Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 1 September 2021 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mr. E. Walters (0116 3052583)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Mr. J. Morgan CC (Chairman)

Mr. S. L. Bray CC	Mrs. A. J. Hack CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. J. Grimley CC	Mr. C. A. Smith CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at http://www.leicestershire.gov.uk

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 2 June 2021.		(Pages 5 - 10)
2.	Question Time.		
3.	Questions asked by members under Standing Order 7(3) and 7(5).		
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
5.	Declarations of interest in respect of items on the agenda.		
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.		

7.	Presentation of Petitions under Standing Order 35.		
8.	Overview of Integrated Care Systems.	Leicester, Leicestershire and Rutland Clinical Commissioning Groups	(Pages 11 - 26)
9.	Place Based Plans	Leicester, Leicestershire and Rutland Clinical Commissioning Groups	(Pages 27 - 38)
10.	Healthwatch Report - Accessing Mental Health Services during Crisis.	Healthwatch	(Pages 39 - 58)
11.	Recommissioning the 0-19 Healthy Child Programme.	Director of Public Health	(Pages 59 - 94)
12.	Director of Public Health update on Covid-19.	Director of Public Health	(Pages 95 - 106)

13. Dates of future meetings.

    Dates of future meetings are scheduled for the following dates all at 2.00pm:

    Wednesday 10 November 2021;
    Wednesday 19 January 2022;
    Wednesday 2 March 2022;
    Wednesday 15 June 2022;
    Wednesday 31 August 2022;
    Wednesday 2 November 2022.

14. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Public Scrutiny website www.cfps.org.uk.

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

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Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 2 June 2021.

PRESENT

Mr. S. L. Bray CC	Mr. P. King CC
Mr. D. J. Grimley CC	Mr. J. Morgan CC
Mrs. A. J. Hack CC	Mr. C. A. Smith CC

In attendance
Mukesh Barot, Chief Officer, Healthwatch Leicestershire.
Rachna Vyas, Executive Director of Integration and Transformation, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minute 10 refers).
John Edwards, Associate Director of Transformation, Leicestershire Partnership NHS Trust (LPT) (minute 11 refers).
Brendan Daly, Armed Forces lead, LPT (minute 11 refers).

1. Appointment of Chairman.

RESOLVED:

That Mr. J. Morgan CC be appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2022.

Mr. J. Morgan CC in the Chair

2. Election of Deputy Chairman.

RESOLVED:

That Mr. P. King CC be appointed Deputy Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2022.

3. Minutes of the previous meeting.

The minutes of the meeting held on 18 March 2021 were taken as read, confirmed and signed.

4. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

5. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

6. Urgent items.

There were no urgent items for consideration.

7. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mr. C. Smith CC declared a personal interest in agenda item 11: Ex HM Armed Forces: Spotlight on Mental Health Services as he was a former member of the armed forces.

No other declarations were made.

8. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

9. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 35.

10. Community Services and place-based plans.

The Committee received a verbal update from Rachna Vyas, Executive Director of Integration and Transformation, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) regarding the proposals for Community Services in Leicestershire.

As part of the update the following points were made:

(i) The Community Services Redesign project had been launched prior to the Covid-19 pandemic and engagement with the public and patients had began at that time but the project and the engagement had to be put on hold during the pandemic. However, the pandemic had enabled a lot of learning about services to take place and feedback from patients to be received which had been taken into account in the planning for the new services. The feedback made it clear that patients wanted services to be close to their homes or available in their homes where possible and patients wanted a large amount of input in the way those services were designed.

(ii) Community Services would be part of the Integrated Care System (ICS) which would involve the Health and Care system coming together and close working between Clinical Commissioning Groups and the Public Health and Adults and Communities Departments at the County Council.

(iii) It was intended to build on the work of Integrated Locality Teams which were already in place and brought together Health and Social Care colleagues.

(iv) In response to concerns raised by a member that there had been a lot of consultation taking place, particularly regarding the plans for Hinckley, but no actual changes to Community Services had taken place, reassurance was given that Wave 4 of the project would be taking place imminently.

(v) Members requested that a full written report containing details of the community services plans be brought to the next meeting of the Committee and Rachna Vyas agreed to this request.

RESOLVED:

(a) That the contents of the update on the plans for Community Services in Leicestershire be noted;

(b) That the Clinical Commissioning Groups be requested to provide further detail of the plans for Community Services in a written report to a future meeting of the Committee.

11. Ex HM Armed Forces: Spotlight on Mental Health Services.

The Committee considered a report of Healthwatch Leicestershire which gave a summary of their findings in relation to the experiences of people who had served in Her Majesty's (HM) Armed Forces and those people's experience of Mental Health Services in Leicester and Leicestershire. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed Mukesh Barot, Chief Officer, Healthwatch Leicestershire to the meeting for this item along with John Edwards, Associate Director of Transformation, Leicestershire Partnership NHS Trust (LPT) and Brendan Daly, Armed Forces lead, LPT.

Arising from discussions the following points were noted;

(i) The Government had proposed legislation which would strengthen the support available to armed forces veterans with regards to mental health.

(ii) LPT had been awarded 'gold standard' status by the Ministry of Defence's Employer Recognition Scheme in recognition of their support for the Armed Forces community.

(iii) The Leicester, Leicestershire and Rutland Civil and Military Partnership Board had been set up to ensure that armed forces personnel, past and present, received the same treatment and had the same access to services as the civilian community.

(iv) There was no legal requirement for GP Practices to ask persons registering with the practice whether they had served in the armed forces however the Leicester, Leicestershire and Rutland Clinical Commissioning Groups had taken steps to ensure this question was asked by practices to ensure that armed forces veterans could be referred for the appropriate help if required. The Central Access Point

phoneline also asked whether callers were armed forces veterans so they could be signposted to receive the relevant services for veterans.

(v) Consideration also needed to be given to the impact on families when a member of their household left the armed forces and entered civilian life.

(vi) Concern was raised by members regarding the small sample of people that took part in the Healthwatch survey and the narrow focus in the report on those that suffered from Post Traumatic Stress Disorder rather than other armed forces related mental health conditions. In response it was explained that the limited numbers of people that took part in the survey was due to the Covid-19 pandemic and staff turnover at Healthwatch Leicestershire and the intention had been to get better feedback from veterans themselves.

(vii) An Armed Forces Covenant Survey had taken place in early 2019 Connected Together, Harborough District Council, Rutland County Council and South Kesteven District Council, with a view to understanding all aspects of military life and over 700 people had taken part and although this was before the pandemic it demonstrated that it was possible to get large numbers of people involved in these surveys.

(viii) The National Rehabilitation Centre at Stanford Hall on the border of Nottinghamshire and Leicestershire dealt with members of the armed forces.

RESOLVED:

That the contents of the report and the response from Leicestershire Partnership NHS Trust to the issues raised in the report be noted.

12. Suicide Prevention.

The Committee considered a report from the Director of Public Health which provided an update on developments in Suicide Prevention from Public Health and its partnership group, the Leicester, Leicestershire and Rutland (LLR) Suicide Audit and Prevention Group. A copy of the report, marked ‘Agenda Item 12’, is filed with these minutes.

Arising from discussions the following points were noted:

(i) Real Time Surveillance Data indicated that there had been higher than the usual numbers of student suicides in LLR in the previous 12 months. Student suicides included all people in education, though there were very small numbers of school children in the figures.

(ii) The ‘high-risk’ groups in Leicestershire included ‘middle aged men’ i.e men between the ages of 35 and 55.

(iii) There were many different initiatives across the country for tackling suicide, and the success and effectiveness of the initiatives differed. Initiatives implemented in Leicestershire by the Public Health department would usually be those which had been monitored and evaluated at a national level and proven to be successful.

(iv) The Tomorrow Project was a service commissioned by Public Health and set up to support anyone bereaved or affected by a death by suicide. The Project offered one to one, confidential and face to face support. There was no age restriction in the

service and no limit on how long after a bereavement a person could continue to access support. It was intended for the service to keep in contact with individuals for as long as necessary.

(v) Public Health worked with British Transport Police and other organisations to identify high risk locations for suicides.

RESOLVED:

That the update on developments in Suicide Prevention from Public Health and its partnership group, the LLR Suicide Audit and Prevention Group be welcomed.

13. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 1 September 2021 at 2pm.

2.00 - 3.00 pm CHAIRMAN
02 June 2021

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 1st SEPTEMBER 2021

OVERVIEW OF INTEGRATED CARE SYSTEMS

REPORT OF THE DIRECTOR OF STRATEGY AND PLANNING – LEICESTER, LEICESTERSHIRE AND RUTLAND CCGS

Purpose of the Report

1. The purpose of this report is to provide members with an overview of the Leicester, Leicestershire and Rutland Integrated Care System including key components of the recently published *Integrated Care Systems: design framework* which was published by NHS England and the Health and Care Bill and how we are working in partnership to develop our system.

Policy Framework and Previous Decisions

2. The development of Integrated Care System has been set out in the following documents:

- *Integrating care: next steps to building strong and effective integrated care systems* which was published by NHS England in November 2020.
  https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/

- *Integration and innovation: working together to improve health and social care for* all which was published by the Department of Health and Social Care in February 2021.
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

- *NHS Operational and Planning Guidance* which was published by NHS England in March 2021
  https://www.england.nhs.uk/publication/2021-22-priorities-and-operational-planning-guidance/

- *Integrated Care Systems: design framework which was published by NHS England in June 2021.*
  https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

- *Health and Care Bill published July 2021*
  https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf

The changes are subject to the Health and Care Bill being approved by Parliament.

Background

3. See attached slide deck.

Background Papers *(excluding exempt items)*

5. See policy framework section.

Circulation under the Local Issues Alert Procedure

6. None.

Officer to Contact

7. Sarah Prema – Director Strategy and Implementation, LLR CCGs – 0116 2951519 – sarah.prema@leicestercityccg.nhs.uk

List of Appendices

8. Presentation slides

Equalities and Hunan Rights Implications

9. The ICS will inherit the CCGs statutory responsibilities around equality. In addition one of the main focus areas for ICS's is how they can reduce inequalities across their populations; impacting on the wider determinants of the health and their impact on the social and economic position of their system. A key driver to this will be the Health and Wellbeing Strategy for each area

Leicestershire Health Overview and Scrutiny Committee

Leicester, Leicestershire and Rutland Integrated Care System Overview

1st September 2021

Background

In November 2020 NHSEI published *Integrating care: Next steps to building strong and effective integrated care system across England.* It described the core purpose of an ICS as being to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

In February 2021 NHSEI made recommendations to Government to establish ICSs on a statutory basis and these proposals were adopted in the White Paper *Integration and innovation: working together to improve health and social care for all.* The Health and Care Bill, which enacts recommendations, has been considered by parliament in July 2021, first and second reading, and is currently going through the parliamentary process. The following slides provide an overview of the proposals.

Integrated Care Systems – What are they?

Enabling transformation of health and care:

- Joining up and co-ordination of health and care
- Proactive and preventative in focus
- Responsive to the needs of local populations

Grounded in the following:

- Planning for populations and population health outcomes and reducing inequalities and unwarranted variation
- Building on system and place based partnerships
- Subsidiarity and local flexibility
- Collaboration

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Integrated Care Systems will:

- Improve outcomes in the population
- Tackle inequalities in outcomes, experience and access
- Support partners input into the broader social and economic development of the area through an anchor approach
- Enhance productivity and value for money

Our system

Integrated Care System: Leicester, Leicestershire and Rutland

Place

- Leicester
- Leicestershire
- Rutland

Neighbourhoods

Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

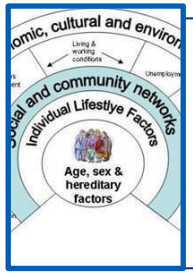
What does this mean for Leicestershire

This is not a new approach – it is a continuation of what we have been doing:

Understanding and working with communities

Population health management approach

Joining up and coordinating services



Addressing social and economic determinants of health and wellbeing and reducing health inequalities

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Examples of what we have been doing

Community based teams to keep people independent and well at home or in their communities

Working across organisations to organise a home and support for people who have been in long term hospital care

Delivery of the COVID vaccination programme

Moving some planned care into settings closer to where people live (not in acute hospitals)

Partnerships with the voluntary sector or deliver mental health support services

Community based service that ensures that only those that need a hospital stay go to hospital while others are supported at their home

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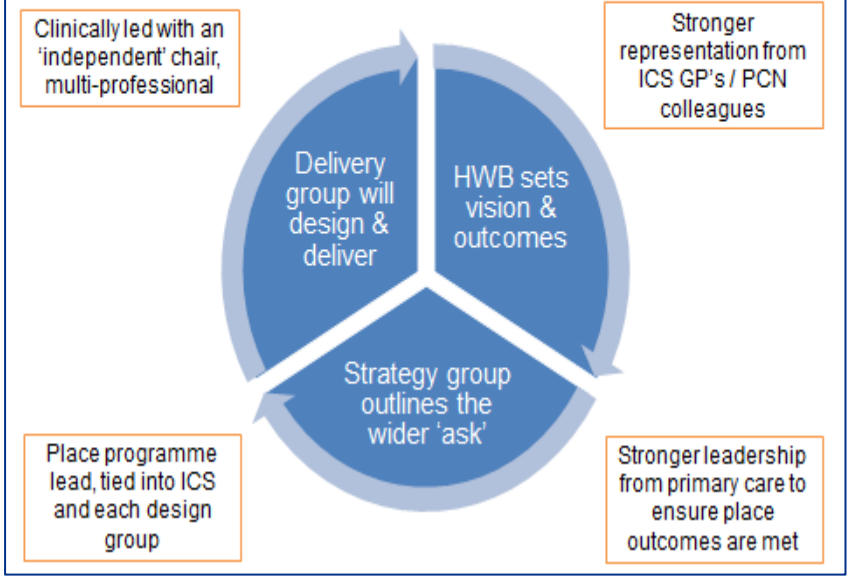
Priorities for Integration and Transformation in Leicestershire

- Procurement of Homecare for Leicestershire to strengthen integrated Home First delivery for Leicestershire residents
- Investment of Ageing Well funds to increase workforce within Community Response Service to support care pathways and timely hospital discharge
- Implement one model of care coordination across Leicestershire to remove unwarranted variation and improve equity of access

Overview of the system infrastructure

Place infrastructure

Governance at 'place'



"Integrating care" Nov 2020

The ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

1. Access clear advice on **staying well**;
2. Access a range of **preventative services**;
3. Access **simple, joined-up care and treatment** when they need it;
4. Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
5. Access proactive support to keep as well as possible, where people have **additional needs or at high risk**; and
6. To expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development** and **environmental sustainability**

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System infrastructure

Integrated Care System

Accountable for improving the health outcomes of the population

LLR Integrated Care Board

- Takes on CCG statutory responsibilities
- Lead integration within the NHS
- Bring together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population
- Joint working arrangements should be the norm
- Shared strategic priorities within the NHS
- Wider partnership working to tackle population health and enhance health and care services

LLR Health and Care Partnership

- NHS and local government as equal partners
- Joint action to improve health and care services
- Influence the wider determinants of health and broader social and economic development
- Develop an integrated care strategy for whole population
- Support place and neighbourhood-level engagement

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Membership

Health and Care Partnership Group

- Jointly appointed Chair
- Representatives from local authorities responsible for social care
- NHS Representation – at least one from the ICB
- Other membership is for local determination but could include wider representation from LAs and NHS; VCSE sector; HealthWatch; and other organisations that can contribute to the agenda of the group

LLR ICS NHS Board

- Independent Chair and minimum of 2 non-executive directors
- ICB Chief Executive; ICB Director Finance; ICB Nursing lead; ICB Medical Director; NHS Trust Representative; Primary Care Representation; Local Authority Representation
- Other membership is for local determination

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Working with people and communities

- ICB will build a range of engagement approaches into their activities at every level and to prioritise engaging with groups affected by inequalities
- The Health and Care Bill sets a legal duty for ICB to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements, and by continuation of the existing NHS trust duties in relation to patient and public involvement
- Working with a range of partners such as Healthwatch, the VCSE sector and experts by experience, the ICB should assess and where necessary strengthen public, patient and carers' voice at place and system levels
- Arrangements should enable genuine co-production
- Requirement for formal consultation to sit with the ICB
- Seven principles for how the system should work with people and communities have been set out (see next slide) and these should be used as a basis for developing a system-wide strategy for engaging with people and communities

Seven principles for how systems should work with people and communities

1. Use public engagement and insight to inform decision-making
2. Redesign models of care and tackle system priorities in partnership with staff, people who use care and support and unpaid carers
3. Work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners
4. Understand your community's experience and aspirations for health and care
5. Reach out to excluded groups, especially those affected by inequalities
6. Provide clear and accessible public information about vision, plans and progress to build understanding and trust
7. Use community development approaches that empower people and communities, making connections to social action

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Timeline

End of Q1
PREPATION

- Understand guidance
- Develop plans to manage the change

End of Q2
IMPLEMENTATION

- Recruitment and selection processes for the ICB chair and chief executive
- Develop delivery model and governance model including system and place proposals
- Continue with delivering the plans for the change

End of Q3
IMPLEMENTATION

- Carry out the recruitment and selection processes senior management team
- ICB and ICP to be ready to operate in shadow form.
- Engagement on local ICB Constitution and governance arrangements for ICB and ICP
- Continue with delivering the plans for the change

End of Q4
TRANSITION

- Complete due diligence for staff and property transfers from CCGs and other NHS staff transfers to new ICB
- Submit the any required documents for approval/agree
- Undertake the close down of CCGs and establish ICB

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Agenda Item 9

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
1st SEPTEMBER 2021

UPDATE ON PLACE LED PLANS

REPORT OF THE
DIRECTOR OF STRATGEY AND PLANNING AT LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs

Purpose of the Report

1. The purpose of this report is to provide an update to committee members on the development of Place Lead Plans (PLP) and to outline the current Leicestershire County approach to development.

Policy Framework and Previous Decisions

2. The White paper: Integration and Innovation introduced Health and Care Partnerships to support integration and address health, public health and social care need with a key responsibility being supporting place based joint work. The Leicestershire Joint Health and Wellbeing Strategy (JHWS) is due for renewal in 2022 and this provides a timely opportunity for Leicestershire to align the new strategy and expectations of place-based plans to create one clear single strategic vision and plan for place. The proposed approach has been supported by the Health and Wellbeing Board at their July 2021 meeting.

Background

3. The attached slide deck articulates brief context to place led plans and describes the approach being adopted by for Leicestershire County which was supported by the Health and Wellbeing Board at their July 2021 meeting.

