



HEALTH AND WELLBEING BOARD: 25TH MAY 2023

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, LEICESTERSHIRE COUNTY COUNCIL

JOINT STRATEGIC NEEDS ASSESSMENT CHAPTERS – CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH AND HEALTH INEQUALITIES

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the ongoing development of the Leicestershire Joint Strategic Needs Assessment (JSNA), and to provide a summary of the headlines, conclusions and recommendations arising from two recent JSNA chapters developed on Children and Young Peoples Mental Health and Health Inequalities.

Recommendations

2. It is recommended that the Health and Wellbeing Board:
 - a) Supports the findings and recommendations of the Children and Young Peoples’ Mental Health Joint Strategic Needs Assessment Chapter and approves the Chapter for publication;
 - b) Supports the findings and recommendations of the Health Inequalities Joint Strategic Needs Assessment Chapter and approves the Chapter for publication.

Policy Framework and Previous Decision

3. The Health and Wellbeing Board considered a report on plans for the development of the new JSNA in 2022, which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time-period on an iterative basis, in line with Integrated Care System (ICS) and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:
 - Subject-specific focused chapters/narrative on an assessment of current and future health and social care needs with recommendations; and
 - Accompanying Tableau data dashboards that are updated on a regular basis to allow users to self-serve high level related data requests.

Background

4. Leicestershire County Council (LCC) and the ICS (previously Clinical Commissioning Groups) have an equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.
5. JSNAs are a continuous process and are an integral part of ICS and local authority commissioning cycles. Health and Wellbeing Boards have a responsibility to decide when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.
6. The purpose of the JSNA is to help improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
7. The JSNA will be used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The local authority, ICS and NHS England's plans for commissioning services will be expected to be informed by the JSNA.
8. The JSNA is a process which assesses the current and future health and wellbeing needs of the population and underpins local planning for health and care services, in particular the development of the Joint Health and Wellbeing Strategy. It will also contribute towards ICS strategy development and involves working with local partners to ensure a broad approach to issues affecting health, including key social and economic determinants of health, where appropriate.
9. Analytical resources were prioritised towards the Covid-19 emergency response effort during 2020/21 and 2021/22 and hence it was not possible to maintain the JSNA refresh process during that time, in common with other areas nationally. However, following the pandemic, work has commenced to assess the data and needs, including Covid-19 impact, across a range of topics. The national 2021 Census detailed data was released from Autumn 2022 onwards and is allowing for refresh of a number of underpinning elements of the JSNA.

JSNA Chapter - Children & Young Peoples Mental Health

10. A copy of the full JSNA Chapter on Children and Young People's Mental Health is included in the link attached - <https://www.lsr-online.org/children-and-young-people-mental1.html>. A summary of the key findings is set out below and a short presentation will be given at the Health and Wellbeing Board meeting.

Summary of JSNA Children and Young Peoples Mental Health Chapter Findings

11. The prevalence of mental health problems in children and young people has increased over recent years. In England in 2022, 18% of 7–16-year-olds and 22% of 17–24-year-olds had a probable mental health disorder; if the same percentages are applied to the Leicestershire 2021 Census population estimate this equates to almost 30,000 children and young people aged 7-24 years old with a probable mental health disorder in Leicestershire.
12. Exposure to adversity in childhood has short and long-term consequences that increase the risk of experiencing mental and physical stress-related health disorders. The type, duration, number and timing of adverse childhood experiences (ACEs) and the presence of exacerbating or protective factors influence how ACEs impact a child's development and mental health.
13. ACEs and mental health problems in childhood can have a range of impacts on future health and wellbeing. These include an increased risk of reduced educational attainment, placement instability, antisocial or risky behaviour, drug and alcohol misuse, teenage pregnancy, and involvement in criminal activity. Further, approximately 1 in 3 mental health problems in adulthood are directly linked to adverse childhood experiences and adulthood mental health problems are associated with a reduced life expectancy of 7 to 25 years.
14. Childhood mental health problems can also impact the health and wellbeing of other members of the family, with severe mental illness increasing the risk of physical and mental health problems, socioeconomic drift and impacts on other children within the household.
15. In addition, there are significant economic costs associated with poor mental health in children and young people, costing the UK approximately £7.15 billion per year for those aged 0-14 years.
16. In Leicestershire, protective factors such as having high self-esteem, participating in physical activity, and having a trusted adult were identified as areas for improvement. In addition, a number of risk factors for mental health problems were identified as high prevalence or affecting a high number of children and young people in Leicestershire. These include deprivation, physical health problems, SEND, children missing education and those home educated, bullying/cyberbullying and prejudice.
17. In addition, there are certain risk groups that are more likely to have been exposed to multiple or prolonged ACEs. They may also be exposed to more exacerbating factors and have less exposure to protective factors. In Leicestershire these groups include – children in care, children in need and on a child protection plan, children whose parents have substance misuse or mental health difficulties or imprisoned, LGBT+ young people, military families, those homeless, exposure to criminal and/or sexual exploitation, domestic violence, UASC and young carers.

