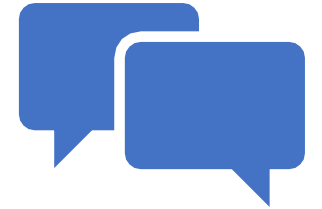


# Consultation & Engagement Summary Feedback

APPENDIX C



Collated 12/10/2021

# Local Healthy Child Programme

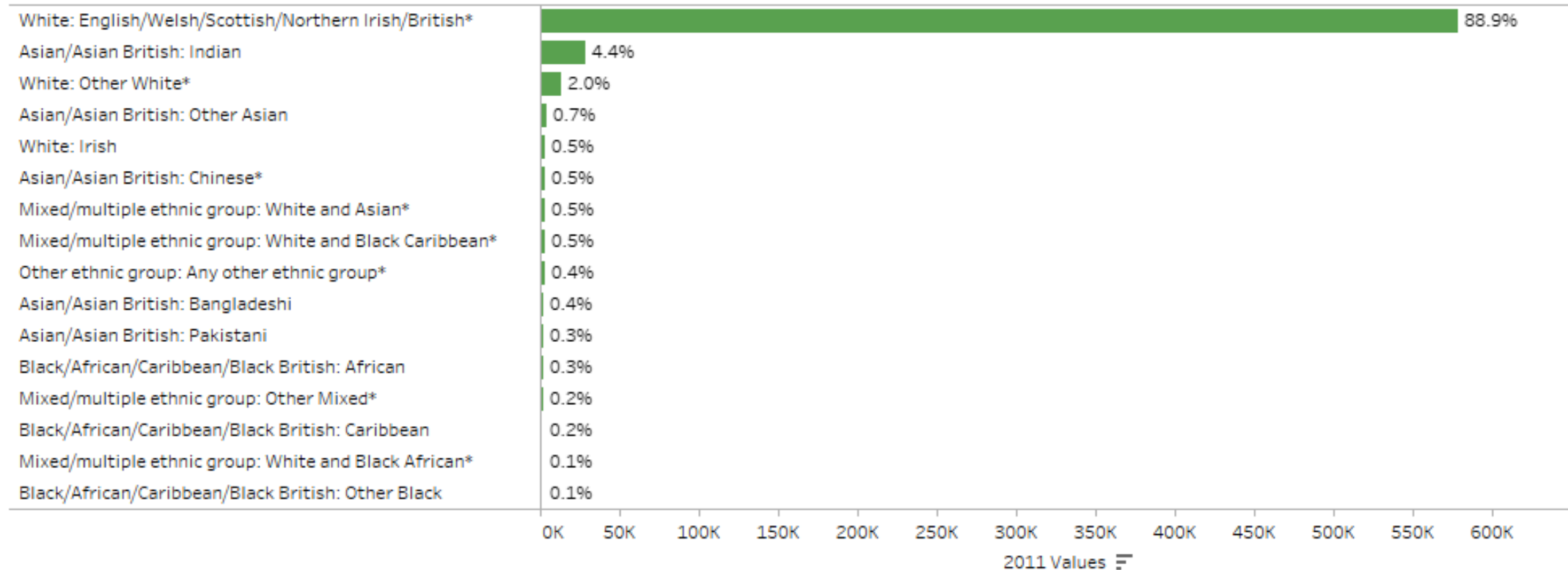
- The 0-19 Healthy Child Programme – Currently provided by LPT (Healthy Together)
- Universal provision and targeted support
- 0-5 Mandated Health Visiting Checks
  - Antenatal contact at 28 weeks
  - New birth visit at 10-14 days
  - 6-8 week check
  - 10-12 review
  - 2 – 2 and half year check
- Digital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

