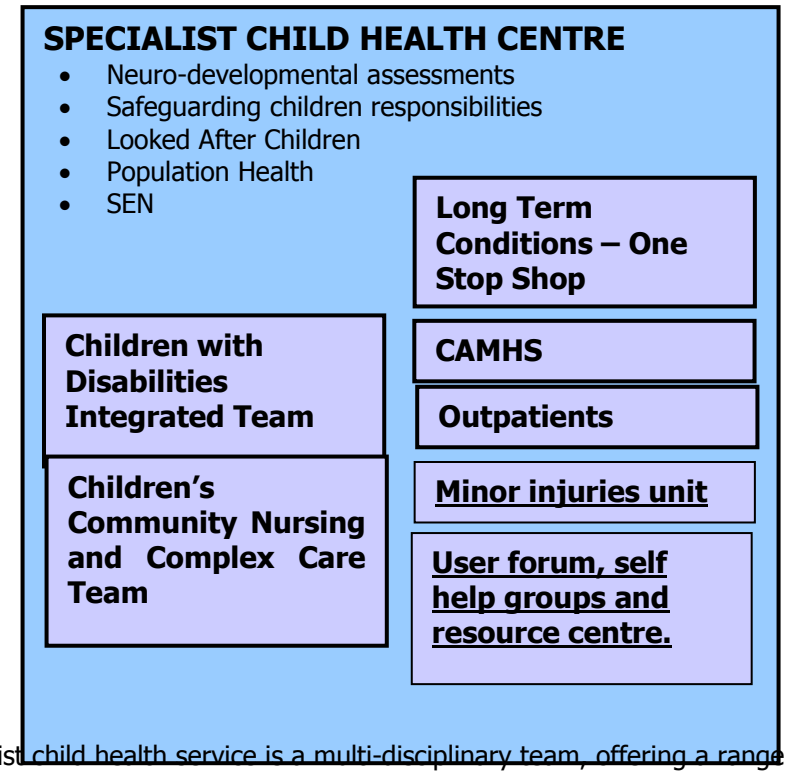
The National Service Framework also highlights other areas where primary care provider involvement is key:

- Encouraging pregnant women to book early for antenatal, preferably at 8-10 weeks of pregnancy to give them time to plan their pregnancy effectively and consider early screening options.
- Delivery of part of the Child Health Promotion Programme, which can be provided as an additional service under the GMS contract.
- Early identification and intervention, and appropriate referral on, where there are problems with a child's development
- Early identification and intervention, and appropriate referral on where there is concern about parenting capacity, non attendance for an appointment, or suspected non-accidental injury, abuse, or neglect.
- Optimizing the use of secondary care through good quality referrals and discharge planning, with emphasis placed on 'enhanced self care and improving the management of long term conditions' in primary care. To include care planning for children and young people with more complex needs.
- Enabling young people to avoid unwanted pregnancy and sexually transmitted infections
- Identifying children and young people with mental health problems, and considering whether those with less serious problems could be treated in primary care or other non specialist settings.

GPs and primary care providers in Haringey are organised into four practice based commissioning collaboratives, with named Health Visitors providing the key link across to the multi-disciplinary/multi-agency teams being developed in the three children's network areas for children aged 0-5. Urgent consideration needs to be given to developing links between the collaboratives and network teams for older children and young people, and to ensuring that there is good communication when planning and commissioning services.

Are there other issues relating to primary health care for children, young people and families, which should be considered as a priority here?

12. SPECIALIST COMMUNITY CHILD HEALTH SERVICES



12.1 The specialist child health service is a multi-disciplinary team, offering a range of specialist services for babies, children and young people aged 0 to 19 with additional and complex health needs.

Services provided:

- Multi-Disciplinary Assessments for children with developmental difficulties or disabilities for example: learning difficulties; cerebral palsy; Down syndrome; ADHD, and Autistic Spectrum Disorders.
- Specialist paediatric clinics including infectious diseases (at North Middlesex University Hospitals)
- Specialist immunization and advice
- Medicals for children who may have special educational needs and those who are looked after by the Local Authority
- Medicals for Child Protection
- Specialist services including, Speech and Language Therapy, Physiotherapy, Occupational Therapy, Dietetics, Clinical Psychology and Health Visiting.

In the context of the ECM:CfC programme, the specialist community health service will provide as much care as possible in children's homes, nurseries and schools but some specialist assessment & treatment facilities are also required.

