Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 1 March 2023 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. M. H. Charlesworth CC	Mr. R. Hills CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. Harrison CC	Ms. Betty Newton 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 18 January 2023.		(Pages 5 - 12)
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.	Green Living Leicestershire - An approach to Domestic Energy Efficiency Retrofit across Leicestershire.	Director of Public Health	(Pages 13 - 20)
9.	Health Performance Update including Cancer.	Chief Executive and ICS Performance Service	(Pages 21 - 40)
10.	Teen Health Service: 11-19 Years Old (Healthy Child Programme).	Director of Public Health	(Pages 41 - 74)
11.	Date of next meeting. The next meeting of the Committee is scheduled to take place on Wednesday 14 June 2023 at 2.00pm.		
12.	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 Governance and Scrutiny website www.cfgs.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?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

(a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;

(b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

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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, 18 January 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC
Mr. K. Ghattoraya CC
Mr. D. Harrison CC
Mr. R. Hills CC
Ms. Betty Newton CC

Also in attendance
Mrs. L. Richardson CC – Cabinet Lead Member for Health.
Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 46 refers).
Nilesh Sanganee, Chief Medical Officer, Integrated Care Board (minute 46 refers).
Rachel Dewar, Assistant Director of Urgent and Emergency Care, Integrated Care Board (minute 46 refers).

39. Minutes of the previous meeting.

The minutes of the meeting held on 2 November 2022 were taken as read, confirmed and signed.

40. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

41. Questions asked by members.

The Chief Executive reported that the following question had been received under Standing Order 7(3) and 7(5):

Question by Mr. P. King CC:

Recently I received the following information from local charity Arthritis Support Leicestershire:-

> At the heart of our charity's ethos is Self Help and we support people of all backgrounds and cultures to manage their Arthritis and other related MSK conditions by providing a range of activities such as
> - Zoom adapted Yoga
> - gentle exercises
> - activities for children and families
> - well-being workshops about living with Arthritis
> - I T and telephone support.
>
> Our most popular activity is weekly hydrotherapy for up to 24 people or at least it was until we lost the use of the hydrotherapy pool at Leicester General Hospital.

The Charity has a fantastic volunteer who has managed this project for us and we also have qualified Lifeguards who have provided weekly support at the pool.

The loss of the pool at LGH has been due to a problem with the ventilation system which is need of repair. This problem was reported just at the start of the pandemic so we have been unable to provide this much needed service for our members for over 2 years.

In order to find alternative provision, we have reached out to local radio, the Press, local pools and there is a provision being made at Oadby Parklands Leisure Centre. This pool however, is not warm enough to provide our members with any long lasting benefits that a proper Hydrotherapy pool would give such as :
- reduced pain
- Improvements in joint flexibility and movement
- strengthening muscles and joints, - improved circulation
- positive well being (link between chronic pain and mental well being cannot be underestimated)
- networking (groups have developed great relationships and friendships over the years)

The loss of the pool at LGH has had a negative impact on all of the above.

Access to the Hydrotherapy pool at the Leicester General is a must if we are to help improve the quality of life for our members with MSK conditions. “

In exchanges of emails previously with Andy Williams in his role as the tri-CCGs Cx and also the new Cx of UHL Richard Mitchell, I have questioned them both previously as to when this pool will be brought back into use and been advised that it needs fixing but that no funds are available.

In the proposals for the £450M Building Better Hospitals plans, there was a proposal to close the LGH Hydro-facility, and replace it with “hydrotherapy pools already located in community settings to provide care closer to home”.

Given that this note from ASL confirms that there are no suitable existing available facilities in the community to use, can UHL confirm:

a) where the currently available and age appropriate facilities that they referenced in the BBH proposals and consultation are located in LLR?
b) why none of these facilities have apparently been made available to ASL users and others to support their conditions?
c) What is the precise issue with the present Hydro-pool facility?
d) what is the estimated cost of repairs?
e) how long will it take to fix?
f) Is there a definite intention or work plan commitment to fix it and bring it back into use?

Reply by the Chairman:

The above questions were forwarded to both University Hospitals of Leicester NHS Trust and the Integrated Care Board and written answers were sought in time for the meeting today. However, to date I have not received any information in response and am therefore unable to answer the questions from Mr. King CC at this current time. I am

aware the NHS has been under great pressure recently and they have other priorities which may explain the lack of a response. I will continue to seek the information from the NHS in order to answer the questions and will provide a further written answer after the meeting when I can.

Note: Subsequent to the meeting the following response was received from the NHS:

*"**While the public consultation identified several potential locations, none of these are deemed suitable for hydrotherapy provision.***

c). What is the precise issue with the present Hydro-pool facility?

During the pandemic, hydrotherapy provision was ceased, due to concerns with infection prevention, primarily with air exchange. The decision was subsequently taken to keep the pool closed due to the deteriorating quality of the aged air handling unit.

d) What is the estimated cost of repairs?

The estimated repair cost is £153,000 including VAT.

e). how long will it take to fix?

The repairs are estimated to take up to three months to complete following approval.

f) Is there a definite intention or work plan commitment to fix it and bring it back into use?

This is subject to availability of capital funding in 2023/24. A detailed proposal for capital expenditure in 2023/24 financial year will be brought to the Trust Board in the Spring of 2023 for review and approval, and the hydrotherapy pool will be considered in this process."

42. Urgent items.

There were no urgent items for consideration.

43. Declarations of interest in respect of items on the agenda.

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

Mrs. M. E. Newton CC declared a Non-Registrable Interest in agenda item 8: Winter pressures as she had two close relatives that worked for the NHS.

44. Declarations of the Party Whip.

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

45. Presentation of Petitions under Standing Order 35.

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

46. Winter pressures across the Leicester, Leicestershire and Rutland Health and Care System.

The Committee received a presentation from University Hospitals of Leicester NHS Trust (UHL) and the Integrated Care Board (ICB) regarding winter pressures across the Leicester, Leicestershire and Rutland Health and Care System. A copy of the presentation slides, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Jon Melbourne, Chief Operating Officer, UHL, Nilesh Sanganee, Chief Medical Officer, ICB, and Rachel Dewar, Assistant Director of Urgent and Emergency Care, ICB.

Arising from discussions the following points were noted:

(i) UHL had declared a critical incident on 30 December 2022 due to high patient attendances but were able to stand the incident down on 1 January 2023. UHL understood that every other hospital trust in the East Midlands had also declared a critical incident around the same time. Members welcomed the quality and extent of the communications which were disseminated to the public when the critical incident was declared. The messaging to patients was to only come to the Emergency Department if they really needed to be at the Emergency Department.

(ii) The respiratory pathways had been facing particular pressure over the winter but there had been recent improvements. Acute respiratory infection hubs had been launched to help manage viruses.

(iii) Members welcomed the improvement in handover times at the Leicester Royal Infirmary Emergency Department.

(iv) Clinical navigation systems were in place so that patients that had called for an ambulance could be taken directly to the most appropriate place for their needs and not automatically taken to the Emergency Department. Some patients could be treated in the community. This approach was reducing the numbers of patients arriving at the Emergency Department.

(v) There was now a Minor Injuries and Minor Illness Unit at Leicester Royal Infirmary though the unit did not have a walk-in service. It was expected that the unit was having some impact on reducing attendances at the Emergency Department but it was hard to tell the extent of the impact.

(vi) As the condition of some patients could deteriorate when in a hospital bed rather than when being more active at home, virtual wards were being used to monitor patients in their own homes.

(vii) The actions on the slides at page 16 were rag rated so the ones in green had been completed, and the one in red (implement 300 virtual ward beds) had not yet been achieved.

(viii) Work was ongoing to improve patients' access to Primary care and the Enhanced Access Scheme would mean that primary care appointments were available 8.00am

to 8.00pm Monday to Friday and 9.00am to 5.00pm on Saturdays. There was a target of 75% of primary care patients being seen face to face and the majority of GP Practices in Leicestershire were meeting this target.

(ix) In response to a question about staff retention and the health and wellbeing of the workforce reassurance was given that staff morale was a priority, and it was being demonstrated to staff that the current difficulties were only temporary and plans were in place for improvement. Staff were being made aware of career opportunities in order to encourage them to stay. It was hoped to move to a position where agency staff did not have to be relied on.

(x) The threat of industrial action was an issue facing the health and care system and there had been ambulance strikes on 21 December 2022 and 11 January 2023. However, the strikes had been managed well which was demonstrated by the ambulance handover times for those days which were good compared to other days. This had been achieved by putting in place additional services for those days, increasing the number of appointments available outside of the Emergency Department (which had come at additional cost) and using private ambulance crews.

(xi) Partnership working had been important in tackling winter pressures particularly working with local authorities. It was too early to assess the full impact of the new Integrated Care System but the first 6 months had gone well and integrated working was key.

RESOLVED:

That the contents of the presentation be welcomed.

47. Public Health Medium Term Financial Strategy 2023/24-2026/27.

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2023/24 to 2026/27 Medium Term Financial Strategy (MTFS) as it related to Public Health. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Mrs. L. Richardson CC, Cabinet Lead Member for Health, to the meeting for this item.

Mrs. Richardson CC stated that the budget had been challenging and services had been reviewed to ensure the best service for residents was provided. The department's funding came from the ringfenced Public Health Grant which meant there was a criteria for what the money could be spent on. The 2023/24 Public Health Grant allocation had not yet been announced and were it to be reduced compared to the previous year further cuts could have to be made.

In response to a question as to why savings had to be made if the Grant was ringfenced it was explained that Public Health Grant money could be spent in other County Council departments as long as it met the criteria. Decisions had to be made on whether to spend the money on the Public Health Department's own schemes or to use the money to support the work within other departments. If the money was to be spent in other County Council departments then savings would have to be made from the Public Health Department's own budget.

In response to a question from a member it was confirmed that due to rising inflation there was a concern that the Public Health Grant would be consumed by costs rather than on delivering services.

Members acknowledged the difficulties the department had faced in setting a budget and commended officers for their work.

With regards to the Homelessness Contract it was clarified that the contract was to provide support and improve the health and wellbeing of homeless people. Whilst many of the homeless people that received the support were based at the Falcon Centre in Loughborough, the contract did not fund the hostel itself. Therefore, were the contract value to be reduced there would be no impact on the Falcon Centre core service. Members asked for a briefing note explaining this position to assist them.

RESOLVED:

(a) That the report and information now provided be noted;

(b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 30 January 2023.

(c) That officers be requested to provide members with a briefing note regarding the situation with the Homelessness Contract.

48. Recommissioning of Sexual Health Services.

The Committee considered a report of the Director of Public Health which sought the views of the Committee on the proposed model for sexual health services as part of a consultation. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were made:

(i) Members welcomed the fact that the proposed new model made greater use of online services. However, it was acknowledged that some sexual health services could not be carried out online and there was a clinical need for face-to-face appointments. It was intended that under the new model patients that required a face-to-face appointment would be able to get one immediately.

(ii) Concerns were raised that some parts of Leicestershire were a long way from the hub in Loughborough.

(iii) A member suggested that as the sexual health services were open access Leicester City residents could attempt to access the County services and vice versa and therefore there needed to be joined up working between the authorities.

(iv) A member noted that there was not a link to the consultation on the County Council home webpage and in response it was acknowledged that further work needed to take place to publicise the consultation through different channels. The Director of Public Health explained that the department was not just relying on the consultation for feedback and focus groups were also being held.

RESOLVED:

That the proposed model for sexual health services in Leicestershire be supported.

49. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 1 March 2023 at 2.00pm.

2.00 - 3.36 pm CHAIRMAN
18 January 2023

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 1 MARCH 2023

GREEN LIVING LEICESTERSHIRE – AN APPROACH TO DOMESTIC ENERGY EFFICIENCY RETROFIT ACROSS LEICESTERSHIRE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of the Report

1. The purpose of this report is to update Members on the existing Domestic Energy Efficiency Retrofit Programme (DEER), including progress made to date and plans to extend the scheme.

Policy Framework and Previous Decisions

2. DEER has multiple benefits, spanning health improvements, economic growth and carbon reduction.

3. Leicestershire County Council's Strategic Plan 2022–26 is based on five strategic outcomes that outline the Council's vision for Leicestershire. Amongst the five outcomes are the 'Clean and Green' and 'Safe and Well' outcomes. DEER contributes to these outcomes by reducing carbon emissions and fuel poverty.