Background Papers

4. Previous verbal update given at 2nd June 2021 Health Overview And Scrutiny Committee.

Circulation under the Local Issues Alert Procedure

6. None

Officer to Contact

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Executive Director of Strategy and Planning, Leicester, Leicestershire and Rutland.
Lynnette.farmer@eastleicestershireandrutlandccg.nhs.uk
Lynnette.farmer1@nhs.net
LLRStrategy&Planningteam@leicestercityccg.nhs.uk
0116 295 3413

List of Appendices

7. Presentation slides

Update to

Leicestershire County Health Overview and Scrutiny Committee

Place Led Plans

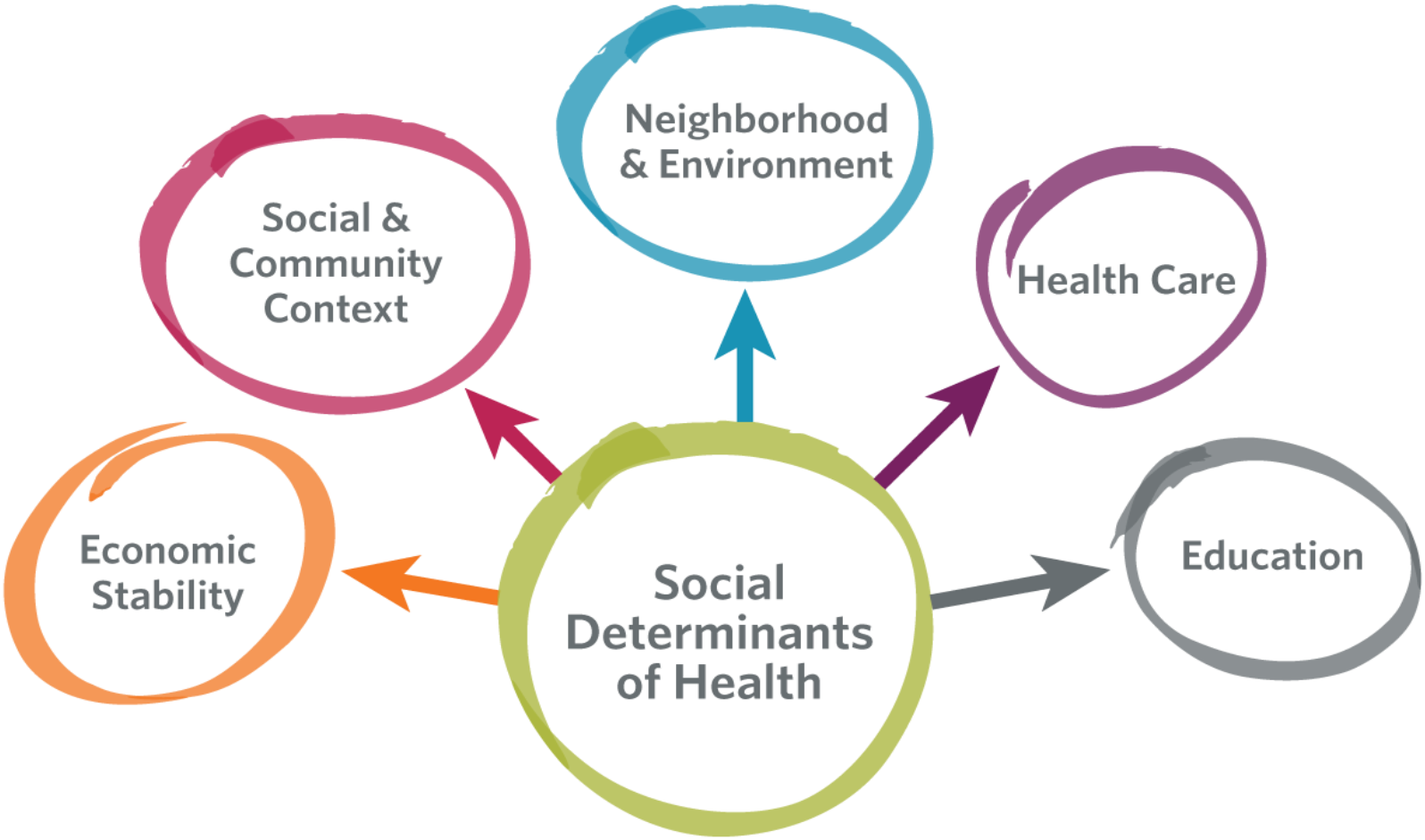
1st September 2021

Purpose

- To provide a brief context to the development of Place Lead Plans (PLP)

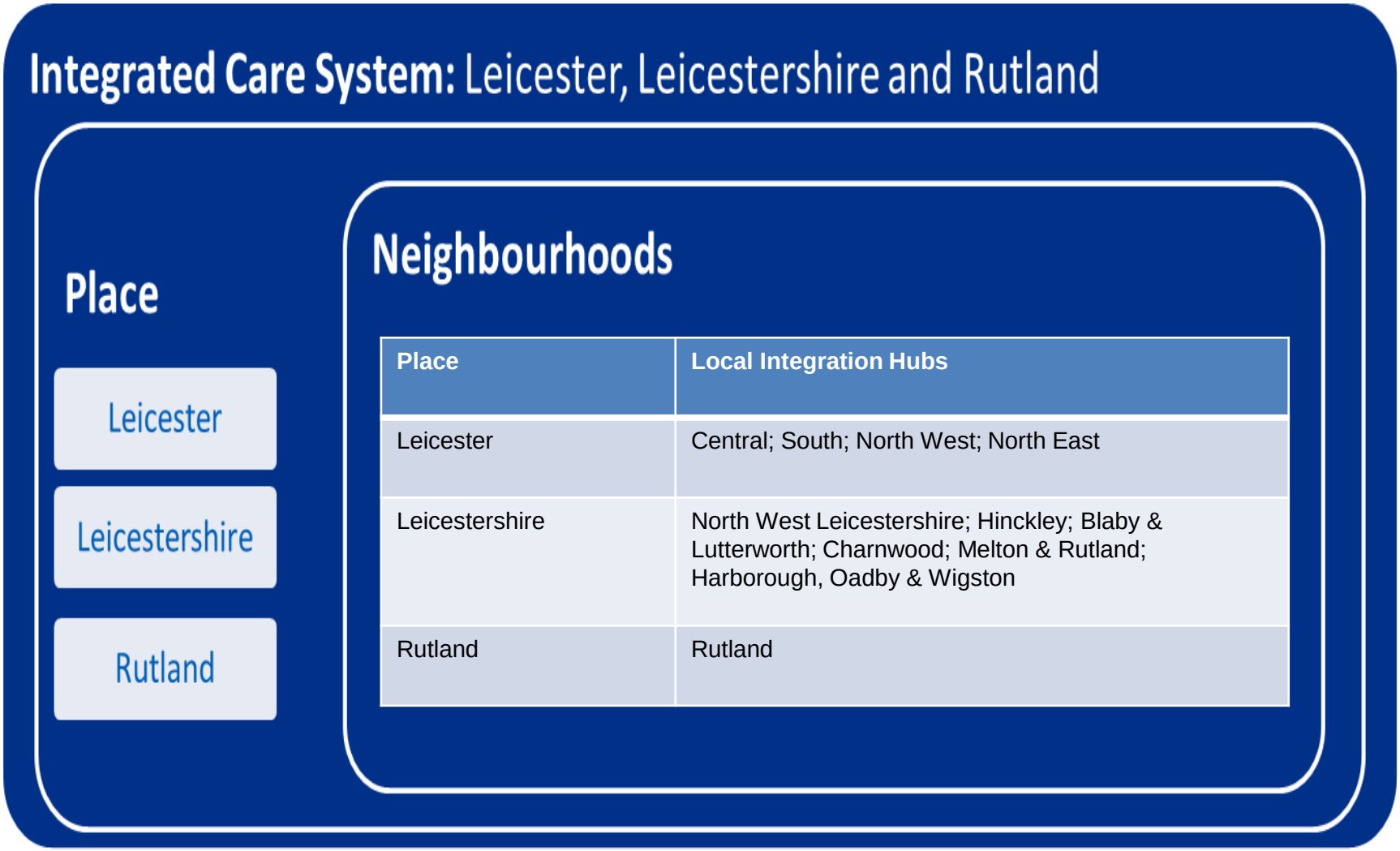
- To outline the current Leicestershire County approach to development

Our ICS is not all about health



"…the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector." (WHO)

Our System



Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

“Place”: an important building block for health and care integration

The stated ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

- access clear advice on **staying well**;
- access a range of **preventative services**;
- access **simple, joined-up care and treatment** when they need it;
- access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
- access proactive support to keep as well as possible, where they are **vulnerable or at high risk**; and to
- expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development** and **environmental sustainability**.

(Integrating care: Next steps to building strong and effective integrated care systems across England report Nov. 2020) https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/

Policy context

- White paper: Integration and Innovation introduced Health and Care Partnerships to support integration and address health, public health and social care need with a key responsibility being supporting place based joint work.

- Place-based plans are a key driver of this and plans are being developed for Leicester City, Leicestershire County and Rutland. The objectives for these plans are being developed with each place but will broadly reflect the following:

  - Taking a collaborative approach to health and wellbeing, bringing together a range of partners and people to plan together
  - Making a shift to prevention to tackle the causes of poor health and wellbeing as well as treating the symptoms
  - Ensuring there is alignment between national targets and local delivery across the system
  - Making the best use of community assets and people's own skills; promoting independence
  - Planning for changes in population (included housing growth) to ensure our health and wellbeing services are ready and able to respond to meet the needs of our population

White paper setting out legislative proposals for a Health and Care Bill. Working together to improve health and social care for all Feb 2021 https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

Functions of Place

- To support and develop primary care networks (PCNs) which join up primary and community services across local neighbourhoods
- To simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate)
- To understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them
- Focus on the wider determinants of health
- Working with local communities
- To coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups

Developing our plan

- There is recognition that there is an alignment between the expectations of placed based plans and the Health and Wellbeing Strategy.

- The Leicestershire Joint Health and Wellbeing Strategy (JHWS) is due for renewal in 2022 and this provides a timely opportunity for Leicestershire to align the new strategy and expectations of place-based plans to create one clear single strategic vision and plan for place.

- A multi-partner multi agency coalition of colleagues, led by Public Health, are working collaboratively and cohesively on this important piece of work.

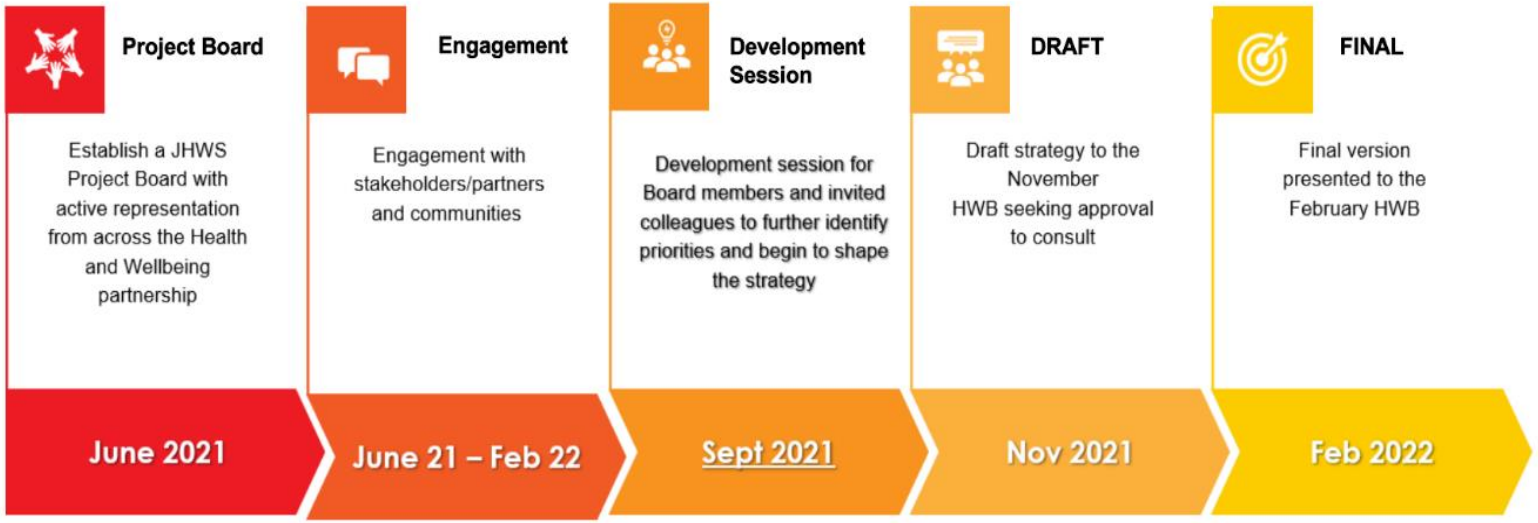
- Understanding and working with local residents and communities will be central to the refresh to ensure we understand what their health and care needs and priorities are. A long term communication and engagement strategy plan will be developed alongside the JHWS.

- The Health and Wellbeing Board supported the proposed development of a revised Joint Health and Wellbeing Strategy (JHWS) at their July 2021 meeting.

- There is also an acknowledgement that some more localised planning will need to take place particularly where there is large housing growth – this will be done outside of the Health and Wellbeing Strategy

Indicative timeline

Joint Health and Wellbeing Strategy - JHWS



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HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1st SEPTEMBER 2021

REPORT OF HEALTHWATCH LEICESTERSHIRE

ACCESSING MENTAL HEALTH SERVICES DURING CRISIS

Purpose of report

1. The purpose of this report is to present the May 2021 Healthwatch Leicestershire report regarding the patient experience of Accessing Mental Health Services during Crisis.

Policy Framework and Previous Decisions

2. The County Council, following the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. The local Healthwatch in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services and a seat on the Health and Wellbeing Board.

3. The purpose of Healthwatch Leicestershire is to promote improvements in local health and social care services – improving outcomes for local people in Leicestershire. HWL believes that the best way to do this is by designing local services around the needs and experiences of local people.

Aim of this particular project

4. The aim of the project was to collect patient and public knowledge of how to access Urgent Mental Health support care and their experience of accessing, using and discharge from Mental Health support.

Officer to Contact

Mukesh Barot – Chief Officer
0116 2518313
Mukesh.Barot@healthwatchll.com

List of Appendices

Healthwatch Leicestershire report - Accessing Mental Health Services during Crisis May 2021.

Relevant Impact Assessments

Equality and Human Rights Implications

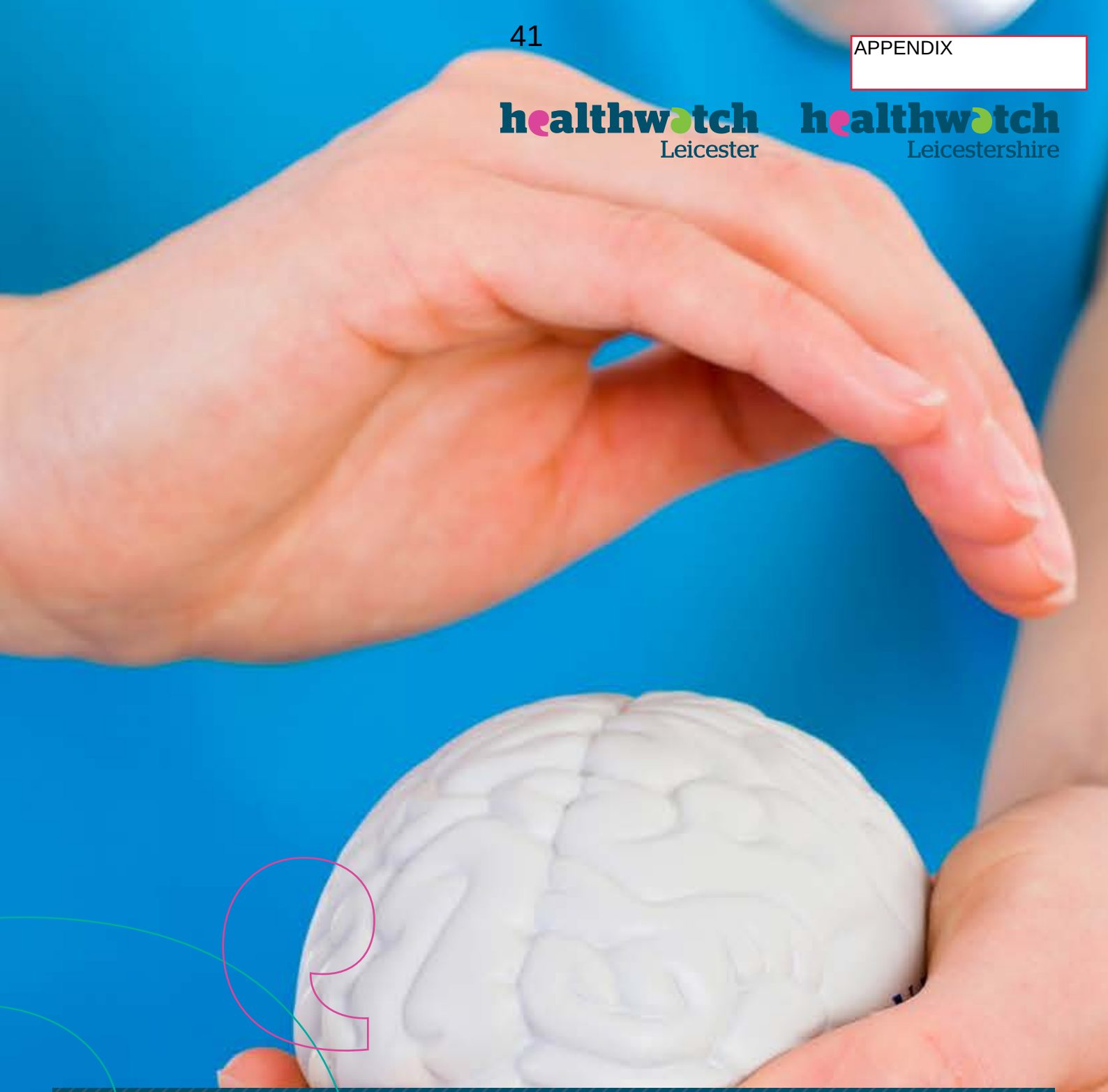
5. HWL is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.

