Appendix A: Review Findings and Preferred Model for Children's Health Services

Section 1. Review Findings

Set out below are a variety of findings of the review to date relating to children's health services.

1a. Statutory Duties

Under the Health and Social Care Act 2012, upper-tier local authorities are responsible for improving the health of their local population. Local authorities hold an array of statutory duties for children, including:

- Establishing arrangements to reduce child poverty.
- Promoting the interests of children in the development of health and wellbeing strategies.
- Leading partners and the public to ensure children are safeguarded and their welfare promoted.
- Driving the high educational achievement of all children.
- Leading, promoting and creating opportunities for cooperation with partners to improve the wellbeing of young people.

Health Visiting

Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, certain services are required to be delivered by the Council. These Regulations have recently been amended to include Health Visiting services during the period 1 October 2015 to 31 March 2017.

A universal Health Visitor review must be provided at 5 mandated points (28+weeks pregnancy, 1-14 days, 6-8 weeks, 9-15 months and 2-2 ½ years). A review must be carried out by a Health Visitor or suitably qualified health professional e.g. nursery nurse or family nurse. The Secretary of State must review this by 31 March 2017 and there is a possibility that this will not be a statutory requirement after this time.

National Child Measurement Programme

A healthcare professional must oversee the programme of annual height and weight measurement of children in Reception and Year 6 in the locality. Data must be returned to the Health and Social Care Information Centre. This is currently delivered by the School Nursing Service.

The preferred service model for children's health services continues to uphold the delivery of the Council's statutory duties.

1b. Needs Summary

An analysis of data and trends was undertaken in April 2015. This data was used to help inform service model options. Below are some key highlights (data source references are available on request):

Profile of Children and Young People in Lincolnshire

- 22% of Lincolnshire's population (157,862/731,516) are estimated to be aged between 0 and 19 and this is projected to increase by 7.09% by 2025 with biggest increases of around 10% in Boston and North Kesteven. The 5-11 age group is projected to increase the most (13.6% increase by 2025).
- Approximately 11.71% of people in Lincolnshire (84,863/724,453) live within the 20% most deprived areas nationally. This is significantly lower than both the England (20.44%) and East Midlands (16.98%) averages. Lincoln and East Lindsey districts have the highest percentage of people living in the 20% most deprived areas nationally. There are 29 Lower Super Output Areas (LSOAs) in Lincolnshire that are in the top 10% most deprived nationally.
- Across Lincolnshire 16.53% of children aged under 16 are living in low income households. This is lower than the national average for England (19.2%). Lincoln City district has the highest district percentage of children living in low income families with 23.50% aged under 16s. Ingoldmells ward in East Lindsey has the highest ward percentage of under 16s living in low income families with 49.6%. There are a further 12 wards with greater than 30% of all children living in low income families.
- Overall in Lincolnshire 3.2% of households have one or more dependent children whilst there are no adults in employment living in the household. This is better than the 4.2% average for England.
- Overall in Lincolnshire 4.2% of households have one or more dependent children where at least one adult living in the household has a long-term health problem or disability. This is better than the 4.6% average for England.
- At the time of the last national census, there were 32,804 lone parent families in Lincolnshire.
- Across Lincolnshire in 2015, there were 8% of pupils with English as a second language. Boston was the district with the highest number of pupils with English as a second language with 27%. Central ward in Boston has the highest number of pupils with English as a second language with 65%.
- In 2015 11% of school pupils in Lincolnshire were Black Minority Ethnic (BME). The district with the highest number in Lincolnshire is Boston with 27%. Whilst Central ward in Boston, with 61%, and several other wards in Boston had high percentages of BME pupils, Abbey ward in Lincoln had the highest actual number of BME pupils in one ward with 530.
- Overall, there are 3% of pupils in Lincolnshire with a Special Educational Needs (SEN) Statement.
- As at 31st May 2015, Fenside ward in Boston had the greatest number of Children in Protection. East Lindsey district had the highest number of children in need as well as open Team Around the Child assessments.

Children's Public Health Data

- The overall breastfeeding initiation rate for Lincolnshire in 2013/14 was 75.24%. This was better than both the England (73.93%) and East Midlands (71.91%) averages. At a district level the highest breastfeeding initiation rates were in Boston (84.50%) and South Holland (78.42%) whilst the lowest were Lincoln (67.02%) and West Lindsey (69.72%).