12.2 The service is currently based in the Child Development Centre on the St Ann's site, but the premises are not 'fit for purpose' and a new site is being sought as a priority.

Ideally the new premises will be suitable for an extended team, and for example:

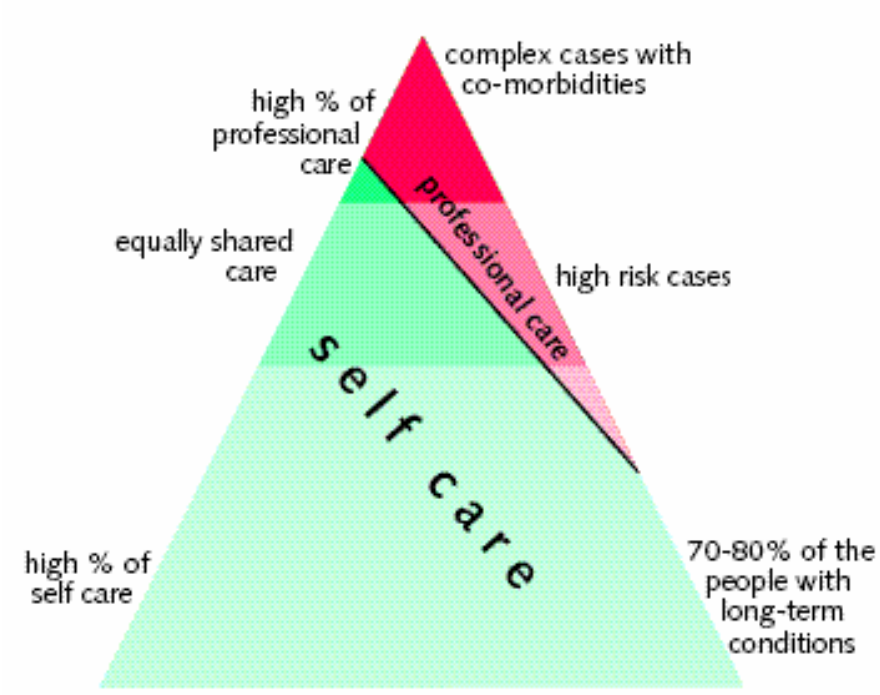
- The CYPSP (LBH PARTNERSHIP) is looking at models of integrated provision for children with additional needs, including children with disabilities, and this thinking will need to consider/be incorporated into the future service model for specialist child health services. To include mental health provision and the need to identify long term accommodation for CAMHS.

- The TPCT wishes to review the current provision of specialist child health services in community and hospital settings, with a view to offering more services from the specialist child health centre in a community setting. Particular priority will be given to the management of long term conditions, but there may be other relatively minor conditions, for example skin lesions, currently managed through paediatric outpatients, which could be managed in the community by GPs, or GPs with a special interest, working alongside specialists from secondary care.
- The Haringey Children's Community Nursing and Complex Care Team, which is based at NMUH, will be strengthened and become more of a community resource working closely with parents and carers, primary care teams, the TPCT's community health services, and Haringey Council's Children and Young People's Service.
- The recent discussion document looking at the provision of urgent care, considers a full range of responses from telephone advice and self care, to deployment of a crisis team, to admission to a specialist hospital. An element of this tiered response might include community based provision of a minor injuries, which could be based alongside the Specialist Child Health Centre.
- Children, young people and families will be actively involved in the development any new premises and the services it contains, which should also be a resource centre to supports self management and active involvement in treatment and care.

12.3 Long term conditions and complex health needs

The TPCT believes there is much we can do to improve and streamline the care that children and young people with long term conditions and complex health needs such as asthma, diabetes, complex developmental disorders/syndromes, cerebral palsy and muscular dystrophy.

The model for supporting children and young people with long term conditions and complex health needs described in section 4.4 iii will be implemented through the CYPPH (GOSH PARTNERSHIP) Managed Clinical Network bringing together primary care, the children's community nursing and complex care team, community specialist child health services, and specialists from the acute sector.