6. ECS/ Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.

APPENDIX

healthwatch Leicester

healthwatch Leicestershire



Accessing Mental Health Services during Crisis

May 2021

Introduction

Healthwatch Leicester and Healthwatch Leicestershire is the independent voice of the public in health and social care services. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services. One of the ways that we collect feedback is by carrying out focused projects as part of our annual workplan.

We decided to make reviewing urgent access to mental health services a priority in 2020, because we were receiving a lot of concerns about the support people were receiving from urgent access mental health service providers. This includes the Crisis Team, telephone support and support at the Emergency Department (ED) at Leicester Royal Infirmary.

Since then, Leicestershire NHS Partnership Trust (LPT) with its partners has made several changes to the way in which some urgent mental health services are delivered. This has included the establish of an Urgent Access Hub at the Bradgate Unit, to help people who need urgent support with their mental health much quicker and to avoid people going to ED which can be a daunting prospect for many. There is also now a 24-hour helpline that anyone with concerns about their mental health call and can use to self-refer themselves into services.

Mark Farmer, Healthwatch Leicester and Leicestershire Board Member and lead for Mental Health said: “We would have liked to have heard from more people about their experiences of these services, but because of the current restrictions on face-to-face meetings this has not been possible.

The information gathered through this project and our recommendations will be fed into the forthcoming consultation on moving mental health services to a neighbourhood model which the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland will be launching in May 2021.

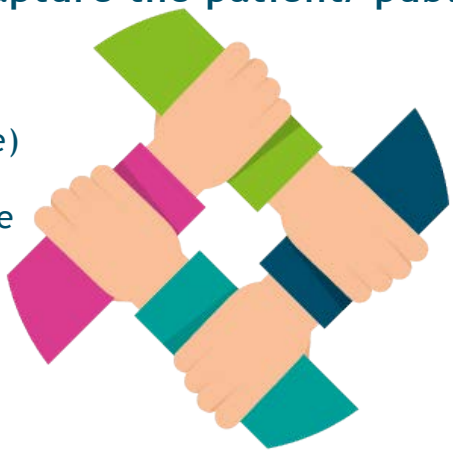
Mental Health will continue to be a priority for Healthwatch Leicester and Healthwatch Leicestershire and we will continue to champion better mental health services locally.

Many thanks to our partners that helped us to promote the survey and a big thanks to those that took part in the survey and online discussion session”.

Aims & Objectives

The aim of the project was to collect patient and public knowledge of how to access Urgent Mental Health support care and their experience of accessing, using and discharge from Mental Health support.

We wanted to understand how well patients and the public understand how to access urgent support. We wanted to capture the patient/ public experience of:



- Accessing support services
- Using urgent support services (i.e. LPT Referral service)
- Discharge from support services
- Highlight good practice and positive patient experience
- Highlight common patient experience themes
- Highlight evidenced recommendations

Methodology

We designed a survey to gather the patients experience of urgent mental health care services. The questions were designed to gain both quantitative and qualitative data. The survey was made available online and promoted through our social media channels. It was also cascaded to all our contacts and promoted across Leicester and Leicestershire.

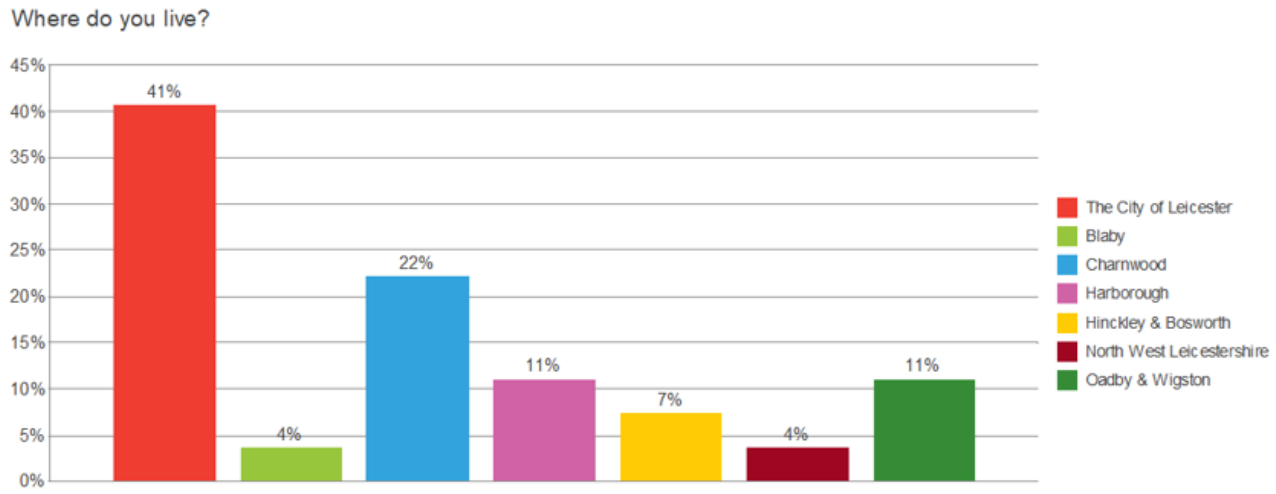
We held an event, 'Healthwatch hour: bridging the gap in Mental Health services' to enable people to discuss their views on their local services.

Who we spoke to:

Local people to find their views on local services and in addition we received 19 individual survey responses and a group response from 8 participants.

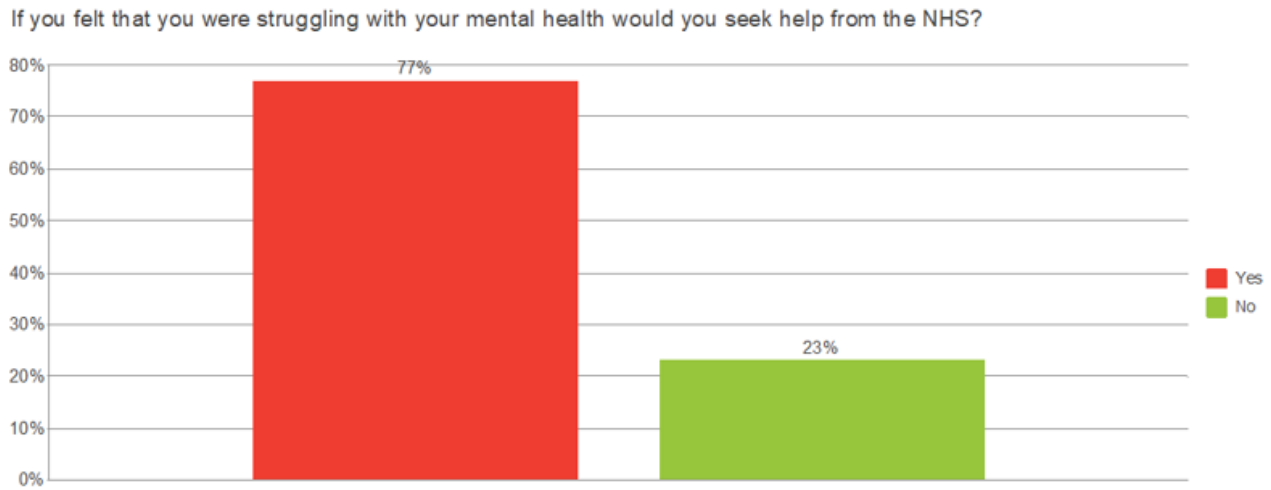
Main Findings

Participants were asked where they live to assess whether there were any inequalities or differences in service provision throughout Leicester and Leicestershire. Feedback was consistent from participants from various parts of the county, so no inequalities or differences in service provision was found, however the sample size was small and not fully representative of all communities.

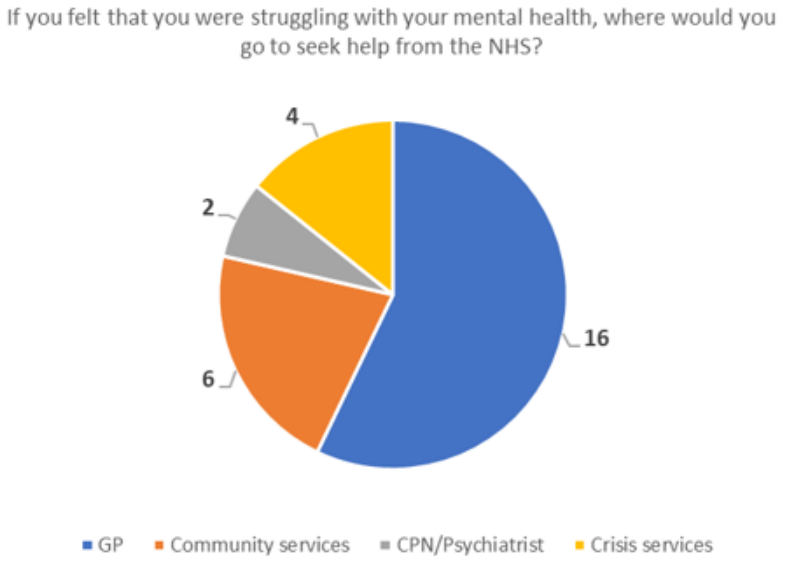


41% of participants live in the City of Leicester, 4% live in Blaby, 22% live in Charnwood, 11% live in Harborough, 7% live in Hinckley and Bosworth, 4% live in North-West Leicestershire, and 11% live in Oadby and Wigston.

When participants were asked if they would seek help from the NHS if they were struggling with their mental health 77% of participants stated that they would and 23% of participants stated that they would not.



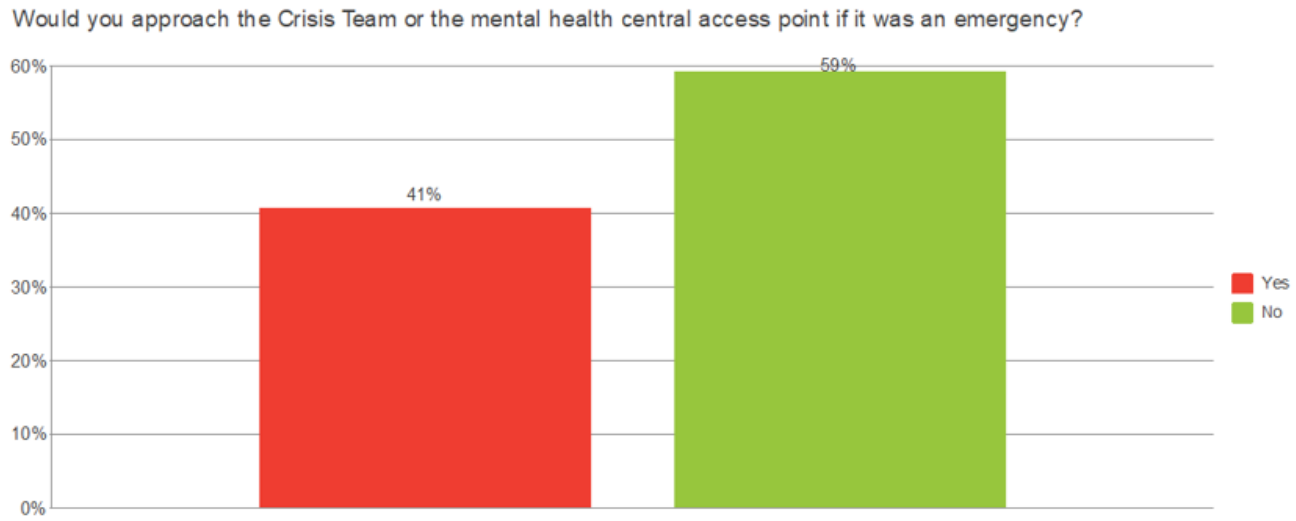
Of those that reported that they would seek help from the NHS, 16 people indicated that they would go to their GP, 6 people reported that they would access community mental health services, 2 people indicated that they would seek help from their Community Psychiatric Nurse (CPN) or psychiatrist, and 4 people stated that they would access crisis mental health services.



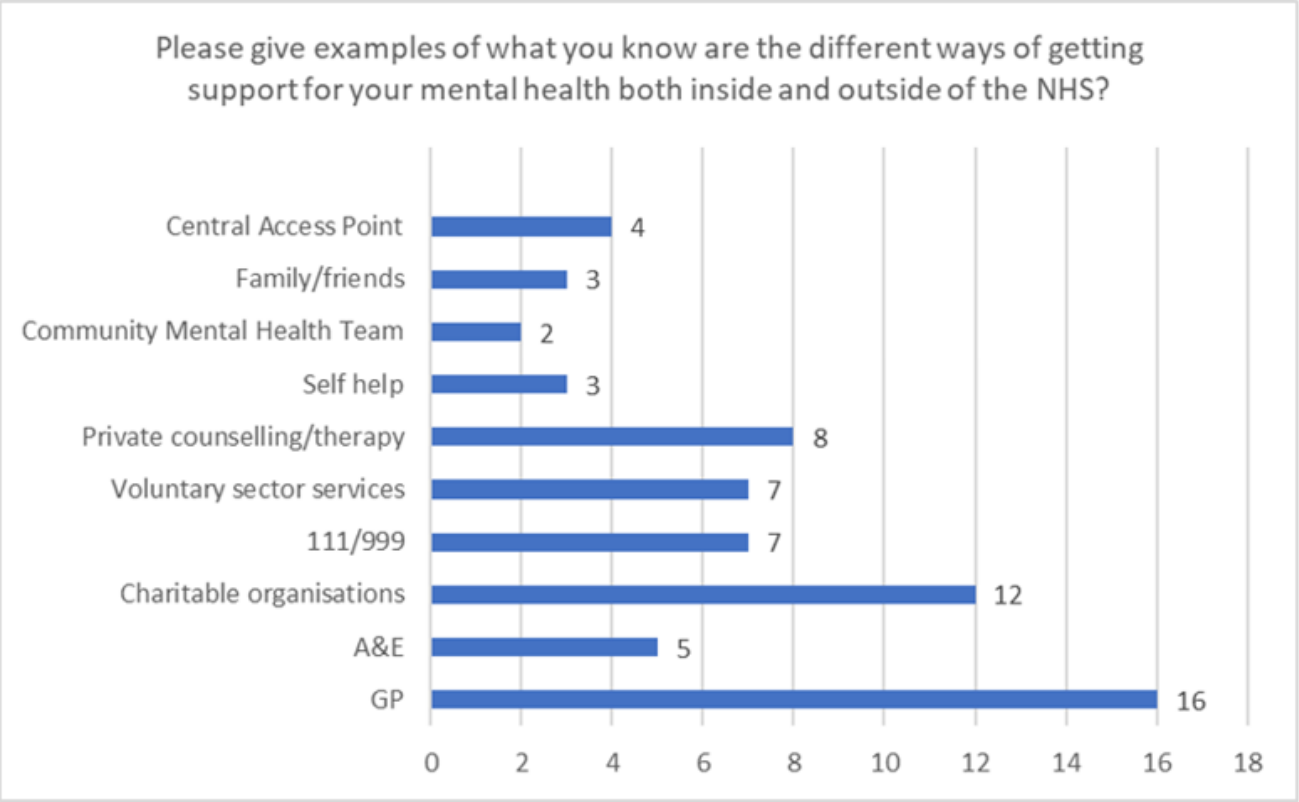
The participants who indicated that they would not seek help from the NHS were asked the reasons behind their response, one participant reported it was due to ***'an endless wait for phone cognitive behavioural therapy'***, another stated that they had ***'previously had negative experiences with NHS mental health support'***, while a third felt that they **'would only be offered medication'.**

Subsequently, those who stated that they would not seek help from the NHS were also asked where they would seek help instead, 3 people stated that they would go to their 'GP', 1 person stated they would go to Richmond Fellowship, and 1 person reported that they would seek help from social prescribers.

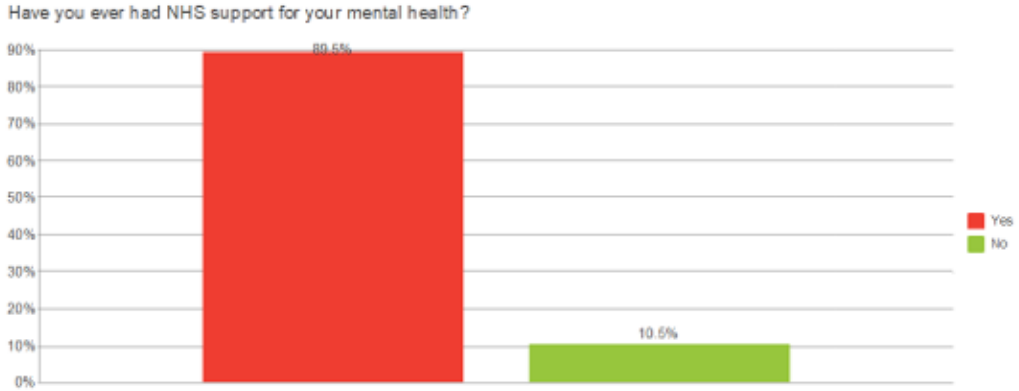
When participants were asked if they would approach the Crisis team or Central Access Point (CAP) if it was an emergency 41% indicated that they would, and 59% indicated that they would not.



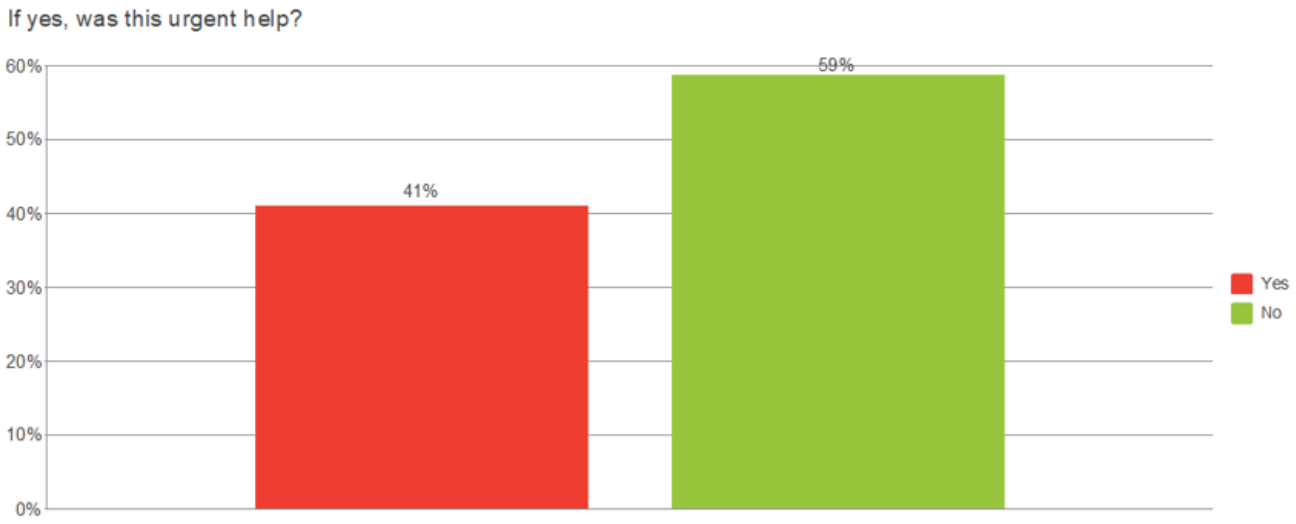
Participants were asked what different ways they know to get support for their mental health, both inside and outside of the NHS, as this was an open text question, participants were able to list as many options as they wished.
GP appointment was the most frequent option reported by respondents which was mentioned by 16 people, 12 people stated that they would utilize charitable organisations, 8 people indicated that they would access privately funded counselling, 7 people stated that they would access Voluntary sector organisations, 7 people stated they would use 111 or 999 services, 5 people reported that they would use A&E, 4 people stated they would use the Central Access Point, 3 people would use self-help, 3 people stated they would rely on friends or family for support, and 2 people stated they would access community mental health services.



