

**Sub Regional health and wellbeing priorities for children**  
**Report by the LLR Statutory Directors of Children's Services**  
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*Strategic Director, Social Care and Education, Leicester City Council*  
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## **Introduction**

The following report highlights the key health and wellbeing priorities for children and young people across Leicester, Leicestershire and Rutland as a whole:-

- Prevention
- Mental Health
- Special Educational Needs and Disabilities

The report also sets out proposed governance arrangements for the LLR Children's System.

## **Recommendations**

The Board is asked to:

- Note and comment on the key priorities for children and young people
- Note and support the proposed governance arrangements

## **Priority Areas**

There is clear evidence that the full spectrum of more intensive services for children and young people across LLR are seeing a significant increase in demand, whether in the form of requests for Education, Health, and Care Plans (EHCPs), referrals for Children in Need of social care or mental health support, or urgent and emergency care. This appears to be driven by a combination of factors associated with the social and psychological impact of lockdown, the cost-of-living crisis, and the withdrawal of some services during the pandemic with the resulting deterioration in individuals' condition.

Not only does this represent a significant impact on the LLR population in terms of poor life experience and the potential for ongoing dependence on services, the increase in demand is pushing many of these services to the brink in terms of their capacity, while the associated costs are threatening the financial stability of all partners across the health and care system.

In these circumstances, the three DCSs believe that there is a powerful argument for shared action across the LLR system to address these issues in a coordinated manner. Although they are expressed in different ways in each of the three Places, our view is that the issues themselves are common across the whole of LLR. Based on our analysis of the position, and having regard to the emerging LLR Health & Wellbeing Strategy, it is suggested that there are three priority areas for shared action: prevention, mental health, and SEND.

### **Prevention**

#### **Why is this a priority?**

Preventing children and young people from reaching the stage where they need health and social care specialist services is a key priority to reduce demand in the system. The three levels of prevention, from universal to tertiary, are all critically important to improving children and young people health and wellbeing outcomes. Responding to the needs of children and young people earlier will enable them to be resilient and will thereby reduce the need for more costly interventions in health and social care (including SEND) in the future.

The pandemic has exacerbated the need or highlighted further where targeted support is needed. The trauma experienced by young people has increased, resulting in increased anxiety, low mood and low self-esteem.

### **What are the opportunities?**

- A Population Health management approach to children and young people offers coherence across the range of initiatives
- Dental services are lacking, with a need for more NHS dental capacity which could impact on future oral health, which in turn has significant impact on wider health and wellbeing
- Trauma Informed Practice weaved into all services
- More access to existing services, such as CAMHS
- Services to support children with eating disorders
- Special school nursing services
- Integration of services and resources to support children and young people at a preventive stage – exploration of a ‘Better Care Fund for Children’
- ‘Whole family’ approaches across the partnership
- Specific focus on areas where children and young people require a multi-agency input where there is no single agency currently responsible (e.g tier 4 step downs)

### **Emotional Wellbeing and Mental Health**

In the last three years, the likelihood of young people having a mental health problem has increased by 50% (Mental Health of Children and Young Peoples in England, 2020, NHS Digital, 22.10.20). 52% of 17- to 23-year-olds have experienced a deterioration in mental health in the last five years (First Port of Call, The Children’s Society, 18 June 2021). 1 in 6 children aged 5-16 are likely to have a mental health problem (Mental Health of Children and Young People in England, 2020, NHS Digital, 22.10.20)

We know that the children we work with are more likely to experience trauma and therefore more likely to experience associated issues, such as Mental Health issues, which can have a detrimental effect on their development, wellbeing and outcomes.

Learning from recent case reviews in 2017 -2018 and from analysis by the Child Death Overview process (CDOP) has highlighted the incidence of self-harm and suicide in teenagers with identification of a number of risk factors.

Self-harm is a common behaviour in children and young people, affecting around one in 12 Peoples, with 10% of 15-16 year olds self-harming at any time (Young Minds, 2018). Published prevalence data of adolescents in England found that 15% had self-harmed at some point (Morey et al, 2017) and that the average age of starting self-harm was 13yrs (Gillies et al,2018)

Toxic stress can damage brain architecture and increase the likelihood that significant mental health problems will emerge either quickly or years later. Because of its enduring effects on brain development and other organ systems, toxic stress can impair school

readiness, academic achievement, and both physical and mental health throughout the lifespan. Circumstances associated with family stress, such as persistent poverty, may elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect, domestic violence, or parental mental health or substance abuse problems are particularly vulnerable.