4. In 2022, the Council launched the first Public Health Strategy for Leicestershire, setting out the Authority's priorities and identifying areas for focus over the next five years. DEER contributes to multiple objectives, including reducing health inequalities, improving housing, reducing fuel poverty and excess winter deaths, as well as improving air quality.

5. The County Council declared a climate emergency on 15 May 2019 with unanimous cross-party support. The Council has committed to achieving net zero for its own operations by 2030 and working with others to achieve a net zero county by 2045, approving a Net Zero Leicestershire Strategy and Action Plan at a meeting of County Council in December 2022. DEER will contribute to the Action Plan by tackling one of our largest areas of carbon emissions – domestic property emissions.

Background

Drivers

6. The latest data shows that 46% of existing homes in Leicestershire are rated as energy efficient in quarter 2 (2022/23). Comparisons with other English county councils show that the 'Percentage of domestic properties with Energy Performance certificate rating C+' falls within the third quartile (below average), indicating that existing homes in the County would still benefit from more energy efficient incentives.

7. In 2020, there were an estimated 13.2% of households in fuel poverty in England under the Low Income Low Energy Efficiency metric. In the East Midlands this increased to 14.2% and in Leicestershire ranges from 9.6 – 12.4%, equating to 32,496 households. It is anticipated that the cost of living and energy price crises have increased levels of fuel poverty in the County, increasing the risk of cold related health conditions and excess winter deaths.

8. Carbon emissions from domestic properties currently account for 24% of Leicestershire's carbon emissions. Both demand reduction and decarbonisation of heat and power in buildings have been identified as key areas of intervention in the Net Zero Leicestershire Action Plan.

Funding Opportunity

9. In July 2020 the Chancellor announced a £2 billion Green Homes Grant scheme to upgrade homes across England. Under this, £500m funding will be allocated to local authorities through the Local Authority Delivery (LAD) scheme, to: improve the energy efficiency of low-income households, help reduce fuel poverty, phase out high carbon fossil fuel heating, and deliver progress towards the UK's commitment to net zero by 2050.

10. The current phase of funding combines phase 3 of LAD and the first round of Home Upgrade Grant (HUG) funding aimed at off-gas grid properties, collectively termed "Sustainable Warmth". Eligible properties are those with an Energy Performance Certificate (EPC) rating of D or below and with a household income of less that £30,000 per year.

11. Sustainable Warmth funding was allocated directly to Leicestershire districts by the Midlands Net Zero Hub, although Charnwood declined to participate in the Midlands Net Zero Hub bid so initially had no allocation. The allocation was calculated to reflect the proportion of Energy Performance Certificate D, E, F and G properties within a Local Authority area.

12. Many districts were unable to accept the funding independently due to lack of capacity and expertise to deliver the project by March 2023. In February 2022, the County Council offered to act as a consortium lead, pooling the district funding and hosting a project delivery team.

13. All districts but Oadby and Wigston Borough Council, who were committed to an existing project, agreed to support the consortium approach. Officers from the Growth Service and Warm Homes Service led the development of the project on behalf of the districts, securing the grant for the County.

Progress to Date

14. All districts but Oadby and Wigston Borough Council signed up to the Leicestershire Consortium, with the Council legal team developing a Collaboration Agreement to set out how partners will work together on this and future green projects, which was signed by the Council and all districts.

15. The Council secured additional funding for Charnwood Borough Council who were excluded from the initial allocation of funding. They have currently been awarded underspend from another local authority that declined the funding, but the Council continues to lobby for a further £742,500 to bring them up to the allocation they should have received based on the funding calculation methodology.

16. The project has attracted a further £675,000 from the Bettercare Fund, bringing the project total to £4.305m, with district allocations as set out in Table 1 below.

Local Authority	HUG1		LAD3		Scheme Total	Bettercare Fund
	Capital	Admin	Capital	Admin		
Blaby	£84,167	£8,417	£400,000	£40,000	£532,583	£150,000
Harborough	£284,167	£28,417	£315,000	£31,500	£659,083	£75,000
Hinckley and Bosworth	£219,167	£21,917	£485,000	£48,500	£774,583	£150,000
Melton	£274,167	£27,417	£230,000	£23,000	£554,583	£150,000
North West Leics	£304,167	£30,417	£395,000	£39,500	£769,083	£150,000
Charnwood	£169,167	£16,917	£140,000	£14,000	£340,083	£ -
Total	**£1,335,000**	**£133,500**	**£1,965,000**	**£196,500**	**£3,630,000**	**£675,000**

Table 1: Funding allocations by district

17. The Warm Homes Service has used the admin portion of the grant to create and appoint to three new roles, including customer support, administration and funding development.

18. The Council Commissioning Support Unit have supported with the procurement of a new Domestic Energy Efficiency Retrofit Framework worth £35m over four years. Five suppliers have been awarded a place on the contract, with the first Call Off Contract awarded to EON Energy Solutions Ltd for delivery of Sustainable Warmth Competition funding. EON included a strong social value plan in their response which will see the project provide:

    a. apprenticeship, training and full time roles created in the County;
    b. all products sourced from local suppliers;
    c. local subcontractors used where viable;
    d. support for community initiatives (to be confirmed);
    e. biodiversity interventions installed alongside energy efficiency measures.

19. Branding has been created by the Council Communications team, with the scheme promoted as Green Living Leicestershire (see Figure 1 below). It is anticipated that the brand can be used for future collaborative green projects in the County.

Figure 1: Green Living Leicestershire branding

20. The Council Business Intelligence team have created a new customisable tool to identify target households – those in areas of deprivation and with poor energy efficiency.

21. Resident interest in the scheme has been extremely high, with over 1000 enquiries received in the first month of promoting the scheme through social media, press and mailouts. Eligibility checks of applicant residents and technical surveys are ongoing, with latest figures detailed in Table 2 and 3 below.

Local Authority	Target	Households confirmed as eligible	%
Blaby	40	91	228%
Charnwood	14	132	943%
Harborough	31.5	37	117%
Hinckley and Bosworth	48.5	76	157%
Melton	23	25	109%
North West Leicestershire	39.5	43	109%
Total	**196.5**	**404**	**206%**

Table 2: LAD customers prequalified (as per 8 February 2023)

Local Authority	Target	Households confirmed as eligible	%
Blaby	5.9	7	118%
Charnwood	15.4	6	39%
Harborough	24.4	16	66%

Hinckley and Bosworth	19.9	14	70%
Melton	19.9	19	95%
North West Leicestershire	15.4	24	156%
Total	**101.0**	**86**	**85%**

Table 3: HUG customers prequalified (as per 8 February 2023)

22. There is significant oversubscription in Charnwood for LAD funding, which is supporting our case for securing additional funding for the district. It has proven harder to identify HUG funded properties (off gas), with 4 districts currently under target, however, some properties may be eligible to receive additional funding through HUG based on their existing EPC rating, which may reduce the targets.

Outcomes

23. Eligible households are currently undergoing retrofit assessments to identify suitable energy efficiency measures. The project has been extended to September 2023 and it is expected that the full project budget will be delivered during the next six months. As of 16th February 2023, 36% of the project budget has been committed representing 90 out of an anticipated 463 measures. The scheme is now at the stage where delivery of installs will ramp up.

24. It is anticipated that c. 300 homes will receive measures including: loft, cavity or solid wall insulation, draughtproofing, energy efficient lighting, smart heating controls, double glazed windows and doors, air source heat pump, solar photovoltaic panels.

Programme development

25. A second round of HUG has been announced by the Government to run from April 2023 for two years. The Midlands Net Zero Hub have led a successful bid for the scheme which will see the districts awarded a further £6.831m as detailed in Table 4 below.

Local Authority	**Capital**	**Admin**	**Total**
Blaby	£425,000	£42,500	£467,500
Charnwood	£880,000	£88,000	£968,000
Hinckley & Bosworth	£1,030,000	£103,000	£1,133,000
Melton	£1,085,000	£108.500	£1,193,500
Harborough	£1,300,000	£130,000	£1,430,000
North West Leicestershire	£1,490,000	£149,000	£1,639,000
Total	**£6,210,000**	**£512,609**	**£6,831,000**

Table 4: HUG2 indicative allocations

26. It is the intention that HUG2 will continue to be led by the Council under the Collaboration Agreement and that the new Framework will be used to procure a provider for the project. Districts are currently securing approval for this approach.

27. A detailed delivery plan will be developed ahead of receiving the grant award in March, but it is anticipated that c.250-600 homes will be supported depending on their existing energy performance. We are able to provide between £10,000-25,000 per household depending on whether they have a D, E, F or G rated EPC.

28. The consortium is also working towards a countywide approach to delivering Energy Company Obligation 4 Local Authority Flexible Eligibility funding. A common statement of intent has been signed by the Council and all districts which sets out the intention to support fuel poor households in the County with energy company funding. The Council is currently considering delivery options and use of a preferred contractor to provide customer confidence in the works provided through the scheme. It is anticipated that households that cannot be supported in the current LAD3/HUG1 funding scheme due to oversubscription, will be supported to access measures via Energy Company Obligation 4 and HUG2 funding to minimise disappointment and support residents actively seeking to improve the energy efficiency of their homes.

Background Papers

Tool for household identification:
https://public.tableau.com/app/profile/r.i.team.leicestershire.county.council/viz/SustainableWarmth/Householdmap

Leicestershire Public Health Strategy:
https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2022/7/28/public-health-strategy-2022-27.pdf

Leicestershire Net Zero Strategy and Action Plan:
https://www.leicestershire.gov.uk/environment-and-planning/net-zero/net-zero-leicestershire-strategy-action-plan-and-reports

Circulation under the Local Issues Alert Procedure

None

Equalities and Human Rights Implications

29. DEER supports equalities and human rights objectives by tackling fuel poverty, providing access to affordable warmth and reducing health inequalities. Eligibility for the funding is set by the Government and includes a low household income and low energy efficiency rating.

Environmental Impact

30. DEER supports environmental objectives by improving energy efficiency, promoting renewable energy and reducing carbon emissions in the County. Biodiversity is also supported through the social value element of the contract.

Officer to Contact

Katie Greenhalgh
Environment and Net Zero Carbon Programme Lead, Chief Executive's Department
katie.greenhalgh@leics.gov.uk

Alex Clark
Warm Homes Service Manager, Public Health Department
alex.clark@leics.gov.uk

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1 MARCH 2023

REPORT OF THE CHIEF EXECUTIVE AND ICS PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and health system performance in Leicestershire and Rutland based on the available data in January 2023.

2. The report also outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Collaborative Group formation.

3. The report contains information on Covid-19 vaccination uptake for Leicestershire residents to 9 February 2023. An update is provided on the NHS System Oversight Framework and local performance reporting. The report contains the latest available data for Leicestershire and Rutland on a number of key performance metrics (as available on 8 February 2023) and provides the Committee with details of local actions in place. Within the performance report there is also a detailed Cancer Performance section and recovery plan and governance framework that has been established to ensure that traction on continuous improvement is being maintained.

Background

4. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the ICS Commissioning Support Unit Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

Changes to Performance Reporting Framework

5. A number of changes have been made to the way performance is reported to the Committee in recent times to reflect comments at previous meetings,

including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take account of system developments, as well as any particular areas that the Committee might wish to see included.