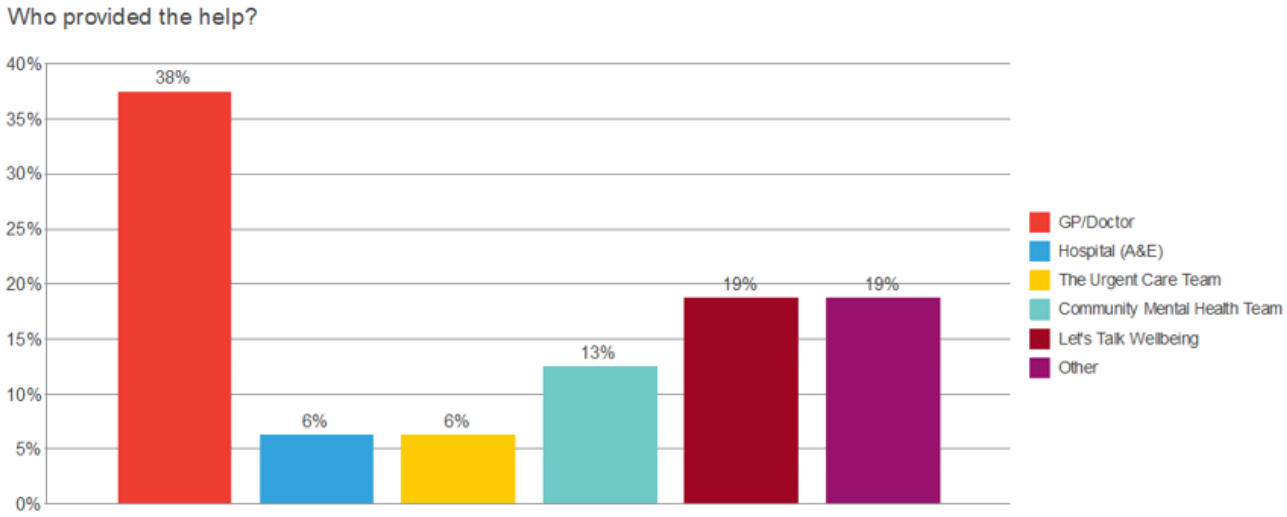
Participants were asked if they had ever had NHS support for their mental health and 89.5% reported that they have, whilst 10.5% reported that they have not.



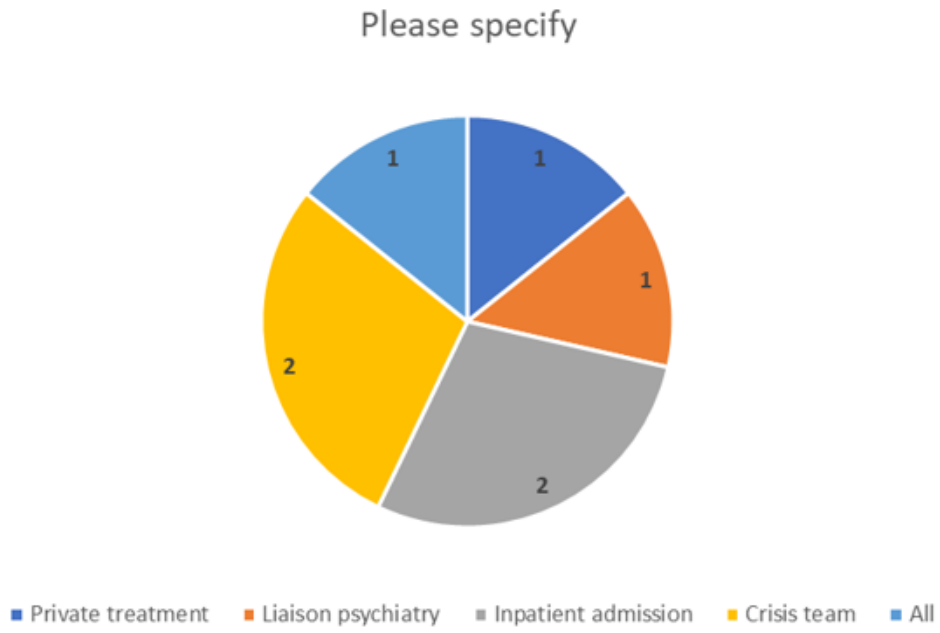
Of those that indicated that they had received NHS support for their mental health, 41% reported that this was urgent help, and 59% reported that it was not urgent help.



These same participants were subsequently asked who provided the help, 38% stated that it was through their GP, 6% reported that it was through A&E, 6% stated that they had accessed the urgent care team, 13% had been involved with the community mental health team, 19% had accessed Let's Talk Wellbeing, and 19% reported they had used other services.

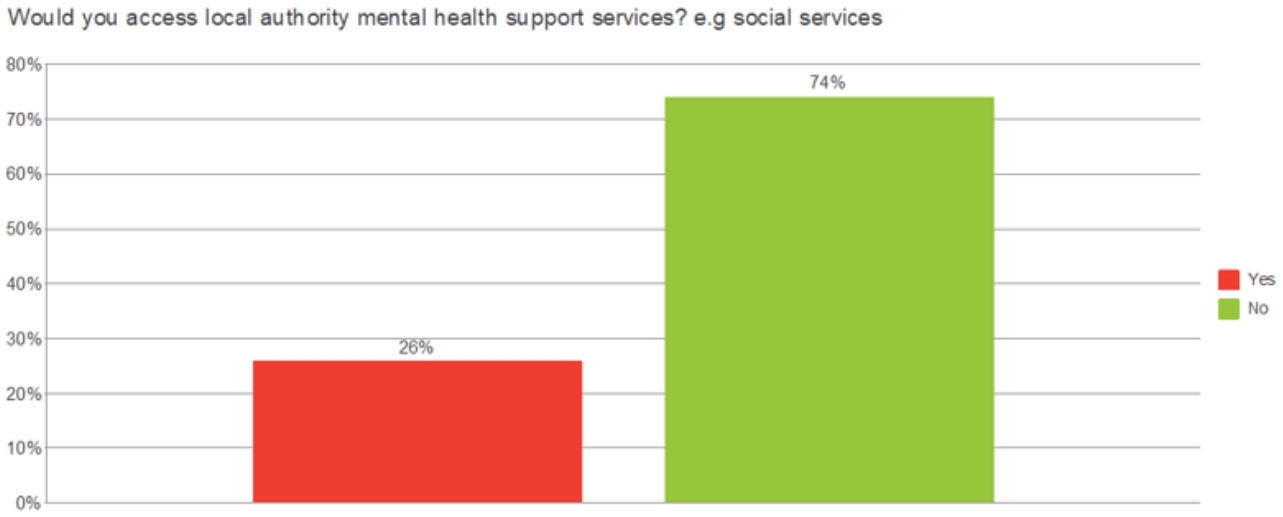


Participants who had reported that they had not had NHS support for their mental health, and those that reported they had used other NHS services were asked to specify where they had received support. 1 person reported that they had accessed privately funded treatment, 1 person has used liaison psychiatry, 2 people had had an inpatient admission, 2 people had accessed the crisis team and 1 person had accessed all services.



All participants were asked if they would access local authority mental health support services such as Social Services and 74% stated they would not while 26% stated that they would.

When asked if they have accessed urgent mental health support through A&E, 21% of participants indicated that they had and 79% of participants reported that had had not.



Participants were also asked if they had accessed urgent mental health support through any other services and 37% reported that they had, and 63% reported that had not.
Participants were asked to rate how strongly they agreed or disagreed with a set of 15 statements about mental health services, the data has been shown in 2 charts to allow better representation of the data.

28% of people strongly disagreed that contacting the service was straightforward, 17% disagreed, 6% neither agreed nor disagreed, 22% agreed and 28% stated that this was not applicable.

44% of respondents strongly disagreed that they were seen by the service quickly, 17% disagreed, 17% agreed and 22% stated that this was not applicable.

44% of participants strongly disagreed that they only had to explain their situation once, 22% disagreed, 6% neither agreed nor disagreed, 6% agreed and 22% stated that this was now applicable.

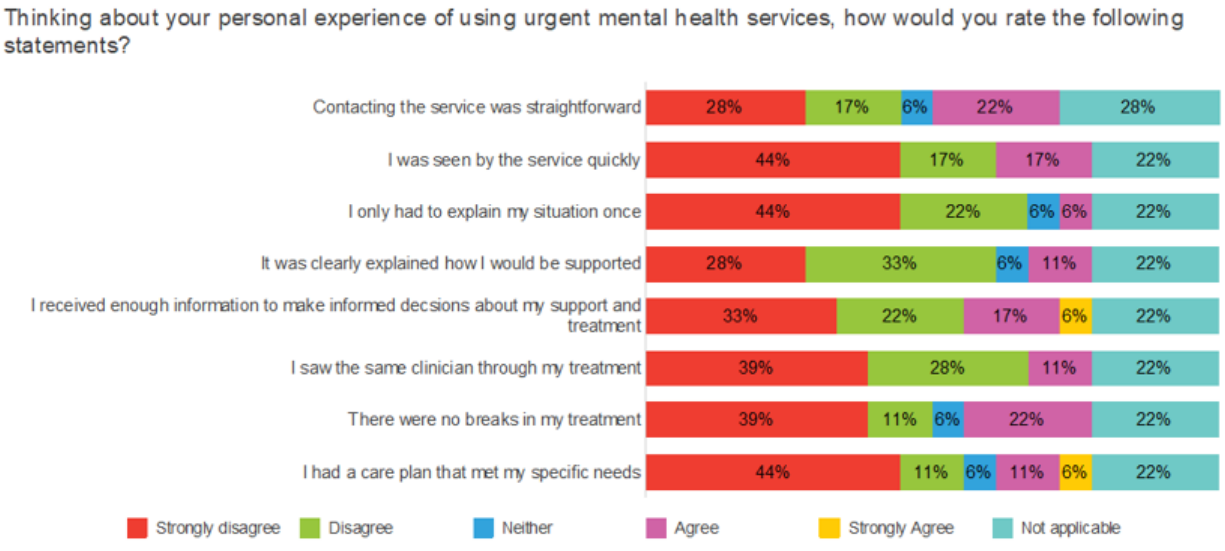
28% strongly disagreed that it was clearly explained how they would be supported, 33% disagreed, 6% neither agreed nor disagreed, 11% agreed, and 22% stated that this was not applicable.

33% of people strongly disagreed that they received enough information to make informed decisions about their support and treatment, 22% disagreed, 17% agreed, 6% strongly agreed, and 22% stated that this was not applicable.

39% of people strongly disagreed that they saw the same clinician throughout their support and treatment, 28% disagreed, 11% agreed, and 22% stated that this was not applicable.

39% strongly disagreed that there was no breaks in their treatment, 11% disagreed, 6% neither agreed nor disagreed, 22% agreed, and 22% stated that this was not applicable.

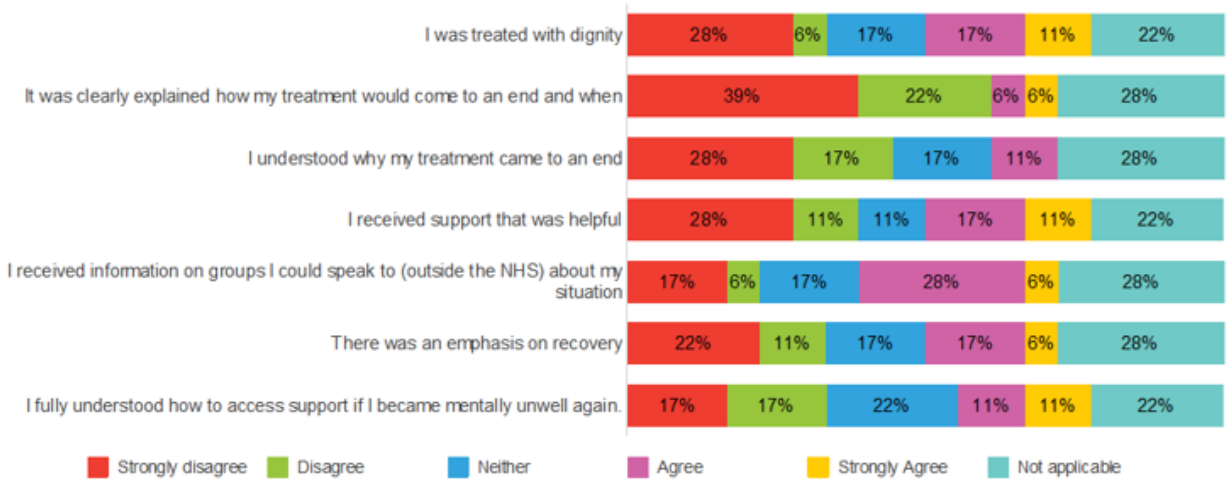
44% strongly disagreed that they had a care plan that met their specific needs, 11% disagreed, 6% neither agreed nor disagreed, 11% agreed, and 22% stated that this was not applicable



28% strongly disagreed that they were treated with dignity, 6% disagreed, 17% neither agreed nor disagreed, 17% agreed, 11% strongly agreed, and 22% stated that this was not applicable.

39% strongly disagreed that it was clearly explained how their treatment would come to an end and when, 22% disagreed, 6% agreed, 6% strongly agreed, and 28% stated that this was not applicable.

Thinking about your personal experience of using urgent mental health services, how would you rate the following statements?



28% strongly disagreed that they understood why their treatment came to an end, 17% disagreed, 17% neither agreed nor disagreed, 11% agreed, and 28% stated that this was not applicable.

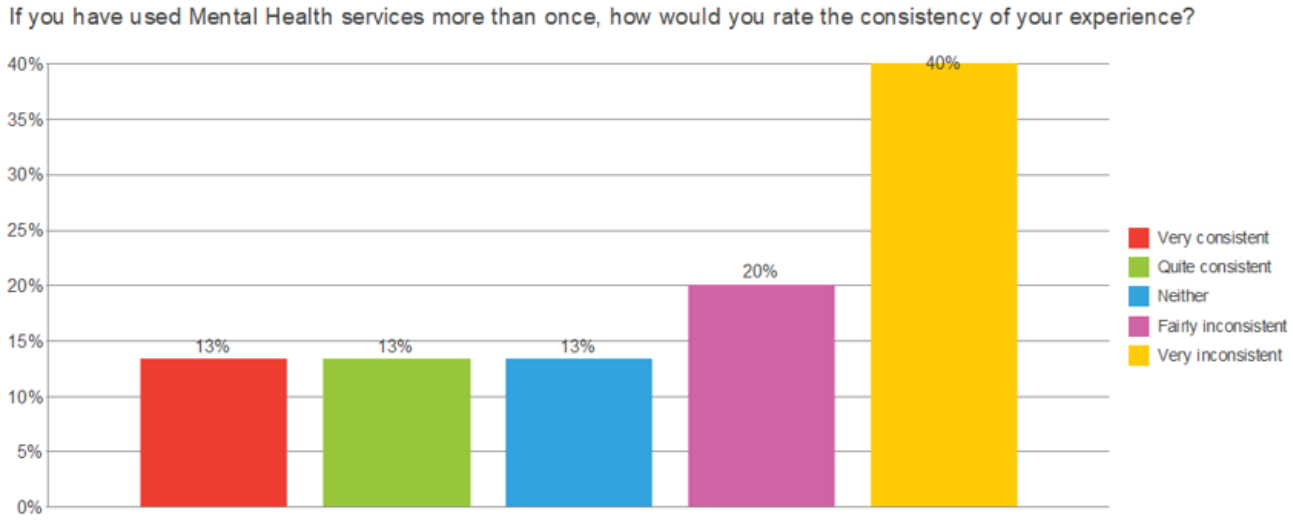
28% strongly disagreed that they received support that was helpful, 11% disagreed, 11% neither agreed nor disagreed, 17% agreed, 11% strongly agreed, and 22% stated that this was not applicable.

17% strongly disagreed that they received information on groups they could speak to about their situation, 6% disagreed, 17% neither agreed nor disagreed, 28% agreed, 6% strongly agreed, and 28% stated that this was not applicable.

22% strongly disagreed that there was an emphasis on recovery, 11% disagreed, 17% neither agreed nor disagreed, 17% agreed, 6% strongly agreed, and 28% stated that this was not applicable.

