

Engagement Feedback

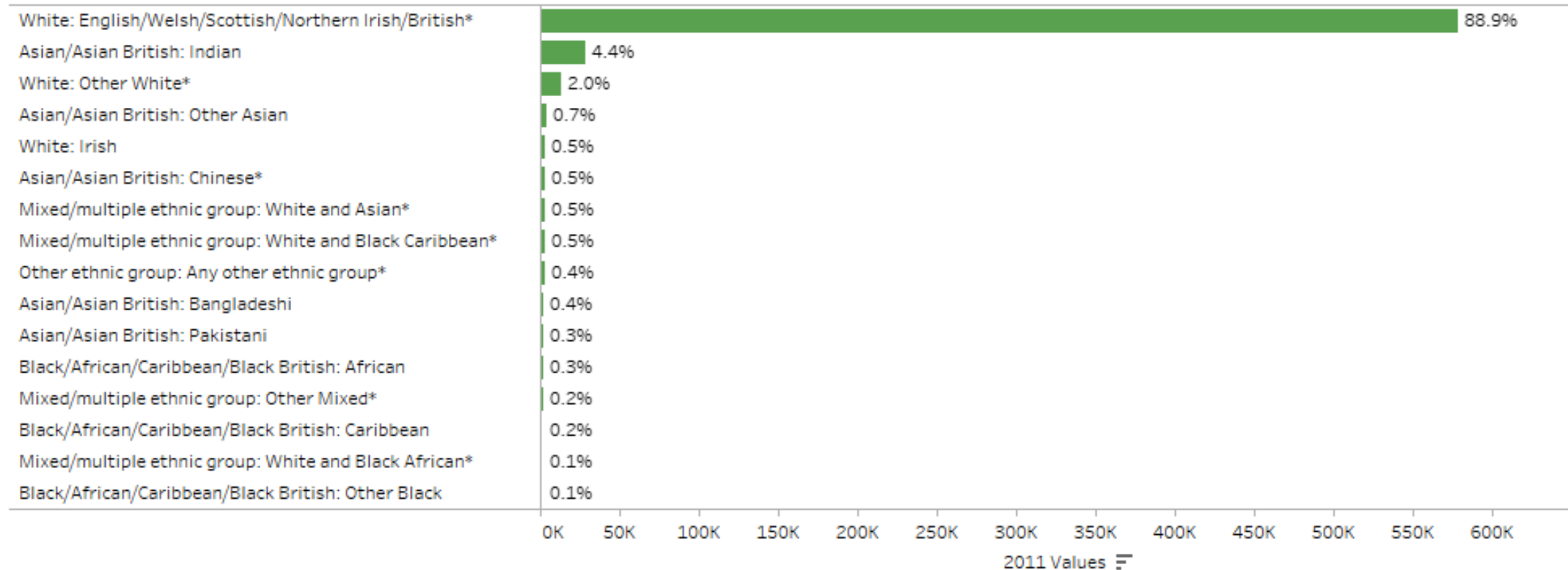
14/06/21

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Local Healthy Child Programme

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

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



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

Survey Feedback..

- 78 respondents
 - 53% O&W highest responses;
 - NWL 26%;
 - Charnwood highest CYP population but only 16% responded.
 - Female – 98%
 - Age:
 - 25-34= 35%
 - 35-44= 41%
 - 45-54= 18%
 - 55-64= 6%
 - Low BME responses.
 - White= 96%
 - Mixed= 2%
 - Other ethnic group= 2%
- Engagement with partners and agencies
 - Workshops
 - Focus Groups
 - Health (PCNs- going forward)
- Voice of the child via HRBQ
- Vulnerable groups
 - Health Watch
 - Youth Council
 - Children In Care

Survey Feedback continued....

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

Survey Feedback cont..

- School Nursing
 - SN making referrals sped up diagnosis & treatment (around mobility) – a positive.
 - SN are not trained for children with complex needs. (not specialist enough)
 - More support needed for EHCPs in schools for children with SEND, SN don't do them.
 - Service has declined considerably – 'not serious enough for help'. (matches what Sec. schools said around thresholds)
 - Services for teens need to be available in buildings that they feel able to go into (focus on youth work) . Covid has impacted upon their movement.
- Other issues: HV & SN
 - Mental Health
 - Emotional wellbeing –lack of support of post natal depression
 - Lack of emotional wellbeing support for young people on EHCP
 - Appropriate support before crisis is essential
 - lack of youth-clubs and uniformed clubs for kids.
 - Breastfeeding not enough support.
 - More Peer support needed.
 - More information around weaning support needed
 - Healthy Start promotions- it brings people into children and families centres and access to other services are taken up.

LCC Workshops

Health Visiting

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

School Nursing

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

Secondary Schools Workshop

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

More targeted work to reach out to wider communities – more engagement needed

- Voluntary sector groups – who and how best to approach?
- Soft market testing
 - reach out the voluntary sector groups to promote consultation & as potential providers.
- SEND Disabilities Parent/Carer forum
 - Inclusive Service
 - Not a specialist service for children with complex needs – responsibility of the Clinical Commissioning Group.
- BAME communities
 - Reaching out to eastern European families
 - Traveller community – working with Inclusion service.
 - LGBTQ groups
- Young Parents – T-BAG
- Other marginalised groups that we need to reach?
- What support can you offer?

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