# Local Picture

## Population 2020 ONS Mid-year population estimates

<u>Area</u>	<u>All age population</u>	<u>0-10 population</u>	<u>11-19 population</u>	<u>0-19 population</u>	<u>% of population</u>
Leicestershire	713,085	86,359	74,330	160,689	22.5%
Rutland	40,476	4,179	4,362	8,541	21%
Blaby	101,950	13,166	10,363	23,529	23%
Charnwood	188,416	22,101	20,618	42,719	22.6%
Harborough	95,537	11,342	10,087	21,429	22.4%
Hinckley & Bosworth	113,666	13,801	10,923	24,724	18.4%
Melton	51,394	5,974	4,988	10,962	21.3%
NW Leicestershire	104,809	12,899	10,380	23,279	22%
Oadby & Wigston	57,313	7,076	6,971	14,047	24.5%

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);

# Public Consultation Feedback..

- 117 respondents
  - O&W 20%
  - Blaby 13.5%
  - Hinckley & Bosworth 13.5%
  - NWL 10%
  - Charnwood 12%
  - Female – 98%
  - Age: Majority of the responses were 25-34 age band
    - 25-34= 38%
    - 35-44= 35%
    - 45-54= 17%
    - 55-64=10%
  - Disabilities  
Yes: 12% No 84%
  - Low BME responses.
    - White= 95.8%
    - Asian/British Asian: 1.4%
    - Mixed= 1.4%
    - Other ethnic group= 1.4%
- Engagement with partners and agencies
  - Workshops
  - Focus Groups including Secondary Headteachers and Pastoral leads. Staff engagement
  - Health including maternity services
- Voice of the child via HRBQ
- Survey in secondary schools 201 responses
- Vulnerable groups  
Children In Care & Children with additional needs vis Parents forum (LAFs & SEND hub)

# Consultation Feedback on the proposed model

## Mandated & Additional Contacts

- New checks are a really positive improvement for families
- More contacts with HV and a consistent named HV for each child or family
- After the 2-2.5 year check there is a massive gap, as some children will not be accessing nursery, or have the social interaction at home, causing the gap of children not being ready for school.
- The 3-4 month contact was valuable to pick up Postnatal Depression and the 3 year old often used to pick up difficulties with speech and behaviour which not apparent at the 2 year check
- Concern is about who is going to undertake these checks, what these checks entail and the time available to complete them alongside the other 5 checks
- Capacity issues.
- Restoration of face to face contacts
- These are important times of development and transition, lots of health messages to share
- The pre school check could be done as a group contact, depending on our ability to access appropriate venues
- Digital contacts have their place but don't want to lose the face to face contacts.

## Service Improvement (0-11)

- Children's centres postnatal offer needs improvement
- All services are working in collaboration
- Clarity in what services there are to support families in 0-2
- The family hubs and children's centres are not easily accessible for everyone.
- Children's centres and 2 year pathway really important in supporting families.
- Two year check does not always take account of the information that Early years providers have about young children attending the provision, so not a holistic assessment
- Chat Health (parent-line) – don't want to be signposted to a website but option to speak to people.
- Breastfeeding support needs to be much easier to access
- Clear, outlined support for people on EHCPs

# Key areas/themes

- Breastfeeding not enough support.
  - More Peer support needed.
  - More information around weaning support needed
- Healthy Start promotions- it brings people into children and familie
- H/V contacts: Missed
  - 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.
- 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

## 11+ Age Group

- Mental health support for this age group is led by specialised staff
- Joined up service with MHSTs and LAs to avoid duplication
- Low number of current staff to deliver school nursing - how will the additional improvements be resourced?
- Staffing level concerns to meet extra challenges.
- Gap in service for young people who are home educated, and this has a significant impact on support that they can access in relation to their physical and emotional health.
- 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.

## Service Improvement

- Better joined up working with services supporting Mental Health & Emotional wellbeing – demand has increased due to pandemic
- Joined up working for young people on EHCP
- Appropriate support before crisis is essential
- lack of youth-clubs and uniformed clubs for kids. Need to keep children safe.



