Islington CCG QIPP Investment Proforma 2014/15

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| Project: | Asthma Friendly Schools (Kitemarking) project |
| Date of proposal: | 28/01/2014 |
| Programme Area: |  |
| Provider: | Islington CCG |
| Budget Code (if known): |  |
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Summary of Investment Proposal:

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| There appears to be a disproportionate number of childhood respiratory deaths in London (Dr Foster Data). Asthma morbidity for children in London is rising compared to other areas of the UK. Admission to hospital and attendance to ED in London is very high. Islington has the third highest Asthma Emergency hospital admission figures (HES Data, 2011/12). Attendances to ED by children in Islington are also higher that the London average. (Chi Mat data, 2010/2011).1 in 11 children has asthma, this indicates significant morbidity and high financial costs. 1/3 of admissions could be prevented by better primary care. It is proposed that asthma morbidity, days missed from school and hospital attendances/admissions could be reduced by this initiative. Similar projects have been done in other parts of England. A similar kite marking project done in London in Ealing has resulted in a reduction in asthma admissions and attendances. However this model of care is different to what we propose, so whilst we would anticipate a proportionate reduced impact, we are unable to quantify what this would be. This proposal is also about picking up ‘unmet demand’ so children who have asthma symptoms, who have not been identified.We propose that funding community-based interventions, through schools will improve outcomes of children with chronic disease. There are 44 primary schools and 12 secondary schools in Islington. We would like all schools to achieve a benchmark or kite mark standard for asthma. This would involve:* having a schools’asthma policy,
* an up-to-date asthma register,
* twice yearly training for teachers on asthma,
* all children should have access to their inhalers/spacers and asthma plans,
* no child with asthma should be stigmatised,
* Incorporate asthma education into the schools’ PSHE education.

The inhalers campaign for schools, which may result in legislation in the next academic year, will allow schools to legally carry inhaler kits for unnamed children, to be used in an emergency. This will have clinical governance issues and if schools are kite marked, they will more easily be eligible to apply for these inhaler kits.In order to enable this project, a full time equivalent band 7 Paediatric Nurse, with expertise in asthma and the knowledge and skills to lead the project, would be required. The nurse will be employed by Whittington Health. This would need to be recurrent funding, as this project will need to remain sustainable from year to year. This person would need administration support, 0.4 whole time equivalent, band 3.There is also a CLARHIC project in progress, led by Jonathon Grigg, Professor of Paediatric Respiratory Medicine at Barts and the London NHS Trust, and funded by HENCLES. Working with established asthma groups such as the one led by Dr John Moreiras (Whittington Hospital), the aim of this initiative is to use an online assessment of asthma control done in schools to deliver targeted information and support to children who have an increased risk of developing a clinical attack of asthma. The project is in 2 phases. In phase 1 (January to December 2014), academics will work with a small number of schools to develop and assess the acceptability (to teachers and pupils) of the online tool and develop the intervention. In phase 2, the effectiveness of the intervention in reducing a range of markers of poor asthma controls (attacks, days off school, need for rescue inhalers) will be formally assessed. It is hoped that this initiative will lead to the development of an online health portal addressing a range of needs such as mental health and control of other chronic diseases such as diabetes. The aim is to identify 2 secondary schools in Islington, identify the children with poor control in these schools and put in interventions to improve their asthma control. It is proposed that the appointment of a paediatric nurse with expertise in asthma will also enable this project to be supported and delivered to more schools (and therefore children) than initially envisaged. The asthma nurse would also support children in schools with asthma, liaise with secondary care and GP’s/practice nurses. S/he would also have a role in supporting children with child protection needs and attending necessary meetings. |

Strategic Alignment

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| * Reducing Paediatric Asthma attendances to ED is a strategic objective for Whittington Health and the CCG
* Whittington Health is an ICO and this is cross community project, meeting the aims of the organisation.
* Improving Population Health
* Culture of Innovation and Improvement
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Evidence of Patient & Public Involvement

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| * Asthma workshop held in September 2013: parents identified that more support was needed within schools and primary care, to enable better care.
* Liaised with Healthy Schools leads in Islington and the school nursing team, who are enthusiastic and have indicated cooperation with this project
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Evidence of Equality Impact Assessment and/or Needs Assessment

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| The Equality Impact Assessment is attached. |

Evidence of Quality Impact Assessment

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| The Quality Impact Assessment is attached. No negative impacts have been identified. Total score is 0/25.Quality area Total score out of 25 for negative impacts (impact x likelihood)Patient Safety - 0Clinical Effectiveness - 0Patient experience - 0Workforce - 0 |

Risks

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| Asthma admissions and ED attendance cannot be reduced with a secondary care approach only; the engagement of primary care is essential. Therefore if this proposal is not implemented, admissions and ED attendance will remain high - Islington has the third highest Asthma Emergency hospital admission figures (HES Data, 2011/12).  |

Milestones

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| * Proposed start date, September 2014, need service level agreement, recruitment etc.
* Implementation is a staggered process, and may need to start with motivated schools in year 1, proceeding to all schools over the forthcoming years.

Key Actions:Funding agreedService level agreement and recruitmentWorking group and timeline agreedDevelop pack for project for schools, Engage Asthma UKRecruit schools, decide on no. of schools Education at the beginning of term for teachers and staff.Sign of schools, once objectives achieved. |

Expected Outcomes and Key Performance Indicators

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| What is the objective of the investment (including quantification) e.g. **Numbers of schools engaged in the programme:**Q1 - preaudit and identifying schoolsQ2 - engage 6 schools (10% of Islington schools) in working towards achieving the kitemarking standardQ3 - engage 12 schoolsQ4 - engage 18 schools(All figures are cumulative). Additional expected outcomes:* Better identification of children with days missed off school due to asthma; these children referred to primary care.
* Better asthma education in school.
* Increased adherence to asthma plans leading to reduced morbidity. This is in line with the NICE quality standard for asthma, where all children should have asthma plans. Asthma plans improve outcomes for children with asthma.
* Reduction in acute activity –Admissions, A&E attendances, Outpatients
* Additional capacity in the school nursing team: ability to support families work with secondary care and involvement in CP work for children with asthma.
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Activity analysis

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| Identifying poor asthma control in schools should enable early referral to primary care. Good education in school and ability to follow asthma plans will reduce hospital admissions, ED attendances and GP attendances. This bid supports the non-elective admissions avoidance achievement already set out for the children's hospital at home project. |

Expenditure and savings:

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| Investment funds required:

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|  |  | ***Basic & London Weighting*** | ***Employer’s Superannuation*** | ***National Insurance*** |  |
| Band 7 Nurse | 1.00wte | 48,882 | 6,843 | 6,257 | **61,982** |
| Band 3 Admin | 0.4wte | 9,974 | 1,396 | 878 | **12,248** |
| **Total Costs** |  | **58,856** | **8,240** | **7,135** | **74,230** |

NB: these are fyecostings. Actual costs for 2014/15 will be dependent on the project start date. Thereafter the fye costs will apply.Long term savings:* Reducing overall admissions/ attendances to ED and primary care.
* Reducing days off school for children and parent days of work (cost to society)

Exit strategy:Whilst we are seeking recurrent funding so that the programme can become embedded, we would be happy to demonstrate the effectiveness of the programme at the end of year one to secure further funding. |