- Across Lincolnshire in 2014/15, approximately 38% of infants were continuing to be breastfed (totally or partially) at 6-8 weeks. This is lower than the average for East Midlands, which was 44.4% and Lincolnshire is the lowest in the region.
- Across Lincolnshire in 2013/14, 14.88% of women were smoking at time of delivery; this is worse than the England average (11.99%) but better than the East Midlands average (15.09%). The highest rates of smoking at time of delivery were in Boston and East Lindsey (both 21.90%).
- The prevalence of pregnant women booking in at Lincoln County Hospital classed as obese with a BMI >30kg/m2 is 18.4% and at Boston Pilgrim Hospital is 23.8%.
- Overall in 2013/14, 9.7% of children in Lincolnshire were measured as being obese at the end of reception year. This was highest in South Holland (13.3%). 18.56% of Year 6 children in Lincolnshire were measured as being obese. This was highest in Boston (27.07%). This was worse than the East Midlands region average (18.09%) but better than the overall average for England (19.09%). In 2014/15, 5% of reception age children in Lincolnshire schools were measured as being very overweight, with a further 9% of children measured as being overweight. 12% of year 6 children in Lincolnshire schools were measured as being very overweight, with a further 14% of children measured as being overweight. Of the schools measured in 2014/15 in Lincolnshire, 39 schools had over 30% or more pupils who were overweight or very overweight.
- Across Lincolnshire in 2013, the rate of under 18 conceptions per 1,000 females aged 15-17 was 27.01. This was higher than the average rates for both England (24.35) and the East Midlands region (24.58). The highest rate was in Lincoln, with 36.56.
- Overall between 2011 and 2013, the infant mortality rate per 1,000 live births in Lincolnshire was 4.30. This was slightly higher than both the East Midlands region average (4.20) and England average (3.98). The infant mortality rate was highest in West Lindsey (5.61).
- Across Lincolnshire, the average rate per 100,000 young people under 18 for alcohol-specific hospital stays was 40.74. This was higher than both the England (40.05) and East Midlands (33.79) averages. At a district level, the highest rates in the county were East Lindsey (54.04) and South Holland (52.92).

Summary:

- Lincolnshire's 0-19 population is increasing and this must be considered in the capacity available to deliver services.
- Generally fewer children in Lincolnshire live in deprived areas, low income families or where there is no employed adult in the home, compared to the national average, but there are pockets of significant deprivation in the county where more targeted support may be needed.
- In some parts of the county there are high numbers of children where English is their second language and supporting these children and their families to access services will need specific consideration.
- Breastfeeding initiation in Lincolnshire is generally good but the number of women sustaining breastfeeding beyond 6-8 weeks is poor which indicates that they need more support.
- The number of women smoking at time of delivery in Lincolnshire is high and given the significant health implications of this, more needs to be done to

address this.

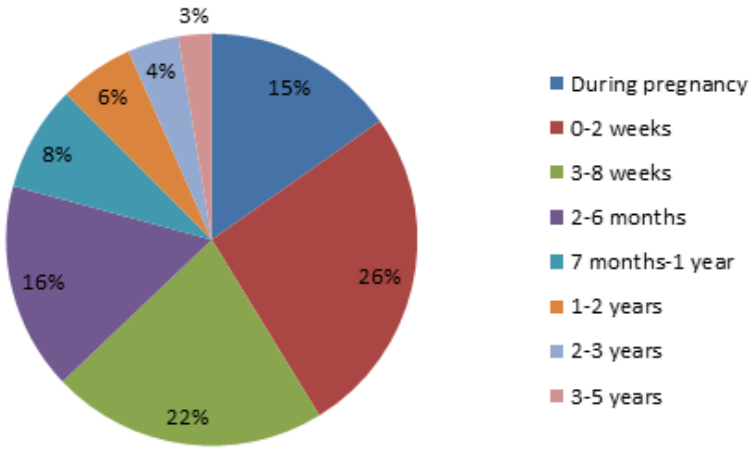
- Worrying numbers of pregnant women in Lincolnshire are obese and anecdotally this is known to be increasing in volume and severity. There are significant risk factors for the mother and baby. Preventative work is needed and targeted work needs to take place to support mothers to manage their weight during pregnancy and raise their children to live a healthy lifestyle.
- The number of children presenting as overweight or obese is worse than the national average and there are some areas where this is significantly worse. A preventative approach to tackling this issue is needed.
- Teenage pregnancy rates are higher in Lincolnshire compared to national and regional averages, given the known vulnerabilities of this group indications are more prevention and parenting support may be needed.
- Rates of young people needing to be hospitalised for alcohol specific reasons is higher in Lincolnshire compared to national and regional averages which indicates more prevention support may be needed.