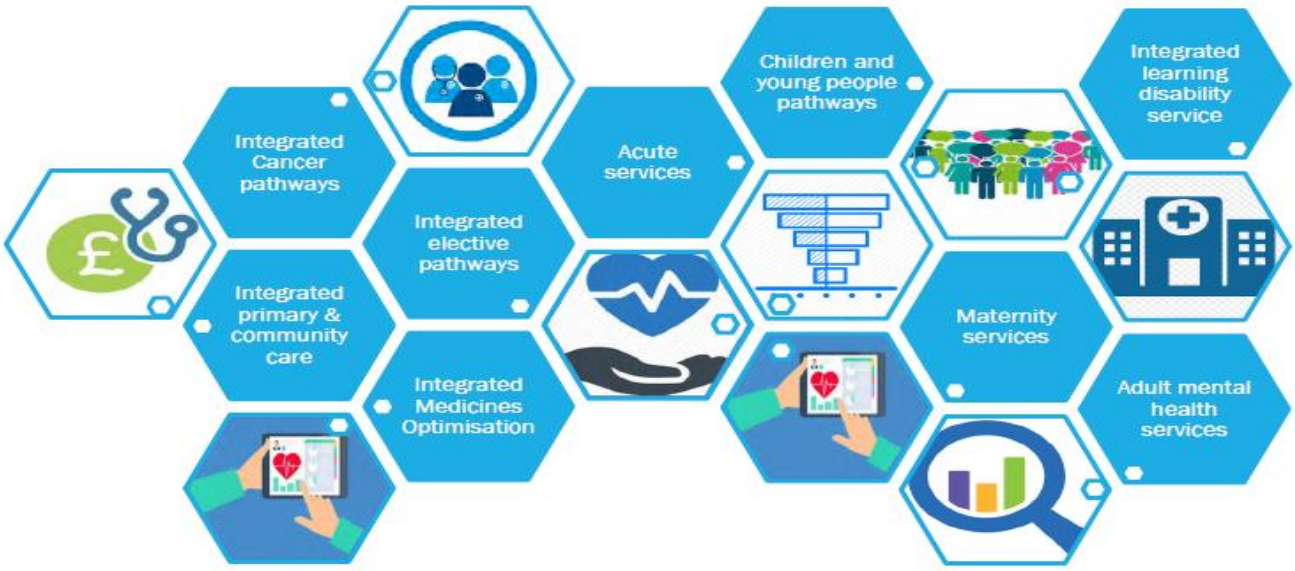
6. The following 5 areas therefore form the main basis of reporting to this Committee:
    a. ICS Performance for the East and West Leicestershire areas;
    b. A specific focus on cancer performance;
    c. Quality - UHL Never Events/Serious incidents;
    d. Leicestershire Public Health Strategy outcome metrics and performance;
    e. Performance against metrics/targets set out in the Better Care Fund plan.

LLR Health System Governance, Structure and Design Group Formation

7. The Integrated Care Board (ICB) is the statutory organisation that was formally established on 1st July 2022. This is the health element of the Integrated Care System (ICS), which works with providers and partners to take decisions about how health and social care services are coordinated.

8. In line with the National Quality Board requirements the LLR ICB has reviewed the governance structures in place. Since July 2022 there has been a System Quality Group who meet and report into the Quality and Safety Committee around quality issues and topics. Performance is reported into the System Executive Group and escalated into the Integrated Care Board.

9. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Collaboratives. These are system groups; planning, designing and transforming services. They take a whole pathway approach and work collectively together to deliver the change required. The nine groups are outlined below.



NHS System Oversight Framework

10. The ICS Performance section of this report provides an update on Leicestershire and Rutland operational performance against key national standards. Leicestershire cannot currently be identified separately to Rutland for many performance metrics, as national reporting is only publicly available at sub-ICB boundaries (the former CCG boundaries of West Leicestershire and East Leicestershire & Rutland) or at ICB (Leicester, Leicestershire & Rutland) level. Though work is continuing to be able to provide disaggregated figures in the future.

11. A monthly performance report is presented to the System Executive Group (SEG), this is based on the Winter Plan, key performance priorities of the LLR System and high-level overview of the areas which most require improvement. Urgent and emergency care, ambulance handovers; elective waiters including 104 weeks; cancer and access to primary care, as some of the examples. A detailed performance report, based on the NHS System Oversight Framework (https://www.england.nhs.uk/nhs-oversight-framework/) was last presented on 27 January 2023 to the LLR ICB System Executive Committee.

12. Performance reporting is also a key element of the new Collaborative and Design Groups, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year to support their decision making around transformational priorities. The following table provides an explanation of the key performance indicators, the latest performance for Leicestershire & Rutland (as available on 8 February 2023) and details of some local actions in place.

NHS Constitution metric and explanation of metric	**Latest 2022/23 Performance**	**Local actions in place/supporting information** *From UHL's Integrated Performance Report to the February 23 Trust Board (https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/)*
A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department. This measure aims to encourage providers to improve health outcomes	**National Target >95%** **January 23** **LLR Urgent Care Centres only** 97% (11,648 pts seen / treated in Jan 23) **UHL A&E only** 57% (19,516 pts	Root Causes - • Crowding in ED due to chronic and sustained lack of flow • High Inflow of both walk in and ambulance arrivals • UHL bed occupancy >90% Actions:- • Overnight consultant in ED rota in place and increase uptake in shifts noted • LRI's Minor Injuries and Minor Illness

and patient experience of A&E.	seen / treated in Jan 23) **December 22** **University Hospitals of Derby and Burton** 56% **George Eliot** 71% **University Hospital Coventry and Warwickshire** 58% **North West Anglia NHS Foundation Trust** 49%	(MIaMI) agreement to extend opening times from Mid 8a.m. to 12p.m. • Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards • Implementation of pre-transfer unit at LRI • Extension of discharge lounge at LRI 80% of LLR residents use Leicester Royal Infirmary for their A&E service. The remaining 20% access A&E hospital services outside of Leicestershire (Coventry & Warwick, Derby & Burton, etc). The data shown is for <u>ALL</u> patients attending and cannot be split by LLR patients.
18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.	**<u>National Target</u> >92%** **Leicestershire & Rutland patients at all Providers** 48% in Dec 22 **Total Number of Leicestershire & Rutland patients waiting at all Providers** 92,771 at the end of Dec 22 **Number of Leicestershire & Rutland patients waiting:** **Over 52 weeks** 10,836 at the end of Dec 22 (9,596 at UHL) **Over 78 weeks** 2068 at the end of Dec 22 (1924 at UHL)	Root Causes - • Crowding in ED due to chronic and sustained lack of flow • High inflow of both walk-in and ambulance arrivals • UHL bed occupancy >85% Actions: - • Overnight consultant in ED rota in place and increase uptake in shifts noted • LRI's Minor Injuries and Minor Illness (MIaMI) agreement to extend opening times from mid-September. Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter-Professional Standards

	Over 104 weeks 67 at the end of Dec 22 (63 at UHL)	
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations	**National Target >66.7%** **Leicestershire** October 22 60.7%	*Midland Mental Health High Level Reporting Dashboard Dec 22 – LLR ICS* Northwest Leicestershire, Harborough & Rutland identified as biggest areas of widening gap in Dementia Diagnosis Rate since Covid. Plans to work with Memory Assessment Service (MAS) to develop a trajectory to target these areas to improve this via their waiting lists and new referrals. MAS have piloted Occupational Therapy (OT) as part of post diagnostic support, delivering functional assessments - funding for pilot ends March 23. MAS review is currently underway with different workstreams that will address the number of people waiting for assessment & diagnosis. Funding has been approved to operationalise weekend clinics from 14/01 - 30/03/23.
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.	**National Target >85%** **Leicestershire & Rutland patients at all Providers** 45% in Dec 22	The Cancer 62-day target will remain challenged whilst the 62-day backlog position is recovering. Root Causes:- • Capacity constraints across all points of the pathways • High backlog levels being treated and prioritised having a direct impact on performance. • Increases in the number of referrals. • Workforce challenges including recruitment and lack of Waiting List Initiative activity. Actions:- • Continue to clinically prioritise all patients. • Weekly Patient Tracking List (PTL) review including additional support in Urology. • Review national timed pathways and identify possible areas for

		improvement. • NHSE investment to support Oncology/Radiotherapy/Haematology • Increased Pathology provision.

Cancer Performance

13. In November 2022, a summary of the cancer performance was presented to the Committee, resulting in a request for a more detailed report in March 2023. This report aims to provide an overview of the historic performance, the current performance and the measures that have been put in place to secure improvements in the management and governance of cancer activity across LLR.

14. In line with the revised governance structures adopted within the LLR ICB, a Cancer Design Group has been established, incorporating system wide membership which focuses on planning, designing and transforming services. The group takes a whole pathway approach and works collectively together to deliver the transformation changes required.

15. In addition to the Cancer Design group the following measures have also been put in place:

- Weekly Recovery Action Plan monitoring across all cancer tumour sites;
- Daily cancer performance tracking reporting at tumour site level;
- Weekly Patient tracking list reviews;
- Long wait reviews at patient level by medical leadership.

16. The latest December 2022 performance for the Cancer Wait Metrics is set out below. The numbers in brackets show the number of patients seen/treated within the relevant time against the total number seen/treated. (*E.g., 1375 ELR patients were seen under the 2ww pathway in December, of which 1172 were seen within 2 weeks (85%)).*

Metric	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times				
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Dec-22	93%	85% 1172/1375	85% (1283/1512)
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Dec-22	93%	50% 1/2	100% 6/6
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Dec-22	96%	81% 145/178	79% 138/174
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Dec-22	94%	82% 31/38	81% 29/36
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Dec-22	98%	87% 20/23	96% 27/28
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Dec-22	85%	44% 38/87	47% 48/103
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Dec-22	90%	72% 18/25	77% 10/13
% of patients receiving treatment for cancer within 62 days upgrade their priority	Dec-22		58%	59%

Cancer metrics included within the 2022/23 NHS Oversight Framework:

	22/23 System Oversight Framework reference	Metric	Threshold	Nov-21	Nov-22	Direction of performance
CANCER	S010a	Cancer 31 day First definitive treatment- Total patients treated for cancer compared with the same point in 2019/20	100%	Nov 20- 96.7% Nov 21- 80.7%	107.5%	⇧
	S011a	Cancer 62 day waits - Total patients waiting longer than 62 days to begin Cancer treatment (UHL)	N/A	w/e 02/01/22- 13.9% 09/01/22- 15.2% 16/01/22- 14.7% 23/01/22- 13.5% 30/01/22- 13.1%	w/e 08/01/23- 18.9%	⇧
	S012a	Proportion of patients (%) meeting faster diagnosis standard (All)	>75%	67.9%	72.5%	⇧

	22/23 System Oversight Framework reference	Metric	Threshold	2020-21 Q3	2021-22 Q3	Direction of performance
SCREENING, VACCINATION AND IMMUNISATION	S048a	Bowel screening coverage, aged 60–74, screened in last 30 mths	Efficiency = 55%; Optimal = 60%	**Dec 2019** Leicester- 50.1% Leicestershire -66.8% **Dec 2020** Leicester- 52.9% Leicestershire-67.7%	**Dec 2021** Leicester -57.8% Leicestershire-73.8%	⇧
	S049a	Breast screening coverage, females aged 53–70, screened in last 36 months	Efficiency = 70%; Optimal = 80%	**Mar 2019** Leicester- 66.4% Leicestershire- 78% **Mar 2020** Leicester- 68% Leicestershire- 77.7%	**Mar 2021** Leicester -44.3% Leicestershire- 65%	⇩
	S050a	Cervical screening coverage, females aged 25-64, attending screening within target period (3.5 or 5.5 year coverage)	Efficiency = 75%; Optimal = 80%	2020-21 Q4 71.2%	2021-22 Q4 71%	⇩

17. In November (Fig. 1) UHL saw improvements in six of the 10 nationally reported standards: 14 Day Suspect Cancer, 14 Day Breast Symptomatic, 31 Day First, 31 Day Subs Surgery and 31 Day Subs Drugs.

Figure 1: Cancer Performance (including prospective performance predictions)

Standard	Target	Validated Position Apr-22	Validated Position May-22	Validated Position Jun-22	Validated Position Jul-22	Validated Position Aug-22	Validated Position Sept-22	Validated Position Oct-22	Validated Position Nov-22	Variance Olct - Nov
2WW	93%	83.2	84.7	81.3	86.2	84.2	83.5	87.5	88.3	⇧
2WW Breast (Symptom)	93%	93.8	87.5	100	100	100	66.7	87.5	100	⇧
28 Day FDS 2WW	75%	75.7	74.3	73.3	79.4	78.8	74.1	75.0	72.8	⇩
31 Day 1st Treatments	96%	84.5	81.5	78.4	85.4	86.0	85.1	75.9	77.7	⇧
31 Day Subs Surgery	94%	64.2	58.8	57.7	61.1	63.3	61.9	59.6	68.1	⇧
31 Day Subs Drugs	98%	95.3	92.2	96	98.6	97.1	96.3	89.7	93.6	⇧
31 Day Subs RT	94%	84.8	71.2	65.9	60.7	46.2	55.3	53.9	46.0	⇩
62 Day Classic	85%	45.2	40.9	48.6	54.9	48.4	40.7	44.1	35.0	⇩
62 Day Screening	90%	53.7	55.9	44.7	64.9	68.7	62.7	71.1	63.8	⇩
62 Day Upgrades	N/A	71.6	68.3	64.7	63.6	55.5	71.9	54.7	55.1	⇧

18. The position for cancer remains a challenge and will continue to be so whilst plans are implemented to address both pre-covid capacity gaps and post covid backlog recovery.