# Public Consultation Feedback on proposed service model cont..

## General feedback re priorities

- Obesity and Nutrition can be amalgamated
- Maintaining and achieving healthy weight – change language as everyone is different.
- Body image is related to weight and food.
- Eating Disorders should be a priority
- Local priorities can sit under some of the national ones.
- agree with the oral health priority as the state of oral health is so important as it influences our ability to perform such tasks with our mouths.
- Poor oral health causes impairment in other areas
- consideration of the scope, capacity and competencies of different workforce roles to complete these tasks.
- Healthy body image and self-esteem work to set up a foundation of healthy identity

## Digital Offer

- Having digital access in retail shops as well as council building so the public are able to access services.
- All families have access to digital equipment.
- Digital poverty and lack of access to internet and computers.
- Health under 5s websites exist
- ChatHealth is used as parent lead advice service for families/parents of children aged 0-19. This is growing more popular.
- Many teenagers use apps so this would be preferably as parents would not hear or know that they are contacting the school nurse that way so is a confidential service rather than a phone call if at home.

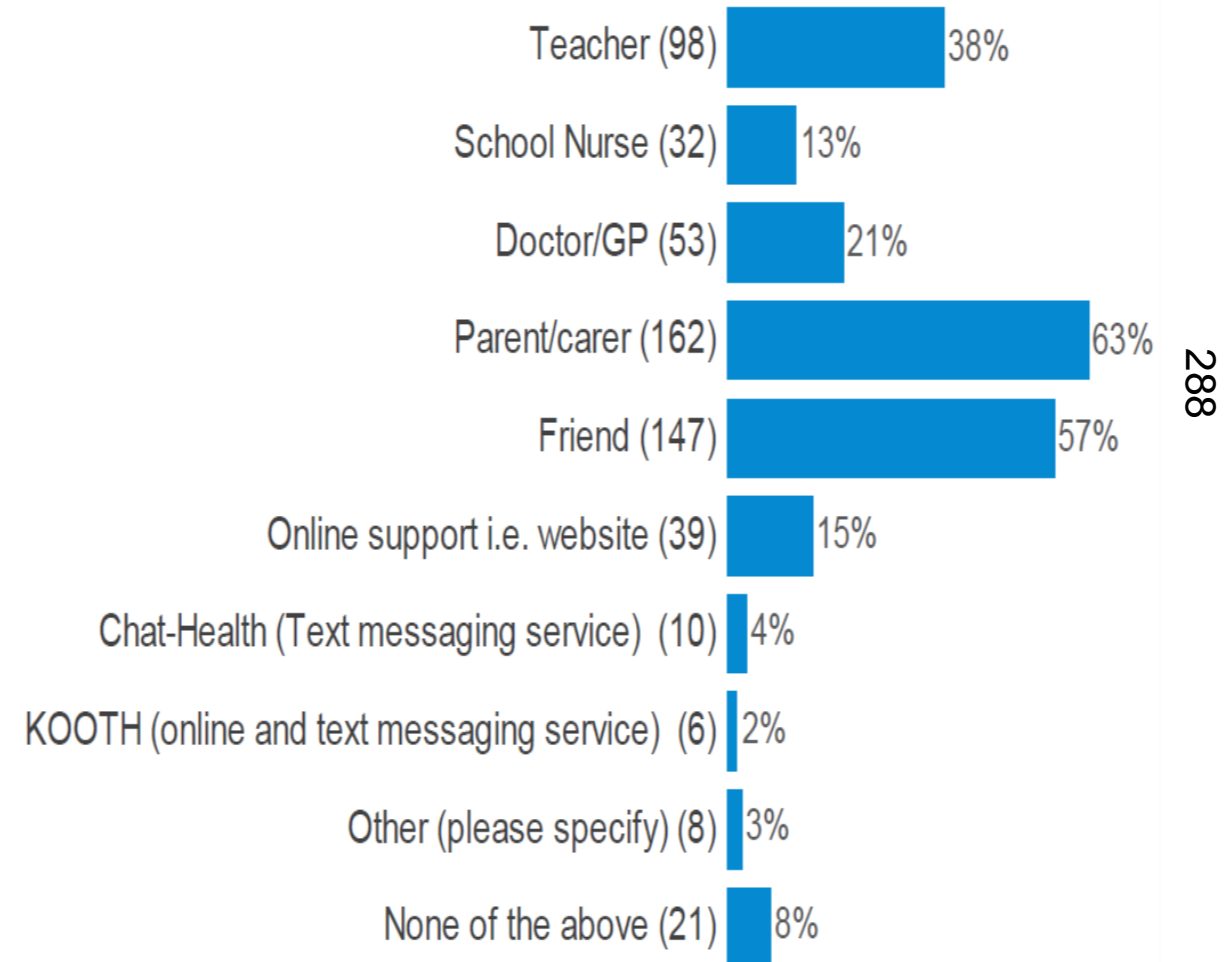
# CYP SNAP-Survey Feedback...