18. Across Leicester, Leicestershire and Rutland, referrals to Children and Adolescent Mental Health Services (CAMHS) access have risen since the pandemic and continue to rise. During the pandemic referrals to both mental health services and neurodevelopmental services increased; whilst mental health referrals are returning to baseline, neurodevelopmental referrals continue to be received at a high rate. A similar pattern can be seen in mental health inpatient rates which are higher than might be expected when compared to outpatient referrals rates in Leicestershire.

Summary of Recommendations JSNA Children & Young People Mental Health

19. In collaboration with stakeholder organisations the JSNA Children and Young People's Mental Health Chapter sets out a full list of recommendations (which are available in the full JSNA chapter link below). A summary of the key recommendations includes: -

Supporting children and young people to thrive

- Support and build on the use of the Solihull Approach for professionals working with young children, to enhance the understanding of attachment and how to support it.
- Explore the use of the Five to Thrive model across the local authority, LPT, schools and early year settings to support the development and maintenance of healthy relationships.
- Consider implementing training in social and emotional child development across all professionals who work with children and young people, as per national guidance.
- Continue to support the use of the Ages & Stages Questionnaire: ASQ SE (which includes Social and Emotional Development) at the 2-year check to undertake an emotional and mental wellbeing check of the child and provide appropriate support based on the need identified including signposting and referral to other services, as per the previous JSNA. Work with the ASQ data collected to better understand development at a population level and connect with other commissioned services that support child development.
- Explore the evidence-base for supporting children and young people's self-esteem and consider implementing such a programme to aid self-esteem in children and young people across Leicestershire.
- Continue to work with Active Together Partnership to promote sport and physical activity across the county, including promoting the use of the Moving Medicine to integrate physical activity conversations into clinical care.
- Consider targeted physical activity programmes in specific areas (e.g., those with other risk factors such as high deprivation).
- Consider a targeted physical activity programme for children and young people with long term conditions, including those with mental health conditions.
- Consider collecting data on additional protective factors such as having a good education, someone from the family being in work, having a positive relationship with parents, and social/ community inclusion.

Addressing risk factors

- Identify additional key professional groups that may work with children and young people and their families who are exposed to risk factors (e.g., debt advisors, housing officers, recovery workers, youth workers etc).
- Consider providing training and resources to those identified in recommendation 10 around mental health to aid understanding about what can be done to provide help and support for those who need it.
- Continue the implementation of Trauma-Informed Practice (TIP) across the range of professionals who work children and young people.
- Explore evidence-based programmes to address bullying and cyberbullying, including addressing prejudice such as homophobic, bi-phobic and transphobic bullying (as per national guidance) and discrimination based on ethnicity, religion or beliefs.

Providing additional support to at-risk groups

- Consider including additional groups for prioritised mental health service access (e.g., the Young People's Team), such as children and young people exposed to criminal or sexual exploitation, domestic violence, parental substance misuse, mental health problems or imprisonment, military families and young carers.
- Ensure that service directories and referrals pathways for mental health services are available for Looked After Children who are living outside Leicestershire so that professionals, young people and carers understand what services are available and how to access them.
- Ensure that service directories and referrals pathways for mental health services are available for Looked After Children living in Leicestershire but Looked After by another local authority so that professionals, young people and carers understand what services are available and how to access them.
- Build on partnerships with adult services (e.g., mental health, turning point, domestic violence services) to enable good quality, routine data collection around children and young people affected and ensure that referral pathways are clear and easy to navigate.
- Explore the risks of mental health difficulties in children who identify as LGBT+ and work with mental health services and the VCSE sector to identify specific additional support needs.
- Support the implementation of the Whole Family Relationships service which aims to support families that experience conflict in the home.
- Explore the specific needs of UASC and how the current offer (including from the VCSE sector) supports this need and what additional support might be required.
- Explore the completion rate of the Strength and Difficulties Questionnaires in Looked After Children; consider further investigation of barriers to completion and use this to inform future practice.
- Consider explicitly including groups identified as higher risk in local strategies and plans
- Consider collecting additional data on parental imprisonment.