Even when children have been removed from traumatising circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. When children overcome these burdens, they have typically been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

It is essential to treat young children's mental health problems within the context of their families, homes, and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live. When these relationships are abusive, threatening, chronically neglectful, or otherwise psychologically harmful, they are a potent risk factor for the development of early mental health problems. In contrast, when relationships are reliably responsive and supportive, they can actually buffer young children from the adverse effects of other stressors. Therefore, reducing the stressors affecting children requires addressing the stresses on their families.

#### **What are the opportunities?**

- Development of a whole system approach to Children's Mental Health services that is adequately resourced.
- Better transition from CAMHS to adult Mental Health services.
- Development of a 0-25 CAMHS offer for care experienced children and young people to prevent impact of poor transition and limited trauma informed responses and intervention from adult services.
- An understanding of the needs of the cohort who were with CAMHS, but who are not eligible for a transition to adult Mental Health Services, and whether there is a gap in provision here too.

#### **Special Educational Needs and Disabilities.**

##### **Why is this a priority?**

Children with SEN or a Disability are amongst the most vulnerable children in our communities and often have additional physical or mental health needs. Special Educational Needs requires a multiagency response in order to ensure early targeted support for children. In the post-covid period there can be particular issues around anxiety and mental health. There are also rising numbers of children on the Neuro-developmental Pathway or with a diagnosis of autism. Post covid there appears to be a significant increase both in the number of requests for an EHCP and in the number of early years children requiring EHC Needs Assessment and special school provision.

There is an increased challenge around school refusal, children missing education and requests for elective education or packages of support outside of the mainstream system. Many of these children have health needs that mean they are unable to access education without support.

##### **What are the opportunities?**

- Support for children on the Neurodevelopmental Pathway, including pre-diagnosis, diagnosis and post diagnosis.
- Joint commissioning arrangements for children with complex needs
- Sufficient Designated Clinical Officer ( DCO) capacity in Health. Capacity is needed to continue to attend key decision-making panels and to provide expert health advice at Tribunals, including where child not meeting threshold for Health input but parents presenting private health reports that require informed challenge or input.
- Joint working through the LLR SEND Joint Commissioning Strategy.
- Pooled resources and budgets to meet the needs of children with SEND

## **Impact**

Some impacts will only become clear some years into the future. To measure shorter-term changes, we will use data, wherever possible, that is already regularly collated. Broad impacts to be expected include:

- Understanding of the gaps in service for children and young people helps to inform the design of future services and how these will be funded.
- Adverse Childhood Experiences have less impact on children and families - through prevention and support to manage/recover – thereby reducing demand for acute services.
- Family Hubs operating 0 to 19 (25 yrs. SEND), seamless and integrated services for families in place and well used. Families and professionals are clear on what is available from the 'start for life' offer, what this is for and how it can be accessed.
- Improved dental care access for children and young people, thereby reducing longer-term health problems
- Children with additional or special educational needs are better supported with responses that are tailored to them. This includes robust joint commissioning arrangements. This will reduce the likelihood of crises and the intensive provision this often then demands
- Children with SEND are having their health checks in a timely fashion, reducing the emergence of more serious health conditions.
- More families and young Peoples find it easier to get the mental health support they need and in a more timely fashion, reducing the need for higher cost specialist services.
- Local services for mental health are clearly defined, well understood, timely and delivered closer to home where possible.

## **Governance**

In order to drive the work for children and young people across the system it is proposed that a monthly Children and Young Peoples Collaborative is established. The Children and Young Peoples Collaborative will promote joint and integrated working between partner organisations at a strategic system level.

This system wide collaborative is important as we know there are a plethora of 'Place' level groups for children and young Peoples services but very little at strategic system level. We feel that the Children and Young Peoples Collaborative would fill this gap, clearly having a relationship with the existing LLR CYP design group and the three Place children's partnerships.

The Children and Young Peoples Collaborative will report into the ICP and will receive reports from the CYP Design Group (and others as necessary) on progress against the identified priorities and provide strategic direction where necessary.