## Total number of response 261

### What health issues are important to you?

- Struggling controlling mood/ mood swings
- Violence issues
- mental disorder education is extremely limited in schools
- Anxiety and Depression
- Eating Disorders
- Hidden disabilities
- Physical Health and self-image issues
- Overall hygiene, practicing good hygiene in general and getting into the routine can positively effect most other health issues
- Sleep
- Asthma

## Where would you go for support?



# Health-Related Behaviour Questionnaire (HRBQ) Feedback...

## Total Number of Responses: 3229

3,229 young people were involved in the survey:

School Year	Year 4	Year 5	Year 6	Year 8	Year 9	Year 10	Total
Age	8-9	9-10	10-11	12-13	13-14	14-15	
Boys	508	165	490	219	43	205	1630
Girls	481	172	472	211	33	149	1518
Total	994	339	992	447	78	377	3229*

\*81 pupils didn't select male or female or their year group.

### Background Secondary:

- 56% of pupils described themselves as White British.
- 70% live with 'mum and dad together',
- 13% said 'mainly or only with mum',
- 6% said they live with 'mum and dad shared'.

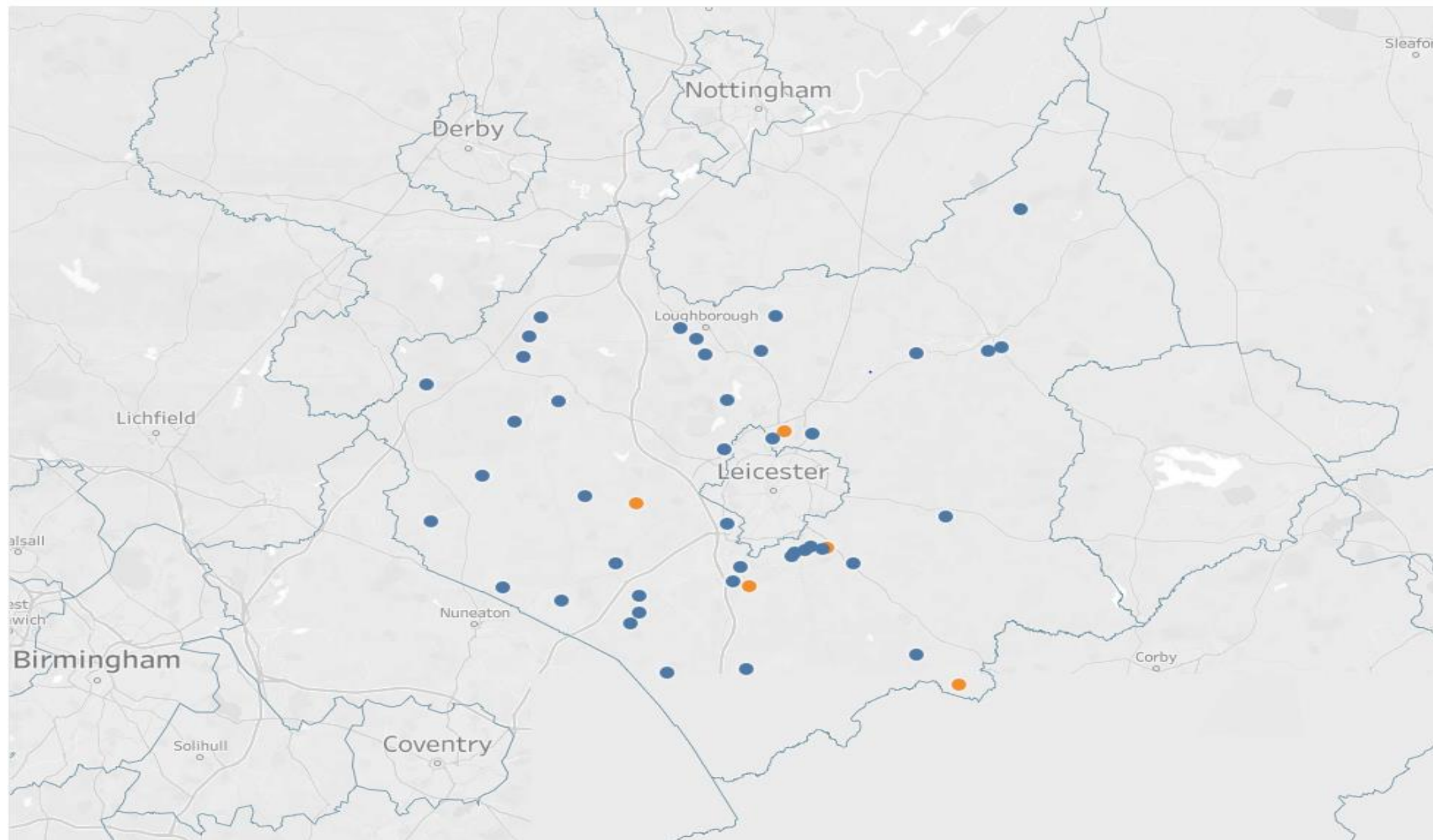
### Background Primary

- 66% of pupils described themselves as White British.
- 8% described themselves as Asian,
- 4% as Mixed,
- 4% as other white and
- 10% didn't know.
- 72% live with both parents together, 11% live with just mum and 8% are shared between mum and dad.

School type



Secondary