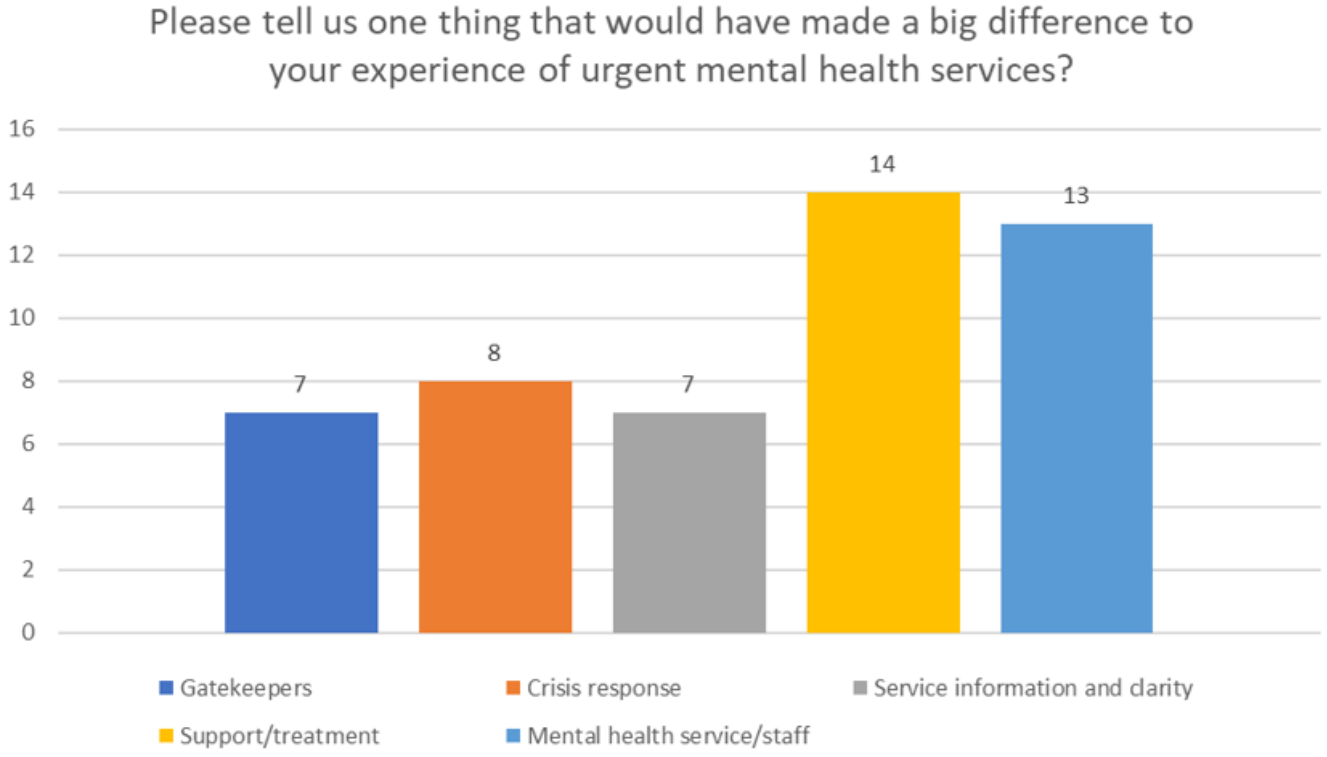
17% strongly disagreed that they fully understand how to access support if they become mentally unwell again, 17% disagreed, 22% neither agreed nor disagreed, 11% agreed, 11% strongly agreed, and 22% stated that this was not applicable.

Participants were asked to rate the consistency of their experience of using mental health services more than once, and 40% found their experiences to be very inconsistent, 20% found their experiences to be fairly consistent, 13% found their experiences to be neither consistent nor inconsistent, 13% stated their experiences was quite consistent, and 13% stated their experiences were very consistent.



Finally, participants were asked what one thing would have made a big difference to their experience of urgent mental health services. 20 people responded to this this question, and almost all of them made more than one comment resulting in a total of 49 comments.

Five themes emerged from the feedback received to this question, the themes were gatekeepers, crisis response, service information and clarity, support/treatment, and mental health service/staff.



Gatekeepers were discussed 7 times by participants who felt that there should be *'trained staff answering the phones, not just admin staff'*, that *'the first person you speak to when you contact CAP is never a mental health professional'* and that they *'don't feel the GP receptionist is the right person to decide on appointment length, they aren't mental health trained'*. Participants also stated that '*mental health stigma means I don't want to have to explain to the person on the phone (Receptionist)'*.

Crisis response was discussed 8 times by participants, in terms of accessing support participants stated that '*when you call CAP you spend at the VERY least, 30 minutes waiting, with the phone ringing before the first person answers*' and that the time to have calls answered can be *'often much longer'*, other participants stated that it would be helpful if services could *'answer phones in a reasonable time, 30 minutes is too long'*. Participants also discussed lack of clarity with crisis response, stating that *'when you call CAP in crisis it is not clear who will make contact with me and when'* and inconsistency in '*the response to a crisis call to CAP can vary greatly from having crisis team out every day, to waiting 6 weeks for CAP to call back'*.

Service information and clarity was discussed 7 times by respondents who reported that *'sometimes CAP tell you that they are how you get referred to adult mental health services, sometimes they say they are not'* and felt that '*when making the initial call to CAP, it is confusing what service you are actually ringing, sometimes they call themselves CAP sometimes they are turning point'*. Respondents also stated that they *'think CAP could be a great service - but inconsistencies, and apparent staff confusion about what they offer, and confusion on the users part of who they actually are CAP or Turning point - all these things make it quite a difficult service to use'* and that they *'think CAP need to make it clearer who they are and what they do'*. Other participants felt that there is *'not enough information available about services'* and that they *'didn't know about the crisis team or central access point, more information should be available'*.

Support/treatment was discussed **14** times by participants, some comments related to appointments with one participant reporting that they were ***'referred urgently to adult mental health services and had to wait one year for an initial appointment, then another 23 months for psychodynamic therapy'*** and another stating that ***'the treatment received should be regular and reliable, without regular cancellations'.*** Respondents also mentioned interruptions or delays to treatment, one person stated that it would help if they could ***'get the help I need all at once rather than having to take a break before being referred again to then have a longer wait'*** and another advised to ***'have more Psychiatrists in Leicestershire' as 'being able to see the same Psychiatrist and more frequently rather than once every 6 months'*** would be beneficial to them. Other participants discussed treatment plans, stating they would like a ***'more in-depth plan of my treatment'*** and 'the treatment to be agreed in advance in terms of what's helpful, and flexible if that needs to change without needing to be re-referred'. Other respondents spoke about access to support or treatment stating that there is not enough ***'accessibility for dual diagnosis eg Autism Spectrum Disorder'*** and it would be helpful if patients could ***'access services when you need it' as 'sometimes you can't access the services when you want to'***. Other participants stated ***it would be helpful if they didn't 'have to repeat the problems over and over again' and were able 'to talk at any level to a mental health specialist'***, one also reported the value of social support, stating that having '***visits from friends and family helped me get better'.***

Mental health service/staff was discussed ***13*** times by participants who felt that mental health services need ***'more funding to make sure they aren't burned out and stressed and not able to take calls'*** and that it would help patients if ***'staff read my notes and followed advice from my consultant psychiatrist'*** and that ***'actually being supported and listened to without having to repeat to several types of professional in several departments'*** and ***'dealing with people who care and actually want to help you' is important to patients.*** Other respondents stated they felt that ***'a service that operates outside of office hours'*** is necessary, that ***'continuity of staff is paramount'*** and that ***'mental health referrals to crisis service for under 16s should be more consistent'.***

Healthwatch Hour Online event

On Thursday 4 March 2021 we held a Healthwatch hour session called “bridging the gap in Mental Health services”.

People told us that:
They are experiencing long wait times in accessing mental health services, specifically when moving between services and often finding that consistency of care is left lacking and many people were unaware of the urgent care team and the access to the urgent care centres for mental health support.

Support is not being accessed through GPs due, in part, to waiting times for appointments and lack of training / understanding of administration staff.

Where people had been able to access an appointment, it is felt that GPs placed too much emphasis on the use of medications, where the patient felt that alternative options such as talk therapy, would be better suited to their needs. However, this often means another long waiting period before receiving support, and as such this has left individuals feeling that services are reactive rather than preventative.

"At what point is it bad enough to be taken seriously? Basically, you have to be at the point of no return."
Female Aged 25 - 49 years

The deaf community are finding it difficult to access urgent mental health services due to communication challenges, often not having internet access is leaving people isolated and in increasing need of support.

Recommendations

1.There needs to be additional training on mental health and triage for GP surgery administrative staff.

2.Leicestershire Partnership NHS Trust (LPT) needs to explore ways to improve its triage service and not leave patient on hold on the phone for a long period of time.

3.LPT needs to address the inconsistencies in the Central Access Point (CAP) Service response for patients.

4.LPT needs to explore interim support for patients who are waiting for mental health services to respond.

5.There needs to be improved advertising of local urgent mental health services to all communities and age groups, including the support Social Services can provide to support those with mental ill health.

6.Urgent access to Mental Health Services needs to be made more accessible, especially for those that are deaf or hard of hearing.

7.Ensure that the patient mental health record is shared with relevant providers at the point of crisis so that patients do not have to keep repeating their story to different service providers.

8.Feed this information gathered from this review into the forthcoming combined Clinical Commissioning Group review into getting help in neighborhoods.

Conclusion

Many of the issues raised by the public in this review are the ones that led to Healthwatch Leicester and Healthwatch Leicestershire conducting this review, including the need to improve the response times for those who access urgent telephone-based services and making sure that people have access to support whilst waiting for support and treatment. There is also a need for organisations and staff to share and read information about a patient and their history, as patients continue to find it frustrating that they must keep repeating their story repeatedly.

This report highlights that people in urgent need of mental health support often go to their GP first and that when accessing these services, the first person that they talk to often does not have a sufficient level of understanding of mental health. It would also seem that not many people are aware that Social Services can provide support to people with mental ill health.
It is important that services are made more accessible for all the different communities of shared interest across Leicester and Leicestershire, especially for those that are deaf or hard of hearing who feel very excluded from being able to access services.

Demographics

Age

The 25 - 49 years age group was the most frequently reported with 44% of respondents indicating that they are in this category, 7% were aged 18 - 24 years, 33% were aged 50 - 64 years, 11% were aged 65 - 79 years and 4% were aged 80+.

Gender

Only 4% of respondents chose not to disclose their gender, 77% reported that they identified as a woman and 19% reported that they identified as a man.

Ethnicity

Only 4% of respondents chose not to disclose their ethnicity, 4% reported that they were Asian/British: Bangladeshi, 19% reported that they were Asian/British: Indian, 4% reported that they were of other Asian/British background, 4% reported that they were of other Mixed/Multiple ethnic groups background, 58% reported that they were White British, and 8% reported that they were of other White background.

Religion or belief

28% of respondents reported that they were Christian, 6% reported that they were Hindu, 50% reported that they had no religion or belief, 11% reported that they were Sikh, and 6% reported they were of an other religion.

Sexuality

17% of participants reported that they were bisexual, 56% reported that they were heterosexual, 6% reported that they were a lesbian/gay woman, 6% were pansexual, and 17% preferred not to disclose their sexuality.

Health

Other demographic questions asked if participants considered themselves to have a long-term condition or illness, and if they consider themselves to have a disability. The findings of these questions have been represented in the chart below, 53% of respondents reported that they have a disability and 53% of respondents reported that they have a long-term condition or illness.

healthwatch Leicester

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
1st SEPTEMBER 2020

RECOMMISSIONING THE 0-19 HEALTHY CHILD PROGRAMME

REPORT OF THE
DIRECTOR OF PUBLIC HEALTH

Purpose of the Report

1. The purpose of this report is to:
   a. Inform the committee on the 0-19 consultation feedback and views obtained on the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service for Leicestershire;
   b. Gather the views of the Health Overview and Scrutiny Committee and Children's Overview and Scrutiny Committee members on the proposed model.

Policy Framework and Previous Decisions

2. In May 2016 Cabinet authorised the Director of Public Health in consultation with the Director of Corporate Resources to award the contracts for the provision of a 0-19 Healthy Child Programme with effect from 1 April 2017.

3. The proposed HCP priorities align with the County Council's Strategic Plan 2018-22 which aims to be 'Working together for the benefit of everyone' and in particular, the wellbeing and opportunity objective which states that people need to be enabled to take control of their own health and wellbeing throughout their lives, and for the Council to support the population to stay well through prevention and early intervention.

4. The HCP Best Start in Life principles are key to embedding the vision of the Health and Wellbeing Strategy and Communities Strategy to "improve health outcomes for the local population and manage future demand on service."

5. The HCP 0-19 service and wider offer also contributes to a preventive health element of the Children and Young People's Plan – Priority 5 – good physical and mental health.

6. The HCP, Department of Health (DH 2009), the Rapid Review (2015), the NHS Long Term Plan (2019) and the recent review of the 1001 Critical Days provide a framework to support the delivery of cost effective early intervention and preventative public health services to improve outcomes for children and young people aged 0-19 years.

7. The National commissioning guidance for the 0-19 Healthy Child programme: delivering maternal and children's public health services from preconception onwards has been refreshed and contains new evidence and suggested additional material to support implementation. The proposed Leicestershire model reflects changes to how services are commissioned and provided locally.

Background

8. Every child deserves the best possible start in life and support that enables them to fulfil their potential. The HCP was launched 11 years ago and is still the national evidence-based universal public health programme for children and young people aged 0-19 years, and up to 25 years who have special educational needs and disability (SEND) or who have left care at 18 years.

9. The HCP is the early intervention and prevention public health programme which focuses on a universal preventative service for children and families. It provides an invaluable opportunity to identify families that need additional support and children who are at risk of poor outcomes. It provides families with a programme of health and development reviews, supplemented by advice around health, wellbeing, and parenting.

10. The HCP is a statutory responsibility of the local authority as part of the Public Health grant conditions. The current 0-19 HCP service has been commissioned from April 2017 to August 2022 and the current contract is held by the Leicestershire Partnership NHS Trust (LPT).

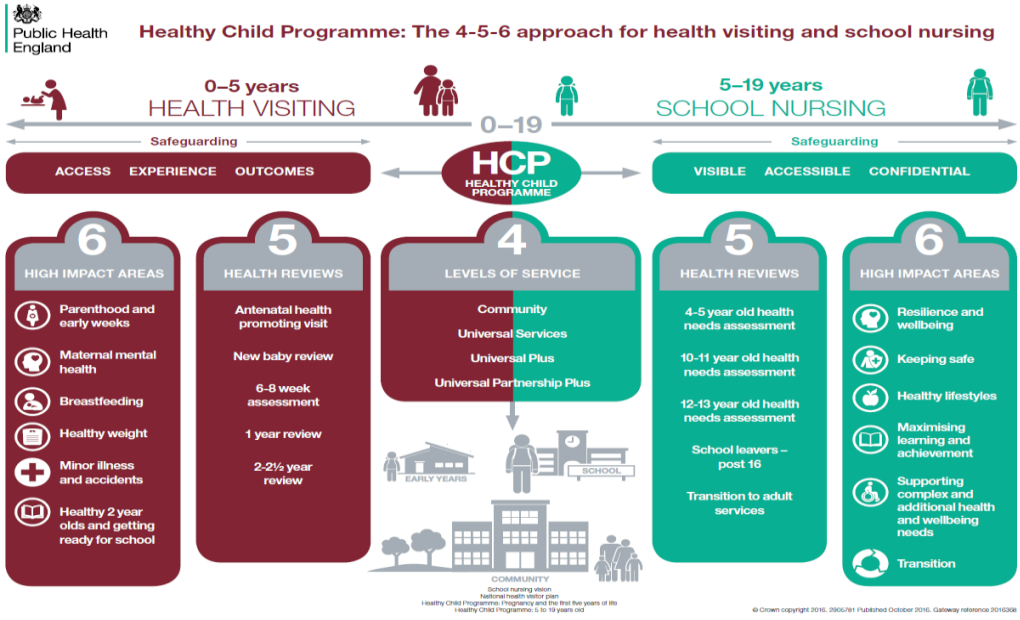
11. The current service includes the delivery of the programme for children, young people and their families including a universal offer for children with additional needs.

12. Currently, the 0 to 5 years element of the HCP is led by health visiting services and the 5 to 19 years element is led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal offer of the HCP provides an invaluable opportunity from early in a child's life to identify children who are at risk of poorer health outcomes and families that may need additional support to get the best start in life, enabling them to build resilience.

13. The early years of a child's life is very crucial. The 0-2 Pathway[1] was designed to focus on the '1001 Critical Days'[2]. The pathway begins at the antenatal period and supports a family right up until their child's second birthday. The proposed model is looking to work more closely with Children's Centres and Family Hubs to ensure access to Start for Life services.

14. The current service is structured on an evidence-based model for both health visiting and school nursing (See Figure 1) with additional emphasis on identified local needs. This is based on 4 levels of service, 5 contact points with children and young people, and 6 high impact areas.

Figure 1: 4-5-6 Model



[1] https://medium.com/children-s-centre/childrens-centre-0-2-pathway-in-leicestershire-bfa18289994f

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

15. The 4-5-6 Model incudes:

Five mandated checks
1. Antenatal review
2. New Birth Visit
3. 6-8 week check
4. 10-12 months check
5. 2 and 2 ½ year review

Six High Impact Areas for Maternity and Early Years:
1. Transition to parenthood
2. Maternal mental health
3. Breastfeeding
4. Healthy weight
5. Managing minor illness and accident prevention
6. Healthy 2-year olds and school readiness.

Six High impact Areas for school aged children
1. Supporting resilience and wellbeing
2. Improving health behaviours and reducing risk taking
3. Supporting healthy lifestyles
4. Supporting vulnerable young people and improving health inequalities
5. Supporting complex and additional health and wellbeing needs
6. Promoting self-care and improving health literacy prevention

16. These high impact areas listed above have been changed compared to figure 1 to reflect the recommendations from the national review. The service will focus in on the six high impact areas of need and put in place support to enable children and young people to achieve their full potential and be physically and emotionally healthy which leads to a productive adulthood.

National Reviews and Guidance

17. The HCP is an evidenced-based universal public health service which benefited from a rapid systematic review of the latest evidence published from 2008 to mid-2014. The outcome of this led to the current national model, commissioning guidance and high impact areas being updated with new evidence and emerging policy developments, based on feedback from service users, professionals working in these services, and commissioners. The revisions will form part of the new Leicestershire service specification going forward.

18. There is a national commitment to modernise the programme over the next few years, to ensure the programme is both current in terms of evidence and context. The NHS Long Term Plan and the growing movement around place-based approaches provides impetus for the modernisation.

19. The Early Years Healthy Development Review[3] is the start of work to transform how support is provided to families so they can give their baby the best start for life, whoever they are and regardless of ability or

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

circumstance. The 1,001 days from pregnancy to the age of two are considered to set the foundations for an individual's cognitive, emotional, and physical development. There is a well-established and growing international consensus on the importance of this age range; it is part of the World Health Organisation's Global Strategy for Women, Children's and Adolescents' Health.[4]

Health Needs Assessment

20. The Joint Strategic Needs Assessments (JSNA), Best Start in Life (0-5) and Children and Young People's Physical Health (5-19) were carried out in 2018 to determine health needs of children and young people in the County. A summary update has been appended to this report as Appendix B.

21. The summary health needs assessment update outlined the differing needs of children under 10 and those of secondary school aged children and young people. Some of these priorities are not new but there will be an additional focus to embed practice and service improvement. Key points being considered include what would be different with the new service, reflecting community needs, digital solutions, and virtual consultations.