1c. Engagement Results

Between October and December 2015, public and professionals were engaged to understand their views of the services being reviewed. In total, more than 1,200 responses were received to questionnaires. Engagement events were also run with current providers, the wider provider market, Children's Services Team Managers, Children's Services locality staff, schools and pupils. Shadowing of services was also undertaken.

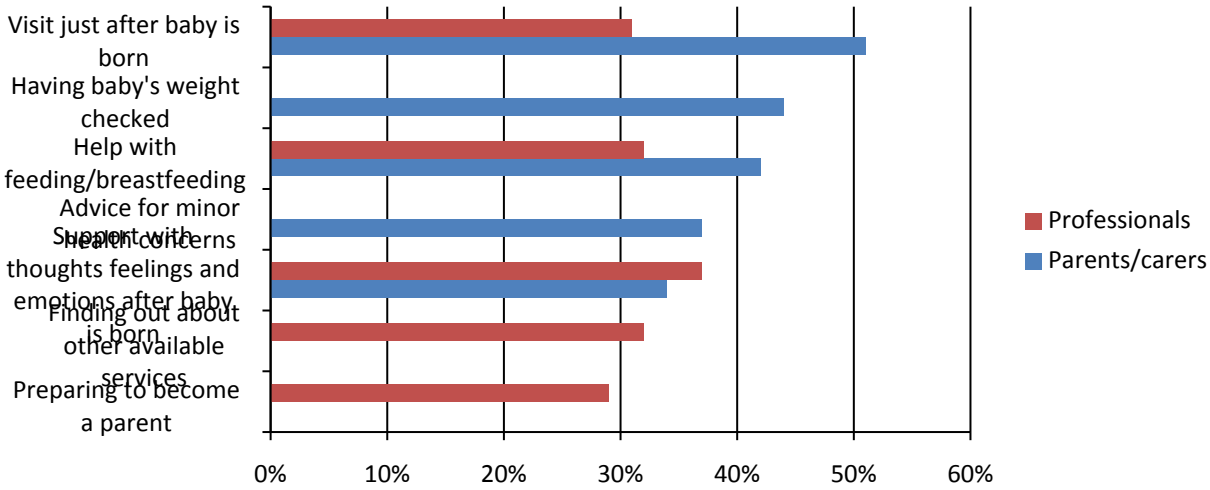
Children's Health Aged 0-5

- The stage parents/carers and professionals think the most support is needed:



During the early years of childhood (0-5) parents/carers and professionals felt families needed the most support during pregnancy up to 1 year (87%), of which 63% was only up until 8 weeks.

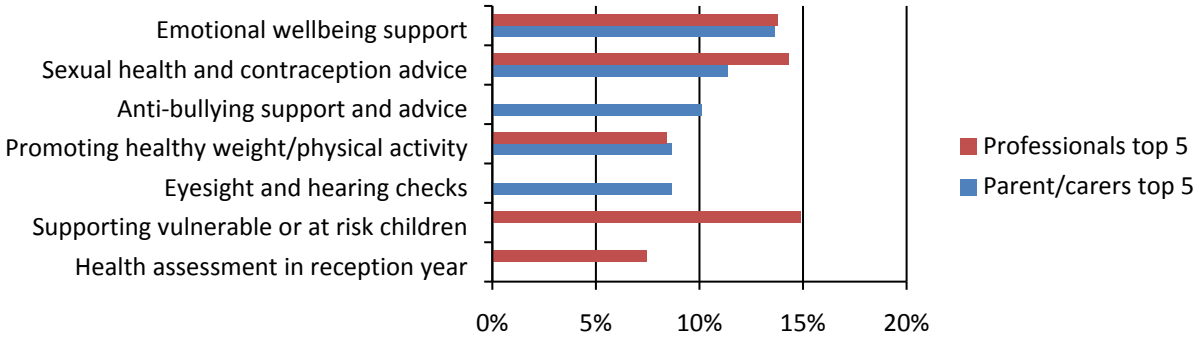
- The five most important areas of service for parents/carers and professionals are:



- Slightly more parents/carers and professionals who responded said it is more important to see the same Health Visitor (55%) rather than see a different Health Visitor and wait less (45%).
- When asked what could further improve the Health Visiting service the most common responses from parents/carers were making it easier to contact /access Health Visitors, drop-in clinics and more contact in the first year.
- Over 60% of respondents would prefer to have their visit just after baby is born in the home, but for all other checks there was a greater willingness for these to be in other venues, such as children's centres, GP surgeries, community venues and schools/nurseries.
- 61% would prefer for Health Visitor reviews to be undertaken on weekdays between 9am to 5pm, with 33% preferring extended weekday availability.

Children's Health Age 5-19 (25 SEND)

- Parent/carer and professional respondents combined said that the children need the most health related advice and support at age 13-16 in Years 9-11 (32%) and age 4-6 in Reception and Year 1 (23%).
- Parents/carers responded that children were very or fairly likely to talk to them about a health problem or concern (96%) or another family member (78%) or friend (77%), before talking to a professional such as a GP (75%), Teacher (56%) or School Nurse (50%).
- The five most important health related services and support for school age children:



- When asked what could further improve the School Nursing service the most common responses from parents/carers were to have more School Nurses, for

School Nurses to be in school more and have a greater presence in schools, for parents and children to be aware of what a School Nurse actually does, to have a drop-in service and to be more accessible.

- Besides school (19%), the biggest response for where School Nursing services should be offered is GP surgeries and local health centres (13%) through individual appointments (12%) and drop-in sessions (12%).
- A third of responses from parents/carers indicated that they think children would prefer to receive School Nursing services during the school day, with almost a third showing that after school (before 6pm) would also be an option.
- More respondents said it is most important for individuals to be able to see a School Nurse confidentially to discuss health problems or concerns (69%) rather than receiving general information as a group (31%).

Summary:

- Families need the most support with and for their children in early childhood during pregnancy and through the first year. The five most important areas of Health Visiting that people identified also fell into this timeframe. Parents value drop-in clinics and easy access to a Health Visiting service.
- School aged children need the most health related advice and support at age 13-16 and age 4-6. Some of the most important areas families want support with are during these ages e.g. health assessment in Reception, eyesight and hearing checks at school entry, sexual health and contraception advice. Emotional wellbeing and anti-bullying support and promoting healthy weight and physical exercise cut across the whole age range. Having greater access to support is a common theme. Families would prefer children to access support during the school day or after school and think it is most important children see someone confidentially to discuss individual issues rather than rather than receiving general information as a group.

1d. Evidence

Focus on the first 1001 Critical Days

Local engagement feedback from parents/carers and professionals cites very early childhood (0-1) as the key time when families want and need the most support. Evidence is also clear that good parenting during the first 1001 days of a child's life can have a significant positive impact on later life chances. As such, in designing service models this has been a key focus.

Evidence summary:

- From birth to age 18 months, connections in the brain are created at a rate of one million per second. The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health. Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is vitally important, and enables babies to achieve the best start in life.
- A foetus or baby exposed to toxic stress can have their responses to stress (cortisol) distorted in later life. This early stress can come from the mother suffering from symptoms of depression or anxiety, having a bad relationship with her partner, or an external trauma such as bereavement.

- International studies show that when a baby's development falls behind the norm during the first year of life, it is then much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start.
- Attachment is the bond between a baby and its caregiver/s. There is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of their attachment.
- Babies are disproportionately vulnerable to abuse and neglect. In England they are seven times more likely to be killed than older children. Around 26% of babies (198,000) in the UK are estimated to be living within complex family situations, of heightened risk where there are problems such as substance misuse, mental illness or domestic violence. 36% of serious case reviews involve a baby under one.
- At least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life.
- Every child deserves an equal opportunity to lead a healthy and fulfilling life, and with the right kind of early intervention, there is every opportunity for secure parent infant attachments to be developed.