# HRBQ findings..

- **The worry score for girls is increasing across the age range. These are percentages of pupils responding they worry 'quite a lot' or 'a lot' about more than five of the issues presented: 37% of Year 6 girls, 46% of Year 8 girls and 49% of Year 10 girls.** Interestingly, the worry score for boys is much lower at 23% of Year 10 boys reporting they worried 'quite a lot' or 'a lot' about more than five of the issues presented.
- 25% of Year 6 pupils worried 'quite a lot' or 'a lot' about 'feeling sad or upset a lot of the time'; 31% of Year 8 pupils and 37% of Year 10 pupils reported the same
- A clear gender difference is apparent with fewer girls recording 'high' levels of self-esteem compared with boys. There appears to be a downward trend for pupils recording a 'high' self-esteem score across the age range, which is more marked for girls
- 32% of Year 6 pupils worried 'quite a lot' or 'a lot' about 'the way they look'; 36% of Year 8 pupils and 42% of Year 10 pupils reported the same.
- 17% of pupils responded that they do not do as much exercise or sport as they want because they are shy in front of others, 15% said they were uncomfortable about their looks.
- When somebody wants them to do something they don't want to do, 51% of pupils said they could 'usually or always' say 'no'. 16% said they were 'rarely' or 'never' able to say 'no'.
- **2% of the Year 6 pupils reported having an alcoholic drink in the week before the survey. 12% of Year 8 pupils and 36% of Year 10 pupils said they had drunk alcohol in the week before the survey.**
- **2% of Year 6 pupils, 10% of Year 8 pupils and 27% of Year 10 pupils reported that they had been offered drugs.**
- **14% of pupils responded that they got less than 5 hours sleep the night before the survey. 28% of pupils worry about getting enough sleep.**