19. All specialities have been working collaboratively to identify, plan and implement a range of measures to secure improvements across the cancer pathways. Whilst there is still a significant way to go in stabilising the cancer pathways, the **key cancer achievements to date include: -**

- A reducing 62 day backlog;
- November 2022 saw improvements in 6 of the 10 nationally reported standards, with the achievement of one of the standards (14 Day Breast Symptomatic);
- A 70%+ Faster Diagnostic Standard (FDS) delivery, against the national standard of 75%;
- Tumour site Recovery meetings now at accelerated pace with recovery trajectories owned by services;
- Improvement Support Team support agreed for 2023 to support on demand and capacity analysis and pathway redesign;
- Funding agreed for additional insourced biopsy support;
- 2nd DaVinci robot charitable funds confirmed, business case to follow;
- Non Site Specific Symptoms pathway went live from 04/01/22;
- Expanded LOGI pathway also live from 04/01/22;
- Nuclear Medicine waiting list reduced by 20%;
- Increased IS support offered for Colorectal and Prostate pathways.

20. UHL continues to work collaboratively with the ICB to ensure robust governance, patient pathways and capacity are in place to improve the LLR/Trust's position. As of 7th February there are currently 619 patients over 62 days, a reduction of 35% in patients waiting from referral to treatment from November 2022.

Primary Care

21. Work within primary care in 2022/23 will continue at pace as primary care takes an ever-increasing role in the early diagnosis of cancer. Increasing the use of best practice pathways to improve early diagnosis of cancer, LLR has recently introduced the NICE / NHS England approved lower GI pathway. This requires primary care to carry out pre-referral diagnostic FIT testing to allow for triaging within secondary care and a quicker patient journey.

22. LLR has also introduced the non-site-specific pathway to improve the early diagnosis of cancer to allow primary care to refer patients who do not have a

clear primary site for cancer. This requires further investigation within primary care but again will allow for a quicker diagnosis. Safety netting of potential cancer patients is also being introduced within primary care through new safety netting tools that been developed locally and nationally.

23. LLR ICB is working with Public Health, the Primary Care Networks and volunteer groups to look at how patient education of cancer can be improved. There are a number of projects currently being worked up including prostate cancer within the African Caribbean community and increasing the uptake of the screening programs for bowel, breast and cervical. There are significant risks to achieve in these, which include workforce, capacity, funding, and effective engagement with key groups.

24. The System are currently working through many different workstreams to improve take up of screening which include podcasts aimed at those patients who do not undertake their breast, cervical and bowel screening as well as video texting our community in different languages around bowel screening. LLR is also undertaking a lung cancer awareness campaign in June around the Coalville area where lung cancer is most prevalent. The targeted health lung check project will be implemented in April 2023 where patients will be invited for lung cancer screening.

25. Patients now with Lynch syndrome are now part of the national bowel screening programme to identify bowel cancer sooner which is one of the dangers of having lynch syndrome.

Cancer Referrals

26. Referral rates continue to be significantly above pre-pandemic levels although December 2023 was not higher than the 2022 equivalent. Historically cancer referrals rise c.25% every three years and reflect the impact of a growing, aging population, public awareness and changing lifestyles.

27. The demand and capacity review has identified the referral demand on each service over the past year and indicates the required capacity to deal with peaks in demand (85th percentile).

Two Week Wait

28. The reported UHL 2WW position for November is 88.3% an improvement from October. Improvements have been in most tumour sites with Brain, Breast and

Lung achieving the standard, Haematology is due to pilot a 2ww triage service that has now been approved via the system Cancer Design Group which is anticipated to support a reduction in inappropriate 2ww referrals.

29. In November, with 88.3%, UHL ranked 61 out of 136 Acute Trusts (58th in October). The National average was 78.8%. 41 out of the 136 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.8%, the worst value was 51.6% and the median value was 83.3%.

Faster Diagnostic Standard

30. At 72.8%, performance remained above 70% of patients receiving their diagnosis within 28 days of referral, on the 75% target. UHL is ranked 9th in peer group. Actions to further improve our FDS pathway include a combination of prevention and screening objectives including supporting improved awareness of the importance of the screening programmes, to facilitate better informed choice via supported targeted interventions among patients known not to engage. 2023/24 will see the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs.

62 Day Performance

31. 62-day performance in November was 35.0%. In November, UHL ranked 130th out of 134 Acute Trusts. The National average was 61%. 9 out of the 134 Acute Trusts achieved the target. UHL ranked 18th out of the 18 UHL Peer Trusts. The best value within our peer group was 75.3%, the worst value was 35.0% and the median value was 52.7%.

32. The 62-day backlog has continued to decrease from early November at UHL. Capacity remains the most significant constraint across patient pathways with key pinch points identified within outpatients, oncology and radiotherapy, dependent on tumour site. UHL has plans in place to reduce the 62-day breaches by March 2023.

Tumour Site Deep Dive

33. Urology, Colorectal and Skin make up 85% of the 62-day backlog position at UHL. With national funding pathways being transformed and recruitment undertaken to improve the number of appointment slots available. In addition,

the use of the Independent Sector is supporting patients to be seen more quickly where appropriate alongside additional capacity being provided through regular Waiting List Initiative clinics (32 provided in January) in advance of consultant recruitment during the summer.

34. The UHL dermatology service had been under pressure following the pandemic, due to multiple factors including increased referrals (30%) above pre-pandemic levels, shortages of consultant dermatologists, complexity of lesions and the resulting increase in the number of cancer patients requiring treatments. Since April 2021, the service had been unable to meet the 2WW cancer target.

35. In summer 2021 the UHL Dermatology Service explored innovative solutions to support the delivery of a timely skin cancer service. In March 2022 UHL and system partners began working with Skin Analytics, an AI powered tele-dermatology provider. The service has been in operation as a one-year pilot based on 8500 cases purchased from Skin Analytics since the end of March 2022, initially at Loughborough Hospital. A further 3 sites have since been added at Melton, Hinckley and Leicester General Hospital. As of end of December 2022 the service has undertaken 3,708 cases and thus it has been agreed to extend the skin analytics contract until August 2023 in order to complete the 8500 cases.

Improvement Support Team (IST)

36. IST are reviewing the tumour site recovery plans at UHL for additional support and returning at the end of February to introduce capacity planning tools used elsewhere, review tumour site pathways with clinical teams and undertake pathway breach analysis to identify bottlenecks. In addition, the Trust's cancer access policy will be reviewed after the next Cancer Waiting Times update guidance expected shortly.

Cancer Summary

37. UHL is 3 trusts away (and 0.3%) from tripping out of the lowest quartile for our 62-day backlog. UHL are seeing 130% more patients on a cancer pathway than they previously did. Oncology, Radiotherapy and Nuclear Medicine have challenges to delivery however have long term plans in place to improve.

Acronyms used: UHL – University Hospitals of Leicester LLR – Leicester, Leicestershire &	RAP – Recovery and Performance EMCA – East Midlands cancer Alliance MDT – Multidisciplinary Team

Rutland ICS – Integrated Care System 2WW - 2 Week Wait FDS –Faster Diagnostic Standard NHSE – NHS England CHUGGS CMG – Oncology, Haematology, Urology, Gastroenterology, Gastrointestinal Surgery, Palliative Medicine, Clinical Management Group	LOGI – Lower Gastrointestinal UPGI – Upper Gastrointestinal PCL – Patient Care Locally (LLR Community Interest company) KPI – Key performance indicator

Never Events at UHL

38. The table below shows the number of Never Events at UHL

Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD
Never events	0	1	1	0	6

October NE- Wrong Site Surgery (Incorrect lesion removed)
November NE- Wrong Site Surgery

39. The Trust has had 6 never events since April 2022. All appropriate immediate actions have been undertaken and full investigations to identify further learning have been completed. A thematic review of NE's has been completed and the NE action plan has been updated to reflect learning from this. In previous years UHL reported:

- 9 Never Events in 2021/22
- 7 Never Events in 2020/21
- 2 Never Events in 2019/20

Areas of Improvement

40. Since the last performance report there have also been notable improvements in the following areas:

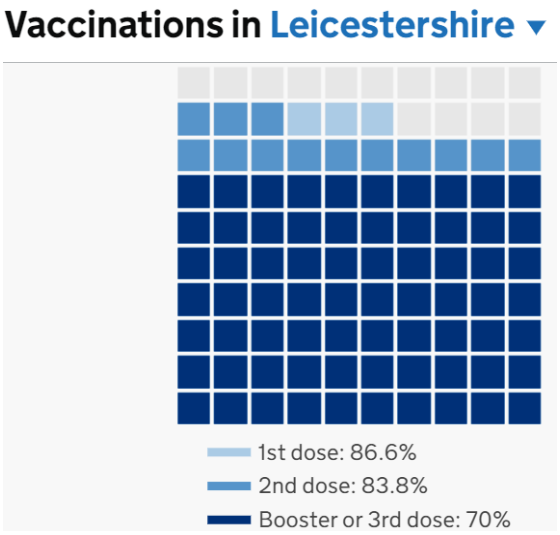
- **Covid-19 vaccinations** for Leicestershire residents aged 12 and over.
- Proportion of people referred to a **post covid service** who are assessed by a health care assessment within 6 weeks of referral increased from 11.3% in February 2022 to 67.6% in November 2022.

- The overall increase in the number of **General Practice appointments** across Leicestershire & Rutland. In December 22 there were a total of 375,140 appointments, this was more than in December 2019, December 2020 and December 2021.
- The number of patients waiting over **104 weeks for elective treatment** has reduced steadily each month for the last six consecutive months. The peak of 1,063 patients in January 2022 decreased so that at the end of December 2022 there were 67 Leicestershire and Rutland patients waiting over 104 weeks, at a number of different Acute providers.
- There have been improvements in the percentage of patients being seen within 2 weeks following an **urgent Cancer referral**.
- **Bowel cancer screening** rates increased in Leicester and Leicestershire from 2019 to 2021.
- UHL have seen an improvement in **Ambulance handover delays** in January and this has been a direct result of the opening of the BUS/POD which has reduced the average time to 42 mins from over an hour.
- Increase in the number of people with **severe mental illness** receiving a full annual physical health check and follow up compared to this time last year.
- LLR continues to meet target of zero for adult acute mental health **out of area** placements.
- Percentage of people aged 14+ with a **learning disability** who are on the GP register receiving an annual health check is higher than this time last year.

Covid Vaccination uptake

41. The below is data on the uptake of Covid-19 vaccinations for Leicestershire residents. It shows the latest percentage of people aged 12 and over who have received a COVID-19 vaccination, by dose. As of 9th February 2023, 87% of residents aged 12 and over had received the first dose, 84% received the second dose and 70% received their booster of the Covid-19 vaccination.

42. This compares favourably to the Leicester City position of 46% of residents, over 12yrs old, receiving boosters.



Public Health Outcomes Performance – Appendix 1

43. Appendix 1 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 38 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value or benchmark and 'red' indicates worse than the England value or benchmark.

44. Analysis shows that of the comparable indicators, 20 are green and 15 amber. There are 3 indicators that are not suitable for comparison or have no national data.

45. Of the twenty green indicators, the following indicators: screening coverage-bowel cancer (persons, 60-74 years old), and New STI Diagnoses (exc Chlamydia aged <25) have shown significant improvement over the last 5 time periods. Breast cancer screening coverage (females, 53-70 years old), cervical cancer screening coverage (females, 50-64 years old) and cervical cancer screening coverage (females, 25-49 years old) have shown a significant declining (worsening) performance over the last five time periods.

46. Life expectancy at birth (2018-20) shows Leicestershire continues to perform significantly better than the national average for males and females. Compared to the previous year's data, life expectancy at birth has decreased by 0.4 years for males and 0.2 years for females, a similar pattern has been witnessed nationally. Healthy Life expectancy at birth performs similarly to the

national average for both males and females. Compared to the previous year's data, healthy life expectancy at birth has decreased by 0.6 years for males and stayed the same for females.

47. There are currently no indicators where Leicestershire performs significantly worse than England or the benchmark.

48. Leicestershire and Rutland have combined values for the following two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

Better Care Fund and Adult Care Health/Integration Performance

49. The 2022-23 BCF submission documentation was published on the 19th July, 2022 with a deadline of submission to NHS England of the 26th September, 2022.

50. The draft plan was submitted to the Integration Executive at their meeting of the 6th September. This was then be approved by the Health and Wellbeing Board at its meeting on the 22nd September, 2022.