Care, treatment and support will be provided in a range of settings, home, children's centre, school, GP surgery, the specialist child health centre, and secondary and tertiary care. The routine management of long term conditions will be delivered in the

community with case management arrangements put in place for more complex cases. The specialist child health centre will be the hub of provision, providing access to 'one-stop shop' multi disciplinary/agency services - paediatricians, therapists (speech and language therapists, physiotherapists, occupational therapists, and dieticians), community nurses, social workers and so on - and access to facilities to support both self management and professional development. Where acute admission to hospital is required it should be for as short a time as possible, with aftercare and support being provided by services in the community.

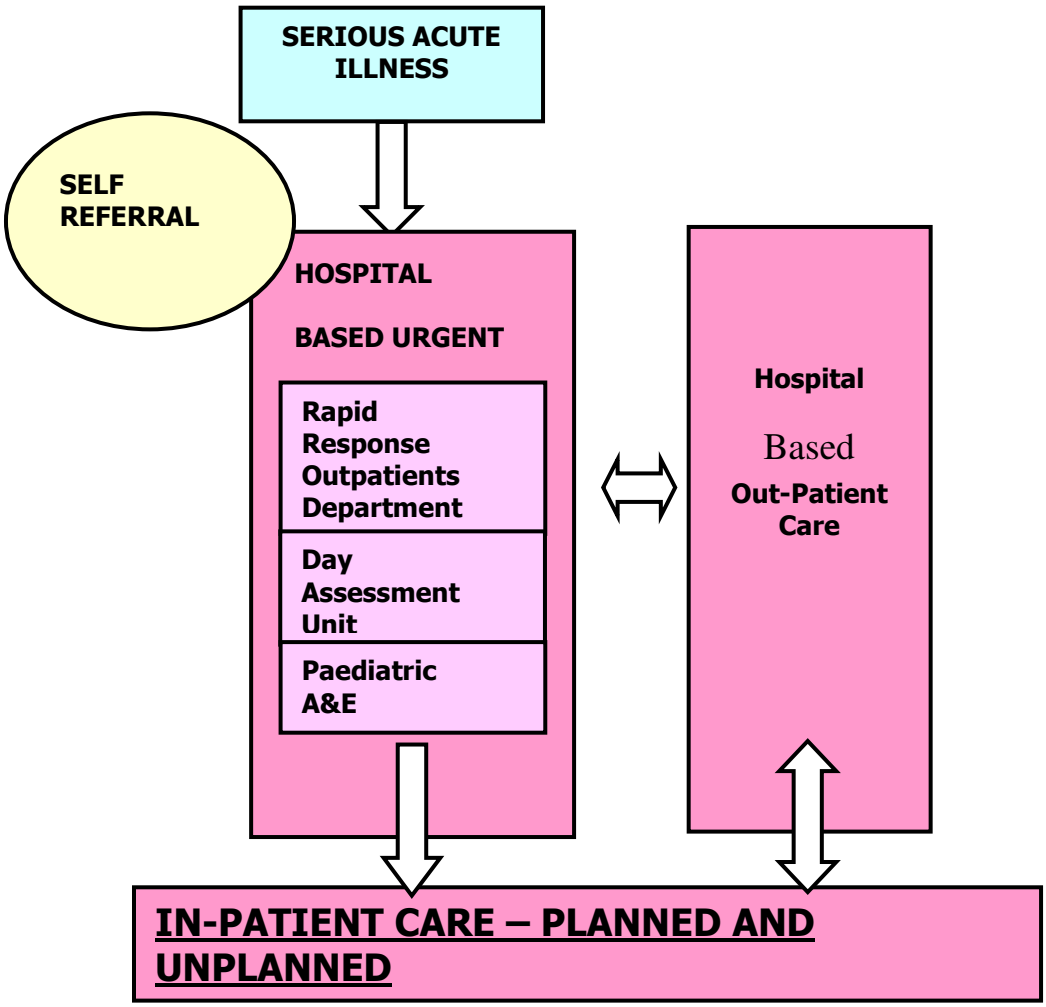
As part of the CYPPH (GOSH Partnership), the Asthma collaborative has developed a care pathway that will be used as a pilot to test out new ways of working across professional and organisational boundaries. Work on pathways for Diabetes, Epilepsy and Sickle Cell disease is underway.

Increasingly it is possible for children and young people with very complex health needs, including those requiring long term ventilatory support, to be cared for at home, enabling them to attend schools and participate in community activities. Care for this group of children and young people could be improved through better co-ordination of services, and in addition there other issues which need to be considered:

- Packages of nursing care are currently purchased from an agency, but there is a shortage of suitably qualified and experienced nursing and care staff, and the TPCT wishes to explore directly employing care staff, or commissioning provision from another NHS Trust.
- The Joint Area Review raised concerns about access to Occupational Therapy services and equipment, which are being addressed, but the growing number of children with very complex health needs will have implications for therapy services in future.