In order to meet its objectives, it is vital that the Children and Young Peoples Collaborative has suitably senior representatives with decision making powers and ability to wholly represent their 'home' organisations.

We will also need to consider children and young people's voice and how this influences and is used effectively in plans.

Appendix 1 – Children and Young Peoples Collaborative Terms of Reference

## **Terms of Reference – Children and Young Peoples Collaborative**

The CYP Collaborative will promote joint and integrated working between partner organisations and work at a strategic system level. It will have a relationship with the existing LLR CYP design group and the three Place children's partnerships.

The CYP Collaborative will receive a report from the CYP Design Group (and others as necessary) on progress against the identified priorities and provide strategic direction where necessary.

### **Purpose**

- Provide strategic direction on CYP priorities identified as being of shared interest across the LLR system (the 'Integrated Care System') by the LLR Health & Wellbeing Partnership (the 'Integrated Care Partnership'), recognising the statutory leadership role of Local Authority Directors of Children's Services in respect of all matters affecting CYP
- Review strategic priorities, taking into account reports from independent regulators (e.g. CQC and Ofsted) and other key bodies
- Consider the relationship of work to address the agreed LLR system-wide priorities with work being undertaken in each of the LA-based Place health & wellbeing strategies, and vice versa
- Promote joint and integrated working between the partner organisations, with a particular focus on joint commissioning on an LLR basis between the three LAs and the NHS ICB and between the LAs and the emerging NHS mental health provider collaborative
- Consider CYP health and care investment/disinvestment plans and their impact on strategic priorities, giving guidance and direction
- Resolve issues escalated from relevant sub-groups
- Provide a route for further escalation of issues and risks to the LLR Health & Wellbeing Partnership, or other forums as may be appropriate, if issues cannot be resolved
- Consider and provide oversight for a potential pooled budget, in the form of a 'Better Care Fund for Children'

### **Scope**

The group will be responsible for the strategic direction of ICS system services for children and young people across LLR aged 0-19 years. This will be extended to the 0-25 age group for certain areas of work (e.g. the SEND agenda).

The main focus of the group will be on those issues relating to CYP that have been identified as being of shared priority and importance across the NHS and Local Authorities. The group may seek updates and reports on other services and issues that have an impact on CYP, and may make recommendations to other services from that perspective.

## Membership and Chairing

The group will be chaired by one of the LA Directors of Children’s Services and membership will comprise:

Role	Organisation
<b>NHS</b>	
Executive Lead for Children & Young People (delegated to Deputy Chief Nursing Officer)	NHS LLR ICB
Executive Director of FYPC & LD	Leicestershire Partnership NHS Trust – Helen Thompson
Chief Nurse (delegated to Deputy Chief Nurse)	UHL
<b>Local Government</b>	
Strategic Director, Social Care & Education	Leicester City Council
Director of Children and Family Services	Leicestershire County Council
Director of Children and Family Services	Rutland County Council
Director of Public Health	Leicestershire County Council and Rutland County Council
Director of Public Health	Leicester City Council
<b>OTHER</b>	
NHSE Regional Lead – may be invited to attend for specific agenda items	

Other relevant colleagues may be asked to join the group as advisory members or attend for specific agenda items. A balance will need to be struck between making the group inclusive and ensuring it remains small enough to be effective. Engagement of young people, to ensure that their voice had audience and impact, is recognised as being essential. Rather than risk tokenism through limited membership of the group, the voice of young people will be actively sought by each of the partners.

The group will not be a decision-making body and has no powers to take binding decisions. Agreements will be sought through consensus, with members taking any necessary formal decisions through the governance arrangements of their own organisations as may be required.

### Reporting Responsibilities

The Chair will provide a regular update on progress to the ICP.

Reports will be submitted to each of the Health and Wellbeing Boards on a six-monthly basis. Members are responsible for reporting into their constituent bodies.

The CYP Design Group will have a dotted reporting line to the group, with the responsibility to report on any matters that may affect the strategic priorities agreed by the ICP and being taken forward by the Children and Young Peoples Collaborative. The Children and Young Peoples Collaborative may task the CYP Design Group with specific actions arising from its agreed priorities.