51. The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022-23. The local authority and ICB are required to establish ambitions associated with each metric and set how they will be achieved. This process should then be approved by the Health and Wellbeing Board. The framework retains two Adult Social Care Outcomes Framework metrics from previous years:

- Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population

52. In addition, local systems should also agree targets associated with two further metrics to improve outcomes across the Health and Wellbeing Board area for the following measures:

- Improving the proportion of people discharged home using data on discharge to their usual place of residence.
- Reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.

53. The table below shows the metrics and associated targets and summarises the joint key priorities for 2022/23 alongside any additional investment that will work towards meeting the targets. Additional investment, both BCF and non-

BCF totals in the region of £4.3 million to meet the priorities and desired outcomes outlined in the BCF plan for 2022/23.

Metric	**Target**	**Schemes that contribute (2022/23 priority changes)**	**Additional investment from 2021/22**
Unplanned admissions for chronic ambulatory care-sensitive conditions.	10% reduction on 2021/22 actuals (723.7 to 650.6)	Pathway 1 intake development Community Response case management Nursing and Therapy support to home first Discharge Hub Disabled Facilities Grant top-slicing schemes Winter incentive grants for providers / residential brokerage support	2.3 million 260k 500k 232k 1.27 million 80k
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% an increase of 0.3% on 2020/21 data of 84.7%		
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	93.9%. This represents an increase of 0.5% on 2021/22 data (92.04%)		
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Planned rate of 561.8 per 100k population based on an ONS population estimate of 153,090. This target is a 1% reduction on admissions in 2021/22		

List of Appendices

Appendix 1 – Public Health Outcomes – Key Metrics Update

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

Officers to Contact

Hannah Hutchinson - Assistant Director Performance LLR ICB
Hannah.hutchinson@nhsnet.org

Allison Buteux - NHS Midlands and Lancashire Commissioning Support Unit
Alison.buteux@nhsnet.org Tel: 0121 61 10112

Victoria Rice - Public Health Intelligence Manager
victoria.rice@leics.gov.uk

Philippa Crane – BCF Lead Intelligence Analyst
Philippa.Crane@leics.gov.uk

Andy Brown – BI Team Leader, Leicestershire County Council
Andy.Brown@leics.gov.uk Tel 0116 305 6096

APPENDIX

Public Health and Prevention Indicators in Leicestershire

Prevention	Indicator		Time Period	Polarity	Value	NN Rank	England	DoT	RAG
All	A01b - Life expectancy at birth	(F)	2018 - 20	High	84.1	9/16	83.2	—	
		(M)	2018 - 20	High	80.5	7/16	79.5	—	
	A01a - Healthy life expectancy at birth	(F)	2018 - 20	High	63.6	13/16	63.9	—	
		(M)	2018 - 20	High	62.9	13/16	63.1	—	
	A02a - Inequality in life expectancy at birth	(F)	2018 - 20	Low	4.9	4/16	7.9	—	
		(M)	2018 - 20	Low	6.0	2/16	9.7	—	
Primary	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)	2021/22	High	52.2	5/10	49.3	—	
	B16 - Utilisation of outdoor space for exercise/health reasons	(P)	Mar15 - Feb 16	High	20.8	2/16	17.9	—	
	C02a - Under 18s conception rate / 1,000	(F)	2020	Low	10.8	6/16	13.0	▶	
	C06 - Smoking status at time of delivery	(F)	2021/22	Low	8.3	4/16	9.1	▶	
	C09a - Reception: Prevalence of overweight (including obesity)	(P)	2021/22	Low	21.1	6/16	22.3	▶	
	C09b - Year 6: Prevalence of overweight (including obesity)	(P)	2021/22	Low	33.2	4/16	37.8	▶	
	C16 - Percentage of adults (aged 18+) classified as overweight or obese	(P)	2020/21	Low	64.9	11/16	63.5	—	
	C17a - Percentage of physically active adults	(P)	2020/21	High	66.6	13/16	65.9	—	
	C17b - Percentage of physically inactive adults	(P)	2020/21	Low	21.9	12/16	23.4	—	
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2021	Low	11.2	5/16	13.0	—	
	C28b - Self reported wellbeing: people with a low worthwhile score	(P)	2021/22	Low	2.2	2/16	4.0	—	
	E02 - Percentage of 5 year olds with experience of visually obvious dental decay	(P)	2018/19	Low	18.2	9/15	23.4	—	
	C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This i..	(P)	2020/21	Low	403.7	5/15	455.9	▶	
Primary/Secondary	E01 - Infant mortality rate	(P)	2018 - 20	Low	3.3	7/16	3.9	—	
	E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2020	Low	61.8	9/16	73.8	▶	
	E05a - Under 75 mortality rate from cancer	(P)	2020	Low	121.5	12/16	125.1	▶	
	E06a - Under 75 mortality rate from liver disease	(P)	2020	Low	17.2	10/16	20.6	▶	
	E07a - Under 75 mortality rate from respiratory disease	(P)	2020	Low	24.7	12/16	29.4	▶	
	E10 - Suicide rate	(P)	2019 - 21	Low	8.7	1/16	10.4	—	
	E14 - Excess winter deaths index	(P)	Aug 2019 - Jul 2020	Low	17.4	13/16	17.4	—	
	E14 - Excess winter deaths index (age 85+)	(P)	Aug 2019 - Jul 2020	Low	24.0	14/16	20.8	—	
	C19a - Successful completion of drug treatment: opiate users	(P)	2021	High	4.9	12/16	5.0	▶	
	C19b - Successful completion of drug treatment: non opiate users	(P)	2021	High	41.1	4/16	34.3	▶	
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	5/16	78.0	—	
Secondary	C24a - Cancer screening coverage: breast cancer	(F)	2022	High	69.7	9/16	64.9	▼	
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	(F)	2022	High	73.8	6/16	67.6	▼	
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	(F)	2022	High	78.0	4/16	74.6	▼	
	C24d - Cancer screening coverage: bowel cancer	(P)	2022	High	73.7	9/16	70.3	▲	
	C26b - Cumul % of the eligible population (40-74 yrs) offered and received a Health Ch..	(P)	2017/18 - 21/22	High	50.4	4/16	44.8	—	
	D02a - Chlamydia detection rate per 100,000 aged 15 to 24	(P)	2021	N/a	1,087.1	8/16	1,334.2	▼	
	D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	(P)	2021	Low	196.8	2/16	394.5	▼	
	D07 - HIV late diagnosis in people first diagnosed with HIV in the UK	(P)	2019 - 21	Low	33.3	1/16	43.4	—	

Statistical Significance compared to England or Benchmark: Better; Similar; Not compared; Worse

Direction of Travel: ▼ Decreasing; ▼ Decreasing and getting better; ▼ Decreasing and getting worse; ▲ Increasing; ▲ Increasing and getting better; ▲ Increasing and getting worse; ▶ No significant change; — Cannot be calculated

Indicators C19a and C19b present Figures for Leicestershire and Rutland combined

Nearest Neighbour Rank: 1 is calculated as the best (or lowest when no polarity is applied)

Source: OHID, https://fingertips.phe.org.uk/ February 2023

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Agenda Item 10

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1st March 2023

TEEN HEALTH SERVICE: 11-19 YEARS OLD (HEALTHY CHILD PROGRAMME)

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to provide an update on the Teen Health Service: 11-19 that was insourced September 2022.

Policy Framework and Previous Decisions

2. The Healthy Child Programme (HCP) contains statutory functions of the Public Health grant. This includes five universal public health nursing checks for families and delivery of the national child measurement programme (NCMP) in schools.

3. Cabinet approved a new service model in October 2021 to focus on 0-11 aged children and secondary school aged children (Now known as the Teen Health Service: 11-19). The procurement process began in November 2021.

4. The 0-11 service was successfully awarded to Leicestershire Partnership NHS Trust. This new service began in September 2022.

5. However, the Healthy Child Programme for secondary school aged children was not awarded following the outcome of the procurement exercise. The reason for this decision is following the evaluation process, the bid could not identify with sufficient confidence it would meet the specification and objectives of the new service specification.

6. A thorough options appraisal was conducted and the service for young people aged 11-19 the service was integrated within LCC Children's and Families Wellbeing service working closely with Public Health to provide a holistic approach to prevention for secondary school age children.

7. The Covid-19 pandemic exacerbated some of the issues with the current service offer and there was a need to review and improve the Healthy Child Programme preventative offer to address the increases in demand.

Background

Priorities for the service:

8. The Healthy Child Programme is the early intervention and preventive 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.

9. Adolescence is a time of huge change and experimentation. In seeking greater independence many young people will engage in some level of risky behaviour between the ages of 11 and 14 years old. For most, there will be no lasting harm. However, there are some young people for whom 'risk taking' behaviour becomes problematic with profound negative consequences that last well into adulthood. It is therefore crucial we understand the rationale behind the more significant risky behaviours and how we might minimise harm and support choices promoting more positive health outcomes.

10. The core purpose is to give every child the best start in life and is crucial to reducing health inequalities across the life course. One of the mandatory elements of the 0-11 and Teen Health 11-19 service is to ensure smooth transition into secondary schools. Both services will need to work together for the best interest of the family and ensure smooth transition from primary to secondary school.

11. There are six high impact areas for school aged children identified following a national review in March 2021.

    a. Supporting resilience and wellbeing;
    b. Improving health behaviours and reducing risk taking;
    c. Supporting healthy lifestyles;
    d. Supporting vulnerable young people and improving health inequalities;
    e. Supporting complex and additional health and wellbeing needs;
    f. Promoting self-care and improving health literacy prevention.

12. Local priorities were identified using the 5-19 JSNA, Public Health Outcome Framework data and the health-related behaviour questionnaire conducted in a handful of schools and a headteacher survey and focus groups. These priorities are;
    a. Emotional health and wellbeing including body image and self esteem;
    b. Healthy relationships;
    c. Substance misuse including alcohol.

<u>Service delivery</u>:

13. The Teen Health Service 11-19 started in LCC on the first of September 2022. However, due to most of the workforce needing to be recruited, it has been in shadow form until January 2023. All children that needed support in the transition period have been supported within the existing Early Help workforce. Schools and partners were communicated to regarding how to access the service.

14. The service is now fully staffed with 15 children and young people's wellbeing officers. Each officer is working with three secondary schools. The one-to-one work has continued through referral. Plus, the officers are now working with their schools to complete a schools wellbeing audit to identify the support the school needs and gaps in relation to the local priority areas. This will inform service delivery for group work and drop ins. Planning is underway to provide sexual health drop-in sessions which will be accessible for all CYP.

15. The service is supporting the local Youth Parliament programme to develop a health and wellbeing day across all secondary schools in October. This will be complemented by a focus on supporting and developing Youth Voice opportunities within each school population, to allow meaningful co-production and promote health equity.

16. Specialist training from Stonewall has been procured in response to feedback from Health and Wellbeing officers regarding identified need for support for students identifying as LGBTQI+, or with queries regarding sexuality and identity.

17. Early feedback is positive from schools. However, with most service changes there are some unforeseen consequences that we are working through with partners. One being health representation into safeguarding processes to complete baseline health assessments, as this task was performed by a school nurse previously. To mitigate this interim arrangements have been commissioned by Public Health to ensure statutory safeguarding responsibilities were maintained. This includes 2 safeguarding practitioners both with a health background to provide clinical expertise and knowledge to inform safeguarding decisions.

18. The Teen Health service will align to the safeguarding processes within the Children's Wellbeing Service for escalation of concerns about a child and the role of SystmOne is being explored.

Resource Implications

19. The budget for the Teen Health service 11-19 is £1.7m

Conclusions

20. The committee is asked to note the progress to date.

Background papers

Report to Health Overview and Scrutiny Committee 1 September 2021: https://politics.leics.gov.uk/documents/s163224/Scrutiny%20Report%200-19%20HCP%20200821Final.pdf

Report to Cabinet 26 October 2021 https://politics.leics.gov.uk/documents/s164252/0-19%20Healthy%20Child%20Programme%20-%20Procurement%20of%20New%20Service%20Model.pdf

Circulation under the Local Issues Alert Procedure

21. None.

Equality Implications

22. An Equality impact assessment was conducted.

Human Rights Implications

23. There are no human rights implications arising from the recommendations in this report.

Other Relevant Impact Assessments

24. A health equity assessment was completed to understand who the service needed to target. Findings included;
    a. developing Youth Voice in schools with Wellbeing Officer support, to support development of focus groups in schools to coproduce programme design and delivery methods alongside a Neighbourhood network.
    b. ongoing work to develop a digital offer is needed to support community health promotion/campaigns, and there is a commitment to working with wider PH campaigns
    c. Partnerships to be developed with Youth Engagement Activators, Healthy Schools Programme, MHST teams, SEN/Inclusion services, wider CFWS, Youth Services, District Councils; CAMHS; ICB

Appendices

25. Appendix A: Teen Health Service Intro Pack

26. Appendix B: Health Equity Audit Tool for Teen Health 11-19 service

Officer(s) to Contact

Mike Sandys, Director of Public Health
Email: Mike.Sandys@leics.gov.uk

Kelly-Marie Evans, Consultant in Public Health
Email: Kelly-Marie.Evans@leics.gov.uk

teen health

11-19 service

Supporting Children and Young People's Health

Service Information Pack

Leicestershire County Council

Contents

Schools Information in Brief

Please note:

We can only accept a referral if the Child/Young Person (and their parent/carer if appropriate) has given consent.