What services would you like to see offered from a specialist children health centre in the community?

13. HOSPITAL BASED URGENT CARE



Where possible children, young people and families want to receive treatment and care as close to home as possible, but accept the need to travel for specialist services when necessary. The TPCT wishes to develop a network of provision that ensures that children and young people receive assessment and treatment in the most appropriate place, and where this is away from home, that they returned home with the appropriate support as soon as possible. Emphasis to be given to ensuring that all health professionals who work with children and young people, are appropriately trained and are able to maintain their skills through a sufficient level of ongoing experience. This must include training in paediatric emergencies, although the aim will be to ensure effective triage and transfer to the appropriate care setting, with access to the expertise and equipment appropriate to the child or young person's condition.

As has been discussed previously primary care is the ideal setting for the treatment of minor ailments, and the identification of more serious problems, which require treatment and care in collaboration with other providers, or in the case of serious acute illness, referral on. In the model proposed urgent specialist care would be provided by the Acute Trusts, NMUH and the Whittington, with a range of provision available including paediatric A&E, a day assessment unit to allow longer for the child or young person to be observed and assessed, and rapid response outpatient clinics providing access to urgent advice from a Consultant in non emergency situations within 48 hours.

What do you think of the proposed model?

14. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

There has been significant strategic discussion across the whole of the North Central London sector (comprising Barnet Enfield Haringey Camden and Islington PCTs) about the possible reconfiguration of acute paediatric services across the sector, which has been driven by the change factors described in section 4.

More recently the focus has been on acute hospital services provided at Chase Farm Hospital, Barnet Hospital and the North Middlesex University Hospital (NMUH). Two main proposals for reorganising hospital care at these three hospitals are currently out for consultation. In summary:

1. Inpatient services for women and children and obstetrician-led maternity services based at Barnet and North Middlesex. Planned and emergency services separated with Barnet and North Middlesex providing major emergency services, urgent care centres for non life-threatening conditions and day surgery. Chase Farm would provide planned inpatient surgery and an urgent care centre, with consultant-led paediatric and older people's assessment units.

2. All inpatient and major emergency services centralised at Barnet and North Middlesex. Chase Farm becoming a Community Hospital providing day surgery, outpatient clinics, GP services, community-based nurse and therapy services, routine diagnostic services such as pathology and simple imaging and an urgent care centre as in option 1. A midwife-led birthing unit could also be located at Chase Farm Hospital.

Please visit the following website for more information: http://www.behfuture.nhs.uk/

It is anticipated that the proposed changes will have minimal impact on the Whittington.

15 CONSULTATION

The initial consultation period ran from 9th July to 14th September 2007, but has been extended to 31st December 2007, to allow for more views to be obtained on the proposed framework for commissioning health services for children and young people in Haringey.

Comments, or requests for further information or attendance at relevant meetings, should be sent to:

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Appendix A

THE HARINGEY EVERY CHILD MATTERS: CHANGE FOR CHILDREN PROGRAMME

The key elements of the Every Child Matters programme are illustrated by the diagram below.

Child-centred, outcome led vision

The twenty priorities identified in 'Changing Lives' the Children and Young People's Plan (see Appendix B) were informed by a series of consultation events with children, young people and other stakeholders, and were the subject of a public consultation. Ongoing mechanisms to enable children, young people and their families to participate in the development of the ECM:CfC programme are in place.

Integrated front line delivery

Three children's networks have been established – North, South and West Haringey, and the networks will be the delivery model for integrated services, which will enable community based services, which are more geared to prevention, to be delivered closer to the child. Children's Centres are key to, improving outcomes for all children under 5, and closing the gap between those with the poorest outcomes and the rest. and so far 10 Children's Centres have been designated in Haringey with a further 8 planned as part of phase 2. Work on extended schools is progressing. Developing integrated services for Children with Additional Needs has been identified as a priority for the partnership.