22. Officers have also looked at what other areas are doing or have done, to innovate the service and improve outcomes.

23. Engagement with partner agencies in the workshops and focus groups confirmed the areas of need for 11-19 year olds and identified mental health and emotional wellbeing, namely body image and self-esteem, physical health and nutrition, healthy relationships and substance misuse (namely alcohol) as a clear priorities for children and young people aged 11-19.

Engagement with Partner Agencies, Schools and General Public

24. Informal engagement undertaken between 10 May and 7 June 2021 resulted in 78 survey responses received from parents and carers, professionals working with children and families, Health colleagues, including maternity services. Several workshops were also held with partner agencies such as the Clinical Commissioning Groups, Children, Families and Wellbeing services and schools themselves to gather views of the current service and understand where improvements could be made. Service users and service providers were questioned about their experience of the current service model and where improvements could be made.

25. In addition to the above, there is ongoing engagement with partners and children and young people across the County, for example the feedback

[4] World Health Organisation. (2015) The Global Strategy for Women's, Children's, and, Adolescents' Health (2016-2030), online via https://www.who.int/life-course/ partners/global-strategy/global-strategy-2016-2030/en/

already gathered by Children and Family Services as part of their children's services transformation programme.

26. The engagement included presentations to the LLR Children's Joint Strategic Commissioning group consisting of partners from the CCG, Children's and Families Services and Health such as Maternity services. Due to COVID-19 workshops were held online with Youth Justice, Children's and Families Wellbeing Service, Leicestershire and Rutland Sport and partner agencies such as the Office of the Police Crime Commissioner. A County Council staff workshop was also held and there are plans to further engage with different departments such as Adults and Communities and with district and parish councils.

27. Opinions were sought from Leicestershire's Schools via meetings with headteachers from both primary and secondary schools. A further engagement focus group with secondary school headteachers and pastoral care leads were held in May to understand the current needs, issues and concerns experienced by secondary school aged children.

28. Children and young people across primary and secondary schools are engaged in completing a Health-Related Behaviour Questionnaire (HRBQ) This included asking how they would like to access the service and the types of issues that concern them. Further engagement is planned with vulnerable children such as young carers and children in care.

Proposals/Options

29. Following the review of the existing service provision and feedback received, as detailed above, the County Council is currently undertaking a consultation on a revised service model covering 0-10 and 11+ aged children and young people to ensure improved health and wellbeing.

30. The key elements of the proposed service model and how it differs from the current service offer are detailed in Appendix A to this report. In summary, they comprise separating the mandated elements (0-10-year olds) of the service and the discretionary elements of the service for secondary school aged children and young people to improve health outcomes.

31. Taking into consideration the JSNA summary and latest data available to officers, the consultation will also help identify local priorities.

32. There is little change expected in the 0-10 Service age group, with exception of identified areas for service improvement as many services in this area are statutory. Instead, the council intends to look for ways to achieve more consistent practice and the improved offer to families and professionals. The 1001 Critical Days review recommends there is an additional check between age 3-4 months (digitally) and at 3 ½ year

review to identify developmental needs before children start school – these are both included within the proposed model.

33. The secondary school age services will offer; support to children and young people to ensure appropriate support is available focusing on the six high impact areas; defined local priorities – inform by the consultation and transition into school. Services will have a universal offer for all children and young people, plus targeted offer to meet the needs and the early identification of additional and/or complex needs for children and young people. The proposed model is to prioritise the needs of children and young people of secondary school age at a population level; targeting services to those with emotional wellbeing needs - to build resilience; healthy lifestyles focussing on physical activity and nutrition; a greater focus on healthy relationships and substance misuse especially alcohol. Working closely with our other commissioned services to provide a connected universal prevention offer.

34. A robust monitoring system is in place providing evidence with regards to the scale of the reach across Leicestershire and the impact that the 0-19 HCP is having on the lives of children and their families. A 0-19 officer led assurance board meets quarterly to oversee the performance of the service and there will be monthly contract meetings with the provider looking at performance data, quality measures and service improvement.

35. The current budget for the service is £8.5m. Further consideration will be given as to how this will be apportioned across the age groups based on identified need and final outcomes of the consultation.

Conclusion

36. The consultation to date has indicated people agree with the 0-10 service proposal. The 3-4 months digital contact and 3 ½ year contact point to identify development delays and address needs before a child starts schools has been well received.

37. It is proposed the service offer for secondary-aged young people will be universal and build on the County Council Healthy Schools Programme. Better joined up working with Youth Justice, Children and Family Wellbeing Service, to ensure a service fit for purpose and will make a difference to the wellbeing of children. Upskilling the workforce to ensure concerns are identified earlier and referrals to the most appropriate services are made.

38. The consultation will inform how the Authority prioritises transition into secondary school to ensure health needs are considered and how a digital offer could support transition into adult services as appropriate. Feedback to date suggests a digital offer is a positive step.

Background Papers

39. 0-19 Healthy Child Programme
https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#history

Leicestershire's Joint Strategic Needs Assessment - http://www.lsr-online.org/jsna.html

Healthy Child Programme: Pregnancy and the first five years - https://bit.ly/3hgV5tt

The Best Start in Life and Beyond - https://bit.ly/3dJsGKb

Rapid review to update evidence for Healthy Child Programme - https://bit.ly/3hgJNFs

Circulation under the Local Issues Alert Procedure

40. None.

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List of Appendices

42. Appendix A: Proposed 0-19 HCP Pathway
Appendix B: JSNA Summary Update
Appendix C: Consultation Feedback on Proposed model (power-point)

Equalities and Hunan Rights Implications

43. The 0-19 Health Child Programme is a universal service and so will affect all children and the carers in Leicestershire. In addition, the service is already available to children up to the age of 25 who have SEND.

44. The new service will meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects

- eliminating unlawful discrimination, harassment and victimisation;
- advancing equality of opportunity between different groups; and
- fostering good relations between different groups

45. In helping to ensure that diverse communities across the County were reached advice and support was sought from the Leicestershire Equalities Challenge Group.

46. Special schools have been included in the Health-Related Behaviour Questionnaire and engagement survey which will inform the service design. Additionally, engagement with SEND parents hub will also be included as part of the wider consultation with specific focus group discussions to help develop an HCP offer for children with SEND will be added to the Cabinet report in October.

47. The Equalities and Human Rights Impact Assessment (EHRIA) screening concludes:

- There is no evidence that the new service model could have a different affect or adverse impact on any section of the community.
- There will be a positive impact on individuals or community groups who identify with any of the 'protected characteristics'.
- There are likely to be positive effects for children from earlier identification of development needs, but the main benefits are likely to be over the lifetime of the child. Preventing and addressing problems in maternity and childhood lays the groundwork for a healthy and wellbeing and can help stop poor health being passed down generations, reduce inequalities and improve infant, maternal and child health.

There is therefore no requirement for a full EHRIA report.

Risk Assessment

48. The 0-19 Service aims to reduce a number of current risks identified within the wider health system, however, there remain some potential risks which could impact on the successful delivery of the HCP, for example recruitment and retention of health visitors is a national issue. Working closely with the universities to establish Specialist Community Public Health Nursing (SCPHN) courses to help address local training programme.

49. There are no cash savings identified for this contract, however, cost implications for additional check at 3-4 months (offered digitally) and a check at 3½ years; between 2-2 ½ assessment and starting school as

recommended by the 1001 Critical Days review will need to be considered as a potential risk to the budget. Some monies have been set aside to support the mobilisation plan and could support embedding the programme at the start of the contract working closely with CSU and Finance business partners to formulate this as part of the contract.

50. A risk assessment has been undertaken as part of the transformation project and a risk log is kept and scrutinised by the 0-19 Public Health Transformation Delivery Group and the 0-19 Service Project Board.

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

Supporting Children and Young People to be Healthy - Public Consultation

This document details the proposed approach to consulting with local residents on the future Leicestershire 0-19 Healthy Child Programme.

The Healthy Child Programme (HCP) provides a service for children and families in Leicestershire and Rutland to improve their physical and mental health. It is available for children and young people aged 0-19 and young people up to age 25 who have SEND (special educational needs and disabilities) or who have left care at 18 years. The service is split into two areas, 0-10 years and 11+ age groups.

The Engagement Activity to Date

In May/early June this year the council engaged with local communities to get feedback on the current HCP and how it could be improved. There were over 70 responses to the online survey from a wide range of people including parents and carers, professionals working within the children and families service, family wellbeing centres, Youth Justice, Health Services including Maternity services and professionals working within the current service.

The service held workshops with schools and other professionals to hear their views. The questions used in the online survey were mirrored in the workshop activity to enable a broad basis of comparison. The service has also presented the completed engagement activity to the Leicestershire Equalities Challenge Group to get their suggestions on which community organisations, additional methods and channels can be used to broaden the reach for the next phase of activity.

Some of the key messages that the council heard from the engagement activity are stated below.

On the 0-10 Service for Leicestershire, participants suggested that the service would benefit from:

- more face to face contact
- support with referrals for children with additional needs or complex needs
- a named Health Visitor
- a named lead with access to Health records to work with schools
- support for staff in schools who work with most vulnerable children

The feedback from initial engagement also included that some women do not feel supported postnatally and concerns about the reduced availability of face to face support services were raised. These included missed checks, particularly as the two lockdown periods were approximately a year apart leading to some families not being seen at tall since the 6-8 weeks check. This represents a lost opportunity to check for any developmental issues or safeguarding concerns as the focus was on most vulnerable known to services.

On the 11+ service for Leicestershire, participants suggested that the service would benefit from:

- a named health lead with access to health records
- a telephone/online support to seek advice
- specialists to talk to for specific areas of concern such as mental health and emotional wellbeing and special needs and disabilities
- contributions from Health to Education and Health Care plans (EHCP)

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

Local Priorities

As a result of the survey and wider engagement with schools and professionals, additional local priorities were identified as follows:

- Emotional wellbeing; self-esteem and body-image
- Addressing inactivity and increases in obesity
- Delayed communication, i.e. problems with speech and language development
- Digital offer research and co-produced improvements

These priorities will be considered alongside the statutory and discretionary elements of the 0-19 service.

The Proposed Approach to Consultation

The council would like to publicly consult on the proposed future 0-19 Healthy Child programme across the Summer and Autumn 2021. There are two main factors influencing the content of the consultation: what the council has heard in the engagement exercise and how the service proposes to reflect this in future service delivery; and new guidance from the UK government within their '1001 Critical Days'.

1001 Critical Days

In developing our proposals, the service has taken into account the key recommendations from the government's national review; 1001 Critical Days.
https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days .

The key recommendations are:

Ensuring families have access to the services they need

1. Seamless support for families: a coherent joined up Start for Life offer available to all families.
2. A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life[i] system is working together to give families the support they need

4. An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.
6. Leadership for change: ensuring local and national accountability and building the economic case.

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

Proposed Changes to Service Delivery

The tables below give an indication of how the council proposes to use the suggestions from the engagement activity and the recommendations from the national review to develop proposals for the council's 0-19 health provision (add in glossary). The proposals for the future service are still being developed and will be further refined through the consultation exercise. The table is intended to give an indication of the broad direction of travel, based on what the council has heard so far.

We're ambitious for our 0-19 service. Our vision for this service is to create an accessible, universal and targeted service to improve and health and wellbeing and reduce health inequalities within Leicestershire communities.

0-10 Service for Leicestershire

There will not be significant changes for the 0-10 service age group because many services in this area are statutory. Instead, the council intends to look for ways to achieve more consistent practice and an improved offer to families and professionals.

Table 1: 0-10 Service

Element of the existing 0-10 Service	The current level of service delivery	Feedback from the engagement activity	Potential proposals for adjusting the existing service delivery
Five mandated checks	Currently provided	Not full-service offer	Provided but with an additional check between age 3-4 months (digitally) and 2-2 ½ and school age as recommended in the national review.
Six High Impact Areas - Parenthood and early weeks 1. Maternal mental health; 2. Breastfeeding; 3. transition to parenthood; 4. Healthy weight; 5. Minor illnesses and accidents; 6. Healthy 2 year old and getting ready for school.	Provided plus one on oral health as a local priority	Additional support around speech, language and communication needs and those with special needs.	The 6 high impact areas were reviewed nationally and are now as follows: 1. Supporting Maternal and Family mental health (New) 2. Supporting the transition to parenthood (current) 3. Supporting breastfeeding (Current) 4. Supporting healthy weight and Nutrition (New) 5. Improving health literacy; reducing accidents and minor illnesses (New) 6. Supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap' (New) Local priorities are Oral Health and

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

			Obesity
Early prevention and intervention support (Early Help)	Provided	More engagement with: - Early years settings - Children's & Families Wellbeing service 0-2 pathway - Maternity Services	Better joined up working with Early years settings and Children and Families Wellbeing services to deliver a holistic offer.
Safeguarding	Provided	Missed or delayed checks impact on most vulnerable as potential opportunities not picked up.	To continue providing safeguarding
Support to Leicestershire Families	Not provided or limited provision	Engagement and partnership working to improve offer to families.	More joined up work with Children and Families Services, e.g. closer working between early years settings and Health Visitors.
Joined Up Offer (prenatal)	Provided through work with maternity and midwifery	Better communication with Maternity services and Children and Families Wellbeing service	Improved working as per 1001 Critical Days recommendations
Joined Up Offer (postnatal)	Provided through work with Children's Centres	Mental health support – low level anxiety and breastfeeding support.	Improved working with Children's Centres and 0-2 Pathway 1001 Critical Days review recommendations
Digital offer	Chat Health Health for Under 5s, health for kids; Health for Teens webpages	Face to Face to continue Additional 3-4 months check to be provided digitally.	Improved digital communication for both children, parents and carers and support to school professionals
NCMP[ii]	Provided		To continue

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

11+ Service for Leicestershire

The 11+ age group services will be targeted to support children and young people transition into school and ensure appropriate support is available focussing on the six high impact areas and defined local priorities as a result of the consultation. The council intends to look for ways to achieve more consistent approach to practice and an improved offer to families and professionals.

Table 2: 11+ Service

Element of the existing 11+ Service	The current level of service delivery	Feedback from the engagement activity	Potential proposals for adjusting the existing service delivery
Transition into secondary school and appropriate adult services	Transition into secondary schools and into adult services through health needs assessments	Ongoing support Support with Education Health Care Plans	Service continues at a universal level but with strengthened provision to investigate and then address gaps resulting from Covid Services have a universal reach for all children and services are personalised to meet individual need and the early identification of additional and/or complex needs.
Current Six High Impact Areas 1. Resilience and wellbeing 2. Keeping Safe 3. Healthy Lifestyles 4. Maximising learning & achievement 5. Supporting complex and additional health & wellbeing needs 6. Transitions	Provided service, somewhat limited.	Lack of support in referral processes for children with complex needs. Additionally, local priorities should include: 1. Mental Health and Emotional Wellbeing (building resilience) body image/self - esteem, 2. Healthy Relationships 3. Healthy Lifestyles (physical activity and Nutrition) 4. Substance misuse/Alcohol	The 6 high impact areas were reviewed nationally and are now as follows: 1. Supporting resilience and wellbeing (Current) 2. Improving health behaviours and reducing risk taking (New) 3. Supporting healthy lifestyles (Current) 4. Supporting vulnerable young people and improving health inequalities (New) 5. Supporting complex and additional health and wellbeing needs (Current) 6. Promoting self-care and improving health literacy (New) We will also address the local priorities identified through the engagement

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

Training of school staff	Training provided online but limited to epilepsy and asthma	Supervision for school pastoral support staff. Supporting needs of children with complex needs.	A programme of training based on school health profiles which is specific to each school
Provision to children and YP excluded from school or home schooled	Not provided or limited service	Health offer for children who are home educated or excluded from school.	The same level of support will be provided but in the place of learning
Provision to Looked After Children	Not provided - Health offer for children in care is the same universal offer.	Understand the needs of children on EHCP and contribute to plans to ensure Health input.	Ensure staff undertaking IHA and RHA know what the offer from Public Health is so that they can then signpost children and YP to appropriate services
Digital offer	ChatHealth and Health for Teens webpages.	ChatHealth not widely used by children and young people would prefer fact to face. Understand the varying needs of those most vulnerable and appropriate support in place.	Co-produce improved digital communication for both children and YP and support to school professionals with Children and Family Services
Support to children and young people with Special Needs aged 19 and over	Currently digital offer only.	Supporting needs of children with complex needs.	Provide the same offer as other 11+ but more personalised to reflect the place of learning
Healthy child programme offer in Special Schools	Limited service provided.	Supporting needs of children with complex needs.	Provide the same offer as other 11+ but more personalised to reflect the place of learning
Roles providing support are dedicated to 11+ age group	School nursing provided as part of overall contract for 0-19 services	Recruitment and retention concerns Named H/V Skill mix	11+ children and YP will receive support from a range of professionals based on need. Some of this will be universal and some through targeted specialists, e.g. low level mental health and emotional wellbeing counselling

Appendix A Consultation Proposed Service – 0-19 HCP Pathway

Transitions into school and adult services

Supporting transition for school aged children is a key element of the Healthy child programme, for example there is a focus on children ready to learn at the age of two and ready for school at age 5.

It is expected that the service provider will work with adult services to ensure smooth transition for more vulnerable children, those who are in care or have additional needs and require adult services.

Commissioning clinical support for children with additional health needs or long-term conditions and disabilities, including clinical support for example incontinence or diabetes, lies with NHS England and clinical commissioning groups, to ensure co-ordinated support across the life course.

The target groups for the consultation exercise will include:

- Children and Young people and their families
- Professionals working with children and their families

The proposed method for consulting with these groups will include:

- Online questionnaire
- Focus groups
- School Staff survey

The results from the public consultation are due to be presented to Cabinet in October 2021. The service proposes to go present the consultation activity to Scrutiny in September 2021.

[i] Start for Life or Start4Life is a government campaign to support a better **start** in **life** for infants from birth, by providing healthcare professionals with accessible, concise information about the recommendations on breastfeeding, appropriate introduction of solid foods and active play.

[ii] The National Child Measurement **Programme** (**NCMP**) measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. This programme will continue in line with government guidance.

