SERVICE SPECIFICATION

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| Service Specification No. | 2014/2015 |
| Service | School’s Asthma Friendly SchoolsProject |
| Commissioner Lead |  |
| Provider Lead |  |
| Period | **Expected start date xxx, Subject to recruitment and appointment** |
| Date of Review | **12 months after go live date** |

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| 1. Population Needs |
| **1.1 National/local context and evidence base**  National/local context and evidence base   * The local context is that there appears to be a disproportionate number of childhood respiratory deaths in London (Dr Foster Data). Asthma mortality 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, 2011/2012). Attendances to ED by children in Islington are also higher than the London average (Chi Mat data, 2010/2011). * The national context is that 1 in 11 children has asthma; this indicates significant mortality and high financial costs. One third of admissions could be prevented by better primary care. It is proposed that asthma mortality, days missed off school and hospital attendances/admissions could be reduced by this initiative. * Similar projects have been done in other parts of England and in London in Ealing, a schools’ kite marking project, in conjunction with other initiatives have reduced the number of emergency attendances/admissions with asthma.   . |
| 2. Scope |
| **2.1 Aims and objectives of service**   * The engagement of primary is essential to reduce asthma admissions and ED attendances with asthma. This project which is a community based intervention, will aim to improve outcomes for children with asthma, by enabling schools to achieve a benchmark/kite mark standard for asthma. The proposed objectives are better care for pupils with asthma, less days missed of school through asthma related illness, increased staff knowledge and confidence re: asthma management, focused intervention through identifying pupils with asthma (best use of time and resources), contributing to children achieving their 5 outcomes, particularly ‘be healthy’ and ‘enjoy’ and ‘achieve’.   **2.2 Service description/care pathway**   * The post holder will identify and ultimately aim to engage the 44 primary schools and 12 secondary schools in Islington. The post holder will work collaboratively with the school nursing team and health and well-being team to enable this. This will be a staggered process and may need to start with motivated schools in year 1 proceeding to all schools over the forthcoming years. (KPI’s set but may need to change as post holder will not be in place until November) * The project will be published using the appropriate forums for distribution of information to schools by publishing the benefits. * The post holder will initially preaudit standards against the kitemarking benchmarks and also will record current days of school as a baseline (*will this information be available?) Not sure what his means.* * The kite-marking standards to be achieved include:  1. Having a school’s asthma policy 2. An up to date asthma register 3. Annual training for schools 4. All children should have access to their inhaler/spacers and asthma plans 5. No child with asthma should be stigmatised. 6. Liaise with the Health and Well-being team and healthy schools leads on schools to promote asthma education into the schools’ PSHE education curriculum.  * The project will support schools in achieving the clinical governance standards to hold generic asthma inhalers for emergency use (changes to the Medicine Act 1969 to come into force in Oct 2014) * The project will support schools in enabling the statutory guidance:   ‘Supporting pupils with medical conditions’ for all children with asthma. Ensure all children with asthma have health care plans, in line with the NICE quality standard for asthma.   * The post holder will liaise, inform and support school staff in the education and support of parents, siblings and children diagnosed with asthma. He/she will assist and advise in the management of children with their home or school environment, who are experiencing asthma management problems. * The post holder will be a liaison resource for GP’s practice nurses, school nurses and children’s nurses in primary care. They will liaise directly with the above to ensure awareness of children’s treatment plans and progress. * A system *(?accessible due to Data protection-need to check?)* will be in place to identify children in school with poor asthma control i.e. days of school due to asthma and referral of these children to GP’s, practice nurses, primary care clinics, for follow up, review of asthma control and treatment. * This project will be proactive in reducing acute asthma activity, admissions, ED attendances and outpatient’s activity. *(insert baseline data* * There will be systems in place for the post holder to be able to identify children who are attending ED or admitted with asthma to Whittington Health or UCLH. In particular children who have recurrent attendances or admissions will be targeted. * This will include ensuring these children are followed up appropriately and in collaboration with the children’s community team, telephoning and or visiting the child and family at home to provide on-going support and education as required. * The project will support and promote the smoking cessation initiatives within insert organisation and be proactive in referring children/families/carers who smoke to smoking cessation services. * Systems will be in place to ensure that all paediatric asthma activity is recorded and to measure the effectiveness of the kite marking project. * The project will support all schools’ asthma projects i.e. CLARHC, to improve asthma control in schools and assist with data collection. * The staffing will comprise: band 7 Nurse – 1.0 wte and Band 3 admin support 0.4 wte. * The nurse will sit within the Islington Children’s Community Nursing team and the School Nursing team but will have regular contact with and will be managed by the Paediatric Asthma CNS. * The service will evaluated after a period of 1 year. Evaluation will include reviewing the nature of the role and this may be modified depending on the outcomes of the project. * The proposal is for this service to be in place from xxx   **2.3Population covered**   * Children and young people aged 5-18yrs   **2.4 Any acceptance and exclusion criteria**   * Inclusion Criteria (*need to discuss this as CYP’s can have xxx GP’s, but attend schools out of area and alternatively attend xx schools but have GP’s in other borough)*  1. All children attending an Islington School 2. All children who have a diagnosis of asthma 3. Age criteria 5-18yrs  * Exclusion Criteria  1. Children under 5 years   **2.5 Interdependencies with other services**  Close interdependencies with school nurses, health and wellbeing team, community children’s Nursing Team, XX Hospital and xx paediatric departments, Specialist Asthma Nurses and Consultant Paediatricians(with asthma interest). |
| 3. Applicable Service Standards |
| **3.1 Applicable national standards eg NICE, Royal College**   * BTS Sign Guidelines for Asthma 2012 * Nice Quality Standards Asthma 2013   **3.2 Applicable local standards**   * London Children’s Strategic Clinical Network Asthma Standards for CYP * This investment supports the Children’s QIPP programme which commenced in insert year and is continuing in insert year * Admissions avoidance and enhancing quality of life for people with long term conditions is part of the National Operating Framework and the insert organisation local Operating Plan and a priority for the Islington Health and Wellbeing Board.   In particular the National Operating Framework states that all CCG’s are expected to reduce unplanned hospitalisation for paediatric asthma |
| 4. Key Service Outcomes |
| *The NHS Outcomes Framework Domains relevant to this service are:*   * Domain 2- Enhanced Quality of life and reducing time spent in hospital for people with Long Term Conditions. Objective 2.3.i reducing unplanned hospitalisations for Asthma in under 19 year olds. How will you measure this? * Domain 4-Ensuring people have a positive experience of care. Objective 4.a improving children’s and young people’s experience of healthcare How will you measure this? * Health Improvement in relation to better management of specific long term paediatric conditions within primary care. * A more pro-active and preventative response to children with asthma. * Improved patient experience   Reduction in attendances of children with asthma to ED and admissions to the wards at insert organisation Improvement in parent/carer/school confidence in managing these conditions and or self-management. |
| 5. Location of Provider Premises |
| The project nurse will be based within the Community Children’s Nursing team at the insert organisation and Islington insert organisation School Nursing Team  The administration staff will be based within the Community Children’s Nursing team at the insert organisation. |
| 6. Finance |
| £xxx – to include band 7 nurse and 0.4 wte band 3 admin. |