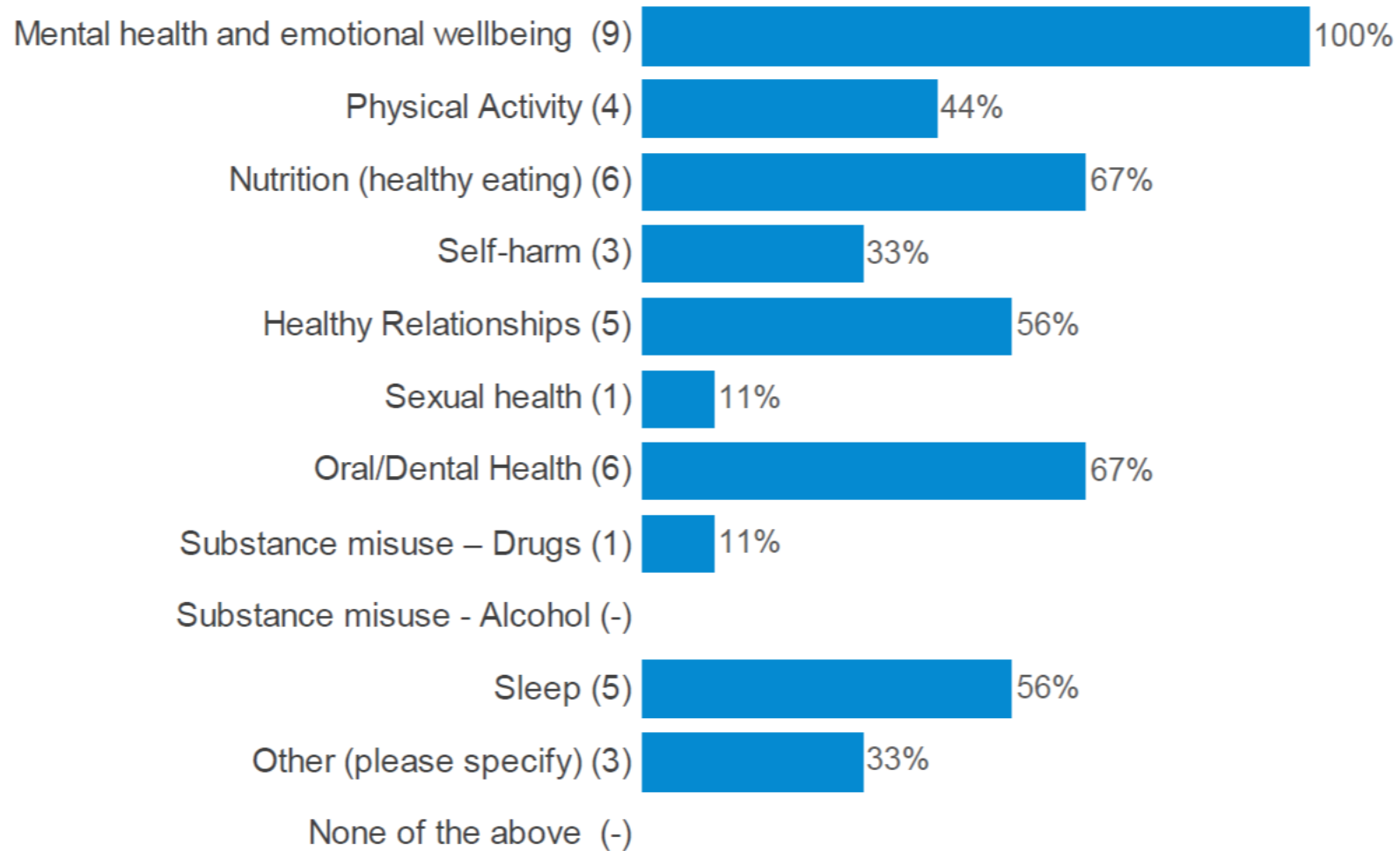
# Secondary Schools Workshop

- Don't know who school nurse is, didn't know we had one.
- Made referrals to school nursing in the past and were declined - 'don't meet thresholds'
- 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.
- Need to speak to someone about health concerns; website or signposting isn't always helpful. Someone on the end of a line to provide guidance.
- Support from Health – mainly to access to Health records.
- Schools are happy on spend their budget on health- QA? How do we know what they're buying in?