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Appendix C

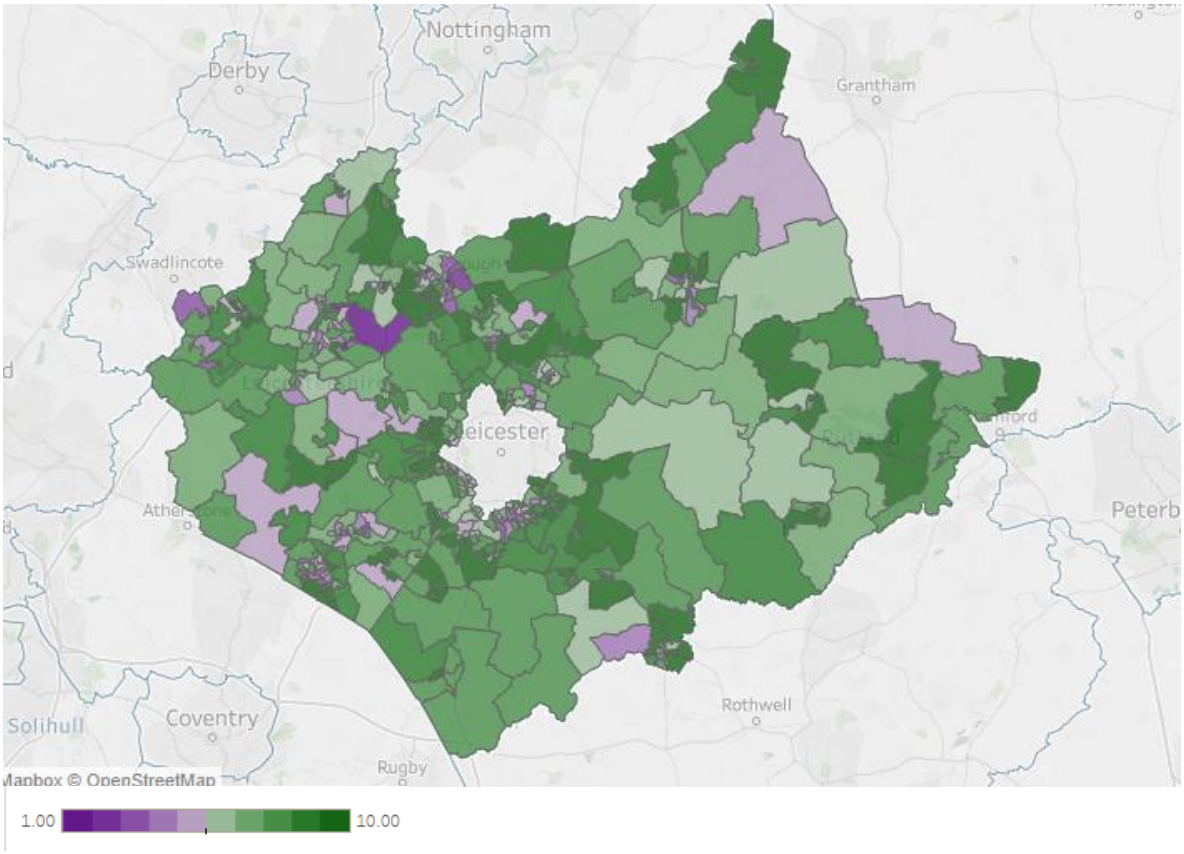
Summary of Health Needs Assessment for the 0-19 Healthy Child Programme for Leicestershire

Leicestershire is the 136th most deprived in the country. The total population of Leicestershire was estimated 706,155 in 2019[1], an increase of 2.3 percent since 2017. There were approximately 7,953 more females (357,054) than males (349,101); the male population is rising at a fractionally slower rate (2.2 percent) compared to females (2.4 percent) since 2017.

Compared with England, the population of Leicestershire is older, with higher proportions of the population aged 40-64 (28.3 percent in the county compared with 27.3 percent in England) and 65 and over (20.5 percent compared with 18.4 percent for England). There were 159,752 children under the age of 19 in Leicestershire in 2019 (22.6 percent of the population).

Areas of Deprivation

LSOA Map of National decile of index of multiple deprivation



[1] ONS Mid-year population estimates https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/2019Mid-yearPopulationEstimates/PopulationEstimates

Children Population

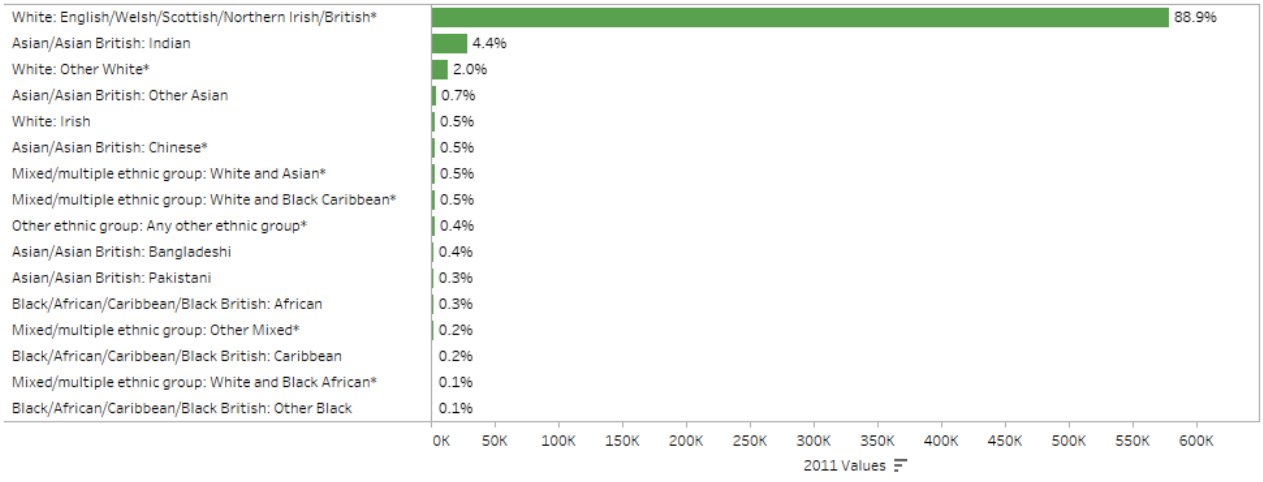
There were 6,678 live births in Leicestershire in 2019, a decrease of 2.9% from 2018 and the lowest number of live births for the last six years.

Between the ages of 0 and 24, males outnumber females in all quinary age bands. However, from the 25-29 age band onwards, females outnumber males (apart from the 60-64 age band); see below table showing the under 19s population; In 2019 Charnwood has the largest population (185,851) of Leicestershire districts, followed by Hinckley and Bosworth (113,136). Melton has the smallest population (51,209); Oadby & Wigston has the highest proportions of under 19s (13,890) with 24.4% and Melton has the lowest proportion with just 21.6%. The children's population in Leicestershire is predicted to grow by up to 1.38% over the next 5 years.

Figure 1: ONS Mid-year population estimates 2019

Area	All age population	0-10 population	11-19 population	0-19 population
Leicestershire	706,155	86,220	73,532	159,752
Rutland	39,927	4,284	4,340	8,624
Blaby	101,526	13,179	10,221	23,400
Charnwood	185,851	21,888	20,608	42,496
Harborough	93,807	11,271	9,961	21,232
Hinckley & Bosworth	113,136	13,773	10,793	24,566
Melton	51,209	6,056	4,981	11,037
NW Leicestershire	103,611	12,888	10,243	23,131
Oadby & Wigston	57,015	7,165	6,725	13,890

Figure 2: Ethnicity-Leicestershire- Census data 2011.



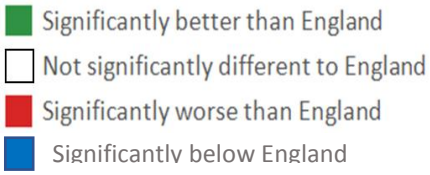
- The majority of the Leicestershire population (88.9 percent) belong to White: British ethnic group.
- The next largest ethnic group in Leicestershire is Asian: Indian (4.4 percent),
- Followed by White: Other White (2.0 percent) and Asian: Other Asian (0.7 percent);
- New census data will be made available early 2022.

NCMP

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools.

Reception

	Underweight	Healthy weight	Overweight	Obese & Severely obese	Severely Obese	Overweight & Obese
Leicestershire	**1.3%**	**79.8%**	**11.6%**	**7.4%**	**2.0%**	**19.0%**
England	**0.9%**	**76.1%**	**13.1%**	**9.9%**	**2.5%**	**23.0%**



- The proportion of Reception children classified as underweight in Leicestershire (1.3%) was significantly worse than the England average (0.9%).
- Compared to the national average, Leicestershire has a significantly better proportion of healthy weight (79.8% vs. 76.1%), obese & severely obese (7.4% vs. 9.9%), severely obese (2.0% vs. 2.5%) and overweight & obese (19.0% vs. 23.0%) Reception children.
- The prevalence of overweight Reception children resident in Leicestershire (11.6%) was significantly below the England average (13.1%).

Year 6

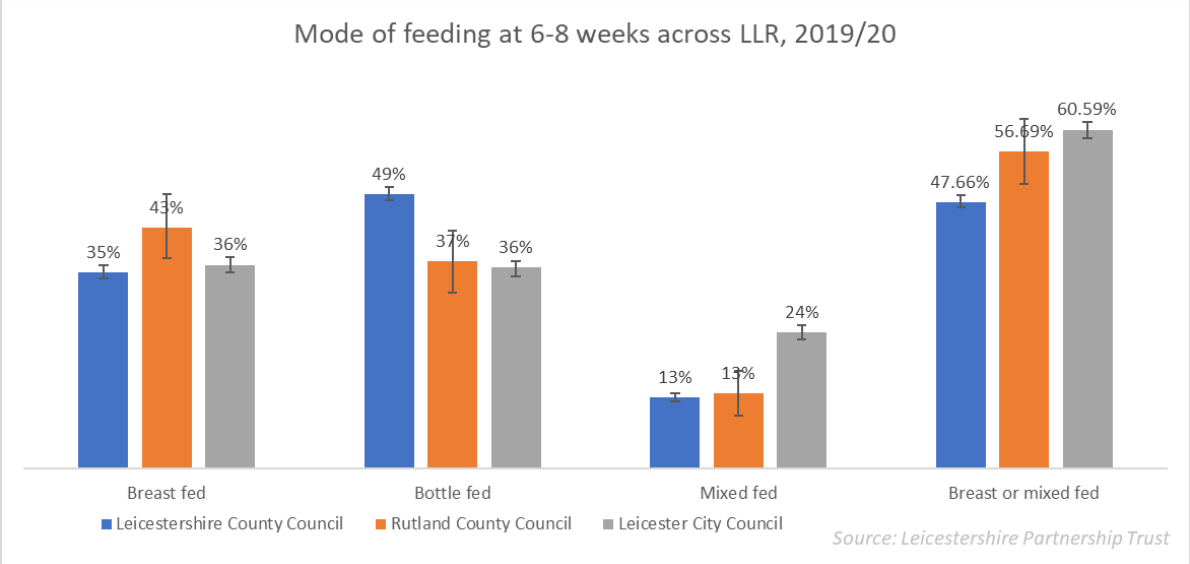
	Underweight	Healthy weight	Overweight	Obese & Severely obese	Severely Obese	Overweight & Obese
Leicestershire	**1.9%**	**67.4%**	**13.0%**	**17.6%**	**3.5%**	**30.6%**
England	**1.4%**	**63.4%**	**14.1%**	**21.0%**	**4.7%**	**35.2%**

- The proportion of Year 6 children classified as underweight in Leicestershire (1.9%) was significantly worse than the England average (1.4%).
- Compared to the national average, Leicestershire has a significantly better proportion of healthy weight (67.4% vs. 63.4%), obese & severely obese (17.6% vs. 21.0%), severely obese (3.5% vs. 4.7%) and overweight & obese (30.6% vs. 35.2%) Year 6 children.
- The prevalence of overweight Year 6 children resident in Leicestershire (13.0%) was significantly below the England average (14.1%).

Breastfeeding

Improving breastfeeding initiation and continuation rates remain a priority for Leicestershire. Breastfeeding is a key indicator of child health and wellbeing, which contributes to reducing infant mortality, health inequalities, obesity and cancer agendas.

Figure 2: mode of feeding at 6-8 weeks across LLR, 2019/20



In Leicestershire, bottle feeding is the most common mode of feeding at 6-8 weeks.

The latest data for England is from 2018/19 which shows breastfeeding initiation rates of 74.5% and a 6-8 week breastfeeding prevalence of 46.2% (PHE fingertips). In the East Midlands, the initiation rate in 2018/19 was 64.7% and the continuation rate was 45.7%.

Highlights of the JSNA review:

- Early intervention in the first 1001 critical days between conception and age 2 to enhance outcomes.
- significant numbers of children living in poverty, particularly in areas of deprivation
- significant numbers of children at risk of homelessness
- significant number of children exposed to the impacts of domestic violence.
- some improvement required in uptake of free school meal.
- recommendations focusing on breastfeeding initiation, take up is low but picks up at 10 weeks.
- recommendation to develop an agreed trauma informed approach to supporting children and young people who have experienced ACEs to build their resilience.
- Significant improvement needed around perinatal mental health, particularly teenage mothers are risk of developing postnatal depression than average
- Maternal Obesity; overweight and obese BMI at the time of their booking slightly above national average

School Readiness

School readiness is a key measure of early years' development across a wide range of developmental areas. Children from poorer backgrounds are at increased risk of poor development and the evidence shows that differences by social background emerge early in life. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy. In 2018/19 72.1% of children in Leicestershire achieved a good level of development at the end of reception class (the first year of school). This is similar to the England average (71.8 %). The percentage has significantly increased over the last five years from 58.0% in 2013/14.

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Key issues for children in Leicestershire. Figure 3: Early Years Profile

Indicator	Period	Leics			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18s conception rate / 1,000	2018	↓	134	12.2	16.8	16.7	39.4		3.6
Smoking status at time of delivery	2019/20	→	465	9.6%	13.4%*	10.4%	23.1%		2.1%
Low birth weight of term babies	2018	→	156	2.50%	2.70%	2.86%	4.65%		1.01%
Infant mortality rate	2017 - 19	–	75	3.7	4.1	3.9	7.5		2.0
Breastfeeding prevalence at 6-8 weeks after birth - current method New data	2019/20	–	2,981	*	45.8%*	48.0%*	-	*Insufficient number of values for a spine chart*	-
Reception: Prevalence of overweight (including obesity)	2019/20	↓	1,265	19.0%	22.0%	23.0%	31.8%		14.9%
A&E attendances (0-4 years)	2018/19	↑	28,000	758.5	626.1	655.3	1,917.4		126.3
Emergency admissions (aged 0-4)	2018/19	↑	4,685	126.9	152.5	167.6	340.9		66.5
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) New data	2019/20	→	290	78.3	93.8	117.0	254.0		52.2
Children with one or more decayed, missing or filled teeth	2016/17	–	-	22.3%	25.1%	23.3%	47.1%		12.9%
Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2019/20	→	7,510	94.4%	88.0%	86.8%	63.2%		96.1%
Proportion of New Birth Visits (NBVs) completed within 14 days New data	2019/20	–	5,324	79.8%	88.3%	86.8%*	23.4%		99.8%
Proportion of infants receiving a 6 to 8 week review New data	2019/20	–	6,360	95.0%	92.4%	85.1%*	20.1%		99.8%
Proportion of children receiving a 12-month review New data	2019/20	–	6,411	91.4%	84.2%	77.0%*	11.8%		99.0%
Proportion of children who received a 2-2½ year review New data	2019/20	–	6,744	89.4%	85.3%	78.6%*	4.2%		99.2%
Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review New data	2019/20	–	6,392	95.9%	93.5%	92.6%*	58.4%		100%
Child development: percentage of children achieving a good level of development at 2-2½ years New data	2019/20	–	4,522	70.7%	78.8%	83.3%	33.9%		94.6%
Child development: percentage of children achieving the expected level in communication skills at 2-2½ years New data	2019/20	–	5,557	86.9%	87.3%	88.9%	36.0%		98.1%
Child development: percentage of children achieving the expected level in gross motor skills at 2-2½ years New data	2019/20	–	5,654	88.5%	91.0%	93.8%	72.8%		99.1%
Child development: percentage of children achieving the expected level in fine motor skills at 2-2½ years New data	2019/20	–	5,499	86.0%	91.8%	94.1%	68.3%		99.6%
Child development: percentage of children achieving the expected level in problem solving skills at 2-2½ years New data	2019/20	–	5,806	90.8%	91.5%	93.9%	64.7%		98.8%
Child development: percentage of children achieving the expected level in personal-social skills at 2-2½ years New data	2019/20	–	5,670	88.7%	90.8%	92.9%	68.4%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	5,539	72.1%	70.3%	71.8%	63.1%		80.6%
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	2018/19	↑	6,400	83.3%	81.1%	82.2%	71.8%		94.6%
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	2018/19	↑	5,613	73.1%	71.1%	72.6%	63.3%		82.2%

- Completion of New Birth Visits within 14 days
- Child Development (2/2.5 years):
  - % of children receiving a good level of development
  - % of children expected level of communication
  - % of children achieving good expected level of motor skills
  - % of children achieving expected level of fine motor skills
  - % of children achieving expected level of problem-solving skills
  - % of children expected level of personal-social skills