Integrated processes

A draft protocol has been developed to underpin information sharing between services and work is underway to look at a common database. From 1st January 2007, the Common Assessment Framework, will be rolled out

across Haringey starting with Health Visiting and Schools referrals into Speech and Language Therapy and education support services such as the Educational Psychology Service and the Behaviour Improvement Programme. Panels will be established in each network area, to look at cases where multi agency input is required, and extension to other services will be accompanied by appropriate preparation and training. Work on developing the role of the lead professional is being carried out alongside Common Assessment Framework implementation.

Integrated strategy

A joint needs assessment 'Knowing Our Children and Young People – planning for their futures' has been developed and will be updated annually. The outcomes of the needs assessment informed the priorities identified in 'Changing Lives', which are underpinned by the need to refocus services on early idenification and intervention, with priority given to improving outocmes for vulnerable children and young people. A joint commissioning group has been established and developing joint performance management and commissioning arrangements will be a priority for 2007/2008.

Inter–agency governance

Inter-agency governance structures have been agreed by the partnership.

Appendix B

CHANGING LIVES – THE HARINGEY CHILDREN AND YOUNG PEOPLE'S PLAN

Summary of priorities

Priority one – We will improve outcomes for vulnerable children and young people through implementing strategies that will ensure earlier intervention.

Priority two – We will continue to improve life changes for looked after children and care leavers.

Priority three – We will improve outcomes for children and young people with disabilities.

Priority four – We will reduce the number of stillbirths and babies who die before their first birthday.

Priority five – We will promote healthier lifestyles to children, young people and parents.

Priority six – We will prevent young people from developing mental health problems by strengthening their emotional well-being and self-esteem and improve services to those who have mental health needs.

Priority seven – We will work with young people to reduce teenage conception rates in Haringey as part of a broader aim to improve sexual health.

Priority eight – We will reduce the incidence of specific dangers affecting some of all children and young people in the community in partnership with parents and the wider community and through the implementation of the Pan-London child protection procedures.

Priority nine – We will renew our efforts to reduce bullying, discriminatory incidents and the gang culture in line with what young people have told us is most important to them.

Priority ten – We will create more safe places for children to play and for young people to go to through working with partners from Haringey Council, the police and the voluntary sector.

Priority eleven – We will reduce the number of children and young people who are involved in crime or become victims of crime.

Priority twelve – We will further improve the quality of early years education.

Priority thirteen – We will enable children and young people to enjoy wider opportunities through a broad curriculum and out-of-school learning activities.

Priority fourteen – We will improve attendance and raise standards of achievement for all children and young people reflected across all sections of our community.

Priority fifteen – We will empower children and young people to have a more effective voice in decision-making.

Priority sixteen – We will ensure that children and young people living in Haringey are given wider opportunities to broaden their experiences to be creative, and equip them to live in a global society.

Priority seventeen – We will work together to give a more positive profile to children and young people drawing attention to their positive contributions, reinforcing rights and responsibilities for children and future adults, and celebrating their achievements.

Priority eighteen – We will improve access to services for young people and parents that support them to be more economically active.

Priority nineteen – We will reduce the number of young people between the ages of 16 and 19 who are not in education, employment or training, especially those looked after by the local authority.

Priority twenty – We will improve the percentage of young people at age 19 qualified to Level 2 and Level 3.

Appendix C

NATIONAL SERVICE FRAMEWORK FOR CHILDREN, YOUNG PEOPLE AND MATERNITY SERVICES

PART I

Standard 1: Promoting Health and Well-being, Identifying Needs and Intervening Early

The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.

Standard 2: Supporting parents or carers

Parents or carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.

Standard 3: Child, Young Person and Family-Centred Services

Children and young people and families receive high quality services which are coordinated around their individual and family needs and take account of their views.

Standard 4: Growing Up into Adulthood

All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.

Standard 5:
Safeguarding and Promoting the Welfare of Children and Young People

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

PART II

Standard 6: Children and Young People who are Ill

All children and young people who are ill, or thought to be ill, or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness.

Standard 7: Children in Hospital

Children and young people receive high quality, evidence-based hospital care, developed through clinical governance and delivered in appropriate settings.

Standard 8: Disabled Children and Young People and Those with Complex Health Needs
Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives.

Standard 9: The Mental Health and Psychological Well-being of Children and Young People
All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them, and their families.

Standard 10: Medicines Management for Children
Children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence.

PART III

Standard 11: Maternity Services
Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.

