

Childhood Asthma Review

Recommendations and Responses

1.	All schools adopt a school asthma policy which meets Department of Health and National Asthma Campaign guidance, including immediate access to inhalers, training for staff, proper emergency procedures and education and information for other children.	This falls under the framework of Health and Safety issues, which are dealt with by schools with guidance from the Council's Health and Safety Unit. [+ see <i>N.B.</i>]
2.	The Council's planned new Health and Safety guidance on the management of medication in schools requires that immediate access to inhalers is facilitated. Where possible all children should be encouraged to take responsibility for their own medication with the agreement of a parent, but where this is not possible inhalers should be kept in an accessible place in the classroom.	We accept the recommendation and will implement it (Health and Safety Unit)
3.	Where schools hold inhalers (including spare inhalers) for children, good practice in storage and labelling must be followed.	This falls under the framework of Health and Safety issues, which are dealt with by schools with guidance from the Council's Health and Safety Unit. [+ see <i>N.B.</i>]
4.	The Council's Health and Safety Unit includes a check on storage of medication during monitoring of school health and safety procedures.	We accept the recommendation and will implement it (Health and Safety Unit)
5.	Secondary schools consider the potential benefits and feasibility of introducing a medical identity card scheme, as suggested by pupils at Orleans Park School.	This falls under the framework of Health and Safety issues, which are dealt with by schools with guidance from the Council's Health and Safety Unit. [+ see <i>N.B.</i>]
6.	The LEA and schools consider whether there is benefit in developing a network or shared professional development day for school Welfare Assistants where good practice can be shared.	The DfES has just launched an entitlement training course for school support staff, including Welfare Assistants. The School Workforce Support Officer has been asked whether it would be feasible to include this within the training, and will report the conclusions to the Health O&S Committee once details of the DfES course have been published during the Autumn Term.

7.	Schools and the LEA work together to improve the information they collect on sickness absence to include a reason.	Recommendation not accepted. The Education Welfare Service does not consider that this objective is achievable. Currently the reasons for sickness absence are only kept on individual pupil files where they are known, e.g. if a parent sends a note and says what is wrong. None of the electronic systems currently in use in schools collect this type of detailed information and schools would find the task of collecting, recording and collating it almost impossible without substantial additional funding.
8.	The LEA ensures that a strategic lead on health matters in schools is given by a senior officer.	The Head of School Improvement is the senior officer for Healthy Schools and Health Education and liaises with the external consultant who runs the programme. Advice on asthma and other health related issues is given to schools by the PCT and school nurses. Issues to do with health and safety lie within the remit of the health and safety officer.
9.	The School Nursing Service develops a regular programme of training and support for schools on asthma, to support their implementation of the National Asthma Campaign guidance.	Work is already in progress on this recommendation, which the PCT accepts.
10.	The PCT undertakes development work with GPs on asthma management, including work to maximise the number of asthma-trained practice nurses.	Work is already in progress on this recommendation, which the PCT accepts.
11.	All children diagnosed with asthma in the borough should receive a written management plan setting out the details of their treatment and other steps that should be taken to control their asthma (an asthma action plan).	The PCT will explore the possibility of implementing this recommendation and will report back to the Health O&S Committee in January 2004.
12.	The PCT to work with GPs and acute providers on interface issues, including the need for a written management plan (an asthma action plan).	Work is currently in progress on a protocol to address the interface issues highlighted.

13.	Printed material appropriate for children of all ages (such as that already developed by the National Asthma Campaign) to be made available by the PCT to all healthcare settings in the borough, with a translation facility for those who need it. Printed material also signposts patients to the National Asthma Campaign.	The PCT accepts this recommendation and will implement it.
14.	The PCT to support the Children's Community Nursing team with promoting its services among GPs and other primary care professionals.	Work is already in progress on this recommendation, which the PCT accepts.
15.	The PCT to support health professionals to offer and deliver flu (influenza) vaccination to those children with asthma over six months in age as per government guidelines.	The PCT accepts this recommendation and will implement it. However it should be noted that government and local guidelines may change over time and the PCT will adhere to these, for example the guidelines may in the future recommend vaccination earlier than six months.
16.	The Council continues to support measures to reduce congestion including encouraging use of less polluting forms of transport such as cycling and walking.	Following consideration by the Environment Overview and Scrutiny Committee, Cabinet on 23 September approved a programme of schemes and initiatives designed to overcome isolated points of congestion on borough roads. A number of the similar initiatives on the Transport for London Road Network will be discussed with Transport for London.
17.	Air quality monitoring to be targeted at schools, in conjunction with a coordinated programme to address children and parents on the issues of travel choice.	<p>The School Travel Plan Officer is attempting to form an integrated travel plan partnership with Air Quality, Safety Education, Health Education, Transport Planning and Education. The aim is to design and deliver an annual school air quality action programme (for up to five schools per annum) for both primary and secondary schools. The objectives include:</p> <ul style="list-style-type: none"> • dissemination of information relating to air quality to targeted schools; • raising the profile of School Travel Plans and Mobile Air Quality Unit; • achieving local air quality improvements in and around school grounds.

		<ul style="list-style-type: none"> • improving safety on journey to and from school; • improving local air quality; • encouraging parents to consider alternative travel choices for the journey to and from school.
18.	As the Council has designated the whole of the borough an Air Quality Management Area, better environmental impact modelling of proposed traffic schemes should take into account the impact of total traffic rather than the increase in traffic.	The department will implement the recommendation with regard to major development and major proposed traffic schemes. However, it would be difficult to justify such measures for every minor traffic scheme, both in terms of benefit and cost.
19.	The Council's Food without Fumes scheme is promoted and expanded as much as possible.	The Health Development Service has a target to expand this project by 20% each year. This has so far been achieved. At the end of 2002/03 there were 41 scheme members, a further ten have joined in the current year making a total of 51, an increase of 24%.
20.	To reduce the number of children living in smoking households, the PCT to encourage health professionals to offer smoking advice to those living under the same roof as a child with asthma.	Work is already in progress on this recommendation, which the PCT accepts.
21.	The PCT, Council and other agencies work together to undertake research to establish the need for services to tackle health inequalities in childhood asthma.	<p>This is potentially a large piece of work, for which resources are not available.</p> <p>Although the PCT recognises that there may be health inequalities in childhood asthma, this is not currently a priority and there are no resources available to implement this recommendation.</p>
22.	Contingent upon the outcome of Recommendation 21, the Council and PCT work together to establish a system of support for families on low incomes to manage childhood asthma, possibly including grants and/or targeted services.	As above.
23.	The PCT continue to promote breastfeeding and to take action to reduce the number of women smoking during pregnancy and the first few weeks of a baby's life.	Work is already in progress on this recommendation, which the PCT accepts.

24.	Richmond CVS considers whether it might be appropriate to assist in setting up a parent support group. Alternatively, individual GP practices could consider this option to support children and families.	Richmond CVS has been informed about the review and this recommendation but the organisation is not required to make any response to the Committee. If any response is made, however, this will be communicated to the Committee.
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N.B. Director of Education and Leisure Services: "The Review outlines some important points for schools to consider. The LEA will communicate the findings and recommendations to Primary and Secondary School Headteachers and Governors through the relevant forums."

The PCT's Professional Executive Committee has considered the report and made the following general comment. "In general, the PEC found this report impressive and agree with most of its recommendations. The PEC is also pleased that the committee is considering serious public health issues and looks forward to further collaboration on future reviews."