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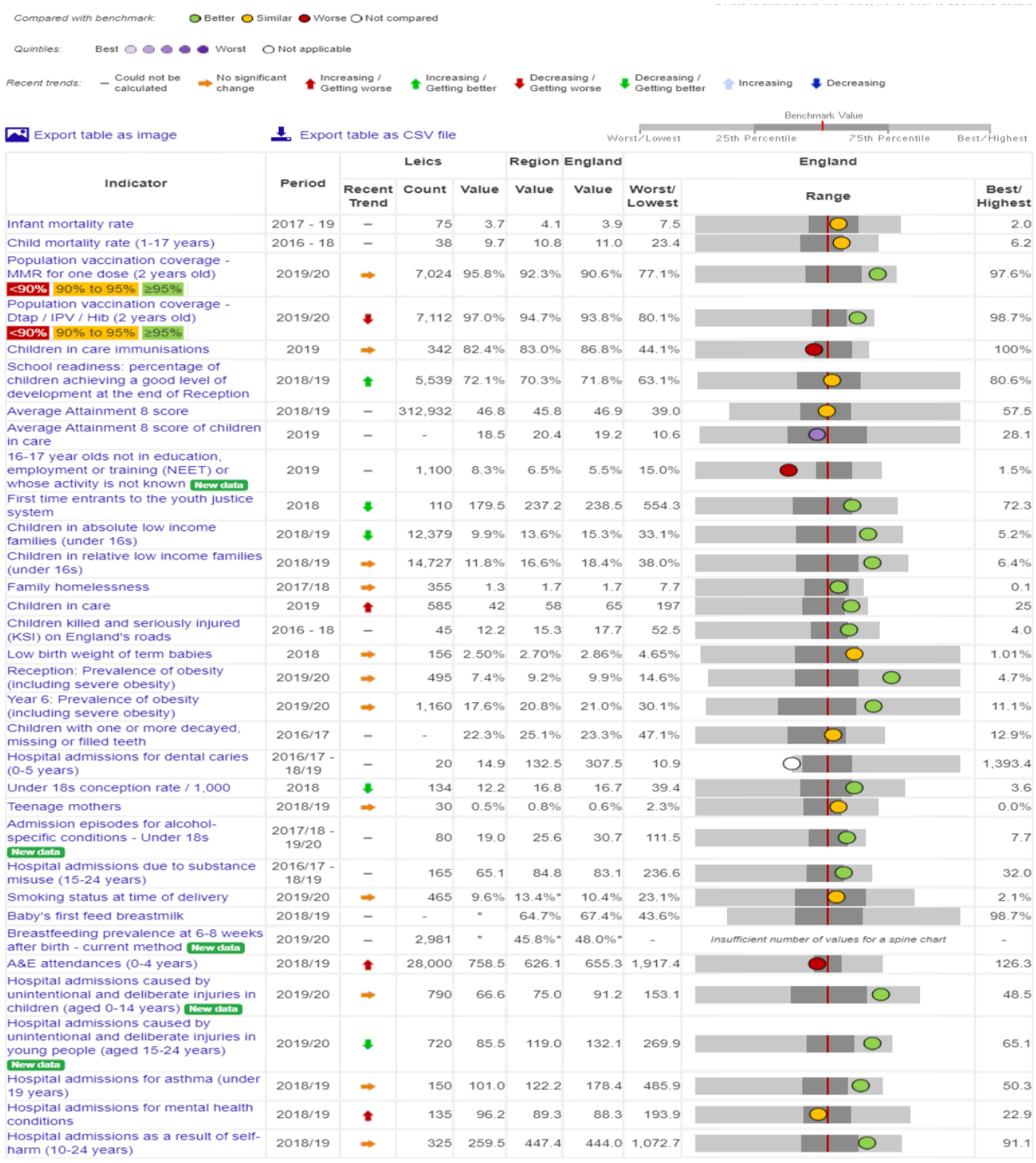
Figure 4: Children's Health Outcomes



Indicator	Period	Leics			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2017 - 19	–	75	3.7	4.1	3.9	7.5		2.0
Child mortality rate (1-17 years)	2016 - 18	–	38	9.7	10.8	11.0	23.4		6.2
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2019/20	→	7,024	95.8%	92.3%	90.6%	77.1%		97.6%
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2019/20	↓	7,112	97.0%	94.7%	93.8%	80.1%		98.7%
Children in care immunisations	2019	→	342	82.4%	83.0%	86.8%	44.1%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	5,539	72.1%	70.3%	71.8%	63.1%		80.6%
Average Attainment 8 score	2018/19	–	312,932	46.8	45.8	46.9	39.0		57.5
Average Attainment 8 score of children in care	2019	–	-	18.5	20.4	19.2	10.6		28.1
16-17 year olds not in education, employment or training (NEET) or whose activity is not known New data	2019	–	1,100	8.3%	6.5%	5.5%	15.0%		1.5%
First time entrants to the youth justice system	2018	↓	110	179.5	237.2	238.5	554.3		72.3
Children in absolute low income families (under 16s)	2018/19	↓	12,379	9.9%	13.6%	15.3%	33.1%		5.2%
Children in relative low income families (under 16s)	2018/19	→	14,727	11.8%	16.6%	18.4%	38.0%		6.4%
Family homelessness	2017/18	→	355	1.3	1.7	1.7	7.7		0.1
Children in care	2019	↑	585	42	58	65	197		25
Children killed and seriously injured (KSI) on England's roads	2016 - 18	–	45	12.2	15.3	17.7	52.5		4.0
Low birth weight of term babies	2018	→	156	2.50%	2.70%	2.86%	4.65%		1.01%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	495	7.4%	9.2%	9.9%	14.6%		4.7%
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	1,160	17.6%	20.8%	21.0%	30.1%		11.1%
Children with one or more decayed, missing or filled teeth	2016/17	–	-	22.3%	25.1%	23.3%	47.1%		12.9%
Hospital admissions for dental caries (0-5 years)	2016/17 - 18/19	–	20	14.9	132.5	307.5	10.9		1,393.4
Under 18s conception rate / 1,000	2018	↓	134	12.2	16.8	16.7	39.4		3.6
Teenage mothers	2018/19	→	30	0.5%	0.8%	0.6%	2.3%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s New data	2017/18 - 19/20	–	80	19.0	25.6	30.7	111.5		7.7
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	–	165	65.1	84.8	83.1	236.6		32.0
Smoking status at time of delivery	2019/20	→	465	9.6%	13.4%*	10.4%	23.1%		2.1%
Baby's first feed breastmilk	2018/19	–	-	*	64.7%	67.4%	43.6%		98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method New data	2019/20	–	2,981	*	45.8%*	48.0%*	-	*Insufficient number of values for a spine chart*	-
A&E attendances (0-4 years)	2018/19	↑	28,000	758.5	626.1	655.3	1,917.4		126.3
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) New data	2019/20	→	790	66.6	75.0	91.2	153.1		48.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) New data	2019/20	↓	720	85.5	119.0	132.1	269.9		65.1
Hospital admissions for asthma (under 19 years)	2018/19	→	150	101.0	122.2	178.4	485.9		50.3
Hospital admissions for mental health conditions	2018/19	↑	135	96.2	89.3	88.3	193.9		22.9
Hospital admissions as a result of self-harm (10-24 years)	2018/19	→	325	259.5	447.4	444.0	1,072.7		91.1

Key Issues:

Teenage mothers
Smoking status at time of delivery
A&E attendances 0-4s and 10-15years of age
Hospital admissions for mental health conditions
Alcohol abuse under 15.

Impact of Covid-19 pandemic

The public health measures that have been introduced to help control the spread of the virus, whilst important, have disrupted services, livelihoods and social behaviours on a global scale. As a result, many health services across the UK have been affected during the pandemic. Many community services across Leicester, Leicestershire and Rutland (LLR) have been stopped or reduced, with potential impact on population level health. It is likely that as services restart, there will be increased and altered demand on services, including an excess of some routine work.

Around half of all lifetime mental health problems start by the mid-teens, and three-quarters by the mid-20s, although treatment typically does not start until a number of years later.[2] The most recent survey of the mental health of children and young people in England found that 12.5% of 5 to 19 year olds had at least one mental disorder when assessed (2017), and 5% met the criteria for 2 or more mental disorders.[3]

[2] https://pubmed.ncbi.nlm.nih.gov/17551351/
[3] https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/

Engagement Feedback

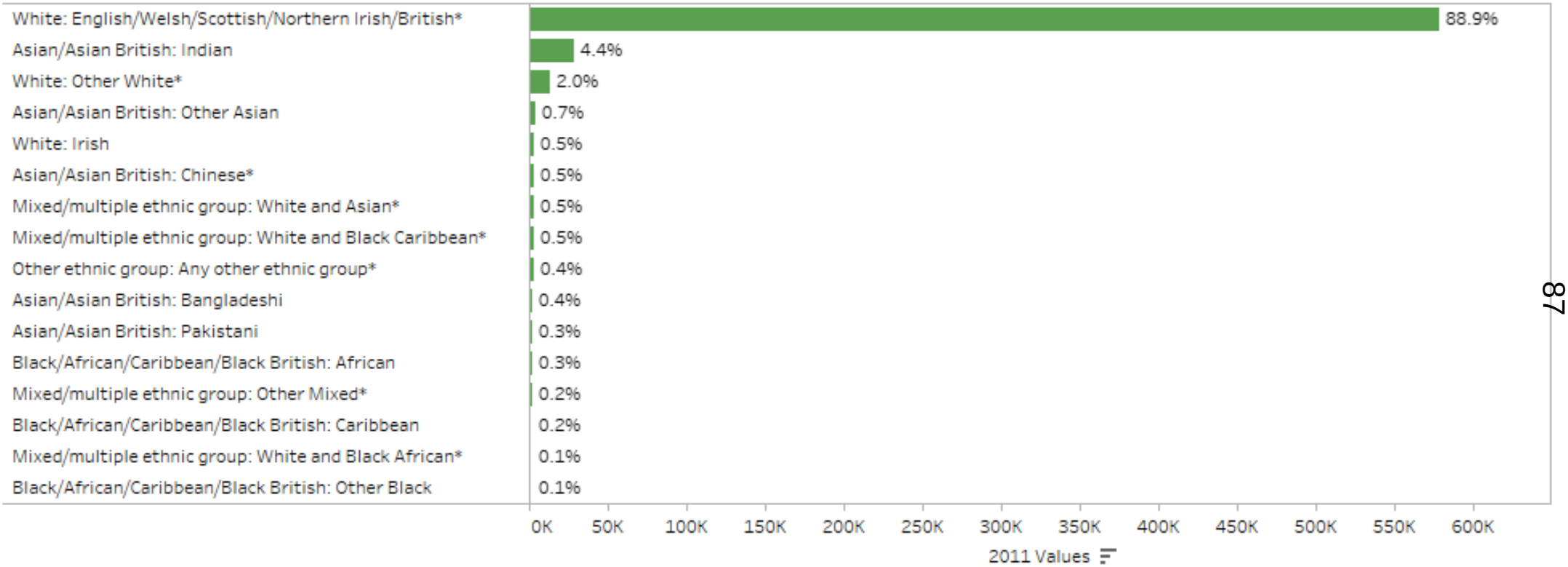
16/08/21

Sham Mahmood

Local Healthy Child Programme

- The 0-19 Healthy Child Programme – LPT (Healthy Together)
- Universal provision and targeted support
- 0-5 Mandated Health Visiting Checks
  - Antenatal contact at 28 weeks
  - New birth visit at 10-14 days
  - 6-8 week check
  - 10-12 review
  - 2 – 2 and half year check
- Digital Service; Chat Health, Health for Under 5's, Health for Kids and Health for Teens websites and web-based resources
- Transitions
- Mandated NCMP

Leicestershire Ethnicity breakdown – last census data (2011) new census data due early next year.



- The majority of the Leicestershire population (88.9 percent) belong to White: British ethnic group.
- The next largest ethnic group in Leicestershire is Asian: Indian (4.4 percent),
- Followed by White: Other White (2.0 percent) and Asian: Other Asian(0.7 percent);

Census 2011

Survey Feedback from Engagement activity..

78 respondents

- 53% O&W highest responses;
- NWL 26%;
- Charnwood highest CYP population but only 16% responded.
- Female – 98%
- Age:
  - 25-34= 35%
  - 35-44= 41%
  - 45-54= 18%
  - 55-64= 6%
- Low BME responses.
  - White= 96%
  - Mixed= 2%
  - Other ethnic group= 2%

- Engagement with partners and agencies
  - Workshops
  - Focus Groups
  - Health (PCNs- going forward)

- Voice of the child via HRBQ
- Vulnerable groups
  - Health Watch
  - Youth Council
  - Children In Care

Survey Feedback from engagement in May/June continued....

- Key areas:
  - H/V contacts:
    - Current checks are not happening at all or well:
      - Checks are not being completed on time, late or missed.
      - Lack of staff and lack of service overall.
      - Visits are rushed or telephone contacts made. No alternatives offered.
    - Would like a named H/V – if any issues to speak to someone, helpline for advice. Chat health are 'no good'.
    - 2 year checks to be more holistic. Include EY settings' input into ASQ
    - Early start programme to be embedded – no support available
    - F2F preferred over digital including H/v and breastfeeding support. Not online.
    - Better joined up working with community midwives. Tell it once approach needed.

Survey Feedback cont..

- School Nursing
  - SN making referrals sped up diagnosis & treatment (around mobility) – a positive.
  - SN are not trained for children with complex needs. (not specialist enough)
  - More support needed for EHCPs in schools for children with SEND, SN don't do them.
  - Service has declined considerably – 'not serious enough for help'. (matches what Sec. schools said around thresholds)
  - Services for teens need to be available in buildings that they feel able to go into(focus on youth work) . Covid has impacted upon their movement.

- Other issues: HV & SN
  - Mental Health
    - Emotional wellbeing –lack of support of post natal depression
    - Lack of emotional wellbeing support for young people on EHCP
    - Appropriate support before crisis is essential
  - lack of youth-clubs and uniformed clubs for kids.
  - Breastfeeding not enough support.
    - More Peer support needed.
    - More information around weaning support needed
  - Healthy Start promotions- it brings people into children and families centres and access to other services are taken up.

LCC Workshops Responses

Health Visiting

- Access to services not great for BME communities – Travellers and Young Carers in particular
- Notifications (NOPP): Not always clear or missing/not shared.
- Not receiving referrals from parents who would typical receive the early start support
- Youth Prevention offer – no link with Youth Justice
- Early start and 0-2 pathways – need better integration
- 2 – 2.5 year review to be joined up.

School Nursing

- Lack of school nurses.
- Peer on peer violence on the increase.
- Digital innovation – not all YP want text messaging (ChatHealth)
- Supervision for Staff
- All online training – no direct training/support available
- Specialist support when needed.
- Areas to consider focussing on:
  - Healthy Lifestyles & Nutrition
  - Healthy Relationships (intimacy/violence)
  - Substance Misuse/Alcohol
  - Mental Health/Emotional wellbeing
    - incl. body image, self-esteem, resilience, low mood etc.

Secondary Schools Workshop

- Don’t know who school nurse is.
- Referrals made to school nursing and were declined
- Schools can’t manage and teach: significant numbers & needs too high
- Mental Health and Counselling services were considered important by all in the group
- High % of CYP experience low mood, anxiety, panic attacks and is affecting attendance.
- Supervision would be valued, healthy staff can support more children.
- named nurse or advice one to run by concerns or any issues with.
- Support from Health – access to Health records.
- Schools are happy on spend their budget on health- QA? How do we know what they’re buying in?

Consultation Feedback on the proposed model

nsultation Feedback cont…

- Voluntary sector groups
- Soft market testing Response:

- SEND Disabilities Parent/Carer forum
  - Inclusive Service
  - Not a specialist service for children with complex needs – responsibility of the Clinical Commissioning Group.
- Marginalised groups:
  - Reaching out to eastern European families
  - Traveller community – working with Inclusion service.
  - LGBTQ groups
- Young Parents – T-BAG response:

COVID-19 – Current position, winter plans and vaccinations.

Mike Sandys
Director of Public Health
Leicestershire County Council

COVID current position

- Rates per 100,000 as of 20th August:
  - Blaby:
  - Charnwood:
  - Harborough:
  - Hinckley & Bosworth:
  - Melton:
  - North West Leicestershire:
  - Oadby & Wigston:

- General synopsis:
  - High rates in the 18-30s following the lifting of all restrictions on July 19th.
  - Spread up the age groups driven largely by household transmission.
  - East Midlands going through a period of high rates in comparison with other parts of the country.

COVID current position

- Rates:
  - General trend through August into early September of current rates continuing with local variation and fluctuations.
  - Leicestershire schools return 23rd August so we will be seeing the impact of schools returning by the time of HOSC

- Hospital admissions:
  - 100+ in UHL (30+ Leicestershire residents) with COVID as of 20th August
  - 22 on intensive care wards (not far short of 50% of capcity)
  - Reflects national picture that as many in ITU with COVID as for all other conditions combined.
  - 75% on general and acute wards with COVID19 are over 55, 30% unvaccinated.
  - 70% on ITU are under 55, 90% unvaccinated.

COVID – winter view

- Likely to be a bumpy ride through Autumn and Winter with concurrent issues of:
  - Covid
  - Flu
  - Respiratory syncytial virus (RSV)
  - usual winter pressures
  - NHS backlog.

- Social care: as above plus impact of mandatory vaccination policy.

Leicestershire County Council

Confidence and Risk Reduction – containing COVID and supporting people to as society opens up.

Rationale

- Removal of restrictions and diminishing returns on compliance messaging means we need to refresh our approach, recognising that overall we are unable to contain COVID and that there is a split in society between those that are gung-ho and those that are very anxious.

- There is also the need to ensure a slow return to normality as the slower the return the better the chances of avoiding a new peak crisis.

- As such we are pursuing a model of actions that build on the existing infrastructure but push more positive messages ‘we can help you to do this safely’ and also seeks to support those that are most anxious and in need of support.

Confidence and risk reduction

- Workplace return: going back slowly and carefully with a long term view of hybrid working.

- Businesses: Local/National scheme to promote businesses with good COVID safety standards focused on high risk/close contact businesses – nail bars, vertical drinking establishments, hairdressers. COVID FAQs.

- Events: promotion of safe events guidance (either local or national depending)

- Testing: continued pushing of ‘pick up’ points in hotspot areas but increased mobile testing support to events to distribute test kits (festivals, beer festivals, etc). Testing delivered as part of a broader package of supporting health and well being.

- Public comms: messaging using refreshed ‘down to us’ programme.

- Clinically extremely vulnerable

Confidence and risk reduction

- Test & Trace: local ‘zero’ replaced.

- Vaccination: Promotion of get vaxxed to get back messaging. Continued rolling together of testing and vaccine messaging.

Booster vaccination

- Guidance still awaited from Joint Committee on Vaccination and Immunisation (JCVI) on priority groups for booster vaccination.

- Cohorts 1-4 of the first wave would appear to be very strong contenders to receive a booster (ie the over 80s, health and social care staff) but unknown how far down the cohorts JCVI will recommend boosters (possibly all over 60s).

Flu

- The flu jab will be available to:
  - All children aged 2 to 3 and August 2021
  - All children in primary school and all children in years 7 to 11 in secondary school
  - Those aged 6 months to under 50 years in clinical risk groups
  - Pregnant women
  - Those aged 50 and over
  - Unpaid carers close contacts of immunosuppressed individuals
  - Frontline health and social care staff.

Respiratory syncytial virus (RSV)

- RSV is a common respiratory virus that usually causes mild, col-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.

- Seen as being a childhood illness but most case in older adults.

- RSV is the most common cause of pneumonia in children under the age of 1.

- Currently we are seeing sharp growth in RSV across the country. Strong growth with a doubling of ~10 days.

- 5-year trends suggestive that peaks will be as high as usually seen in normal Winter seasons

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