Appendix D

OVERVIEW OF THE CHILD HEALTH PROMOTION PROGRAMME

This table sets out health promotion services that will be offered to all pregnant women and children and for which there is evidence of effectiveness. Services may change a new evidence emerges, particularly in the area of adolescent health, and in response to new health concerns (including priorities that may be identified in the White Paper on public health).

Age	**Intervention**
Ante-natal	Ante-natal screening and a preliminary assessment of child and family needs. Provide advice on breast-feeding and general health and well-being, including health eating and smoking cessation where appropriate. Arrangements are put in place, including sharing of information, to ensure a smooth transition from the midwifery to health visiting service.
Soon after birth	General physical examination with particular emphasis on eyes, heart and hips. Administration of vitamin K (if parents choose vitamin K drops, these are administered during the first week after birth). BCG is offered to babies who are more likely to come into contact with someone who has TB. The first dose of Hepatitis B vaccine is give to babies whose mothers or close family have been infected with Hepatitis B.
5-6 days old	Blood spot test for hypothyroidism and phenylketonuria. Screening for sickle cell disease and cystic fibrosis is also being implemented. See www.newbornscreening-bloodspot.org.uk
Within 1st month of life	Newborn hearing screen now being rolled out to all areas. If Hepatitis B vaccine has been given soon after birth, the second dose is given.
New birth visit (usually around 12 days)	Home visit by the midwife or health visitor to assess the child and family health needs, including identification of mental health needs. Distribution of 'Birth to Five' guide and the Personal Child Health Record if not already given out ante-natally. Information/support to parents on key health issues to be available (e.g. support for breastfeeding, advice on establishing a routine etc).
6 – 8 weeks	General physical examination with particular emphasis on eyes, heart and hips. First set of immunisations against polio. Review of general progress and delivery of key messages about parenting and health promotion. Identification of post-natal depression or other mental health needs. If Hepatitis B vaccine has been given after birth, the third dose is given at 8 weeks.
3 months	Second set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Review of general progress and deliver of key messages about parenting and health promotion, including weaning.
4 months	Third set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib and Meningitis C. Opportunity to give health promotion and advice to parents and to ask about parents' concerns.
By the 1st birthday	Systematic assessment of the child's physical, emotional and social development and family needs by the health visiting team. This will include actions to address the needs identified and agree future contact with service.
Around 13 months	Immunisation against measles, mumps and rubella (MMR). Review of general progress and health promotion and other advice to parents. If Hepatitis B vaccine has been given soon after birth a booster dose and blood test are given.
2 – 3 years	The health visiting team is responsible for reviewing a child's progress and

	ensuring that health and developmental needs are being addressed. The health visitor will exercise professional judgement and agree with the parent how this review is carried out. It could be done through early years providers or the general practice or by offering a contact in the clinic, home, by post, telephone or email etc. Use is made of other contacts with the primary care team (e.g. immunisations, visits to the general practitioner etc.)
3 – 5 years	Immunisation against measles, mumps, rubella (MMR) and polio and diphtheria, tetanus and whooping cough. Review of general progress and delivery of key messages about parenting and health promotion.
4 – 5 years	A review at school entry provides an opportunity to check that: immunisations are up-to-date, children have access to primary and dental care, appropriate interventions are available for any physical, developmental or emotional problems that had previously been missed or not addressed, to provide children, parents and school staff with information about specific health issues, to check the child's height and weight (from which the Body Mass Index can be derived for use as a public health indicator), and to administer the sweep test of hearing. National orthoptist-led programme for pre-school vision screening to be introduced. Foundation Stage Profile – Assessment by the teacher to include a child's: >Personal, Social and emotional development >Communication, language and literacy >Physical development and >Creative development

Ongoing support at primary and secondary schools	Access to school nurse at open sessions/drop-in and clinics by parents, teachers or through self-referral. Provision for referral to specialists for children causing concern. Children and young people with medical needs and disabilities may receive nursing care within the school environment according to their needs.
Secondary School	The Heaf test is carried out between 10 to 14 years, and BCG vaccine given to those requiring it. Tetanus, diphtheria and polio vaccines are given between 13 to 18 years. Check over immunisations are up to date

Key to relevant records

NHS Care Record Service

Personal Child Health Record

This schedule is underpinned by a health promotion programme, based on best available evidence, that focuses on priority issues such as healthy eating, physical activity, safety, smoking, sexual health and mental health and is delivered by all practitioners who come into contact with children and young people, and in all settings used by this age group.