Connecting, understanding, and enabling services

- Support the development of the service directory and ensure that it is accessible and identifies services available for a wide range of professionals and disseminate it widely. Ensure that an individual is responsible for keeping this up to date.
- Support the development of a service directory that is available to children and young people and their families that details what services are available via self-referral.
- Develop and maintain relationships with VCSE organisations to support use of evidence-based practice, enable potential future collaboration/ partnership working and better understand broader service provision across Leicestershire, including any gaps, to identify future opportunities.
- Support the continued roll-out of Mental Health Support Teams across the County. Collaborate across organisations to ensure that higher risk schools/ areas are identified and prioritised for implementation.
- Support schools to access DfE training grants for senior mental health leads.
- Monitor the First Steps pilot and how this impacts referrals and time taken to be seen.
- Support the ongoing use of the Dynamic Support Pathway to identify concerns early for those with autism and/ or learning disability and prevent further deterioration and escalation.
- Support the neurodevelopmental business case to ensure appropriate services are available and escalations reduced for this cohort.
- Develop and strengthen links with the VCSE sector to support children and young people with neurodevelopmental conditions.
- Continue to work with Autism, neurodevelopmental, and learning disabilities colleagues to encourage a needs-led rather than diagnosis-led system and provide supportive, friendly and inclusive environments for those with autism, neurodevelopmental conditions and learning disabilities.

Supporting Transition from Children's' to Adults' Services

- Support the use of care navigators to support the transition of young people's care from children to adult service.
- Ensure that this is evaluated to understand strengths and weaknesses and identify any additional actions that may be required.
- Consider the feasibility, advantages, and disadvantages of extending the age of transition up to 25.

Exploring areas requiring further investigation

- Anxiety has been identified by professionals as a growing concern in children and young people in Leicestershire, however, there is currently limited data available. Consider investigating how anxiety is impacting children and young people, and how it is changing in Leicestershire.
- Consider investigating the trend in use of cannabis to manage mental health difficulties as described by local professionals. Consider including the use of CBD products within this scope.

20. The JSNA has had significant stakeholder input from a range of different organisations, which has enabled greater understanding of the mental health

landscape and the development of joint recommendations. Building on these established working relationships will be necessary to effectively implement the recommendations set out in this JSNA.

JSNA Health Inequalities Chapter

21. A copy of the full Health Inequalities JSNA Chapter is set out in the link attached - <https://www.lsr-online.org/inequalities.html>. A summary of the findings, conclusions and recommendations is set out in the section below and a short presentation will be given at the Health and Wellbeing Board meeting.

Summary of JSNA Health Inequalities Chapter Findings

22. The JSNA Health Inequalities chapter reviews the evidence base for health inequalities in different populations. It looks at the local evidence of health inequalities using key measures such as life expectancy and healthy life expectancy. It also examines the different measures of poverty and deprivation and who experiences these in Leicestershire.

23. Whilst the local evidence shows that living in an area of high deprivation can reduce life expectancy by up to 9 years, national studies into health inequalities for other at-risk population groups almost always reference the impact that poverty has in compounding the inequality experienced by that group already. For this reason, it may be wise to consider poverty as a way of identifying those at higher risk within each of the population groups below.

24. The groups at risk of facing health inequalities in Leicestershire are:

- People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- People with a disability, including people with a learning disability
- People who are homeless
- Victims of modern slavery
- Sex workers
- Vulnerable migrants
- Carers
- People with severe mental illness
- Prisoners
- People who have experienced trauma
- Looked after children and care experienced adults
- People living in poverty/deprivation
- A complex picture was identified around race and ethnicity but evidence of health inequalities being most common for people who are Bangladeshi, Pakistani or Gypsy or Irish Travellers.

25. Whilst these population groups represent areas of focus for health inequalities, it is important to remember that the risk increases when someone belongs to more than one of these groups. This intersectionality of populations is where we see the greatest risk and where we must always go looking in terms of preventing the worst health inequalities.

26. When looking at health inequalities in Leicestershire, it is vital to examine differences that exist in neighbourhoods. On a whole County scale, Leicestershire is a relatively healthy and wealthy neighbour to the City of Leicester. However, this masks wide variation at a neighbourhood level with some communities experiencing the best health outcomes and others the worst. Through examining available data at a neighbourhood level, we can start to identify neighbourhoods at higher risk of health inequalities. Identifying these neighbourhoods is important as it helps to focus resource and efforts on prevention in order to reduce risk.

Summary of Recommendations JSNA Health Inequalities Chapter

27. As a result of findings and analysis from the JSNA Health Inequalities chapter a range of recommendations have been developed in the style of an action plan with responsible organisations and timescales established, full details of which are available in the full JSNA chapter. The below are the summarised recommendations.

Agreeing our populations and neighbourhoods of concern

- The JSNA chapter helps to identify some of the key populations and neighbourhoods of concern across Leicestershire. Identifying these populations enables partners to acknowledge the greater risk of them facing health inequalities and the additional barriers they may face in accessing services. All partners with investment in preventing health inequalities should acknowledge the populations at higher risk and consider how they will respond to the specific needs and barriers faced by these populations.