# School Heads response

- Support for staff wellbeing:
  - Tips on how to recognise and action when you are feeling over loaded without feeling as if you are letting people down in doing so
  - A counselling service. A self-help guide for staff to refer to. More resource recommendations.
- accessing the right support for the right child.
- Accessing support through experts
- Ensuring materials and personnel are skilled at working with children and young people with learning difficulties or ASD
- Access to an advice and support line
- Access to a health professional/School nurse
- Feedback regarding referrals, prompt response to referrals, notification when responses to parents are made.
- More clubs in schools to get children active and learning about self care.
- More support for mental health and wellbeing e.g. self harm.

# School Heads response: Request for additional help or support





# 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.

# Feedback from Focus groups..(Cycle, Parents SEND Hub, LAFs)

## Cycle Feedback

- Members agreed with the priorities and areas of impact.
  - agree with universal and targeted services, the like the weight issue being raised but also are aware of this as it may cause emotional difficulties for some young people
  - Supporting and reducing obesity will replicate obesity strategy
  - weight issue are a concern for young people as it may cause emotional difficulties for some young people (body image)
  - school meal to be healthy and nutritious.
  - No advertising boards of junk food near to schools, introduction of CYCLE lanes, school engaging with cycling proficiency test, free swimming lessons for all school children

## Voluntary and community sector; Parent SEND Hub; Leicestershire Adoption & Fostering; 1:1 interviews

- Agree with priorities and Impacts Areas overall.
- Would like to see a public health offer for children with SEND in Special Schools as well.
- Care experienced young people should be targeted for additional support
- Include children with 'special guardianship'
- Development of Trauma Disorders are increasing and Trauma Informed Practice isn't clear – what is the LA doing about this?
- LAFs & Parent Hub willing to help with recruitment of staff.
- Support for isolated groups to be reflected.
- Communities are more diverse so need to reflect culturally appropriate services.
- Travellers communities supported with a targeted offer
- Leicestershire is rural isolated communities need better access to services.
- Focus to be on healthy relationships and respect for one another will lead to better rounded children.


# What priorities have been identified through engagement/consultation?

- **Professionals have said:**

- Healthy Lifestyles (physical activity and nutrition)
- Healthy Relationships (intimacy/violence)
- Substance Misuse/Alcohol
- Mental Health/Emotional wellbeing
- Body image, self-esteem, resilience, low mood and anxiety.
- Exploitation
- Sleep

- **CYP have said:**

- As above but additionally
  - Eating Disorders
  - Keeping safe – knife crime and bullying



Trauma  
informed  
approach  
across all  
services.

# High Impact Areas & additional local priorities –

## Review following consultation feedback

**11+**

### **0-11**

#### National Priorities:

1. Supporting Maternal and Family mental health (New)
2. Supporting the transition to parenthood (Current)
3. Supporting breastfeeding (Current)
4. Supporting healthy weight and Nutrition (New)
5. Improving health literacy; reducing accidents and minor illnesses (New)
6. Supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap' (New)

#### Local priorities

7. Supporting Oral Health (New local priority) - keep
8. Supporting reducing Obesity (New local priority)  
Change to - **Achieve and Maintain healthy weight.**

see other priorities from consultation feedback

#### National Priorities:

1. Supporting resilience and wellbeing (Current)
2. Improving health behaviours and reducing risk taking (New)
3. Supporting healthy lifestyles (Current)
4. Supporting vulnerable young people and improving health inequalities (New)
5. Supporting complex and additional health and wellbeing needs (Current)
6. Promoting self-care and improving health literacy (New)

#### Local Priorities:

7. Mental Health and Emotional Wellbeing (building resilience) body image/self-esteem – **Sits under priority 1 however focussed on Body image, self esteem, resilience and include anxiety and low mood.**
8. Healthy Relationships (New local priority) Fits with priority 2 – Healthy Lifestyles **Keep but with a focus on sexual health education and building positive relationships**
9. (physical activity and Nutrition) **fits with priority 3 to take out and amalgamate**
10. Substance misuse/Alcohol (New local priority) **Keep**