Schools should routinely involve parents/carers when making a referral. In cases where a child does not wish to involve their parents/carers, schools should support the young person to self-refer. School's should continue to use professional curiosity and carefully consider any potential safeguarding issues along with the rights of the child. In these cases, Teen Health will work closely with the child and school to involve the child's parent/carers as appropriate.

Any child under the age of 13 seeking sexual health advice or discloses a sexual relationship should be referred directly for safeguarding.

The **Teen Health 11-19 Service** offers public health focussed group-based interventions to children and young people to:

Support and improve emotional wellbeing with a focus on:

a. Improving self esteem
b. Improving body image
c. Building resilience

Support healthy relationships

a. Building positive relationships
b. Reduce violence in intimate relationships
c. Promoting positive sexual health and wellbeing

Support children and young people to make healthier choices with a focus on:

a. Reducing substance misuse particularly cannabis use
b. Reducing alcohol consumption

We will work with your education setting to support your 'Whole School Approach' to improving the emotional wellbeing and health of all students in the school, this can include information sessions and assemblies.

Where another service may be more appropriate for the child or young person we will signpost and link to other agencies and are able to support referrals.

We may be able to offer individual evidence-based interventions with young people and families who may have more complex needs, or where groups may not be appropriate, however please note there is very limited capacity for this.

About the Teen Health 11-19 Service in Leicestershire

Teen Health 11-19 Service (Leicestershire)

The 'Teen Health 11-19' service provides preventive early intervention public health programmes as the heart of the universal service for young people of secondary school age and up to the age of 25 years for young people with special educational needs and / or disabilities (SEND).

Teen Health is a Public Health service integrated within Leicestershire County Council Children and Family Wellbeing service. Based within schools and the community, the programme supports children and young people to grow up to be healthy, stay safe and be able to achieve their potential. A key objective of this service is to promote healthier lifestyles and improve health outcomes and ensure that those at risk are identified at the earliest possible opportunity.

There is a focus on reducing harm, protecting and safeguarding children and young people. Responding to their needs earlier to enable them to be resilient and to reduce the need for more specialist interventions. By working in partnership with other organisations across the wider children and young people's services within Leicestershire, together we put the needs of children and young people at the centre of our approach.

The service currently operates Monday to Friday between 9am and 5pm, excluding bank holidays. We provide a year-round service which means children and young people can continue to receive support during school holiday periods.

Once the service has been established, we will engage with young people to understand whether support outside of office hours is needed. Following feedback, we may look into trialling extended hours.

For more information please visit the webpage on

www.leicestershire.gov.uk/teen-health-11-19

For general enquiries or advice about referrals, email teenhealth@leics.gov.uk or phone **0116 305 8727**

Our Priorities

As part of the wider Early Help and Children and Families Services, we are committed to supporting children and young people to achieve the priorities identified in the **Leicestershire Children and Families Partnership Plan** (for more information please visit, www.leicestershire.gov.uk/leicestershire-children-and-families-partnership.

In line with the national guidance from the Office for Health Improvement and Disparities, we are focused on the following 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

Following consultation with young people, our current priorities are:

1. **Support to improve emotional wellbeing with a focus on:**
   a. Improving self esteem
   b. Improving body image
   c. Building resilience

2. **Support healthy relationships:**
   a. Building positive relationships
   b. Reduce violence in intimate relationships
   c. Promoting positive sexual health and wellbeing

3. **Support children and young people to make healthier choices with a focus on:**
   a. Reducing substance misuse particularly cannabis use
   b. Reducing alcohol consumption

Thresholds and Referral Criteria

As a service with a focus on providing early intervention we may not always be the most appropriate service for the Child or Young Person. Please see below for more detail on what our Health and Wellbeing Officers can support with, and where another service may be more suitable;

	Youth Wellbeing officer will assess and support with	Youth Wellbeing officer will not support with
Emotional wellbeing	■ Children with **low level** emotional wellbeing concerns, for example; ■ Low mood as a result of poor image or peer relationships ■ Anxiety due to poor relationships where support to improve social skills can increase emotional resilience ■ Children for whom emotional wellbeing concerns may be impacting their attendance and engagement in education ■ Children beginning to show a pattern or repeated exclusions from school, where the sole reason is not due to behaviour ■ Children who are NEET where there are wider factors and that this is not the sole reason for the referral ■ Children who are being electively home educated will be supported as appropriate.	■ Children who meet CAMHS Thresholds ■ Children who are using Self-harm, have suicidal thoughts or intent ■ Children experiencing suicidal thoughts or intent ■ Children who are not attending school due to a medical condition, or are already open to Inclusion Team or Youth Services ■ Persistent & unexplained absences from school where there are wider factors which may prevent engagement in education ■ Children who are on the waiting list for CAMHS / open to CAMHS for an active assessment and are receiving treatment ■ Children who have complex mental health difficulties or diagnosis (such as eating disorders, significant self-harming, OCD, body dysmorphia, severe social anxiety and/or significant depressive episodes)
Healthy relationships	■ Children growing up in families who may be receiving support from other agencies due to low-level needs which may be impacting the child ■ Support to develop positive coping strategies in relation to family relationships ■ Children who are living in environments where adults and/or other children/elder siblings are actively involved with Youth Justice, Adult Probation, or are in Prison ■ Supporting children who may be vulnerable to being exploited - where there is currently a low risk ■ Risk taking behaviours around personal or intimate relationships ■ May be a survivor of Domestic Abuse in intimate peer relationships ■ Children who may be experiencing issues around their gender identity or sexuality ■ Children who may be experiencing negative peer relationships or social isolation ■ Children who may benefit from additional support around sexual health, STI's, positive sexual relationships, consent and other needs	■ Children where the concern is solely their behaviour in school ■ Children who are subject to 'internal' exclusions within school ■ Significant parental substance misuse, AMH and current domestic abuse ■ Family breakdown and significant bereavement ■ Parental conflicts around custody and / or contact arrangements ■ Where there is a family and there is more than one child who requires support, consideration should be given for wider Family support in the first instance ■ Low level behaviours at home only ■ Children who have been repeatedly missing from home ■ Children who are receiving additional sessions via the Safer Return Project Team ■ Children who have made a disclosure which is being actively investigated and where the child may require more specialist support ■ Children who are currently receiving support from social care for CCE/CSE, or perpetrating harmful sexual behaviour ■ Children who are already open to the CSE/CCE Team and/or where a RAT has been completed

	Youth Wellbeing officer will assess and support with	Youth Wellbeing officer will not support with
Healthy lifestyle	■ Children growing up in families currently receiving support for **low levels** of substance misuse ■ Children who may benefit from additional psychoeducation around substance misuse or alcohol use ■ Risk taking behaviours around substance or alcohol use ■ Children who may benefit from wider preventative health support, for example healthy weight and smoking cessation	■ Children who are open to Youth Justice ■ Children already receiving substance misuse support – e.g., open to Turning Point, where substance use is the only concern

Referrals to the Teen Health 11-19 Service

Referrals can be made by the school, by a parent, and in time directly by the young person

Referrals can be made using the online form available at:
https://leicestershirecc-self.achieveservice.com/service/Eleven-plus-referral

Schools can either make referrals directly using the online form or speak to their Teen Health 11-19 Health and Wellbeing Officer.

All referrals must be made with the express consent of the child or young person, or their parent or carer (if appropriate). Any referrals received without this consent will be returned or may not be processed.

Once the referral has been received, it will be assessed and triaged to check whether our Health and Wellbeing Officers or another service are best placed to provide the required support.

If appropriate for our service, the Health and Wellbeing Officer will then meet with the child or young person and work together to complete an assessment to understand their needs. They will then agree the most appropriate type and level of support. If the needs are better met by another service, the Health and Wellbeing Officer will liaise with their Team Lead to discuss other options.

Safeguarding

The Teen Health Service is part of Leicestershire Children and Family Wellbeing Service and as such will follow Leicestershire County Council's policy and procedures relating to safeguarding concerns. Any safeguarding concerns raised by a young person will be discussed by the Health and Wellbeing Officer with their Manager and next actions agreed, following the appropriate escalation process. Where necessary, guidance and support will be provided by First Response Children's Duty. Information will be shared in a timely and proportionate way to ensure young people's safety and welfare.

Our Support

As part of the Universal and Targeted Universal offer **(see figure 1 below)** our Health and Wellbeing Officers work across Tier 1 and Tier 2 needs and risks. Our mission is to provide the appropriate support, at the right time and in a place that is most suitable for children and young people.

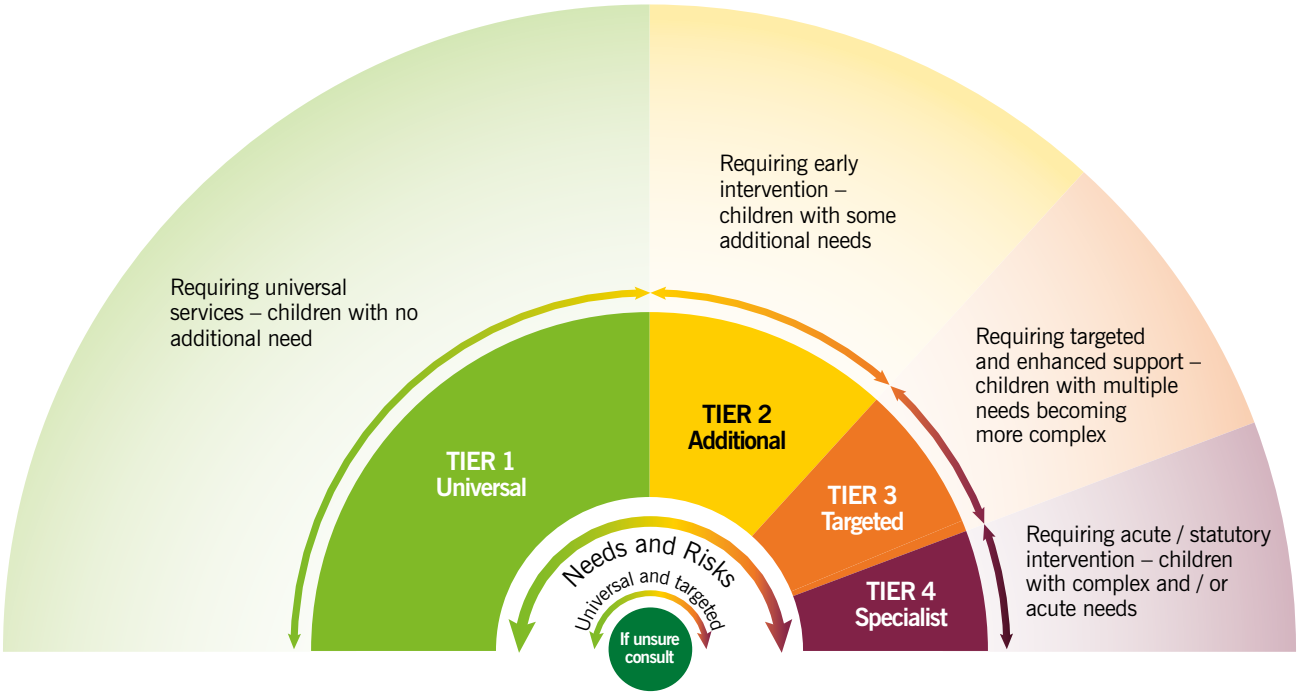
In line with the **locally identified priorities,** we request referrals based on the three key areas:

- Support to improve emotional wellbeing
- Supporting healthy relationships
- Supporting children and young people to make healthier choices

(See the referrals section for more information)