Antenatal Education

Antenatal Education was a recurrent theme in all focus groups run with professionals who strongly felt a universal offer is needed in Lincolnshire that is delivered in an integrated way with midwifery, health visiting and early years services to aid the prevention of poor parenting practice, increase general understanding about the importance of attachment and play at to identify early where people may be likely to struggle and need extra support. There is some solid evidence of the positive impact of antenatal education in helping to manage and reduce maternal anxiety and depression during pregnancy and early childhood, leading to improved coping, greater partner support and a better birth experience.

Evidence summary:

- Improved maternal mental health (National Childbirth Trust, 2010)
- Increased mental preparation for childbirth among pregnant women (Koehn, 2008)
- Decreased use of epidural anaesthesia during childbirth (Ferguson, Davis & Brown, 2013)
- An increased likelihood of arriving at the hospital in active labour (Ferguson, Davis and Brown, 2013)
- Increased breastfeeding initiation and continuation (Schrader-McMillan, Barlow & Redshaw, 2009)
- Greater satisfaction with the couple and parent-infant relationships after birth (National Childbirth Trust, 2010)
- (The University of Warwick (Schrader McMillan et al. 2009):
    - Antenatal education has a role to play in improving knowledge of and preparation for parenthood.
    - Participation in antenatal preparation courses is associated with higher satisfaction with the birth experience.
    - Antenatal preparation courses can lead mothers and fathers to adopt a range of healthy behaviours that affect pregnancy, birth and early

parenthood (as well as their own health), such as eating more healthily, cutting down or stopping smoking and taking more exercise.
    - Group-based programmes have high levels of consumer satisfaction, partly because they offer parents the opportunity to develop supportive social networks with their peers.

Implications for the new children's health service:

- Families and professionals have told us how important they feel it is to provide good universal support and enhanced targeted support during very early childhood because of the positive impact it can have on the rest of a child's and families lives. Evidence backs this up.

1e. Equality Impact Assessment (EIA) Questionnaire Feedback

In June and July 2016, public and professionals were asked what they think any impacts might be of planned changes to services, particularly for people with protected characteristics. A summary of feedback is below:

- 165 responses were received to the EIA questionnaire for parents and professionals:
    - Between 61.8% and 80.6% of respondents to each question felt that changes would not impact them or their family.
    - The main responses for what protected characteristics the changes would impact were age, disability and pregnancy/maternity.
    - For early years and health visiting service changes, around three quarters of those who felt they would be impacted thought the changes were mainly positive;
        - Key themes for why people felt these changes were mainly positive were consistent and joined-up services, more activities/use of children's centres, easier access to services and more support.
    - For school nursing service changes, around half to three quarters of those who felt they would be impacted thought the changes were mainly negative;
        - Key themes for why people felt these changes were mainly negative were lack of specialist support from a school nurse for school-aged children, risk to delivery of Healthy Child Programme 5-19, no face-to-face support/drop-ins, impact on GPs/schools to pick up more support and problems not being identified.
    - For emotional wellbeing service changes, almost 60% of those who felt they would be impacted thought the changes were mainly positive, with 20% thinking they were mainly negative and 20% didn't know;
        - Key themes for why people felt these changes were mainly positive were meeting the gap between school nurse/GP support and CAMHS and having more mental health support, however there were concerns over internet access to online support and not losing face-to-face support where needed.
- 93 responses were received to the EIA questionnaire for children and young people; however a number of comments indicate responses were also received from parents and professionals:
    - Between 73.1% and 83.9% of respondents to each question felt that changes would not affect them.

- The main responses for what protected characteristic the changes would affect were age.
- For school nursing service changes, around two thirds to three quarters of those who felt they would be affected thought the changes were mainly bad;
    - Key themes for why people felt these changes were mainly bad were having had positive experiences with school nurses, wanting face-to-face support and confidentiality.
- For emotional wellbeing service changes, 52% of those who felt they would be affected thought the changes were mainly good, with 32% thinking they were mainly bad and 16% didn't know;
    - Key themes for why people felt these changes were mainly good were having a specialist service, and being able to talk to professionals about their problems.

Implications for the new children's health service:

- Feedback from the EIA questionnaire has been used to update the draft 'Early Years and 0-6 Health Services' and 'Emotional Wellbeing and 6-19 Health Services' EIA documents which are attached at Appendix B. Within these EIA's details of mitigating actions are set out. There is nothing raised that would suggest the planned changes to services are fundamentally flawed and required further significant change. There are some impacts identified that will be considered further as part of service specification development.

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