Focussing our efforts and prioritising these populations and neighbourhoods

- As opportunities arise for new provision, or improvement of services, need should be rationalised, and resource prioritised to ensure we consider those at greatest risk of health inequalities in our approach.

Consider the access needs of our priority population groups and adjust our services to meet them.

- Consider carrying out Health Equity Audits or other similar assessments, and/or Population Health Management analysis on take up for all preventative service areas (at all tiers), considering those population groups identified and identifying any groups facing health inequalities in that specific area of work (which may be different to those groups facing wide scale health inequalities as identified in this chapter). Where assessments identify negative impacts or populations where a more focussed approach would be beneficial, work should take place to address this and re-focus provision.
- Consider further work focussing on the most common causes of death between the least and most deprived in Leicestershire (i.e., cancer for women and circulatory conditions for men) to better understand what may be driving inequalities in these causes of death in Leicestershire and what could be done to narrow this gap. This should consider focussed work with those populations most at risk of health inequalities.
- Consider engagement with populations identified in section 2 of the chapter to better understand the local issues and drivers of health inequalities and how we

might collectively improve the experiences of these populations. This should link to the other recommended work set out above to inform findings and recommended action.

Use our positions as a sector to maximise the opportunities to address health inequalities

- Continue to identify opportunities to reduce health inequalities through our work as anchor organisations. Opportunities include the use of social value achieved through procurement exercises which could be targeted towards at risk populations and employment initiatives that promote opportunities and positive action for at risk groups such as care experienced people or those with learning difficulties or disabilities. Positive action to support people from areas of high deprivation and lower educational achievement into skills development, volunteering and employment and providing opportunities for progression to support social mobility should also be implemented.
- Continue to lead and support boards and groups focussing on health inequalities or populations at risk, alongside those focussed on the cost-of-living challenges. These partnership approaches should continue to target health inequalities, the drivers and the challenges faced by these populations and build a more specific and detailed picture for these populations.
- Continue to implement the Leicestershire Joint Health and Wellbeing Strategy as a key place document with focus on health inequalities and the drivers of these as well as a focus on the Marmot goals.

Create and make the most of opportunities to reduce health inequalities

- Ensure Leicestershire County Council's Health in all Policies approach considers the populations and areas most at risk of health inequalities to ensure this forms part of cross council decision making.
- Consider developing a toolkit for interested agencies to use, offering practical steps to start addressing health inequalities in their work in a scalable way.
- Continue to promote Making Every Contact Count + and take up of the local 'Healthy Conversation Skills' training and other, similar programmes to ensure anyone coming into contact with people more likely to experience health inequalities is able to support them in improving their outcomes

Further exploration of health inequalities for some populations and conditions

- Needs assessments should be considered for people with a disability and carers as the estimated largest populations facing health inequalities in Leicestershire. People with a learning disability should be considered for early work given evidence also suggests they face some of the most years of life lost.
- Further targeted work or needs assessments could also be considered for those population groups where evidence exists for them losing years of life as a result of health inequalities. These should explore the drivers of these inequalities.
- Carry out an access to services JSNA chapter (as planned for 2023/24), including a look at access for those population groups identified in section 2 of this JSNA chapter. This should include further analysis of access to University Hospitals of Leicester amongst other services, helping to build on initial action to address emerging patterns of differential experience and outcomes.

Consultation and Patient/Public Involvement

28. The JSNA Chapters draw on a wide range of research and consultation evidence in forming their conclusions. Further details are set out in the detailed chapters attached in the links to the report.

Resource Implications

29. The recommendations in the report and JSNA Chapters are aimed at informing commissioning plans and associated budgeting processes for relevant health and care agencies. Particular recommendations may well have implications for the prioritisation of budgets across services.

Circulation Under Local Issues Procedure

None

Appendices

30. Appendix A – Children and Young People’s Mental Health Joint Strategic Needs Assessment Presentation

31. Appendix B – Health Inequalities JSNA Presentation

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Relevant Impact Assessments

Equality and Human Rights Implications

32. The JSNA chapters take due regard to the equality and human rights of different population groups. In particular, the Health Inequalities Chapter examines sources of inequalities and recommendations are designed to help alleviate issues created through identified Inequalities.

Partnership Working and Associated Issues

33. A large range of partner organisations are involved in the support and care of young people with mental health issues, these organisations have been consulted to understand the local mental health landscape as members of the Task and Finish Group for the chapter and have helped shape the recommendations resulting from the chapter.

34. Health Inequalities affect all aspects of support and care as such a large range of organisations have been involved in the development of the chapter. The recommendations of the chapter have been developed as an action plan with partner organisations responsible noted.