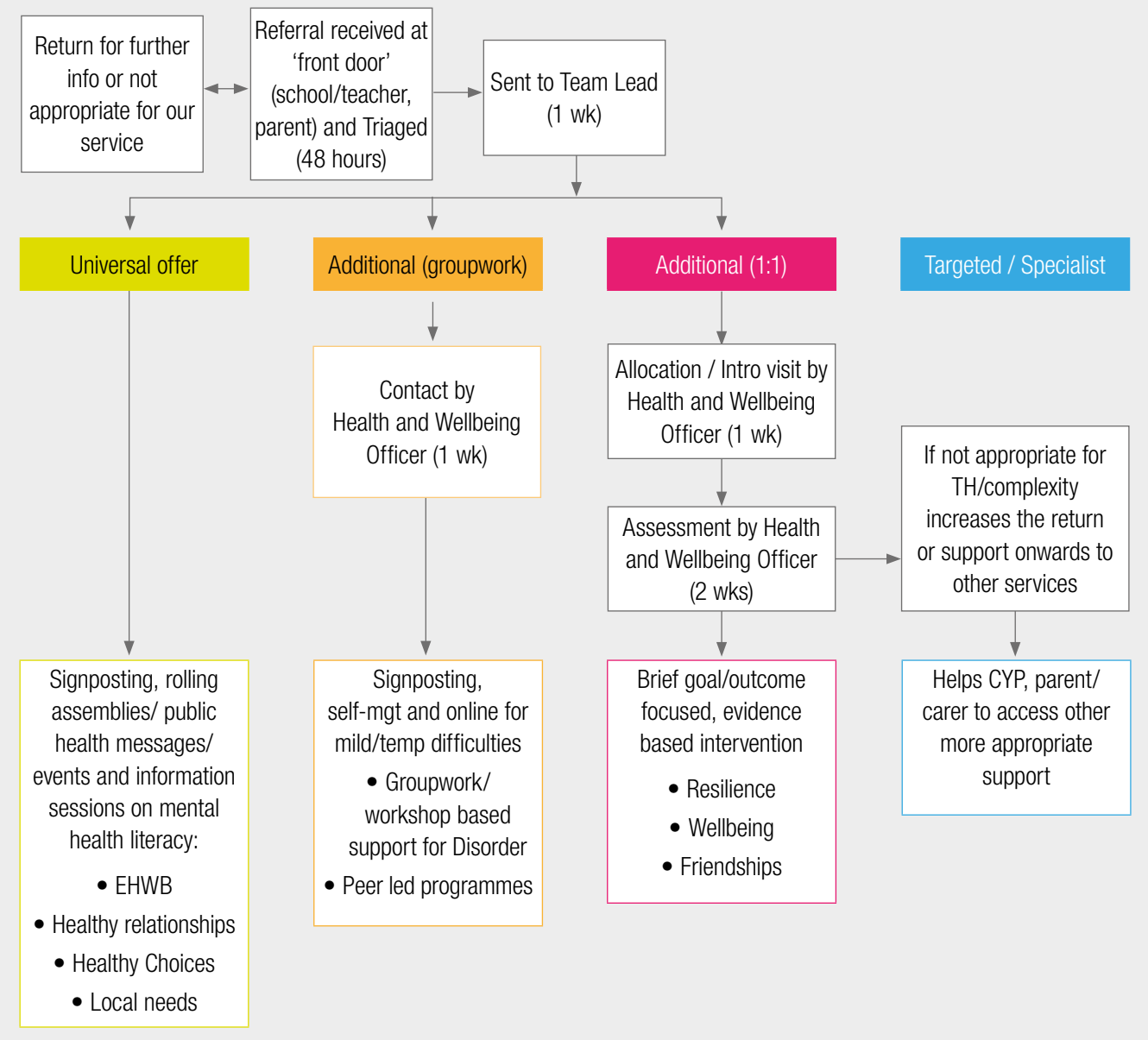
Different types of assessed needs and levels of intervention

(figure 1)



We work with the school to support students in groups and assemblies to identify problem areas and possible causes, set goals and develop a plan to achieve them.

After the referral process, the following Universal and Group work support is available based on individual requirements:



Where a student may need intensive support other than via our universal or group work offer, we may be able to explore 1:1 work dependent on service capacity and type of need. If at assessment or during delivery of direct work, a more specialist service is required, we may then support the referrer or the child or young person or parent or carer, to access more appropriate support. This could include an internal referral to other Children and Family Wellbeing services.

The Teams

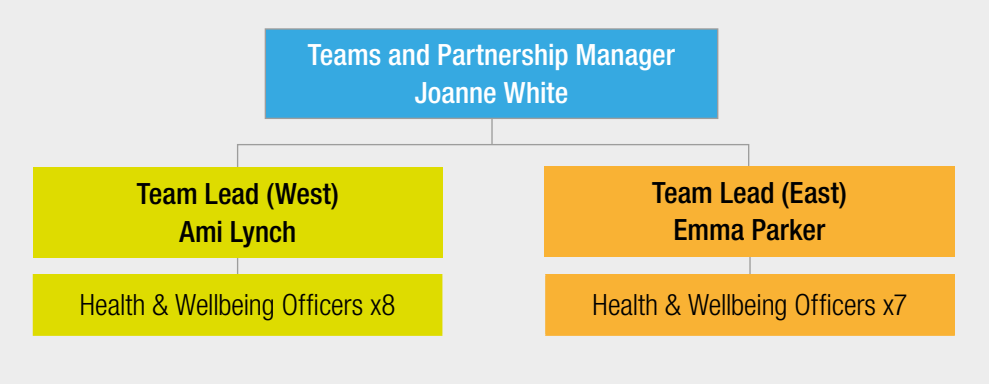
We have two teams of Health and Wellbeing Officers providing direct support into secondary schools across Leicestershire

- East Team covers: Melton and Market Harborough, Charnwood
- West Team covers: Hinckley and Bosworth, Oadby, Blaby and Wigston, North-West Leicestershire

Each team has:

- 1 Team Lead
- 7 to 8 Health and Wellbeing Officers

Our staff structure:



Our Health and Wellbeing Officers come from a range of backgrounds and are skilled at providing support to and working with children and young people.

Confidentiality and Information Sharing

We abide by the Leicestershire County Council Information Sharing Agreement working across different partner agencies (if you would like a copy of this, please contact the Team Lead for your area to request a copy). We adhere to the Leicestershire Safeguarding Children Partnership Board (LSCPB) safeguarding guidance and would work closely with the schools Designated Safeguarding Lead should an issue arise.

To help us provide the best support to our clients we write records in the MOSAIC electronic system. These notes can be viewed by other Children and Family Wellbeing Services professionals such as social workers.

If appropriate, we will share information with other partners who may be able to provide Health, Education or Social Care support to the child. The two main reasons for sharing information outside our service will be:

- Due to concerns in relation to risk, (to the child or to others). If this circumstance arises, we will advise the child, where safe to do so, of the concerns and contact the appropriate agency/agencies.
- To connect the child with other services that might support their needs better than us.

In addition to this, our Health and Wellbeing Officers discuss cases within the team and with their Team Lead. This is a process for ensuring safe practice and quality of interventions.

Any information provided to us will be used in accordance with the General Data Protection Regulation (GDPR)/Data Protection Act (DPA) 2018.

Our Fair Processing Notice explains this in more detail and can be accessed by following the following link:

https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2020/10/29/Children-and-family-wellbeing-service-fair-processing-notice.pdf

Self Help Advice, Information and Videos

For more information about the team and to find more support, please visit www.leicestershire.gov.uk/teen-health-11-19

Directory of Services

https://lrsb.org.uk/uploads/llr-professionals-service-directory.pdf

Complaints

If you have any concerns or complaints, contact your area Team Lead or email the Team and Partnership Manager: Joanne.White@leics.gov.uk

DBS Information

All our staff will have successfully completed the enhanced checks with the Disclosure and Barring Service.
For any further information, please contact the Team Lead for your area, or email our Team and Partnerships Manager: Joanne.White@leics.gov.uk

School's Health & Wellbeing Review Tool

The six short sections of the review tool are designed to help the Teen Health 11-19 service team to understand and support your school.

Our Health and Wellbeing Officer or Team Lead will work through the tool with you, and ask a series of questions to understand where the service will fit alongside existing support in your setting.

1. School Information and Contact Details

Name of school:	
Type of school:	
Name of Mental Health Lead:	
Name of Sexual Health Lead:	
Name of Pastoral Lead:	
Address:	
Numbers of pupils on roll:	

2. Emotional Wellbeing

What emotional wellbeing support is currently available?

Type	Y/N	Name/contact details
Mental Health Lead training (DfE funded):		
Healthy Schools Programme:		
Mental Health Support Team in Schools:		
Pastoral Support:		
School Counsellor:		
Youth Engagement Activator:		
Other:		

What school policies support positive emotional and mental wellbeing?

Activity	Y/N	Detail/Actions
We are able to identify the needs of vulnerable students		
Our staff are trained and able to recognise signs of common mental health problems		
Our staff and students know the process for accessing support.		
We have a mental health and emotional wellbeing policy		
Our staff have a clear understanding of the services available		
Students are able to self-refer if they need support		
School has a Trauma-Informed Approach		

How does the school currently teach about emotional and mental wellbeing?

Activity	Y/N	Detail/Actions
We teach about mental health and wellbeing		
We have age-appropriate resources		
Mental health and wellbeing 'lessons' are evaluated to identify themes		

3. Sexual Health

What Sexual Health support is currently available?

Type	Y/N	Name/contact details
Staff training		
Healthy Schools Programme		
Pastoral Support		
School Counsellor		

What school policies support positive sexual health?

Activity	Y/N	Detail/Actions
We are able to identify the needs of vulnerable students		
Our staff are trained and able to support students		
Our staff and students know the process for accessing support		
We have a wider health policy		
Our staff have a clear understanding of the services available		
Students are able to self-refer if they need support		

How does the school currently teach about sexual health?

Activity	Y/N	Detail/Actions
We teach about sexual health and relationships		
We have age-appropriate resources		
Sexual health and relationship 'lessons' are evaluated to identify themes		

4. Substance Misuse

What substance misuse support is currently available?

Type	Y/N	Name/contact details
Staff training		
Healthy Schools Programme		
Pastoral Support		
School Counsellor		

What school policies support positive substance misuse?

Activity	Y/N	Detail/Actions
We are able to identify the needs of vulnerable students		
Our staff are trained and able to support students		
Our staff and students know the process for accessing support		
We have a wider health policy		
Our staff have a clear understanding of the services available		
Students are able to self-refer if they need support		
School has a trauma informed practice approach		

How does the school currently teach about substance misuse?

Activity	Y/N	Detail/Actions
We teach about substance misuse, with a focus on alcohol and cannabis use		
We have age-appropriate resources		
'Substance misuse and alcohol awareness sessions are evaluated to identify themes		

5. Student Voice

How does the school currently ensure the student voice is heard?

Activity	Y/N	Detail/Actions
We ensure student consent for all referrals		
Students help influence school policy and plans		
Students regularly provide their views on their own and their peers health and wellbeing		
Students are able to work with peer-led wellbeing support		
Students have a voice through a youth council		

6. School Facilities

Activity	Y/N	Detail/Actions
We have a safe and confidential area for group work		
We have a safe and confidential area available for direct 1:1 work		
Our Health and Wellbeing Officer can access wifi		
A secure storage area is available for our Health and Wellbeing Officer		
The school can provide a copy of the risk assessment checklist for external visitors		
There is access to a notice board to share Health promotion materials		
Other partners or services supporting students within the school		

Schools Agreement:

The agreement is between

Teen Health 11-19 Service and:

_____

(Name of School)

Date of Agreement _____

The Teen Health Service 11-19 Service will offer the following support or activity:

The school will offer the following support or resource(s):

Signed on behalf of Teen Health 11-19 Service: _____

Name: _____

Role: _____

Signed on behalf of *named school: _____

Name: _____

Role: _____

teen health
11-19 service

APPENDIX B

The tool

Programme or project being assessed	Teen Health 11-19 Programme
Date completed	10.11.22
Contact person (name, Directorate, email, phone)	Imran Mahomed
Name of strategic leader	Kelly-Marie Evans

Steps to take	Your response – remember to consider multiple dimensions of inequalities, including protected characteristics and socio-economic differences
A. Prepare – agree the scope of work and assemble the information you need	
1. Your programme of work What are the main aims of your work? How do you expect your work to reduce health inequalities?	The national Healthy Child Programme framework sets out the suggested universal services for children and young people to promote optimal health and wellbeing. The Teen Health 11-19 service will provide support for health needs by providing evidence-based interventions for universal services for secondary aged young people. The service is integrated with LCC Children's and Families Wellbeing service to provide a holistic approach to prevention. The six high impact areas for school aged children identified following the national review are: 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 Alongside these three Local priorities were identified, these priorities are; • Emotional health and wellbeing including body image and self esteem • Healthy relationships • Substance misuse including alcohol

	The service will focus on the six high impact areas and local priorities to support and enable children and young people to achieve their full potential and be physically and emotionally healthy leading to a productive adulthood. The key objectives of the service as per the service spec are focussed on reducing health inequalities: - to improve the health and wellbeing of children and young people and reduce inequalities in outcomes as part of an integrated multi-agency approach to supporting and empowering children and families. - to ensure a strong focus on prevention, health improvement, early identification of needs, early intervention, and clear packages of support. - to identify and support those who need additional support and targeted interventions, for example, young people suffering from low self-esteem, anxiety, low mood who need support with managing their emotions in accordance with NICE guidance. - to provide expert advice to help lay the foundations for emotional resilience and good physical and mental health - to ensure early help and additional evidence-based preventive programmes to promote and protect health - reducing the risk of poor future health and wellbeing - to promote positive health messages and behaviour change using evidence-based approaches. - to promote national campaigns such as Rise Above - to work with children and young people and their families to support behaviour change leading to positive lifestyle choices through working with individuals or as a family or a wider group. - to support families and young people to engage with their local community through education, training, and employment opportunities to support young people, and families to navigate the health and social care services to ensure timely access and support - to safeguard children and young people through safe and effective practice in safeguarding and child protection. This will include working with other agencies to intervene effectively in families where there are concerns about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse or child abuse. - to develop on-going relationships and support; universal reach for all children and offering services which are personalised to meet individual need and the early identification of additional and/or complex needs - to deliver services in partnership to with CFS and will include embedding Healthy schools and be 'lead professional' or 'key worker' for a child or family where and where appropriate

2. Data and evidence What are the key sources of data, indicators, and evidence that allow you to identify HI in your topic? • Consider nationally available data such as health profiles and RightCare • Consider local data such as that available in JSNA, contract performance data, and qualitative data from local research	Health-Related Behaviour Questionnaire results: Consultation with and feedback from a Focus Group: (local priorities) Leicestershire JSNA https://www.lsr-online.org/leicestershire-2018-2021-jsna.html (currently being updated) LSOA in Leicestershire 10% most deprived (2019) https://imd-by-geo.opendatacommunities.org/ - Charnwood - North West Leics Public Health Outcomes Framework: https://www.lsr-online.org/public-health-outcomes-framework.html Public Health Fingertips data: District Level School Health Profiles: https://www.lsr-online.org/childrenyoungpeople.html
B. Assess – examine the evidence and intelligence	
3. Distribution of health Which populations face the biggest health inequalities for your topic, according to the data and evidence above?	Socio-economic status or geographic deprivation: Leicestershire is within the 10% least derived decile in the country. However, it has significant health and wellbeing challenges and variation between communities. Add updated JSNA data Areas of deprivation - According to IMD 2019, most of Leicestershire's towns have pockets of deprivation and clear inequalities. Coalville and Loughborough have communities considered the 'most deprived' in the country – both towns also have communities considered the 'least deprived' - Childhood obesity is higher in areas of deprivation in Leicestershire - The most deprived communities have lower life expectancy

	- School readiness is lower than the Leicestershire average in localities with increased income inequalities – these are often sustained to school leaving age (or the gap widens further) South Asian communities - Increased prevalence of DMFT in areas with higher BAME populations, e.g. O&W Rural communities - A significant proportion of the population live in rural areas with reduced access to services, such as sexual health clinics, GP practices, unemployment support etc LSOAs in the most deprived areas - Charnwood - North West Leicestershire
	Inclusion health and vulnerable groups (for example, people experiencing homelessness, prison leavers, young people leaving care): - Children and young people not attending mainstream school settings - Children and young people living in homes with domestic violence present/chaotic lifestyles frequently absent from schools - Children and young people who may by asylum seekers or refugees - Children and young people experience gender identity or difference - Children and young people with ongoing illness who may be frequently absence from education - Children and young people with alcohol/substance dependant parents or dependant themselves missing schools regularly - Families with no fixed abode/frequent moving - Informal young carers, caring for family members
	Experience related to protected characteristics: - Age - Sex - Race - religion or belief - disability - sexual orientation - gender reassignment - pregnancy and maternity - marriage and civil partnership

4. Causes of inequalities	
What does the data and evidence tell you are the potential drivers for these inequalities? • Which wider determinants are influential? E.g. income, education, employment, housing, community life, racism and discrimination. • What aspects of mental wellbeing are affected? Consider risk and protective factors. • Which health behaviours play a role? • Does service quality, access and take up increase the chance of health inequalities in your work area? Which of these can you directly control? Which can you influence? Which are out of your control?	• Which wider determinants are influential? E.g. income, education, employment, housing, community life, racism and discrimination. - Income and job prospects - Educational attainment - Neighbourhood/area effects- concentrated pockets of deprivation, role modelling effects, concentration of disadvantaged people - Lack of social/community cohesion of the area, higher rates of crime/antisocial behaviour - Racial, religious or other discrimination • Causes of inequalities :what aspects of mental wellbeing are affected? Consider risk and protective factors. - Life chances affected – poorer education attainment in areas with higher deprivation leading to limited job options less chance of social mobility - Mental wellbeing affected leading to comfort seeking behaviours that may lead to unhealthy habits going forward – self harm, drug use, alcohol dependency - Low provision of support within the wider system for CYP with ASD/ND without presenting MH need • Which health behaviours play a role? - Health harming behaviours such as drinking, drug use, comfort eating - Limitations due to area/school attended for example areas with higher crime risk children may be less likely to engage in active travel to and from school due to safety concerns. Ait quality of area, road safety etc. • Does service quality, access and take up increase the chance of health inequalities in your work area? - Somewhat Which of these can you directly control? - Adopting Proportionate Universalism approach to targeted offers to those schools in the most deprived areas and ensuring thematic focus/support based on local needs Which can you influence?

	- Delivering evidence based early intervention support to children and young people to improve emotional health and wellbeing, positive relationships and informed decisions regarding sexual health and substance use. - Supporting schools to adopt evidence-based approaches to improving health and wellbeing within the school setting, e.g. policies that facilitate good health, - Supporting schools to work with wider PH programmes - Improving partnership links with wider system and VCSE Which are out of your control? - Schools that may not yet see the benefits of the approach - CYP that are home schooled, that are NEET, attending Special/SEND schools, - Young people that are in FE/HE - Support within system for CYP with ASD/ND without a MH need
C. Refine and apply – make changes to your work plans that will have the greatest impact	
5. Potential effects In light of the above, how is your work likely to affect health inequalities? (positively or negatively) Could your work widen inequalities by: • requiring self-directed action which is more likely to be done by affluent groups? • not tackling the wider and full spectrum of causes? • not being designed with communities themselves. • relying on professional-led interventions? • not tackling the root causes of health inequalities?	• Could this work widen inequalities by not tackling the wider and full spectrum of causes/ not tackling the root causes of health inequalities? Although the Teen Health service cannot directly affect wider underpinning causes of inequalities such as poverty or educational attainment and wider social injustices, it can be effective in reducing inequalities by supporting the health and wellbeing of students to promote better outcomes. School settings will receive input from a Health and Wellbeing Officer with links into wider PH activity. This will promote awareness of and improve access to physical and emotional health and wellbeing. This embedded approach will ensure that children, and by extension parents/families and school staff benefit from healthy behaviours and choices. As the Teen Health service will initially be based in and with mainstream secondary schools, children not routinely attending school settings, children attending SEND/Specialist schools, or those in Further and Higher Education will miss out on this support. As such a digital offer is being created to allow access to information and advice, along with signposting to more specialist support

	Larger schools/those part of Academy chains/those in more affluent areas may be financially better resourced and therefore already have more capacity to deliver similar support within their school setting. Use of the schools wellbeing audit will support the Teen health team to ensure services in schools are not being duplicated, and this could allow additional targeted work at those schools that may require it in more deprived areas.
6. Action plan What specific actions can your work programme or project take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities? • How can you act on the specific causes of inequalities identified above? • Could you consider targeting action on populations who face the biggest inequalities? • Could you design the work with communities who face the biggest health inequalities to maximise the chance of it working for them? • Could you seek to increase people's control over their health and lives (if appropriate)? • Could you use civic, service and community-centred interventions to tackle the problem – to maximise the chance of reaching large populations at scale? • Who else can help?	Following programme launch, the Teen Health service will complete a brief 'Schools Wellbeing' audit to inform the focus of programme delivery in each school. PHE, Ofsted and local data could also be used to understand where there may be significant areas of concern within a school and/or community. • How can you act on the specific causes of inequalities identified above? While the programme will have little control on key wider determinants of health for CYP, such as household income, housing status, it can support children and young people directly through information and intervention sessions, and indirectly by encouraging and supporting schools to ensure the environment and the schools' practices are supportive of positive health and wellbeing. • Could you consider targeting action on populations who face the biggest inequalities? The initial allocation of resource will be based on school population to ensure equity of access, following collation of data and needs analysis the programme can adopt a more targeted approach to programme delivery and will actively focus on particular needs such as high teenage pregnancy rates etc • Could you design the work with communities who face the biggest health inequalities to maximise the chance of it working for them? Initial planning includes identifying and developing Youth Voice in schools with Wellbeing Officer support, this could support development of focus groups in schools to coproduce programme design and delivery methods alongside a Neighbourhood network. • Could you seek to increase people's control over their health and lives (if appropriate)? The Teen Health service will work across the National and Local priorities, as such the focus is on a preventative approach to improving and maintaining good health and wellbeing. The service will also facilitate earlier uptake of services and improved service promotion, e.g. sexual health service to increase CYP control over their health. • Could you use civic, service and community-centred interventions to tackle the problem – to maximise the chance of reaching large populations at scale? There is ongoing work to develop a digital offer which could support community health promotion/campaigns, and there is a commitment to working with wider PH campaigns • Who else can help?

	Partnerships with Youth Engagement Activators, Healthy Schools Programme, MHST teams, SEN/Inclusion services, wider CFWS, Youth Services, District Councils; CAMHS; ICB
7. Evaluation and monitoring How will you quantitatively or qualitatively monitor and evaluate the effect of your work on different population groups at risk of health inequalities? What output or process measures could you consider?	• School Wellbeing Audit • Development of KPI framework which will support monitoring of outcomes and mapped to Health In All Policies approach • Delivery of Teen Health programme in schools • Additional training delivered to schools (e.g. asthma or c-card) • Annual reports from Team Leads and Wellbeing Officers working with schools, reporting on targeted engagement activity • Evaluation of service (to be commissioned)
Set a health equity assessment review date, recommended for between 6 and 12 months from initial completion. Review date:	

D. Review – identify lessons learned and drive continuous improvement	
Date completed (should be 6-12 months after initial completion):	20.02.23 (early review, scheduled to be reviewed fully in May 2023 and Aug 2023)
Contact person (name, directorate, email, phone)	Imran Mahomed
1. Lessons learned Have you achieved the actions you set? How has your work: a) supported reductions in health inequalities associated with physical and mental health? b) promoted equality, diversity and inclusion across communities and groups that share protected characteristics? What will you do differently to drive improvements in your programme? What actions and changes can you identify?	The service is now beginning to embed within the mainstream secondary schools in Leicestershire. The initial phase includes completing a schools wellbeing audit (attached below) to identify existing additional services and gaps in relation to the local priority areas. In addition direct feedback has been obtained from schools advising a need for services providing support regarding sexual health and for vaping. Planning is underway to provide sexual health drop-in sessions which will be accessible for all CYP. The service is supporting the local Youth Parliament programme to develop a health and wellbeing day across all secondary schools in October. This will be complemented by a focus on supporting and developing Youth Voice opportunities within each school population, to allow meaningful co-production and promote health equity. Specialist training from Stonewall has been procured in response to feedback from Health and Wellbeing officer's regarding identified need for support for students identifying as LGBTQI+, or with queries regarding sexuality and identity. Data from the schools audit, and wider information from local partners, such as the FSM data will inform further developments of service delivery. While the above early outcomes are positive, there could be a risk that while the service focusses on delivering a standardised service across the County, it could miss opportunities to support reductions in health inequalities within local populations. As such there remains a need to ensure links with local networks and partners, as well as regular reviews of the audit and local data to inform service development  School Audit v2.4.docx .

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